

Local Procedure Title	Medication
Service	Sedgemoor Manor School
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Local Procedure Author(s)	Emily Morgan
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1. Introduction and aims

This procedure aims to outline the site specific procedures and responsibilities for Medication at Sedgemoor Manor School.

Medication is stored and administered safely at every Aspris Children's Service. Medicines in the custody of the service are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society and the requirements of the Misuse of Drugs Act 1971.

1.2 Records of medication administration are fully compliant with regulatory and national requirements.

1.3 Children and young people receive the medication which they require in a safe and timely manner, with due respect for privacy and dignity.

2. CONSENT TO TREATMENT

2.1 Each service manager (Registered Manager / Headteacher) is responsible for ensuring that valid consent, in relation to all forms of treatment, medication, first aid and homely remedies, is sought in each case as applicable, and a record of consent, or the withholding of consent, held in writing.

2.2 The service manager must ensure that colleagues administering medication are aware of the child/young person's right to refuse treatment

3. RESPONSIBILITY

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3.1 The service manager is responsible for implementing this policy within the service, ensuring all colleagues who administer medication have been trained and are competent to do so and for monitoring and auditing medication.

3.2 Each individual colleague administering medication having been deemed competent to do so is responsible for their own actions and omissions in relation to medication administration.

4. STORAGE

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4.1 All medications must be kept in a locked medication cupboard, which is fastened to a wall, with those requiring refrigeration being kept in a fridge, in the locked medical room, specifically for the storage of medication only.

4.2 Controlled drugs (CDs) must be stored in a locked compartment within a medication cupboard, such that they are 'double locked'.

4.3 Daily temperature checks on refrigeration and medication storage areas must be taken and recorded to ensure that medication continues to be stored at a suitable temperature.

4.4 Medication must be kept in original packaging and must not be dispensed/distributed to other storage containers.

4.5 Medication should only be removed from the medical room if needed for an offsite trip or stock is being returned to the parent/carer or pharmacy (homely medicines).

4.6 The appropriate medicine transfer form should be completed for an off-site trip, as follows:

- * Confirm the amount of stock held on site and fill in the medication stock sheet, with the date, amount being taken off site, quantity left in stock and name of pupil for whom it is being taken. This entry must be signed by 2 competent members of staff.
- * Complete the Medical Stock Transfer Form (School Trips) and ensure that is signed by 2 competent staff members.
- * Medication should be stored in a lockable box or held in a secure bag/handbag/rucksack and kept with staff members at all times (unless locked in the boot area of a car). Lockable boxes are available in the main school office.

Controlled medication MUST be stored in a lockable box.

- * On return, any unused medication (e.g., if a bottle of medication has had to be taken, or a refusal by the student to take it) must be signed back in, by 2 competent members of staff and the medication stock sheet completed with appropriate details.

4.7 The appropriate medicine transfer form should be completed if stock is being returned to a parent/carer or pharmacy as follows (see Controlled Drug section for extra steps with controlled drugs):

- * Confirm the amount of stock held on site and fill in the medication stock sheet, with the date, amount being returned to parent/carer or pharmacy. This entry must be signed by 2 competent members of staff.
- * Complete the Medical Stock Transfer Form (Return) and ensure that is signed by 2 competent staff members.
- * Return stock to the parent/carer or pharmacy and ensure that the receipt portion of the form is completed for the parent/carer/pharmacy to acknowledge receipt of the medication

There are examples of these forms in staff shared/Policies and Procedures/Local Procedures/Medication Procedure

5. ACCESS

5.1 Medicine cupboard/medication fridge keys must be stored appropriately in a secure key press. Only staff member who have completed their training will be given access to the secure key press. Only nominated, trained staff members will be given access to the secure key press for Controlled Medication.

5.2 Children and young people who self-medicate will require secure, lockable storage for their medication, which is to be stored in the Medical Room.

5.3 A spare set of keys will be held in a secure key press which colleagues can access in the case of the young child/young person losing their keys.

6. ADMINISTRATION

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- 6.1 Colleagues can only administer medicine(s) prescribed by a licensed UK based medical practitioner, or as required, those non-prescribed 'homely remedies' which appear on the list approved by the service's GP.
- 6.2 Colleagues can only administer medication which is stored in its original packaging supplied by a registered pharmacy.
- 6.3 Repackaged medication, out of date medication, and medication prescribed for a different person cannot be administered under any circumstances.
- 6.4 When administering medication, colleagues will follow the 6R's principles (NICE Guidance for Managing Medication in Care Homes):
- (a) **Right resident:** Confirm the identity of the correct child/young person
 - (b) **Right medicine:** Check the medication is the correct one and is prescribed for the child/young person
 - (c) **Right route:** Check the correct route for administration
 - (d) **Right dose:** Check the correct dose to be administered
 - (e) **Right time:** Check the correct time for administration
 - (f) **Resident's right to refuse:** Be aware that the child/young person does have the right to refuse their medication – try and ensure that they understand the consequences to their health if they refuse
- 6.5 Colleagues must always wash hands before administering medication and should not directly handle tablets for oral administration.
- 6.6 It is generally expected that medication is prescribed and supplied in multiples which accord with the prescription. Very occasionally prescribers may, where there is not reasonable alternative, require tablets to be split.
- 6.7 In such circumstances an approved tablet cutter should be used, and the unused portion of the tablet be suitably disposed of.

7 Recording

- 7.1 The administration of all medication, or the refusal to take medication must be properly documented on a Medicines Administration Record (MAR)
- 7.2 A Medicines Administration Record (MAR) is kept for each child or young person (including those that are self-medicating) and includes the following legible information:
- (a) Name
 - (b) Date of birth
 - (c) Details of allergies
 - (d) Full details of all prescribed medicine; routes, strengths and times of administration
 - (e) When refused by recipient
 - (f) Homely medicines taken.
 - (g) Date medicines were stopped and by whom.
 - (h) Maximum frequency of 'as required' medicines.
 - (i) The initials of the person who has administered the medication.
- 7.3 Any changes to any prescription must be made clearly and legibly in the MAR.
- 7.4 Any such changes must be confirmed in writing by a doctor. The parent/carer is required to provide written proof of the change to medication, a copy of which is to be kept with the MAR. The MAR must be updated with a new sheet. If the change is not confirmed in writing by the GP or consultant, the prescription cannot change.
- 7.5 A full record of stock, record of ordering, receipt, supply, administration and disposal of medicines is kept to maintain an audit trail and to ensure there is no mishandling of medications.

7.6 This includes details of medicines brought into the service by children and young people (which can only be accepted if in its original packaging, and is clearly labelled by a pharmacist, for the child/young person.

7.7 The service manager should ensure a register of sample initials used by colleagues to sign MARs and CD Registers is maintained.

8 CONTROLLED DRUGS

8.1 Controlled drugs are those which are designated as such under the Misuse of Drugs Regulations 2001: These drugs are subject to stricter regulations to prevent them being misused or being obtained illegally. These medications are clearly marked with CD.

8.2 All controlled drugs which come into school must be recorded in the Controlled Drugs Register (a hard backed book, printed expressly for use as a CD Register) which must be signed by the person undertaking the task and countersigned by a witnessing colleague.

8.3 It is not acceptable for children or young people to sign the CD book as 'witnesses'.

8.4 Controlled drugs must be stored in the internal locking compartment of the locked medication cupboard. The controlled Drugs register should be stored in the Non-CD part of the locked drugs cupboard

8.5 Each time a controlled drug is removed from storage for administration this must be recorded in the CD Register, which must be signed by the person undertaking the task, please see list of approved staff members to administer controlled drugs and countersigned by a witnessing colleague.

8.6 All Controlled Drugs which are no longer required, must be returned to the Parent/Carer. They must remain secured within the Controlled Drug cabinet until the time of collection/return to the Parent/Carer. The parent carer must countersign the medication transfer form to acknowledge receipt of the controlled drug.

8.7 In addition to the normal record keeping that must be completed when disposing of Controlled Drugs in this way, additional records need to be made in the Controlled Drug Register.

- Records in the CD Register should follow the guidance outlined below:

- If Controlled Drugs are received, then the following details must be recorded in the

Controlled Drug Register:

- Date and time medication was received

- Name of Parent/Carer that has supplied the medication

- Quality of medication that has been received (this must be counted and checked)

- Signatures from two colleagues that have received and checked the medication

- Running stock balance of medication

8.10 If Controlled Drug medication is administered then the following details must be recorded in the Controlled Drug Register:

- Date and time medication was obtained and checked

- Young person's name

- Quantity of medication that has to be administered
- Signatures from two colleagues that have checked this medication
- Running stock balance of medication

8.11 If a controlled drug medication is discharged with a young person, then the following information must be completed in the Controlled drug register and process followed:

- On occasions when a young person may be away from school on a trip and will require medication the CD medication should be placed in the locked box, with the MAR sheet, which is located in the Medical Room and locked. This box should then be stored out of site in the glove box of the locked school vehicle. The keys for the locked box should be kept with a nominated staff member, who has completed the Controlled Drug training.
- Two staff members will complete the Medication transfer form and sign to acknowledge receipt of the controlled drug.
- On return to school the MAR should be returned with the medication (if appropriate) and the CD register should be amended as follows:
 - * Date and time the medication was given to the young person
 - * Name of young person receiving the medication
 - * Quantity and type of medication that has been given to the child or young person

The controlled drug register should be retained for a minimum of 2 years and is the responsibility of the Registered Manager

9. HOMELY REMEDIES

9.1 Homely remedies, such as paracetamol can only be dispensed if there is valid parental permission. Check the MAR file for permissions.

9.2 Paracetamol dispensing: The following steps should be followed before paracetamol is given to a young person:

- Check the young person's medical record, kept in the ORANGE MAR file in the medical room. This is in case of parent refusal or allergy.
- Check whether the young person has their own medication before you dispense school stock.
- Before administering Paracetamol, ensure that we have consent on file. If consent is given, it will have been on the Medical Information Form ACS Form 11G. A compiled list is stored in the front of the ORANGE MAR file in the medical room.
- A parent/carer MUST also be called to get verbal consent. This is to prevent possible overdose. A note of the time of the conversation and who gave consent must be made on the green MAR sheet.
- Administer the medication.
- * Record the administered medication accurately in:
 - (i) the 'homely meds' file in the top-drawer filing cabinet in main office
 - (ii) the young person's entry in the MAR file (green paper for non-prescribed medication). A witness MUST also sign both files.

10. DISPOSAL

10.1 All out of date medications, and those no longer required must be returned to the parent/carer of the young person, using the Medication transfer form or can be returned to the local pharmacy with written permission from the parent/carer.

10.2 Any out-of-date homely medications must be disposed of by return to the local pharmacy and completion of the Medication transfer form.

11. SELF-MEDICATION

11.1 Some children and young people may wish to self-administer medication. This is permitted providing it is risk assessed to be safe and appropriate, and the child/young person is assessed to be competent to do so (**ACS Form:18B** and **ACS Form:18C**).

11.2 The school will ensure that self-administered medication is securely stored in the Medical Room in the Medication locked cabinet. The young person will be accompanied by a trained member of staff to access the medication and complete the MAR sheet and record book.

11.3 Self-Medication responsibility may be withdrawn if competency lapses or risk increases.

12. MEDICATION ERRORS and Refusals

12.1 The service manager is responsible for ensuring that any medication errors are promptly acted upon, seeking immediate medical advice from medical professionals, and reporting the incident according to the incident reporting policy (AOP04) and escalation processes. **ACS Form 18E** is used for recording medication error investigations.

12.2 All colleagues are responsible for immediately reporting any concerns in relation to medication administration, including any error they suspect may have occurred.

12.3 Where a young person refuses their medication, this should be recorded, along with the reason for the refusal. In the event that this occurs regularly this should be notified to the parent/carer. Regularly is defined as: more than 3 doses in a row, or at least once a week for 2 or more weeks.

13. TRAINING AND COMPETENCY

13.1 All colleagues who will be involved in medication administration must complete the eLearning medication administration module.

13.2 All colleagues who will be required to administer medication must be assessed as competent to do so by the service manager following completion of the medication administration eLearning module (**ACS Form 18D**)

14 MONITORING

14.1 The service manager is responsible for ensuring that a monthly Medication Audit and stock check is undertaken of medicines storage, stock rotation and administration to ensure that all usage is in accordance with organisational policy using **ACS Form 18**.

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Contents Checklist (Local Sites may add additional items – this is a core list)			
Responsibilities		Storage arrangements	
Records keeping		Location of medication store	
Training arrangements		Location of keys	
Monitoring arrangements		Pharmacy arrangements	n/a
Competency assessments		Homely remedies (if applicable)	

Local Procedure Review History:

Date Reviewed	Reviewer	Summary of revisions
26/06/24	Emily Morgan	

Associated Forms:

ACS Form 18 Medication Audit

ACS Form 18A Covert Medication Checklist

ACS Form 18B Self-Medication Consent

ACS Form 18C Self-Medication Assessment

ACS Form 18D Competent Medication Administration Assessment

ACS Form 18E Medication Error Investigation

Sedgemoor Manor Form – Medicine transfer for offsite activity

Sedgemoor Manor Form – Medicine transfer to parent/carer