

MEDICATION POLICY

Breckenbrough School Medication co-ordinator: Geoff Seaton.

National Minimum Standards for Residential Special Schools Standard 12 – Health and Wellbeing:

12.6 “The school has, and implements effectively, appropriate policies for the care of children who have medical conditions and/or are unwell. These include first aid, care of those with chronic conditions and disabilities, administration of prescription and non-prescription medicines (including controlled drugs) and dealing with medical emergencies. Policies for administration of medication should reflect guidance provided by the Royal Pharmaceutical Society and the Royal College of Nursing”.

Policy Informed by, but not exclusive to:

The Handling of Medicines in Social Care 2015 RPS

<https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

“Professional guidance on the safe and secure handling of medicines”. RCN December 2018:

<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>

1.6 Social care settings, e.g. care homes, are not specifically covered by this guidance. However, some of the principles are likely to apply and be of value to health and care professionals who work or advise on the safe use and storage of medicines in social care settings.

1. New Student Admission

(i) When the school admits a new student there is the potential for them to be on a prescribed medication. This will be identified in the student’s induction meeting/admission documents and check list which is completed by the keyworker for the new student. The student will have an Individual Health Plan (IHP) placed in their folder and this will record any medical intervention done whilst at school and any information from the parents/carers updated when the document is sent home.

(ii) The new student will require a Medical Administration Record (MAR) sheet and in the case of the medication being designated a Controlled Drug, a blue Controlled Drug Recording Book will need to be set up for that particular student.

The source of the medication will be identified, and contact made with home to establish re-ordering procedures. Evidence of home contact is established on the medication working document.

(iii) It is important at this stage that information gained from the student’s admission forms indicating any allergy which could be to a particular medication is noted and that this information is made available to the staff team as there could be implications for the provision on outdoor education if the student requires medical treatment.

(iv) The admission forms completed by the parent/guardian/carer should disclose any allergies the student may have. This information must be logged on the student’s IHP.

(v) It can be the case that a new student is presently undergoing medical intervention from their local NHS PCT. It is good practice for this to continue to aid continuity of care if possible. The school will provide support to parents to ensure that all medical appointments outside of our local area are kept. The school works in partnership with parents informing them of medical appointments that have to be made and seeks information on on-going medical support that is provided from the home setting. Where ever possible reports are shared with the school to inform the care plans and future planning. The school will be guided by the parents and the students about supporting them at medical meetings.

2. (i) Staff responsibilities:

“In social care settings, people who are unable to manage their own medicines are entitled to have someone who is adequately trained and knowledgeable to give medicines to them. Only staff who have been given appropriate training and have demonstrated they are competent should do this”.

“Care providers are responsible for assessing a care worker’s competence to give medicines to the people they care for. They should not make assumptions based on that care worker’s previous experience”.

The Handling of Medicines in Social Care, RPS (GB, 2015)

All members of the Social Education team have to follow the guidance provided for their respective units taken from the **Royal Pharmacology Society** guidance **The Handling of Medicines in Social Care 2015** and also on the medication requirements of the students who reside there.

The Social Education team are trained to use the school medication system as part of their induction being observed by experienced staff. This is to ensure that the correct procedure to admit prescribed and non-prescribed medication into the school is followed and to ensure that medication can be accounted for and administered correctly. New members the Social Education team will undertake an on line course in administration of medicines as part of their induction. Staff who are taking school trips and are required to administer medication will also complete the on line course the link for which is below. Details for logging onto the course are provided by the office manager in the finance team.

Staff Personal Medication

It is the responsibility of all staff who bring their own medication onto the school site, to always keep it safe and to ensure that at no time a student will be able to access it. Staff will not take any personal medication, prescribed or unprescribed, into a classroom, or other area which students have access too, unless this can be stored in a locked cupboard. Staff do have access to lockers, if you need one, please speak with a member of the administration team.

(ii) Staff Training:

Guidance from RCN (Dec 2018) – Individuals Handling Medicines

Only those members of staff who have undergone the relevant training are permitted to administer medication in school, this includes the countersigning part of the procedure. This takes the form of a dedicated on-line course provided by The National College – Certificate in Administering medication for Education Providers.

3. Administration Guidelines

Prescribed Medication:

(i) Administration. When administering the prescribed medication, the dosage and the times of administration of these medications will be indicated in three places. The first of these is on the student's MAR sheet which is held in the medication cabinet on the student's shelf or drawer or in the CDR book as required. The second place of reference is a white board displayed in all medication rooms on which a grid is drawn providing names, times, amount of medication and type of medication. The third place is on the actual prescribed medication box.

This information should correlate directly to that provided on the MAR sheet and if for any reason it does not then the medication coordinator (Geoff Seaton) should be informed immediately. Prescribed medicines are only given to the student to whom they are prescribed.

If a student is at home and not in school, this needs to be recorded on the MAR sheet as opposed to it being left blank. Inserting the word "home" is deemed sufficient. The two members of staff must be present before starting any aspect of the administration of the medication. This is to negate any potential for human error leading to a miss medication event.

Check with the MOS providing the countersignature that you are giving the correct medication and dose to the correct student. If you know the student by name you can do a visual check. If you are giving medication to a new student or someone you haven't yet met, ask them what their name is and double check with the name on the medication box. If for whatever reason you are unsure about administering any medication to any students do not proceed. It will always be better to ask a colleague for clarification.

Aside from medication in the cabinet there may be other medicines in the fridge and remember that this person may have different medicines since the last time you were on duty. Therefore, it is so important to refer to the MAR sheet instead of relying on memory.

Ask the person if they want their medicines before you take them out of the pack. People can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them later. If the person continues to refuse, you must never force the medicine on them, and this means that hiding medicine in food or drink is not acceptable practice in any setting.

Some medicines are meant to be taken occasionally when there is a specific need, for example, tablets for pain. If the directions say 'to be taken as required', therefore you need to find out whether the person has any pain before you prepare and offer the tablets. Other medicines like this include treatments for constipation, indigestion, or heartburn.

Always put the medicines from the prescribed packet directly into a disposable medicines pot. All administration has to take place from the appropriate medicine cabinet, it is not acceptable for staff to walk around the building with a medicine pot looking for a student. It is vital that the medication is taken and swallowed in front of the member of staff dispensing it; do not under any circumstances allow children to take the medication later unsupervised.

Make sure that there is a cup of water available to wash the tablets or capsules down and ensure that they have been swallowed.

If the tablets/capsules are in a monitored dosage or compliance pack open the appropriate section and empty the tablets/capsules into a medicine pot and hand it to the person. If the tablets/capsules are in bottles or strip packs transfer the appropriate number of tablets / capsules into a medicine pot and hand it to the person. If the medicine is a syrup or mixture make sure that you use the medicine spoon or measure that the pharmacist provided — do not just guess or use any spoon or allow the person to drink from the bottle.

The dose of some medicines depends on the results of blood tests. An example is warfarin. Each area has a system to let the person or people who provide care know what the correct dose is. The latest information needs to be kept with the MAR chart.

If you are applying medicines to the skin, it is important to use gloves both for your own protection and also to prevent cross-infection. These medicines are directly absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine.

Always make a record of exactly what you have done at the time. This includes a record when the person refuses the medicine.

If a patient cannot swallow tablets or capsules, then the problem should be discussed beforehand with a healthcare professional who will be able to find out whether a suitable liquid product is available. This could be a liquid version of the original medicine or a different medicine that has the same effect. In either case, this will have to be discussed with the prescriber or pharmacist. Tablets should not be crushed, and capsules should not be opened either to make them easier to swallow or to hide them from the patient because this may affect the way that the medicine works with an unrequired quick release into the students' system.

4. Re-ordering of prescribed medication:

The weekly stock check of all medication in school will alert the designated staff member (usually the Medication Coordinator) when stock (both prescribed and non-prescribed) is running low. Regarding prescribed medication, it is the responsibility of the person noting the shortfall to contact the supplier of the medication (usually the parent/carer) in order to request a supply being brought/sent in.

This must be done by an adult and that at no time should the medication be in the possession of the student. The medication is handed to the school receptionist and locked in a draw in the desk, at no time is it left in a vulnerable position. The school receptionist will contact the social education team leader and pass the medication to them. It is their responsibility to log the medication into the medical file on the DFS (both the "working document" and "archive") and when necessary, update the blue Controlled Drug Recording Book for that student.

5. Changes to medication type and/or dosage.

Any changes in medication the school must receive the request in written format from the person who has clinical responsibility for the student in question (for example Doctor, psychiatrist, or consultant). It is not acceptable under any circumstances to change any level of medication on a parent's or student's request. Written proof of any changes to a student's medication will be held in that student's medical file and be updated on the IHP.

6. Medication for School trips/off-site residential trips.

In the case of a student needing prescribed medication whilst on a school day trip such as outdoor education, it is the responsibility of the agreed designated trip medication person identified on the trip planning form to take the medication in a locked medical bag with them complete with the MAR sheet and replace these items back in the correct medication cabinet upon their return. The medication will be signed (and countersigned) out and recorded in the book held in the medical cabinet. This allows us to track any medication that is leaving the school and its return to the system.

Residential Trips:

- (i) Where a student is on a residential trip (e.g., the annual ski trip, trip to France) it is essential that sufficient medication is supplied for the duration of the trip. Dedicated MAR sheets, stating the name of the student, the name, strength, and dosage of the medication, when and how the medication is to be taken will be provided. The school's medication co-ordinator (G. Seaton) will also provide a laminated list of those students who require prescribed medication (including the above information).
- (ii) Each student will have a clear plastic wallet containing sufficient medication for the duration of the trip (in the original packaging with the dosage clearly stated on the label), and dedicated MAR sheet. The wallet will also have the student's name and medication clearly stated on the outside. This will give a total of four points of confirmation for correct administration: The MAR sheet, the list provided by the meds co-ordinator, the label on the medication package, and the label on the wallet. In the case of controlled medication (such as Methylphenidate), the student's individual blue CDR book will be taken and will require signing/countersigning together with the attached MAR sheet.
- (iii) The wallets containing the individual student's medication will be contained in locked bag, accessible only to those qualified to do so.
- (iv) For the duration of the residential trip, all the medication is to be in the possession of a designated member of staff, who is qualified to administer the medication. There will also be a second designated person to act as a deputy, if required.
- (v) At the end of each day, the lead person assigned to administer the medication will contact the school's Head of Social Education (Stuart Edwards) via text/email to confirm that all the medication has been administered in accordance with the guidance provided by the medication co-ordinator.
- (vi) On return from the trip any surplus medication will be booked in by the Medication co-ordinator (and, if necessary, returned home via a responsible person (parent/guardian, taxi driver).
- (vii) In regard to non-prescribed medication, such as paracetamol, hay fever remedies, Gaviscon, these will have dedicated recording sheets stating the name of the medication, quantity and time of administration. It is best practice to have a countersignature on these forms, although as these are classed as over-the-counter medications, a single signature may be deemed sufficient if another staff member is not available.

7. Disposal of expired of medication that is no longer required/expired.

"All care settings should have a written policy for the safe disposal of surplus, unwanted or expired medicines. When care staff are responsible for the disposal, a complete record of medicines should be made".

"The normal method for disposing of medicines should be by returning them to the supplier. The supplier can then ensure that these medicines are disposed of in accordance with current waste regulations. In England, care homes (nursing) must not return medicines to a community pharmacist but use a licensed waste management company. Additional advice is provided by CSCI in *Safe disposal of waste medicines from care homes(nursing)*"
www.csci.org.uk/professional.

The Handling of Medicines in Social Care, RPS (GB, 2015)

When medication is no longer required (or past its expiry date) it is taken to Boots chemist in Thirsk to be destroyed, an entry is made into the pharmacist's log that this has taken place. The school sends with the medication to be destroyed an inventory list that is signed and returned to us and kept by the Head of Social Education.

8. Storage of medication.

RCN: Storage of Medicines A1 – 4 (Dec 2018)

“In residential care, you can choose to provide medicine storage for individuals in their own rooms and this is essential when the person looks after and takes their own medicines. If you choose to store medicines centrally, the cupboards must be big enough, well-constructed and have a good quality lock. If the people you care for have bottles of liquid medicines, make sure that the shelf height is suitable or have adjustable shelving. You should not store anything other than medicines in these cupboards”.

“The designated place for storing medicines must be secure and only those staff who handle medicines should have access. It is good practice to make sure that nothing else is stored in a medicine cupboard. The medicine cupboard should not be used as a safe for valuables and should not be used as a food cupboard. The only reason to open the medicine cupboard should be to get access medicines”.

The Handling of Medicines in Social Care, RPS (GB, 2015)

Each unit has its own medicine storage cabinet, which is kept in a locked room where only staff have access. These metal cabinets are secured to the wall and have padlocks to prevent unauthorised entry. Those medical cabinets that have a combination padlock may present a security issue in that students may observe a staff member dialling in the number. It is important that staff are aware of this and take steps to prevent this. For example, leaving an opened padlock in plain sight should be avoided. Should the combination become compromised, a new combination must be entered, and relevant staff informed of the change. Only those staff qualified and responsible for the administering of medication should know the combination.

9. Non-Prescribed Medication

The following is a list of non-prescribed medication that we keep for students use only.

Pain Relief:	Paracetamol 500g tablets only
Indigestion:	Gaviscon (or equivalent)
Constipation:	Senna
Diarrhoea:	Imodium
Cough medicine:	Sugar free simple linctus
Throat Lozenges:	Strepsils (or equivalent)
Hay fever:	Loratadine or Cetirizine.

10. Administering non-prescribed medication.

“The care service needs to consider carefully whether or not to treat minor ailments with ‘homely remedies’.

“Anyone can buy ‘homely remedies’, for example, paracetamol for a headache and it is the kind of treatment that we all want to have immediately. A GP may prescribe something to take ‘when required’ when it is possible to predict in advance what that person may need, but the GP may not be willing to provide a supply of paracetamol for every resident in a care home just in case they may need it for an occasional headache or toothache”.

“If someone is living at home, they can choose whether to buy remedies and take them and they still have that choice when they receive social care. But there are situations when the care service will have to make this decision either because they are looking after children or the adult is unable to make the choice”.

The Handling of Medicines in Social Care, RPS (GB, 2015)

Any non-prescribed medication given i.e., Paracetamol, medication that contains Paracetamol, cough medicine, etc., must be recorded by the member of staff that dispenses it to the child, on the form held in the medical cabinet. Paracetamol has its own recording sheets to facilitate tracking of this non prescribed medication. It is the responsibility of the person administering any medication to check the dosage, age recommendations and frequency on the packet.

All the compartments of the non-prescribed medication form must be filled in appropriately, writing the date, student’s name, the medication given, the quantity and the reason for giving it, the time it was given.

Paracetamol or medications containing Paracetamol from Middle/Flat unit cabinet can only be given to the students living on the Middle & Flat floors or the day’s students of the appropriate age. No students living on the other floors can receive the ‘said’ medications from this cabinet. Top floor students must only receive non prescribed medication from their unit.

The school administers paracetamol in the form of 500mg tablets or capsules. The dosages are as follows:

Adults and children over 16 years: 1 or 2 tablets every 4 – 6 hours, as required (No more than 8 in 24 hours)

Children 12 – 15 years: 1 to 1 ½ tablets every 4 – 6 hours, as required (No more than 6 in 24 hours)

Children 10 – 12 years: 1 tablet every 4 – 6 hours, as required (No more than 4 tablets in 24 hours)

Children 6 – 10 years: ½ tablet every 4 – hours, as required (No more than 2 tablet in 24 hours)

If a member of staff needs medication for themselves, they are not permitted to use school medication. They must use their own personal medication which has to be left in the staff room and not sign any out of the school’s medical cabinets.

11. Stock checking and inventories.

“Medicine records are essential in every social care service. If you look after medicines for the people you care for, at any given time you should be able to identify the medicines prescribed for each person and how much they have left”

“In residential care for adults and children where care staff request medicines for the people they look after, it is essential to keep a complete record of all medicines - what comes in, what is used, what goes out. This is often described as an ‘audit trail’.”

The Safe Handling of Medicines in Social Care. RPS (GB 2015)

Every Friday (and at the end of each full and half term), a stock check of all the medication held in school – both prescribed and non-prescribed - will take place. This is overseen by the Medication co-ordinator (or in their absence, a competent, qualified member of staff). The quantity of each individual medicine is recorded on the school’s DFS system, where it is also archived whenever an update is recorded. The completed individual MAR sheets for the week will be kept for audit and replaced with a new dated MAR sheet.

12. Use of “Epi-pen”.

The school is equipped with Adrenaline Auto Injectors (Epi-pens). These are intended for use in the case of a severe anaphylactic shock. Training in the use of these will be delivered by the school’s in-house First Aid trainer Sarah Watt.

These devices are held in an easily accessible location (the Social Education Office). They are locked in a dedicated medication cabinet that can only be accessed by staff. There are detailed instructions on their use on the wall, close to the cabinet.

13. Review and assurance arrangements

2.5 The senior management/leadership team has overall accountability for the safe and secure handling of medicines in the organisation and supports this through corporate governance systems which are maintained and regularly reviewed. RCN

The process of administering medication to the students is continuously monitored by the medication officer [Head of Social Education] who is advised by the whole staff team regarding improvements to the service the school offers to the children. New staff are asked as part of their induction to suggest and discuss any improvements to any aspect of the schools safe handling of medication procedures that they may have seen or used in different settings.

Reviewing Schedule Date	Name	Date of Ratification and by whom
Drafted by SE 04.11.2015	Stuart Edwards	Ready for board meeting 13.11.15
Reviewed by SE 01.12.16	Stuart Edwards	Ready for board meeting 18.03.16
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Revised/amended. 23-03-2020	Geoff Seaton	
Revised/amended/updated 30/11/22	Geoff Seaton	
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