



# The William Henry Smith School & Sixth Form

## Medication Policy

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### School Details

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<b>Status:</b>	In-house
<b>Frequency of review:</b>	Annually
<b>Lead member of staff:</b>	Damien Talbot
<b>Last reviewed:</b>	Autumn 2023
<b>Next Review Date:</b>	Autumn 2024
<b>Policy Number:</b>	WS74

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### 1.0 Introduction

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The health and wellbeing of all residential students and day students at William Henry Smith School is paramount. To ensure safe practice in managing medicines, the following guidance should be adhered to:

- Royal Pharmaceutical Society -The Handling of Medicines in Social Care

- Medicines Act 1968
- Health and Social Care Act 2008
- Children's and Families Act 2014
- National Minimum Standards for Residential Special School Schools
- Department for Education - Supporting pupils at school with Medical Conditions 2014
- Department of Health - Guidance on the use of Salbutamol Inhalers in Schools
- Department of Health – Guidance on the use AAI in schools
- Ofsted requirements and recommendations

The Head of Care is suitably trained and competent and is appointed by the Principal as the designated person, to ensure the safe and effective management of medication and the implementation of this policy. The School Nurse and House Leaders are also members of the staff here at William Henry Smith who manage medicine and ensure staff are up to date and that medication administration is monitored. The Head of Care must authorise any actions involving medication by staff.

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## 2.0 Principles of Good Practice

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The medication policy will be reviewed annually by the policy lead to ensure that it reflects current working practice within school and residential care. Staff will be made aware of any changes following the review process. All staff who administer medication will, as part of Induction complete Calderdale online training, they have School Nurse in house training and have a period of six observations where they administer medication and this is to be signed off as competent by Head of Care, House Leaders and School Nurse. Included in the Induction is Training in the use of activating the telephone message which is to be put on 'in use' when staff are administering medication and a survey quiz will go out three times a year with questions around the administration of meds to enhance knowledge. The School Nurse is to share bullet points on a termly basis to test staff's knowledge. Training renewed every two years and have an annual observation by the Head of Care or House Leaders. If any concerns around a member of staff administering medication arise, they will have to revisit the in house training and observations.

Other good principles are as follows:

- Prescribed medications are the property of the person to whom they have been prescribed for.
- Medication must be administered only to the individual whose name appears on the pharmacy label and according to the prescriber's instructions. The instructions are written on the pharmacy label.
- Staff and students must be instructed not to disturb the person administering the medicines, to reduce the risk of medication errors and to activate the 'do not disturb' telephone message.
- Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the student.
- Confidentiality must be observed regarding the student's medical history and medication.
- Medication should never be dispensed in advance of administration or dispensed for another person to administer to a student.
- If there is any query or concern regarding a student's medication, then the medication should not be given and the Head of Care, House Leaders or School Nurse must be consulted immediately.

- Medication must be recorded and signed for by an appropriately trained staff member immediately after administration.
- All students taking medication should be monitored for changes in their condition which may be medication related e.g. allergies etc. The Head of Care, House Leaders and School Nurse should be kept informed.
- All relevant staff are required to read the Administration of Medication Policy and to record their agreement to follow it.
- Health and Medication display notice boards to be displayed in each House Office.

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### 3.0 Principles of safe and appropriate handling of medicines

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The Handling of Medicines in Social Care identifies eight core principles relating to the safe and appropriate handling of medicines that apply to every social care setting.

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
2. Care staff know which medicines each person has and the residential provision keeps a complete account of medicines.
3. Care staff who help people with their medicines are competent.
4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
5. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
6. Medicines are stored safely.
7. The social care service has access to advice from a pharmacist.
8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

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### 4.0 Medicines brought into the residential or education provision

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- Medicines brought into the school or residential provision must be in the original pharmacy labelled container with clear instructions from the prescriber with matching batch numbers and expiry dates to the medication sleeves/bottles and boxes. Only in exceptional circumstances i.e. a private prescription from CAMHS or if it has been directly checked from the school to the dispensing pharmacist can any medication be accepted without the above. This must be checked by Head of Care, House Leader or School Nurse.
- All medicines brought in must be handed immediately to the residential staff or School Nurse. Day students who are prescribed any medication or require over the counter medication will be administered by the School Nurse.
- A completed letter or an email from the parents/carers must accompany the medication, giving full administration instructions - including when the last dose was given (if applicable). If the medication is not new, this will be on the pre-admission or on the student information.
- Medication received into the residential/school must be recorded immediately on arrival.
- The Head of Care, House Leader or School Nurse must be contacted immediately if there is any doubt over the medication received or it is not in the original packaging.
- Staff will only administer medication from individual pharmacy-labelled containers. These will be dispensed by the pharmacist and prescribed to the student.

- Staff will be responsible for liaising with parents/carers, to ensure that required medication stocks are always available to students. The local Chemist can also dispense electronic prescriptions that are needed.
- Liaison with parents/carers and/or the prescribing doctor is required for any changes or discrepancies in the medication.
- Any medication that requires fridge storage must be placed in the drug fridge immediately situated in the nurses' clinic room.

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## 5.0 Storage

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- Medicines to be stored safely in lockable medicines cabinet. There is restrictive access to medicine cabinets to only authorised staff having keys.
- Where appropriate, students should know where their medicines are at all times and be able to access them immediately where appropriate. Students should be aware of who holds the key to the medicine cabinets.
- Emergency medicines and devices e.g. asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away but stored safely but accessibly.
- Medication requiring fridge storage should be kept in the designated medication fridge and kept securely. The temperature of the fridge should be within the range of 2-8 degrees Celsius. The temperature for medication storage cabinets should be below 25 degrees Celsius.
- Controlled Drugs should be stored in a locked non-portable cabinet and only named staff should have access. In term time holidays and when students are off site, a lockable safe or lockable medication pouch will be provided to keep medication locked away. Only trained staff will have access to this via a keycode. Controlled Drugs should be easily accessible in an emergency where appropriate.
- A lockable drawer for safe storage of medicines must be available for each student who wishes to self-medicate and has been assessed as capable and competent.
- Medication should be date-checked on a regular basis and stored and used in date order. Expired medication should be returned for disposal and recorded.

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## 6.0 Consent

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No student under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent.

When the student starts at school/admitted into residential, parents/carers will be requested to complete a medical form detailing any past medical history, current medical issues and treatment, any known allergies, and past immunisations. In addition, for residential students parental consent will also be requested for administration of non-prescribed pain relief medication (i.e. Calpol, paracetamol tablets) and those students with diagnosed asthma emergency (i.e. Salbutamol inhaler). Parents/carers will be required to inform the school/service of details of any treatment and/or changes in medication that have occurred during the school holidays. The parental consent for non-prescribed pain relief medication must be updated if there is any change to the student's medical history or treatment.

Where the student has a long-term medical condition, an Individual Healthcare Plan (IHCP) will be developed with the parents/carers, the relevant Health Care Professional, the student and the Head of Care.

Parents/carers will be requested to provide important medical information to enable staff to provide the appropriate support.

If a student refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so but inform the Head of Care who will follow the procedure detailed in their IHCP.

Fraser competence guidelines should be followed. It sets out good practice for the treatment of under-16s without parental consent. Further information available at:

[www.BMA.org.uk](http://www.BMA.org.uk): British Medical Association (2001) Consent, rights and choices in healthcare for children and young people.

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## 7.0 Individual health care plan (IHCP) Recorded on SID and filed in the student's school file

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To support students with long term or complex medical conditions, an Individual Healthcare Plan (IHCP) should be drawn up with input from parents/carers, the student and healthcare professionals where necessary.

If a student has a medical condition, in addition to the details in the IHCP, the procedures in the guidance "Supporting pupils at school with medical conditions" must be followed.

The IHCP should have any Medical condition, its triggers, signs, symptoms, and treatments recorded, and arrangements for written permission from parents/carers for medication to be administered by staff or self-administered by the student and the following points need to be considered.

- Separate arrangements for school trips, outings and activities.
- Confidentiality issues
- What to do in an emergency
- If parents/carers have consented to emergency use of salbutamol or AAI where appropriate.
- Actions to be taken if a student refuses to take their medication
- Parents/carers to sign to consent if unknown allergy/reaction staff can call 999 and explain symptoms, if advised can give emergency treatment, salbutamol or adrenaline.

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## 8.0 Non-prescribed over the counter medicines

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Non-prescribed medication commonly known as home remedies are over-the-counter (OTC) medicines that are used for the treatment of minor ailments.

Non-prescribed medicines are defined as over-the-counter medicines which are either provided by parents/carers or held in stock by residential units in the case of pain relief medicines (i.e. Calpol, paracetamol) or anti-histamines for allergy or hayfever symptoms.

Students can only be administered non-prescribed medicines if parental consent has been obtained in advance. Parents/carers will be sent a consent form on the student's admission to the residential provision.

A child under 16 years of age should never be given medicine containing aspirin unless prescribed by a doctor.

Medication for pain relief should never be administered without first checking the maximum dosage and when the previous dose was taken by the student. This is the same with any antihistamines administered.

Only Calpol and paracetamol tablets may be purchased by staff and they should seek guidance from the Pharmacist when purchasing any over the counter medication. Authorisation for purchase of stock must first be obtained from the Head of Care, House Leader or School Nurse.

Before administering a non-prescribed medication to a student, staff must have completed administration of medication training.

For non-prescribed medications (including herbal products, homeopathic remedies, Chinese medicines, supplements such as iron or vitamins) sent into the residential provision by parents/carers, these must have a parental consent form signed and be authorised by the GP before administration, in case of any interaction with other medicines.

An ongoing stock balance must be recorded for all non-prescribed medicines. The record details all the medicines received, medicines administered and any medicines that are returned.

Records must be kept of non-prescribed medication given to a student including the name, form and strength of the medicine, dose, date and time given and reason. The record must be signed by the person who administers the medicine, having witnessed that the medication has been taken. In each residential house, College building and Nurses Medication Cabinet a stock of paracetamol tablet or liquid form and anti-histamine is kept in the medication safe, this is recorded on a stock balance sheet which needs completing if any staff member or student requires it. For students an additional medication form is also completed.

Non-prescribed medicines must be stored in the same way as prescribed medicines.

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## 9.0 Administration of medication

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Medication must be administered in accordance with the prescriber's instructions, as printed on the pharmacy label. Non-prescribed medicines will not have a pharmacy label and should be administered using details from packaging information leaflet. The patient information leaflet should also be used for administration information.

Known allergies/sensitivities to medication must be checked before administration of medication. The Head of Care, House Leader and the School Nurse will be responsible for ensuring parents/carers and students are provided with updated information.

The pharmacy medicine label must not be altered under any circumstance. Medication must not be given if the pharmacy label is detached from the original container or is illegible. Advice from the Head of Care must be obtained.

Medication must not be transferred from one container to another.

The 8 Rights of Administration must be applied.

- Right student
- Right medication
- Right dose
- Right reason
- Right route
- Right response
- Right documentation
- Right time

PRN (when required) medication must be administered in accordance with the prescriber's instructions (details found in the student's IHCP). The instructions should include the following - the name and the reason for the medication, dosage criteria i.e. how and when the medication should be given, how often it may be repeated and any maximum quantity that may be administered in a 24-hour period. Details should also include how the

decision is reached about when and how to give the medication, any actions to be taken prior to administration, actions to be taken post-administration, expected outcomes and follow up actions.

Staff should record that medication has been administered to a student immediately after the medication has been given. It is essential that the staff member witnesses that the student has taken the medication.

Containers of medication such as eye drops, creams & liquids should be marked with the opening date due to limited expiry dates and stored accordingly as directed on the label

Disposable gloves must be worn for application of creams and ointments.

Medication should not be given if:

- The pharmacy label is difficult to read
- A significant change in the child's physical or emotional condition is observed
- The 8 Rights of Administration cannot be verified
- There are any doubts or concerns

Advice should be sought from the Head of Care or School Nurse and contact will be made with the student's GP.

Medication must never be crushed, broken or mixed with food and drink unless it is designed for that purpose, or it has been specifically authorised in writing by a healthcare professional to do so.

All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon/5ml oral syringe should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. A 5ml oral syringe should be used for doses less than 5ml.

If a student refuses to take medicine, they should not be forced to do so but staff should follow directions in the IHCP. This may mean contacting the out-of-hours service or NHS 111. The Head of Care, House Leaders or School Nurse should be informed who will in turn inform the student's parents/carers and/or GP so that alternative options can be considered.

### **Covert administration of medication**

Disguising medicines in food or drink is generally **not** permitted.

In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary, and it is in the student's best interest. Before covert administration of medicines can proceed, the Head of Care must have written evidence of decision/instruction of health professionals with the addition of multi-disciplinary team if involved. (In England and Wales, Fraser competence guidelines should be considered (see Section 6). Decision to administer medicines covertly should be clearly documented in medication records and on the IHCP

Considerations for covert administration of medicines are as follows:

- The student's best interests are always considered-
- The medication is essential for the student's health and well-being
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the student
- Parents/carers and health professionals or multidisciplinary team (including the prescriber) should be involved in the decision
- The method of administration should be agreed with the Consultant/GP and pharmacist
- The decision, action taken, and details of all parties concerned should be documented in the IHCP and reviewed at appropriate intervals.

It should be noted that if a student prefers that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Pharmacist to ensure it is appropriate to mix the specific medication in the food/drink.

### **Procedure for administration**

Only staff who have received training in Administration of Medication can administer medication to a student.

Two members of staff are required to administer medication, complete and sign records. The member of staff administering must make the entry. The second member of staff acts as a witness to the administration procedure or the student if the individual is self-medicating, i.e. post 16 students.

Staff and students must be instructed not to disturb the persons administering the medicines, to reduce the risk of medication errors. The house 'do not disturb' sign for administration of meds needs to be clearly on the office door, along with activating the house phone service which diverts calls which administering meds.

Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the student.

Confidentiality must be observed regarding the student's medical history and medication.

If there is any query or concern regarding a student's medication, then the medication should not be given and the Head of Care, House Leader or School Nurse (SOC in their absence) must be consulted immediately.

Staff to follow all procedures.

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## **10.0 Controlled drugs**

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Controlled Drugs received from parents/carers to the school are stored securely in lockable drug cabinets in residential units and the supply details entered into medication records.

Administration of Controlled Drugs should be undertaken by a suitably trained member of staff and witnessed by a second appropriately trained member of staff. The member of staff who administers the Controlled Drug must make the entry in the individuals-controlled drug records and the witness must countersign. There is an option for the student themselves to choose to sign.

Administration of Controlled Drugs must be recorded and witnessed in the Controlled Drugs records. The name of the child, time, date, medication (name, form, and strength) and dosage must be recorded each time the medication is administered. In addition, the balance of stock remaining must be counted and recorded. Any discrepancies must be reported to the Head of Care immediately.

Any complex dosage calculations should be double checked by a second member of staff.

Controlled Drugs for destruction should be returned to the parents/carers/pharmacy for disposal and the Controlled Drug records recording that action signed.

Controlled drugs should be audited regularly by the Head of Care and/or Residential Care Lead and/or the School Nurse.

A child who has been prescribed a Controlled Drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Refer to Section 5.5 for details of Controlled Drugs storage.



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## 11.0 Record keeping

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Written records must be kept of all medication administered to students.

The record should include what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.

The record should be made immediately after the medication has been administered and the staff member has witnessed it has been taken.

A record should also be made for non-administration e.g. student refuses. If any error made in recording of medication a line should be put through the error, not scribbled out and the staff member's initials next to it.

An up-to-date sample signature and initials list should be kept for all staff trained to administer medication.

For medications that are administered regularly but infrequently e.g. monthly or every 3 months, a system must be in place to record when these medications are due e.g. noting event in the diary.

The Head of Care and School Nurse must be informed of any unusual events e.g. medication given out of the usual timeframe, refusal, side effects etc.

Any prescription changes to medication made by the prescriber by telephone or in person (or via parents/carers), can only be accepted, if it is supported in writing (letter/email). The records (placement plan/EHCP if appropriate) must be updated.

An audit trail of medication needs to be maintained i.e. a record of all medication received, medication administered and medication returned.

Records must be kept of all medicines leaving and returning to the residential provision with students for the purpose of trips and activities. Logging ins/outs into student's medication records.

Medication administration records must be retained for the time specified by the regulatory body and thereafter destroyed securely in line with General Data Protection Regulations.

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## 12.0 Disposal

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Disposal of medication will be necessary when:

- Medication is out of date
- A treatment course is completed, discontinued, or no longer required
- The student has refused to take the medication
- The medicine has been "spoiled."

In these circumstances, it must be removed from the medication cupboard and returned to the parent's/carer's or community pharmacy. This must be documented.

No medication may be destroyed in the school/residential provision. Unwanted medication may not be placed in sharps boxes or down the sink or toilet. Any medication to be disposed of will need to be disposed in a disposable container for medication provided by the School Nurse. A record of its destruction should be made on the medication record and the Head of Care should be notified.

Syringes and needles must be disposed of by placing in the sharps box (should a student come in without their sharps box, a sharps box is located in the nurse's office).

## Self-management

A risk assessment should be undertaken to determine whether a student is able to self-medicate. The risk assessment considers the safety of the individual and other students.

Where possible and appropriate, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

An appropriate level of staff supervision must be provided to student who self-medicate.

For residential students, a lockable facility is provided in the student's room. The risk assessment will assess the storage requirements for an individual student.

Records of medication prescribed and supplied for students to take themselves must be kept. A record of when a student is prompted to take their medicines should be noted in the daily notes, as should any other medication support provided.

Student's risk assessments must be reviewed regularly, and reassessment undertaken based on individual circumstances and need. As part of the reassessment, it must be checked whether the student has been taking their medication as intended.

A record should be kept of all medicines received into the residential provision and then distributed to self-medicating students.

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## 13.0 Offsite activities

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A risk assessment will be undertaken by the Head of Care to determine the level of support needed to ensure a student with a medical condition can participate safely in offsite activities. This will require participation from the parents/carers, student and relevant healthcare professional as appropriate.

Consideration must be given to the safe transport and storage of any medication. Facilities of lockable bags are available to residential staff.

All staff involved must be fully trained to administer medication and must be aware of the student's condition, treatment, and risk assessment.

All medicines taken on trips should be signed out of the residential provision and the quantity remaining signed back in on arrival. The Head of Care should be notified if there any discrepancies.

Staff must record all medication administration to students during offsite trips and activities. The same medication administration procedures should be followed as for on-site medication administration.

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## 14.0 Specialist tasks

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Occasionally, staff may be requested to administer medication by a specialised technique. Examples include administration of insulin, nebulisers etc. or other routes of administration.

Administration of specialised medication requires specific training in the use of the product. The training should be fully documented and be given via an approved Health Care Professional. An assessment of competence should be incorporated into the documentation for any staff member who has been trained in the procedure.

Administration of a medication by a specialised technique may only proceed with the express recorded agreement of the student and the parent/carers.

Authorisation from the Head of Care must be obtained before a staff member can undertake this additional specialised role.

Knowledge checks must therefore be undertaken every 6 months to ensure staff are confident to administer these medicines should the need arise.

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## 15.0 Emergency supply of Salbutamol and Auto-injectors in school

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The Head of Care will be responsible for implementing the Department of Health (DOH) "Guidance on the use of emergency salbutamol inhalers in schools" and guidance on the use of adrenaline auto-injectors in school (AAI).

The "guidance" allows the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for children included on the asthma list and have a prescribed inhaler. This also is the same for the use of AAI with allergies and anaphylaxis risk".

Students who have an asthma diagnosis or are prescribed an inhaler will be on the school asthmatic list. Any students with a diagnosed allergy will be on the allergy list and this will include any children who are prescribed an AAI in the event of an anaphylaxis.

Written parental consent for use of the emergency salbutamol inhaler and AAI must be given in each of these circumstances.

The emergency inhaler can be used if the student's prescribed inhaler is not available. A disposable spacer device is used for hygiene.

The emergency AAI can be used if a student is prescribed one and the AAI is not available.

An asthma and AAI policy has been created so that staff know who to contact in an emergency. (Procedures should follow the DOH guidance).

Written parental consent should be obtained for each student.

Supplies for the emergency asthma kits and AAIs can be ordered from the local community pharmacy by the School Nurse and authorised by the School Principal.

Location of kits; Reception, Education Lead's Office and Willow site.

A number of residential staff will be identified as "designated members of staff" who have responsibility for helping to administer an emergency inhaler, they have received administration of medication and first aid training.

All staff must be aware of the school asthma policy and AAI policy and be aware of the students with these conditions that may require the emergency medication. Staff need to be aware of how to access the emergency inhaler and AAI and the designated members of staff they can access for support if necessary.

The designated members of staff will be responsible for the storage and care of the inhaler as detailed in the "guidance". Priming the inhaler regularly will also be their responsibility and checking the expiry dates. They will be responsible for checking the AAI medication for expiry and condition.

The emergency inhaler and AAI should not be locked away and relevant trained staff should have access to the inhaler and AAI at all times. The inhaler and AAI should be kept out of the reach and sight of students.

A written record should be made each time the inhaler or AAI is administered to a student on SID and on a medication chart.

The student's GP, Head of Care and parents/carers should be informed when a student has an asthma attack that requires emergency salbutamol use or AAI.

The Head of Care and School Nurse is responsible for disposing of expired or used inhalers. They should be returned to the supplying community pharmacy as per the waste instructions in the DOH guidance.

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## 16.0 Auditing of medication

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Audits will be carried out every half term by the House Leader and termly by the Deputy principal and the Head of care. These will be recorded on an onsite audit checklist for medication.

This will include the following areas:

- Care and storage of medication
- Ensuring records are complete and accurate
- Medication counts
- Expiry dates/Batch numbers and opening dates on eye drops and liquid medications
- Date checks of PRN (when required) medication
- Stock control
- Controlled drugs
- All completed forms and medication related paperwork

A daily medication audit check is carried out by the residential staff, where possible this will be a senior member of staff. It is the senior member of the residential staff on shift to ensure the medication audit has been completed and all medication in the safe is the same as what is documented. Any discrepancies should be reported immediately to the Deputy Principle (DJT), Head of care and School Nurse. The House Leader will also complete a weekly "spot check " on all houses, findings are reported and recorded and added on the sheet of the individual student's drug sheet comments box. When breaking up for holiday periods, the House Leaders will complete an audit of the safe which is recorded and the process is repeated when school re-opens for the new term.

This will include in addition to the topics above:

- Audits been carried out appropriately
- Staff competency assessments
- Adherence to emergency salbutamol and AAI guidance.

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## 17.0 Medication administration errors and safeguarding

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At William Henry Smith School we recognise that despite the high standards of good practice and care medication errors may occasionally occur. In the event of an error the Head of Care must be informed immediately. There must be no concealment or delay in reporting the incident.

Advice must be sought from the Head of Care, Residential Care Lead or School Nurse who will contact the GP/ emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. The student must be observed and monitored for any obvious side effects and emergency action taken if required. The parents/carers must be informed immediately.

A report to the Principal must be completed and will include details of whether the student came to any harm as a result of the error and what action was taken.

A medication error may consist of any one of the following (the list is not exhaustive):

- Administering medication to the wrong student
- Administering the wrong dose of medication
- Failing to administer the medication
- Administering the medication at the wrong time
- Failing to record the medication administered
- Administering the medication via the wrong route
- Incorrect stock balance of Controlled Drugs.

All medication errors, incidents and "near misses" must be fully and carefully investigated and documented by the Head of Care to determine the cause and to record any action taken as appropriate. Detailed audits must be carried out on a regular basis and used in meetings with medication administering staff to improve practice.

A safeguarding issue in relation to managing medication could include

- Deliberate withholding of a medication without a valid reason
- Incorrect use of medication for reasons other than the benefit of a student
- Deliberate attempt to harm a student through the use of a medicine
- Accidental harm caused by incorrect administration or a medication error.

This list is not exhaustive.

Reporting of suspected or confirmed medicines related safeguarding incidents should be made to the Head of Care on the same day.

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## 18.0 Administration of medication training

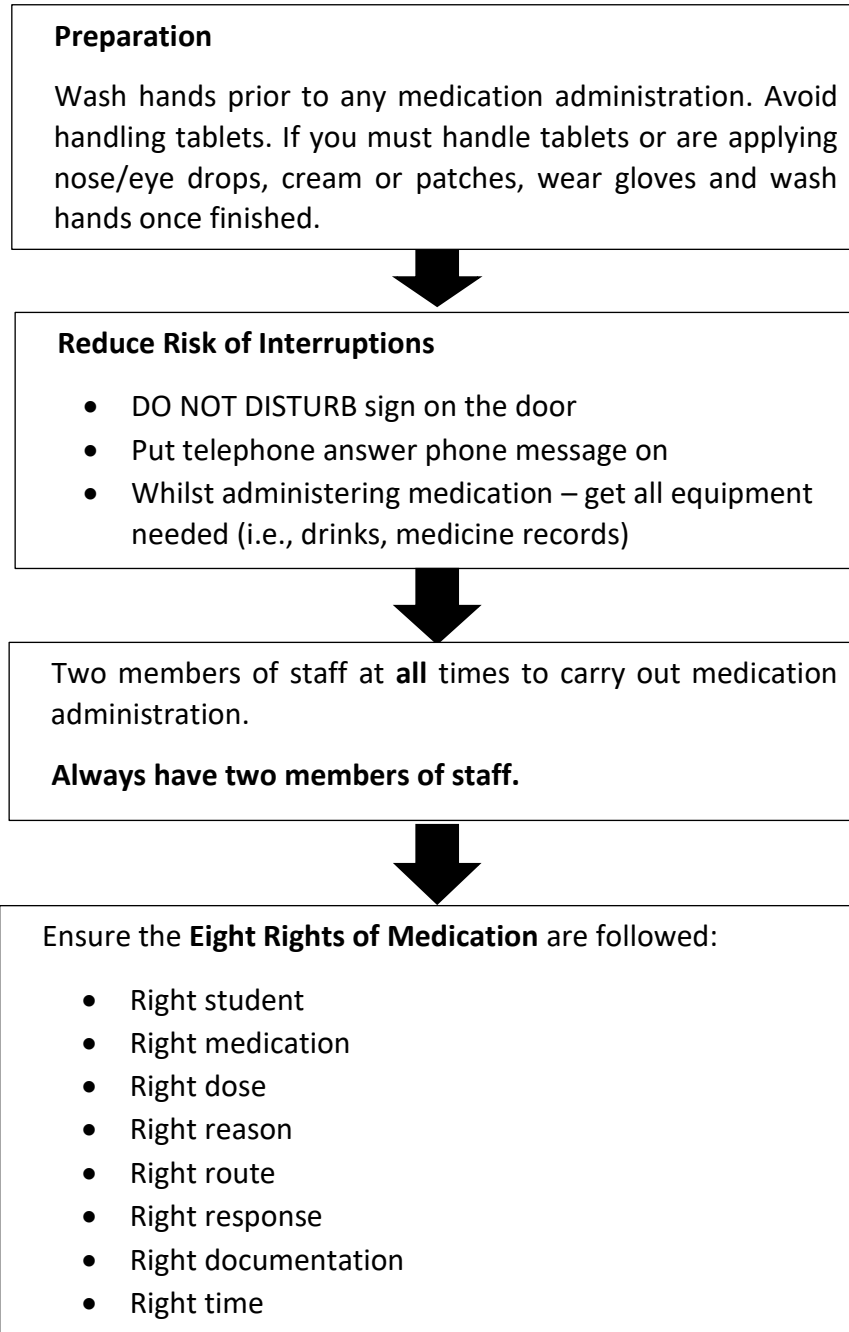
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All staff who administer medication in the residential or educational provision must complete an administration of medication training via the Calderdale online training pre-employment to the school. The first two weeks of induction to the role the member of staff to complete School nurse medicine training and complete the induction section for the School Nurse. Once the induction has been completed, the member of staff will be observed six times and then final observation to be signed off by the School Nurse. The member of staff will then be observed yearly and signed off competent by School Nurse or Residential Care Lead. Calderdale online training to be renewed every two years.

Medication reviews will be performed by the individual student's GP or other healthcare professional and staff must be aware of potential changes to a student's medication regime.

Staff are responsible for monitoring the effects of the medication that they administer and for taking direct action if the student's condition changes.

## Medication Management & Best Practice



### Important

- Remember stock balance check at every shift.
- Remember once any drug is given, it **cannot** be removed.
- If in doubt, keep it out.

## Appendix 1

### Medication Administration Onsite Audit Checklist

House:

Date:

Reviewed by:

<b>Rating</b>	Acceptable List how meet compliance = A	Not acceptable- Detail concerns and actions to be taken =NA	Needs improvement and actions to be taken =NI
<b><u>Care and Storage</u></b>			
Medication properly locked away			
Area is clean			
Medications in a designated area ( locked fridge/medical cabinet)			
Medication expiration dates current and all batch numbers match			
Medication in properly labelled containers- pharmacy labels with name and date of child visible doses and date of issue clearly legible			
Organised system Clearly demonstrating safe practice being followed on daily basis			
Disposal of medications – to be given to school nurse if expired/if not expired to safely transport back to carers/family.			
<b><u>Medication is being administered only by designated trained and competent staff</u></b>			
<b><u>Documentation</u></b>			
Check that the staff signatures at the front of both books are in date and legible			

## Appendix 1

Check all medication errors have been notified and that actions have been in accordance with current policy			
All medication brought into school is checked into : Red Books for Controlled Meds Prescription Sheets for prescribed medications Over the counter Medication record on medication sheets			
Ensure that all below is Correct date/time/child/dose/balance /signatures of administrator and witness			
<b><u>Areas of Concern</u></b>			
<b><u>Follow Up Plan</u></b>			
<b><u>Comments and Learning points for wider sharing with SLT and Head of Care</u></b>			



# Administration of medication

New staff member who will administer medication.

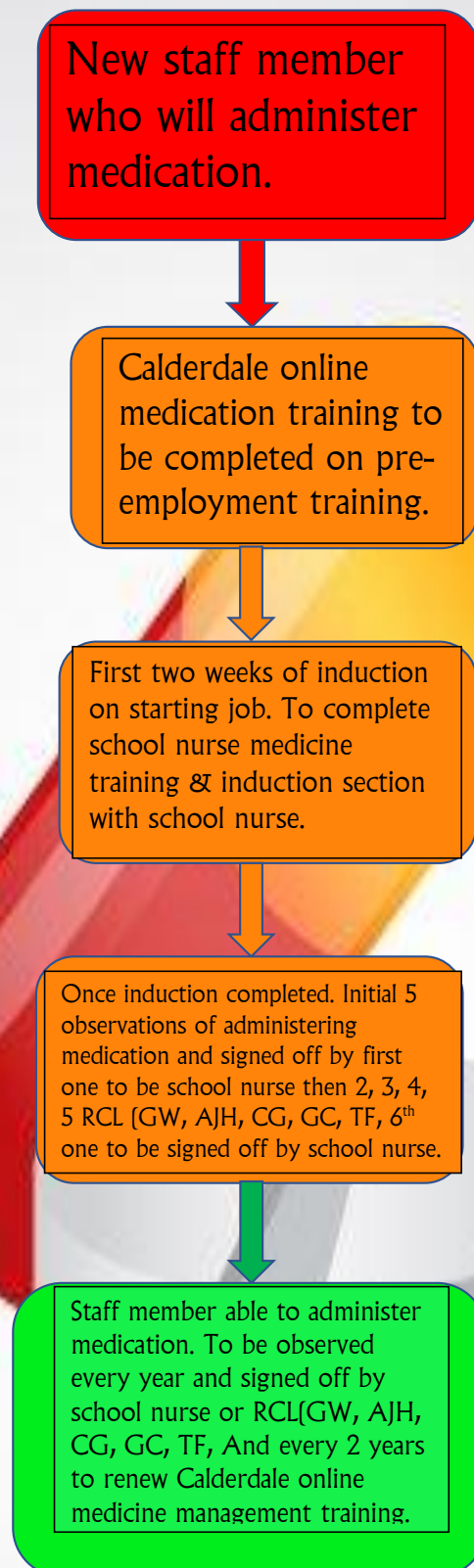
Calderdale online medication training to be completed on pre-employment

First two weeks of induction on starting job. To complete school nurse medicine training & induction section with school nurse.

Once induction completed, six observations of administering medication to be completed, first five to be signed off by House leaders CG, TF, MH, TMAC or Head of care GW. Final one School Nurse to sign off if member of staff is competent.

Staff member able to administer medication. To be observed every year and signed off by school nurse, Head of Care or house leaders. Every 2 years to renew Calderdale online medicine management training.

# Administration of medication



## Appendix 1

### **Prescribed and As Required Medicines received into School then returned**

[illegible]

## Appendix 1

For new members of staff who are administering medication as part of their job role the following checklist will need to be completed once they have been observed on six separate occasions carrying out the “drug administration” by either the House Leader on duty or the School Nurse.

As part of the induction process this will need completing before a new member of staff is allowed to administer medication.

The staff member **MUST** have completed the online learning prior to starting at the school if their job role involves administration of medication and completed the training delivered by the School Nurse alongside the six observations checklist. The staff member will then have an annual update via the School Nurse and be reviewed every two years and observed once.

Any drug errors made in between the advised training the staff member will be asked to complete the training from the School Nurse and complete the six observations list again.

Name.....

## Appendix 1

	TASK	Task observ ed: Oral – Tablets / Capsul es / Liquid s  X5 dates of observ ation and signat ure by RCL and School Nurse	FINAL OBSERV ATION DATE and RCL or School Nurse Signatur e	Task observ ed: Topical – Lotions / Sprays, Transd ermal Patche s, Liquid Cream s, Ointme nts  X5 dates of observ ation and signatu re by RCL and School Nurse	FINAL OBSERV ATION DATE and RCL or School Nurse Signatur e	Task observ ed: Eye / Ear / Nose Drops, Spray Ointm ent  X5 dates of observ ation and signat ure by RCL and School Nurse	FINAL OBSERV ATION DATE and RCL or School Nurse Signatur e
1	Staff member has read the policy and Demonst rates knowledg e of the 8 rights of medicatio n administr ation: Right –	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	

## Appendix 1

	person, drug, dose, time, method, documen tation, reason and response						
2	Demonst rates that person's confidenti ality, privacy and dignity is maintain ed	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
3	Staff reminds person that it is time to take medicatio n and Locates and reads treatmen t sheet / medicatio n chart / health plan relevant to the student and Identifies the level of physical and	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	

## Appendix 1

	behavioural condition and  Demonstrates appropriate communication to engage person in the process						
4	Completes personal hygiene procedures as per infection control guidelines Demonstrates awareness of and undertakes personal hygiene: wash and dry hands on disposable paper towel / uses gloves / applies infection control	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	

## Appendix 1

	guidelines						
5	Collects all equipment required: e.g. medication cup/glass, tissues, applicators, swabs and ensures DO NOT DISTURB sign on door and answer phone activated.	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
6	Collects medication from locked storage area and follows record sheet for correct medication	1. 2. 3. 4. 5		1. 2. 3. 4. 5		1. 2. 3. 4. 5	
7	Checks medication packaging: original container to ensure	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	



## Appendix 1

	medication corresponds with treatment sheet / care/health plan. Reads and follow any special instructions for administration of the medication						
8	Administers medication or assists with administration using appropriate equipment: measure cup / dropper / applicator / spray / patch	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
9	Handles medication appropriately according to	1. 2. 3. 4.		1. 2. 3. 4.		1. 2. 3. 4.	

## Appendix 1

	medication type: e.g. not handling tablets, avoiding contact with own skin, using applicators, removes any excess cream / lotion / ointment, Uses correct amount of drops / ointment / liquid / spray as per instructions. Ensures that drops are instilled correctly and wipes away any excess	5.		5.		5.	
10	Supervises and observes the person to ensure the medication is swallowed	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	

## Appendix 1

	d / absorbed						
11	Encourag es the person to actively participat e and, where practical, undertak e the administr ation / applicatio n of medicatio n	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
12	Ensures person is comforta ble and observes person for any medicatio n effects	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
13	Supervis es person at all times during administr ation of medicatio n process (i.e. Post- 16)	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
14	Ensures medicatio n and equipmen t is not left unattend	1. 2. 3. 4.		1. 2. 3. 4.		1. 2. 3. 4.	

## Appendix 1

	ed at any time and is locked away securely after the administration and Securely stores person information: treatment sheet / care/health plan	5.		5.		5.	
15	Observes person to check for physical or behavioural changes and identifies the reporting process if there are any concerns, seek advice from health professional.	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
<b>Operational Checklist</b>	Follows appropriate procedures to ensure medication	1. 2. 3. 4.		1. 2. 3. 4.		1. 2. 3. 4.	

## Appendix 1

1	n storage and complies with WHSS policy and the manufacturer's instructions	5.		5.		5.	
2	Describe s process to document damaged, spilled or expelled (e.g. vomiting) medication	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
3	Describe s procedures to address / respond to changes in client's health/co ndition	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
4	Demonst rates an understa nding of the procedur es for the use of PRN Medicatio n	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	

## Appendix 1

5	Able to correctly identify the emergency procedures for the current worksite	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	
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## Appendix 1

To be completed and signed by the staff member and the workplace manager / supervisor or a workplace assessor who has observed the task.

I ..... have observed .....  
administer medication in the following medication categories: Oral, Topical,  
Eye/Ear Drops.

1. I am satisfied that the staff member is able to administer medication  
according to WHS policy and procedure ☐
2. I consider that the staff member requires further assistance / coaching \*  
☐

Supervisor/Workplace Assessor name (please print)		Staff member name (please print)	
Classification/Position		Classification/Position	
Signature and Date		Signature and Date	

\* Should the staff member require further coaching this is to be scheduled  
as soon as possible and a time made for another opportunity to complete the  
checklist.

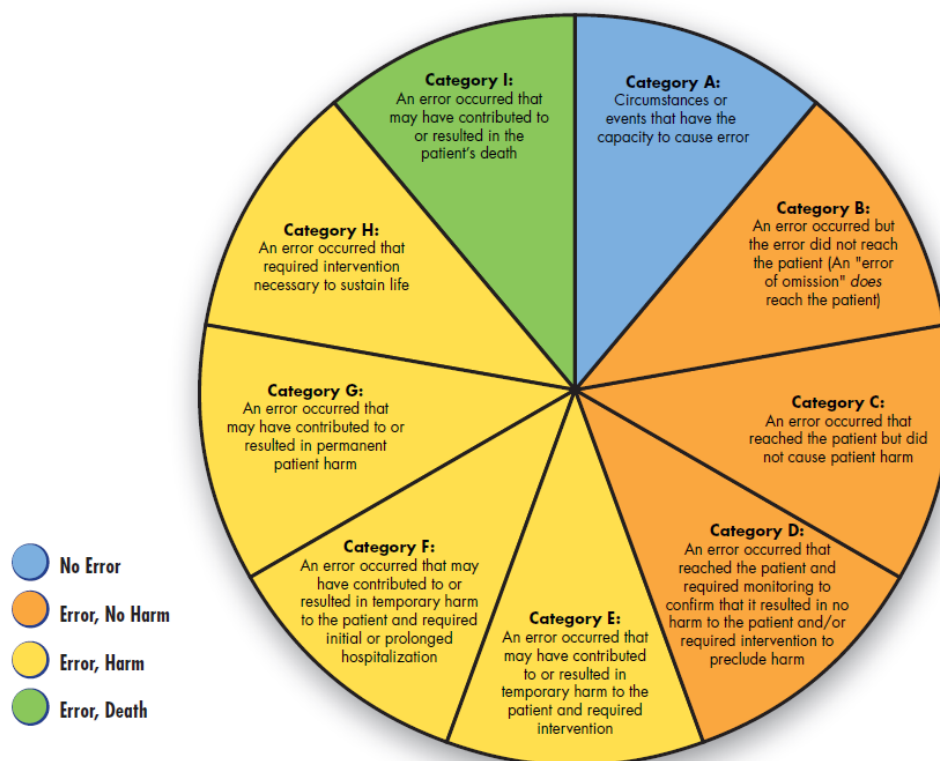
## Appendix 1

# Daily Medication Audit

[illegible]



## NCC MERP Index for Categorizing Medication Errors



### Definitions

#### Harm

Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

#### Monitoring

To observe or record relevant physiological or psychological signs.

#### Intervention

May include change in therapy or active medical/surgical treatment.

#### Intervention Necessary to Sustain Life

Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

## Appendix 1

