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# Oxford & Hassocks

Two schools providing a unique, positive education  
for young people on the autism spectrum

## **Administration of Medication Policy**

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**Policy Reviewed: 7<sup>th</sup> October 2015**

**Review date: 7<sup>th</sup> October 2017**

This policy is intended to meet the requirements of 'Supporting pupils at school with medical conditions' produced by the DfE in April 2014 (Appendix 1).

This policy replaces all previous medical policies.

At LVS Oxford/Hassocks we recognise that we have a duty to support students with medical conditions, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We also recognise that parents and guardians of children with medical conditions may be concerned about whether we will help their child manage their condition and keep them well. It is our intention to provide effective support for children's medical needs and we ask parents and guardians to contact us immediately if they have any concerns.

We are aware that children may be self conscious about their condition and that some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. We will do our best to support any difficulties, including reintegration to school life after prolonged illness and to support children whose medical conditions render them disabled, in compliance with the Equality Act 2010 and the SEN Code of Practice (June 2014).

### **Medication procedure and Consent**

- Parents/carers of children who will require medication administered whilst at LVS Oxford/Hassocks are required to complete and sign the medication consent form initially and when there are any changes relating to medicines. This should also be completed on an annual basis.
- Any requests to change medication must be in writing and overseen by the School Nurse.

### **Receipt of medications at LVS Oxford/Hassocks**

- The supply of medicines to all residential settings in the UK comes under the remit of The Medicines Act 1968 which states that all medicines brought into residential settings from whatever source must be recorded on the medicine administration record (MAR) as soon as received and the medicine must be put, immediately, into the medicine cabinet. Medication should be handed by parents to the escort, who then hands the medication to a designated member of staff upon arrival at LVS Oxford/Hassocks. Each drug is then recorded onto a log and signed to acknowledge receipt of that drug. As soon as all medications are logged they are then taken to the

medical room to be signed in and stored in the appropriate medicines cupboard. Once the medication has been stored the Key Worker will agree with parents the process for handover of medication for any learners that do not have an escort.

- The record must show:
  - Name
  - Date of receipt
  - Name, strength and dosage of medicine
  - Signature of member of staff receiving the medicines
- Staff are also required to record the quantity of medicines received on the MAR chart, this will either be the number of tablets, volume of liquids or number of tubes of creams.

### **Storage of medicines**

- All medication must be stored in its original container, with the original dispensing label, as received from the pharmacy. The name of the child, dose, frequency and route of administration must be clearly visible on the prescription label.
- All medication must be stored in a locked cabinet that is securely fixed to the wall and is used for medication storage only. The security of medicines must not be compromised by the cupboard being used for non-clinical purposes.
- Only designated staff should access the key for the cupboard.
- The keys to the medicine cupboard should not be part of the master system for the centre. Key security is integral to the security of the medicines, therefore access should be restricted to designated members of staff.
- Some medications should not be locked away and should be readily available to the child e.g. asthma inhalers, epipens.

### **Cold storage**

- Wherever possible, a separate, secure refrigerator should be available to be used exclusively for the storage of medicines requiring cold storage. The temperature of the medicines should be monitored weekly when in use, using a maximum/minimum thermometer and recorded.

## Administering and recording

- Medicines supplied for an individual child are the property of that child and The Medicines Act 1968 clearly states that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Therefore medicines obtained in this manner may not at any time be used for another child and must not be used for a purpose that is different from that which they are prescribed for.
- Staff must not tamper with prescribed packs of medication e.g. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supply medications. The original supply must be finished first.
- It is the responsibility of the designated person to ensure that stock levels of medication are kept at appropriate levels by informing either the parents or link worker that additional stock is required.

## Preparation

- Collect all the equipment required:
  - Jug of water and cups
  - Spoons/syringes
  - Medication administration record (medication file) and pen
  - Medication
  - Tissues
- Wash hands thoroughly and explain the procedure to the child. Preferably administer medication in the medication room. Only administer medication to one child at a time. **Two members of staff should be present to:**
  - ✓ Check correct names on container, correct medicine, dose and time.
  - ✓ Check medication administration record and correct child.
  - ✓ Count the amount of medication in stock **BEFORE** the administration process begins.
- Medication should never be secondary dispensed for someone else to administer at a later time or date.

## Process of administration

- Read the medication label for the five rights of administration:
  - ✓ Right medication
  - ✓ Right dose
  - ✓ Right time
  - ✓ Right route
  - ✓ Right child

- It is essential that the person administering the medication cross references the medication label with the MAR. Check that the medication has not already been administered.
- Transfer tablets/capsules from the container into another receptacle, e.g. plastic medicine spoon or medicine cup. **Do not** touch by hand.
- Tablets which need to be cut should be cut in the designated pill cutter for that child/medication.
- Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup at eye level when pouring liquids out.
- Give medication to child and observe that it is swallowed.
- Record immediately on the MAR that the medicine has been taken by the child and the quantity of medicine dispensed. Both staff should initial in the space provided.
- Complete the stock control chart after administering the medication. Both staff should count the actual remaining medication. This is to ensure that the child has enough medication available to them. Lock the medicine back in the medicine cupboard.
- **If the child is absent you must ensure that you record that the usual dose was not administered, mark A in the MAR.**
- **Record also if a child refuses medication.**
- **Record if medication is spilt or dropped and re-administer.**
- **Record if medication is regurgitated but DO NOT re-administer.**
- If a child refuses to take the medication inform the senior on duty, and the child's parent/carer. Advice may be needed from the GP or by using the 111 service.
- When medication is discontinued by the GP or the course has been completed, a line should be drawn through the remaining section of the MAR, dated and signed.
- If a child has difficulty accepting medication, advice should be sought from a health professional who knows the child; and a plan of action recorded on the child's file as to how best to deal with this.

**Medication errors e.g. over dosage or medicines given to the wrong person.**

- If the incorrect stock is present:
  - ✓ Check the cupboard and medication room thoroughly
  - ✓ Inform the Duty Manager immediately if unable to account for incorrect stock levels.
  - ✓ Record the error on the MAR and have the DM countersign the error.

- If incorrect dose is administered:
  - ✓ Check the child is not suffering an adverse reaction. Inform senior on duty/Nurse. The senior on duty or School Nurse will then contact the child's GP, a local pharmacist or use the 111 service for advice.
  - ✓ If the child is suffering an adverse reaction e.g. collapse, difficulty in breathing, summons an ambulance via 999. Provide first aid care. In both instances the duty manager/School Nurse must be informed, and the child's parent/carer.
  - ✓ The medication error must be documented in the child's records and on the medication administration record. **Always complete a medication error form see Shared drive.**
  - ✓ The person who administered the medication will need to record the incident;
  - ✓ failure to report any discrepancies with administration of medicines constitutes gross misconduct. Serious medication errors which cause harm to the learner can constitute a referral to safeguarding.

## Controlled drugs

### Receipt of controlled drugs e.g. morphine sulphate, methylphenidate.

- As for all medicines but two members of staff **must** sign for receipt of controlled drugs, and record on both the MAR Chart and Controlled Drug Register.

### Storage of controlled drugs

- Controlled drugs must be stored in a locked box within the locked medicine cupboard. The key for the box must be kept in the main medication cupboard.

### Administration and recording

- Follow the preparation process and the five rights of administration as detailed in **process and administration**, but there **must** be two members of staff to administer and witness the administration. The MAR must be signed immediately by both members of staff.

### Disposal

- A signature of the receiving pharmacist or parent/carer should be obtained in the Medications for Disposal log/Controlled Drugs Register, stating the amount of medication received.

## **Self administration**

- Some young people may wish to manage and administer their own medication e.g. antibiotics. Ideally this should be done after discussions have taken place between the young person and the Head teacher and in the presence of an appropriately trained member of staff.
- Wherever possible, consent to self administer should come from someone with parental responsibility. Where this is not possible, further discussions need to take place between the Registered Manager, Social Worker, a senior manager and relevant health professional.
- A thorough assessment must be undertaken for anyone potentially administering their own medication. Areas covered include:
  - ✓ The young person understands their medical condition and the side effects of any misuse of medication
  - ✓ The young person understands the importance of administering the medication at the correct time, correct method and correct dosage
  - ✓ The manager and staff are aware of the side effects of the medication and how to respond in an emergency.
  - ✓ The medication will need to be stored in a locked cupboard.
- A written record of the name, strength, dosage and quantity of medication received into LVS Oxford/Hassocks must be recorded on the medication administration record and it should be identified on the young person's health plan that they are administering their own medication. Staff should monitor the stock levels and support the young person in getting repeat prescriptions.
- The young person will be required to complete their MAR for self-administration and countersigned by an appropriately trained member of staff.

## **Administration away from the centre**

- LVS Oxford/Hassocks will support students with medical conditions to participate in school trips and visits.
- If a student who is going on an offsite trip requires medication during the trip, the medication will be taken on the trip in its original, labelled container, together with the student's MAR sheet. Both the medication container and MAR sheet will be replaced at the end of the trip. If a student is on medication requiring refrigeration (eg. antibiotics), can be taken in a cool bag.
- When a child is away from the centre overnight, medication required during their off-site visit must be taken in its original container and the MAR sheet taken with them in order to sign for medications, following the same procedure as in school. Medicines must not be dispensed into secondary containers.

## **Disposal of medication**

- To provide an audit trail prescribed medicines that are not used should be returned to the pharmacist and the disposal recorded in the Medications for Disposal log, which is stored in the medication room with the medication file and MARs. The school nurse will take the medication to the pharmacist, and will sign and date the medication log.
- Expiry dates on home remedies e.g. Calpol/Paracetamol should be regularly checked and if out of date should be returned to the pharmacist for disposal. This will be recorded in the Medications for Disposal log.
- Medications/home remedies awaiting disposal by the pharmacist will be stored in the medication for disposal box in the medicine cupboard. This will be recorded in the Medications for disposal log.

## **Over the counter Medications**

- A home remedies list is intended to meet a recognised need to treat minor ailments without necessarily consulting the child's GP. Preparations listed for use as home remedies should be purchased directly by staff in the centre/parents. Dosage instructions should be clear, the date of purchase should be recorded and all remedies stored in the medicine cupboard.
- Prior to administration of any home remedies written permission must be received from the child's parent/carer and should only be administered once contact has been made with parents to check on last time of administration.
- The use of home remedies for the children in the centre should be similar to their use within a home setting.
- Home remedies are to be taken by mouth and should be used for acute self-limiting conditions only and may be administered to a child for a maximum of 48 hours providing that there is no deterioration in the child's condition. If it is considered that there is a need for continued treatment, the child's GP should be contacted. Topical/external preparations included in this list should only be used according to the criteria and instructions given. Any home remedy given to a child must be recorded on the MAR, and should be stored, administered and disposed of as for prescribed medication.
- Staff can check with the 111 service or with a child's GP or with the local pharmacy if they are unsure about the child's condition.

## Minor Conditions that may be relieved by over the counter medications

### Dry skin

- Aqueous cream – a useful moisturiser and soap alternative.
- E-45 cream – a non greasy softening/soothing unperfumed cream. Useful for dry chapped skin. Some people may be allergic to the lanolin content.

### Sunburn

- Prevention is better than cure. Use a sunscreen with a high blocking factor e.g. factor 25 and above, particularly for sensitive skins. Hats and tee shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. Calamine lotion will help to relieve mild burning. If sunburn is severe seek medical advice.
- Certain drugs may predispose towards photosensitivity reactions (e.g. may react to the sun). check with local pharmacist if in doubt.

### Eye care

- For foreign bodies bathe the eye in water. An eye bath may be used. Consult NHS Direct or child's GP if eye is splashed with irritants e.g. bleach. If the eye, or surrounding skin, is inflamed and has a yellow/green discharge or is encrusted consult GP.

### Foot care

- Always get a diagnosis from a GP if either athletes foot or a verruca is suspected.
- Children with Diabetes Mellitus should always see the GP for foot care.

### Bites/stings – internal

- If the bite or sting is to the mouth, ear, eye or nose consult GP or NHS Direct –111.
- If lips begin to swell or the child has difficulty breathing dial 999 immediately, administer first aid until the ambulance arrives.

### Bites/stings – external

- Administer antihistamine tablet/liquid if appropriate for that child
- Apply antihistamine cream
- Apply cold pack to the affected area.

### Urticaria (itching e.g. from nettle rash)

- The following can be applied directly to the skin for relief of itching:
- Calamine lotion

### Constipation

- The use of laxatives in children is recommended for children with constipation. An increase of dietary fibre, fluid intake and exercise will help to regulate bowel action. Seek advice of School Nurse if constipation is suspected.

## Hay fever

- Seek advice from a GP as the child may be allergic to something else rather than have hay fever. This will also enable tablets to be prescribed for a child and repeat prescriptions can also be requested.

## Learner illness

- Should a child fall ill the following procedure will be followed:
  - Duty Manager and School Nurse will be informed
  - An illness monitoring sheet maybe filled out. The child will be monitored and sent home asap if considered appropriate.
  - Advice from the local medical centre or NHS 111 may be sought.

## Doctor's appointments

LVS Oxford has emergency GP arrangements with Yarnton Medical Centre, Rutten Lane, Yarnton OX5 1LT (01865 379345).

LVS Hassocks has emergency GP arrangements with Hurstpierpoint Medical Centre, Trinity Road, Hurstpierpoint. Tel 01273 834388

All students will continue to be registered with their local GP.

Should a residential child need to see a doctor, the child's link worker/School Nurse will inform their parent/carer of the appointment and the outcome of the GP's visit at the earliest convenience.

## Chronic Conditions

Chronic illnesses are long-term or permanent medical conditions that have recurring effects on everyday life. Common chronic illnesses include Asthma, Epilepsy & Diabetes

At LVS Oxford/Hassocks we support students with chronic illnesses to play as active a part in school life as they are able.

## Emergency Procedures

We aim to deal with all emergency medical situations in a timely, calm and professional way. Qualified First Aiders are available on site and emergency services will be called in the event of a medical emergency.

Our objectives are to provide immediate and effective care for victims of accidents/incidents; to ensure the adequate supervision and safety of other children in the vicinity, and to ensure that relevant information is communicated to all concerned parties.

- If a child needs to be taken to hospital, staff will stay with the child until the child's parent arrives or accompany a child taken to hospital by ambulance.

### **How to complain**

- The school's Complaints Policy and procedure should be followed in the event of a complaint about medication or the way the school has dealt with a medical issue. This policy sets out how complaints will be handled.

For information on first aid, infection control or health and safety please see:

- First Aid Policy
- Infection Control Policy
- Health & Safety Policy

### **Website/Links**

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>