

# SCHOOL PROCEDURE

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## MEDICATION HANDLING PROCEDURE

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## Introduction

This document sets out the procedures and guidelines in relation to the safe storage and administration of medication and the recording required relating to this. This procedure follows the wider policies set out by:

- Children/Young People's care plans
- Educare online training
- Supporting pupils at school with medical conditions (DfE 2015)
- The Royal Pharmaceutical Society of Great Britain Professional guidance on the safe and secure handling of medicines (2018)
- The NICE guidance – Managing Medicines in Care Homes (2014)

The Headteacher has overall responsibility for the School and Residence. As a residential school, we have a duty of care to ensure the health, safety and well-being of all pupils, for many, this will mean regular administration of medicines.

The Medications Officer, Megan Barr, has responsibility for overseeing the administration of medication during the school day and for residential pupils. This includes the recording, handling, safekeeping, safe administration, disposal of any medicines received into the school, and any carrying out or sourcing any relevant training.

Deputy Medications officers are Sonia Fletcher and Jude Goodwin.

## Categories of Medication

Medication can be prescribed, as required (PRN) and homely remedies.

Prescribed medication is understood to be:

- ongoing and used to maintain a pupil's well-being.
- prescribed for a limited period to alleviate illness.
- Controlled Drugs (CD) which require special handing.
- used on an 'as required' basis, usually prescribed paracetamol or ibuprofen.

PRN (pro re nata) medicine should be administered "when required", usually when the pupil deems they are in need of it. Due to the nature of our pupil's staff may be required to decide about the appropriate administration of a PRN.

Homely Remedies (over the counter medicines) is a medication that is used for a minor ailment such as toothache, headaches and menstrual pain which can be bought by parents/carers and used without a prescription. Homely remedies will only be given to young people when parents have given written consent. Maximum treatment time for homely remedies is for no longer than 48 hours. If symptoms persist or the pupil doesn't respond to treatment, then they must seek medical attention.

## Receiving Medication

All pupils who require medication at school must have parental consent before staff can administer medication.

All medication sent in from home, must be given to the taxi driver/escort, which should then be handed to staff on arrival. Or brought in by parents/carers and handed to reception.

All medication must be received with a consent/administration form, which will be kept in the medication folder and held on Arbor.

Medications team will ensure that current consents are uploaded onto Arbor. When archiving medication consent forms ensure that Arbor is updated accordingly, keeping information current.

Any medication handed into reception will be signed in, temporarily, then handed over to relevant staff, using the Reception Receiving Medication logbook.

Staff will then sign medication into the appropriate meds room on upper, lower, Spartan, Gala, Post 16, Worcester and Gladstone.

The signing in book details type of medication, quantities and strength, along with pupil details. On receipt of medication two staff will count the medication and will check the details on the medication label, accuracy of dosage, students name, storage conditions, expiry dates, and the class of drug, for example - controlled drugs.

Medicines should only be accepted if they are in date and provided in the container as originally dispensed by the pharmacist. The container should not be altered under any circumstance. Containers should be clearly marked with the student's name, date of dispensing and name of medication and include the prescriber's instruction for administration, dosage and storage.

### Storage of Medication in School/Residence

Storage and administration of medication follow the Boots system of Patient Pack Dispensing (PPD), medication must be in its original packaging so that it can be audited, this reduces the likely hood of medication errors.

All prescribed medication is stored in designated meds cabinet within a locked room. Medication requiring refrigeration will be stored in a lockable fridge within a locked room. All medication must be kept in original packaging with the "Patient Information Leaflet" (PIL).

Medications must be kept in temperature-controlled environments, fridges must be between 2-8 degrees Celsius and room temperature should be between 16-25 degrees centigrade. If temperatures go outside of these conditions, staff must notify a senior member of staff, if necessary, parents/carers will be contacted for replacement medication, any affected medication will be disposed of.

Medicines are stored safely to prevent damage and misuse.

Controlled drugs (CD) must be stored separately to other medications, this is in a designated lockable CD cabinet, where required, and meets the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 (as amended).

Inhalers can be carried by the pupil, locked away in their classroom or a meds cabinet. This is dependent on the pupil and their ability to take personal responsibility for their inhaler. If the inhaler is locked away it must be clearly marked with the pupil name.

Epi-pens are kept in classrooms and are readily accessible, where needed and they must be clearly named.

If insulin needs to be administered by staff, then it will be stored appropriately depending on pharmacy instructions.

### Administration of Medication

Medication must be administered safely and there are six "rights" you must consider when administering medication to an individual:

- Right person
- Right medicine
- Right dose

- Right time
- Right route
- Right to refuse

Medicines are given safely and correctly to preserve the rights and privacy of the pupil when they are given.

Only staff members who have been suitably trained and are competent to undertake the administration of medication should do so. Training can be specific to certain types of medication as the need arises.

Medication must be administered according to the prescribed dosage. The directions will be printed on the label attached to the medication. For PRN medication staff will read and adhere to the instructions on the packaging. Any concerns raised regarding the administration of the medication must be raised with the parent/carer or medication lead.

Medication must not be administered to anyone other than the identified young person, even if the medication is identical.

Staff applying prescribed topical emollients, are responsible for ensuring that they have correctly applied the topical emollient in accordance with the prescriber's instructions, and completed the topical medication administration record chart, to record and sign for each administration. When staff have to apply steroid creams directly to a young person, non-latex gloves should be used.

In addition, infection control principles should be followed by staff administering medication and staff should be familiar with effective hand washing principles.

### Completing MAR sheet

MAR sheets MUST be completed in BLACK ink.

A MAR sheet will be maintained for each pupil requiring regular prescribed medication. The MAR sheet will contain the following information:

- Child/young person's name and date of birth.
- Known allergies
- Name of GP
- Route of administration
- Time of administration
- The dosage

MAR sheets also include a running balance of medication in stock.

Staff are responsible for ensuring that each stage of the administration of medication is correctly undertaken, and to record and sign for each administration.

When a MAR sheet is initially filled in a second person will witness the patient information, check for errors and help ensure the appropriateness of medication.

At the time of administering medication 2 staff members are responsible for ensuring "6 rights" of the pupil are adhered to and respected. Both staff will sign the appropriate MAR sheet to show that medications have been administered correctly and will ensure the running balance is updated. The second staff member witnessing the administration of medication should sign the MAR sheet in BLUE ink.

MAR sheets are valid for one month and after that period a new MAR sheet is created for the next month. Old MAR sheets are archived during the half termly audit.

Any errors in the administering of the medication will be identified by using a code G and recorded on the back of the MAR sheet, the Meds team must be notified to ensure appropriate action is taken.

### Completing PRN sheet

PRN sheets and cover sheets MUST be completed in BLACK ink.

PRN Sheets are completed for medications that are not prescribed but are administered as needed for a short period of time.

PRN Sheets can also be used for prescribed medication when instructions state it is to be taken when needed.

### Completing Topical Cream sheet

A Topical Cream parental consent form must be completed, by parents/carers, including the body map and sent in with topical cream. These details must be transferred onto the Topical Cream Application sheet. This must be filled in after each application, stating date and time given.

### Refusal to take Medication

If the medication is refused, this must be recorded on the MAR sheet (Code A with details written on the reverse of the sheet) and parent/carer must be informed.

If a child spits the medication out, the spat out medication must not be given, rather a record must be made on the MAR sheet (Code G with details written on reverse of the sheet). A new dose can be administered, or at a later opportunity, if appropriate.

If medication is spat out, where feasible, the tablet is to be bagged, labelled and double signed by staff then safety stored until it can be returned following the return process.

### Pupils 16+

Pupils over the age of 16 can self-administer medications which are agreed by both parents and staff. Parents must send an email to the school with details for the medication and that medication will be brought in by the pupil.

Consent forms can still be completed by parents, if they feel that it is not appropriate for the pupil to self-administer and the school medications team will control and administer medication.

### Errors in Administration

Errors can occur in the administration of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded, and the cause investigated so that we can learn from the incident and prevent a similar incident happening in the future.

Staff must report errors to Meds Team and Seniors.

The following errors must be recorded on AssessNet and investigated accordingly.

- Wrong medication administered
- Medication given to the wrong pupil
- Missing medication
- Mishandling of medication

## Disposal of Medication

All medication that is either out of date or no longer needed must be returned to parents/carers.

A Returning Medication form must be filled in and photocopied. One copy to be returned with the medication and one copy should be filed in the meds room with administration sheet. Additionally, one copy will be put on Arbor.

## Medication during Off Site Activities and Residential

Visit leaders must obtain a list of all pupils going off site. Visit leaders must consult the Class Risk Register and/or Class Teacher to determine which pupils require medication (including "as required" medication) whilst off site. Pupils needing medication must be detailed on the appropriate off-site SOP before it is uploaded to Evolve. Staff nominated to be responsible for medication, other than the Visit Leader, also need to be named on the SOP.

The medications officer must be notified at least 48 hours before for day trips, 1 week for residential overnight trips.

Relevant information pertaining to pupil medical conditions should be taken on any visit and will be the responsibility of the visit leader on the trip out of school.

The visit leader must take responsibility for the medication, and it must never be left unattended.

For Residential trips, a Parental Agreement (Residential Trips) form must be sent home to all parents, at least 2 weeks prior to the trip. Completed/returned forms must be passed on to the Meds Team, no later than 1 week before the first day of the trip. The Meds team will provide appropriate administration sheets and storage for the medication, which is handed over and signed for by the Trip Leader. Nominated staff must take responsibility for the administration and counter signing of all medication whilst on the trip. On return from the trip, the Trip Leader will return all medication and forms to the Meds team where it is signed back in.

For Day trips, the Trip Leader, or nominated person, must ensure that the Meds team is notified, 48 hours before the day of the trip if any medication required. On the day of the trip the Meds Team will sign out any required medication.

When signing pupils in and out of school, staff must indicate whether medication has been taken off site by ticking the appropriate medication box in the signing out book. On return when pupils are signed back in, it should also be indicated that medication is returned, by ticking the appropriate box. All medication must be put back in the correct storage area eg, meds room, classroom.

Meds Team can be contacted for any issues during the school and for residential trips they will provide contact details on handover.

## Staff Training and Responsibilities

Staff that have been given appropriate training or can demonstrate they are competent to administer medication can do so, under supervision of the Medications Team. These staff will need to agree and sign that they feel competent to administer medications.

There is an expectation that all staff will familiarise themselves with the children's medical conditions and should be aware of where medication is stored and to seek advice from Medications Team if needed.

Specialist trainers may be invited into school to lead courses when required, such as:

- Rectal administration, e.g. suppository's, diazepam (for epileptic seizure)
- Buccolam (for epileptic seizures)
- Injectable drugs such as insulin
- Administration through Percutaneous Endoscopic Gastrostomy (PEG)
- VNS devices
- Giving Oxygen

### Half-termly audit and Medication Reviews

Half-termly audits are undertaken by the Medication Team. The audit will scrutinise the running balance, quantities stored and ensure all forms are being completed accurately.

Any medication that has not been used since the last audit must be sent home to ensure that only medication being administered is stored on site, see Disposal of Medication section.

### Staff Bringing Medication into School

A member of staff may need to bring medication into the school for their own use. Staff have a responsibility to ensure that these medications are kept securely, and no student will have access to them at any time, e.g. they should be in a locked desk draw or staff room. Staff using Inhalers or EpiPens which are required to always be on their person, must ensure that the medication is not accessible to pupils.

In addition, adequate safeguards should be taken by staff, who are responsible for their own personal supplies, to ensure that such medicines are not accidentally or otherwise issued to any other member of staff or student.

### Review of Procedure

This document will be reviewed every year unless significant changes occur.

### Associated Documents

The following documents are attached to this procedure; copies of all forms can be found on Every.

- Parental Consent form
- Parental Trip Medication Consent (Residential trips)
- Medication Trip Handover form
- PRN Sheet
- PRN Continuation sheet
- Reception Receiving Log sheet
- Returning Medication form
- Student Medication booklet
- Topical Cream Parental Consent form
- Topical Cream Application sheet