



ADMINISTRATION AND CONTROL OF MEDICATION POLICY

Policy Version			
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This policy will be reviewed every 12 months in light of local and Government legislation.

The Dunham Trust believes it makes a significant contribution in transforming children's life chances. Our aim and commitment is to transform schools into sustainable learning academy communities.

“We aim to ensure that, for everyone involved, excellence and equity become and remain a reality”

“They come this way only once so we should litter their pathways with quality experiences”

We believe that we are able to help our academies and their young people to aspire to and achieve success. To do this, we are committed to ensuring that every child and young person has a pathway to succeed that:

- gives the best possible start in life
- equips with creativity, spirit and confidence
- enables individuals to appreciate life and equip for further learning
- supports the child in becoming a responsible citizen
- ensures continued success in his/her future and contributes to the local community

Our aims for ‘Improvement’ are designed to ensure all academies are consistently benchmarked against key improvement priorities. This framework will ensure effective progress across the Trust, whilst at the same time, leaving space for autonomy at the school level. It will:

- focus efforts on what really matters, i.e. our vision, principles and commitment to the children, young people, families and communities that we serve.
- provide a flexible approach to improvement that meets the needs of each Academy. This will involve a commitment to immediate improvement in each individual context, professional development and a collaborative approach that engages with improvement projects designed to build capacity, an approach that is responsive, reflective and sustainable.
- focus on outcomes, understanding that these are not negotiable. We are committed to a no-excuses culture. In achieving these outcomes, all will focus on individual responsibility and collective accountability for success

The Trust has a responsibility to ensure the success of each academy by allowing every pupil to maximise his/her potential. As an academy sponsor there will be an expectation for joint working across individual academies. The Trust is committed to high quality academy improvement activity, networking and development and research. Equally, the promotion of sport, outdoor education and the creative arts will be important in the development of pupil self-esteem and building learning skills.

Introduction

The basic principles that underpin the safe handling of medications do not vary according to the nature of care that is offered. Whether the establishment is large or small; whether members of staff are in a more senior position or not, there is a duty of care that requires medication to be safely handled so that young people who are cared for in children's homes are supported to take their medicines safely.

This policy has been written in accordance with the Care Standards Act (2000) National Minimum Standards for Children's Homes (2011) and the source document 'The Administration and Control of Medicines in Care Homes and Children's Services' published by The Royal Pharmaceutical Society of Great Britain (2003). The Dunham Trust also receive training and guidance from Boots Care Services.

This policy also takes into account the National Health Service Act (1977), National Health Service Primary Care Act (1997) and section 58 of the Medicines Act (1968.a), and the Department of Health 'Managing Medicines in Schools and Early Years Settings' (2005).

General Principles

The Heads of School have responsibility in ensuring that the medication policy is followed..

The Head of School will organise training for named members of staff in the administration of medication as per the medication procedure, this will include refresher training. Training will include both theoretical from Boots Care Services and practical aspects involved in dispensing and administering medication by the Head of School or any other person identified in a senior position to assess a persons competence. This will include storage, stock rotation/ ordering of supplies, what the medicine is prescribed for, routes of administration and their side effects and documentation.

Authorised members of staff (trained in the administration of medication) will be responsible for any medication administered on each shift. This person will hold the keys for the medication store.

All dispensing and administering of medicines should be accompanied by accurate and legible documentation.

Accurate and legible documentation must also be utilised when liaison with any health professional is undertaken relating to the young people and their medications.

Medications must not be accepted from parents/guardians if not in their original container and correctly labelled with the young person's name and directions for use. A pharmacy label should be present on the container. If a parent/carer gives medication within its original pharmacy label at the start of a young person's placement, it is the responsibility of the Registered Manager and staff trained in the administration of medication to liaise with the young person's General Practitioner to seek advice and clarify the correct dosage. A new pharmacy label should then be authorised by the young person's GP.

Any new medication should be sent into school with written confirmation of why the medication has been prescribed, when the medication is to be administered and for what period of time it is to be administered.

Expiry dates must be checked and medications returned immediately if out of date.

The Medication Administration Records will be updated as required each month by identified trained staff. These will be checked against the original prescription. This may also be done when changes occur as notified by the GP or parent/guardian (in writing).

The Medication Administration Records should always be completed or renewed by referring to the original prescription sheet.

Only individually prescribed medicines should be given.

Ensure parental consent for the administration of Paracetamol has been obtained.

Do not give Paracetamol to a young person who is already taking medication containing paracetamol.

If you are in any doubt concerning the dose or interaction with any other medication contact the pharmacist for advice prior to administration of the medicine and document advice given in the young person's health professional contact sheet.

If there is no improvement in symptoms after 24 hours then GP/Health Professional advice must be sought.

The Head of School has overall responsibility for ensuring the appropriate maintenance of records. Any record of medication dispensed and administered needs to be immediate, correct and legible for legal and audit purposes. A sample of initials should be kept with the Medication Administration Record at all times.

The Medication Administration Record must relate to the original prescription unless altered by the GP with written confirmation of any changes. An up to date reference of current medication for each individual young person must be accessible at all times.

The Dispensing and Administration of Medications

- Medications should only be administered to the person for whom they were prescribed.
- The person dispensing/administering medication should have been trained in both theoretical and practical aspects prior to undertaking this task. If the individual does not feel competent or confident to carry out this task they must acknowledge this fact and report it to their Line Manager whereby further training can be given.
- All staff must have read the medication policy and be familiar with all the medications used by the young people.
- Staff must be aware of why each medication has been prescribed. (Consult the young person's individual care placement plan).
- An awareness of side effects is important and these are also stated within the care placement plans.

The Medication Administration Record (MAR) is a legal document, which is signed to record administration of each medication and should be legible and include all prescribed medication. This should also be used to record non-prescribed medications. Ensure instructions about the administration of medications given on an 'as and when required' basis are adhered to.

Any uncertainties should be referred back to the GP for advice.

- Medication should be dispensed at specified times to ensure that therapeutic drug levels are maintained, it is therefore important to dispense medications on time.
- All medications should be checked before administering to any young person. It is the responsibility of this staff member to ensure that the medication is accurate.
- Ensure instructions on packaging are followed i.e. shake well, dissolve in water, administer before/after food.
- The administration of Controlled drugs (as with all medications) should be witnessed by the individual responsible for dispensing the medication.
- Witness to the misuse of drugs must be reported to the Line Manager or 'Out of Hours Manager' immediately.
- When checking medication adhere to the following procedure:
 1. Check the name of the young person.
 2. The name of the medication and what it is prescribed for.
 3. The strength and dose to be administered.
 4. The route the medication is to be administered.
 5. The expiry date.
 6. Any specific instructions stated on the label, i.e. take with or without food, shake well.
 7. Always check young person's allergies.

The individual dispensing the medication must witness that each medication is then administered to the young person for whom it has been prescribed immediately. This is to ensure that it has been tolerated, and administered by the correct route.

Any medications that are prescribed to be given rectally must only be administered by staff trained specifically to undertake this procedure (or contact the Children's Community Team).

Practicalities when Administering Medication

- Prior to dispensing any medication wash your hands thoroughly. Use the hand gel provided in between each young persons' medication administration if hand washing facilities are not convenient.
- Avoid distractions when undertaking medication dispensing/ administration to prevent error.
- Hands should be washed thoroughly by the person administering eye drops to prevent cross infection.
- **Gloves should be worn during the application of creams or ointments as some of these contain steroids.**
- When dispensing tablets, a 'no touch' technique should be undertaken, i.e. dispense directly from the blister pack into a clean medication pot to transfer to young person. When this is not possible ensure hands are thoroughly clean prior to **minimal** handling of tablets. Tablets/capsules administered orally should be given with a good drink of water. This is to prevent damage to the food pipe.
- Ensure only one blister pack is opened at any one time.
- When dispensing liquid medication place measured pot onto a flat surface and dispense medication slowly ensuring eye level with lines of measurement. This will help to ensure accuracy. For smaller or difficult to measure amounts use appropriately sized syringe.
- Controlled drugs should **always** be measured using an appropriately sized syringe.
- Ensure thick liquids administered in medicine pots are completely empty by mixing any remaining medication with equal amounts of water to ensure full dose is given. **(Use cooled boiled water when administering medication via the gastrostomy route).**
- Use the code at the bottom of the Medication Administration Record to record reason medication not administered and document in the young person's daily record file 3. **Boxes should never be left blank. If a young person is not staying in the home for any reason a box should be completed accordingly.**
- Ensure the young person is as upright as possible when administering medication via the oral and gastrostomy routes.
- Medication that has a variable dose or given on an 'as required' basis must be fully detailed on the M.A.R ensuring the amounts date and time given they were given is clearly stated.
- Any spillages or soiled medications must be documented on the reverse of the MAR chart.
- Any large amounts of spillage must be reported to a Senior Support Worker or Registered Manager in order that supplies can be obtained.
- Each medication administered should be checked, dated and signed by the person administering the medication.
- Record any medications not tolerated or refused by the young person, and seek the advice of the prescribing GP.

Dispensed Medications should **never** be left unattended as there is potential for another young person to access them.

Once the medications have been dispensed ensure the medication cupboard is cleaned and stocked up ready for the next time it is required.

Medication Administered Via the Gastrostomy Route

Staff must have received both theoretical and practical training in the administration of feeds and medication via a gastrostomy tube, and be competent to carry out these procedures.

- Ensure hands are washed thoroughly.
- Prepare equipment and ensure cooled water is available.

- Tablets should be crushed to a very fine powder or capsules emptied then mixed with a small amount of cooled boiled water. Written consent must be obtained from prescribing GP.
- Thick liquid medicine should be diluted with a small amount of cooled boiled water, to ensure accurate dose is received.
- Medication should be given one at a time into the bolus feeding tube and flushed before and after each medication with 10mls of cooled boiled water. Flush the last medication with 20mls of water or until all traces of medication have left the extension tube to prevent blockage. Follow Bolton PCT gastrostomy feeding guidelines for flushing of gastrostomy tube and prevention of blockage.

Covert Administration/ Refusal of Medication

If a young person refuses to take medication this should be recorded on the Medication Administration Record and, if frequent, advice sought from the GP.

If the young person is considered incapable of giving consent then the GP, parent and social worker should be consulted to decide on the most appropriate action to be taken.

There may be times when covert administration, i.e. mixing medication with water/ juice or food may be needed in the best interest of the young person. Written permission should be given by the GP and parent prior to undertaking this. Check with pharmacy to ensure this is acceptable.

Oxygen

Oxygen must be prescribed for an individual and the manufacturers and pharmacist safety policies must be adhered to. The fire service must be informed immediately regarding the storage of oxygen on site.

Medication Audit and Obtaining of Repeat Prescriptions

The Audit of medication should ideally be undertaken each month in order that requests for repeat prescriptions can be requested from the surgery promptly. The audit and repeat medication requests are undertaken by the Registered Manager or trained Senior Support Worker from the children's home.

The accurate calculation of remaining medication is required to prevent stock levels depleting prior to the **actual delivery date** of repeat prescriptions which can sometimes be several days after ordering them.

Repeat prescriptions will be forwarded from the doctor's surgery to the pharmacy. The pharmacist will arrange delivery of the medicines to the children's home.

Any discrepancies need to be discussed with the GP for clarification and amendment as required.

It is the responsibility of the designated person to sign the exemption declaration on the back of the prescription form on behalf of the young person prior to being submitted to pharmacy.

Medications received need to be entered onto the individuals Medication Administration Record, recording the date and amounts received.

Controlled drugs must be checked into the M.A.R by two members of staff.

Receipt of medications must be checked on both the Medication Administration Record **and** the Prescription counterfoil.

Any incorrect medication or labelling must be returned to the pharmacist immediately for amendment.

It is essential to ensure new medication supplies are located behind present stock in cupboards to assist with stock rotation.

Medicines should not be decanted from one container to another for the purpose of storage.

Storage of medications

Medications should be stored in a cool dry place.
Medications will be stored in the designated locked cupboard.
Regularly prescribed medications should ideally be stored separately from medications that are given on an 'As and when Required' basis.
Medication should not be removed from original package for the purpose of storage.
Medication labels should be checked regarding the temperature at which they are to be stored as some items may require refrigeration.
Medication **MUST NEVER** be left unattended.

The security of medicine storage keys is vital. Therefore access to these keys will be restricted to authorised members of staff only.

Most medications will have direct instructions on their label/information leaflet, which should be adhered to.

Bulk ordering of medication must be avoided.

Ensure medications are stored in a manner which assists with stock rotation. Place newly dispensed items to the back of the current stock.

Cold Storage

A medicine fridge is available for the cold storage of medicines.

The medicine fridge should be kept for the sole purpose of storing medication when required.

Check temperature at which medications need to be stored

The fridge is lockable and will be kept in the children's home managers' office.

The temperature should be checked frequently to ensure optimum temperature is maintained.

The fridge should be defrosted regularly.

Check storage instructions with the pharmacist if unsure.

Medications Required During Trips or Outings

Medication should be given prior to or post outings whenever possible in order to avoid taking medication out of the home unnecessarily. If medication is taken out of the home/school, the person dispensing and administering the medication should adhere to the following procedure:

1. Medication taken out of the home should remain in its original package/bottle and not secondary dispensed.
2. The Medication Administration Record should be signed by the individual dispensing the medication immediately. **The Medication Administration Record should not be folded and care should be taken not to damage it as it is a legal document.** A photocopy of the M.A.R should be kept in the school/home in case the original one is lost or damaged.
3. The carer administering the medication is responsible for the M.A.R and safe keeping of medication whilst out. Any medication taken out of the home/school and then returned should be immediately locked back in its original cupboard.
4. The Registered Manager, Senior Support Worker and trained staff are responsible for ensuring all Medication Administration Records are handed back in and placed back in the file ensuring all medications that were taken out have been administered, and documented appropriately. Ensure original copies of the Medication Administration Record are signed and that any photocopies taken are appropriately disposed of.

Transfer of Medication

Any medications that are accompanying young people out of the home needs to be recorded, checked, and double signed **in and out** on the 'Transfer of Medication' form.

Transfer to/from school:

- On arrival to school, a member of support staff that is trained in medication administration should enter the school with the medication and relevant documents.
- All Support workers wishing to book in medication for young people will need to go to the medical room.

- One by one, the school member of staff will check the medication, MAR and booking in forms to ensure all entries match that of the home.
- The nominated school member of staff will then sign the relevant documents to state they are in agreement.
- In the event there are errors, these will be identified immediately and the Head of School or, in their absence the leadership team, will be informed as soon as possible.

Always keep medications in their original containers/packets, with labels intact and any syringes that may be required for dispensing.

Medication sent in from a child's family home

For a member of staff to administer a medicine it **must** have an accurate printed pharmacy label. In case of multiple containers each container should be labelled. If the medication has an inner container and an outer box the label should be applied to the item as well as or instead of the outer container.

- This should be checked by trained staff and should be received by the Registered Manager or Senior Support Worker.
- The medications labels must be checked and any discrepancies must be reported to parents/guardians immediately and the medication returned home to be amended by the dispensing pharmacist at the soonest opportunity. The label should include the name of the young person for whom it was prescribed, the name, strength, dose, date dispensed, dispensing pharmacist and frequency and the duration of medication administration should be confirmed by the parent/guardian. **Always check the expiry date.**
- A consent form should be completed by the parent/carer at the soonest opportunity based on whether the medication is to be administered on a short term or long term.
- Medications **must always** be in their original containers.
- If you are unsure of the strength or formulation of the medication seek advice from the dispensing pharmacist and GP and ask for clarification, in writing. This can often be sent by e mail or fax if applicable.
- The date of receipt and amount of medication received should be entered on the Medication Administration Record and signed for.
- Labels should not be altered (unless written notification for change of dose is received).

Emergency Prescriptions

Medications prescribed and dispensed on an emergency basis following a visit to the GP or dispensed from hospital should be entered onto the Medication Administration Record by an appropriately trained staff member. **Ensure parents/guardians are informed at the earliest opportunity of any prescribed medications and GP / hospital visits.**

- On receipt of emergency prescriptions, e.g. antibiotics etc, they must be entered onto the Medication Administration Record. Ensure this is written clearly and can be understood by a second person.
- Enter the name of the medication, the strength, and dose to be given, frequency and route of administration.
E.g. Amoxicillin Suspension 250mgs/5ml. Give 5mls three times a day orally. Complete the course.
E.g. Paracetamol Suspension 250mgs/5ml. Give 5mls via gastrostomy every six hours. No more than four doses in 24 hours.
- The amount and date of receipt of medication should be entered onto the Medication Administration Record **and signed by the Registered Manager or Senior Support Worker.**

Prescriber Instruction to Change Medication

There may be times when a prescriber instructs a change in medication in order that treatment is not delayed. In these circumstances two people should be present and be witness to the verbal message (where possible). This should be followed up as soon as possible with written confirmation by e mail, fax or letter. The change of medication should be documented, including the name of the Health Professional who authorised the change, the date and time. Place written confirmation in Medication Administration Record and report to the Registered Manager.

Purchase of Non - Prescription Medications

Non-prescription medication is another name for 'homely' or household remedies, which refers to medicines available over the counter in community pharmacies. When possible always use the pharmacy that is used regularly to supply prescribed medication to a young person. They will have a record of the young person's current prescribed medication enabling them to give appropriate advice about the selection of a medication, reducing the risk of interaction with prescribed medication. Take a list of the young person's current prescribed medication to the pharmacist to ensure they give the most appropriate advice. This also applies to the use of complementary/herbal remedies. The purchase of any complimentary or non-prescribed medications should always be authorised by the parent/ legal guardian and written consent obtained as soon as possible.

Non-prescribed medication should be entered onto the Medication Administration Record as detailed by the pharmacy, and record times that it is to be administered in the usual manner.

Disposal of Medications

To provide a full audit trail of medicines, a record is required to identify the removal/disposal of a young person's medications that are no longer required or have expired. All medication should be returned to the regular pharmacy/ parent/guardian. This record is also necessary when medication is transferred to another care provider, for instance in the case of a young person's transition.

- Complete the medication disposal forms. These are held in the children's home. Include the young person's name, D.O.B, name and strength of medication, amounts and date returned to pharmacy. Each young person should have a separate form. Each form should be signed by the person returning the medication **and** the pharmacist receiving them. The forms should be returned and retained in the children's home.
- Document on the Medication Administration Record amounts and date the medication was returned to pharmacy/parent/guardian.

Medication Errors

- Any mistakes in the transfer of medications must be reported immediately to the following:
 1. Line Manager
 2. Head of School
- Any mistakes in the administration of medications must be reported immediately to the following:
 1. Phone 999 (if necessary).
 2. Contact Accident and Emergency or NHS Direct for advice.
 3. Inform young person's GP/pharmacist.
 4. Inform Community Paediatric Consultant as advised.
 5. Contact parent, guardian/Social Worker.
 6. Inform the Registered Manager of children's home.
 7. An incident report should be completed by the person involved

In the event of suspected overdose of medication **NO FURTHER MEDICATIONS SHOULD BE GIVEN WITHOUT MEDICAL ADVICE.**

Ensure the individual receives appropriate first aid, whilst advice is being sought. Observe closely for any adverse reaction or deterioration in condition.

Document who has been contacted, at what time contact was made, and any advice that has been given. It is important that we have a record of who has given the advice in case we need to follow this up at a later date.

Adverse Drug Reaction Reporting

Any adverse drug reaction (ADR) or suspected ADR should be reported to the young person's GP and supplying pharmacist, prior to further administration of the drug. Adverse drug reactions would normally be reported to the Medicines and Healthcare Products Regulatory Agency through the yellow card scheme. General Practitioners, Pharmacists and Nurses can submit yellow card reports.

Recording Documents Appendix

In addition to the Boots Care Service Medication Administration Records (MAR), a number of documents are used to support good practice in administering and storing medication safely as follows:

1. Care staff names and initials (Appendix 1)

This sheet is kept at the front of the original MAR folder and used to identify staff initials and signatures.

2. Sent Medication (Appendix 2) & Returned Medication (Appendix 3)

These two sheets are used to record medication sent out of the children's home and returned back in the children's home ie to school, trips out, etc. **Remember always cross reference to the homes log book.**

3. Medication Administration Monitoring Record (Appendix 4)

This record is used by the Registered Manager or their delegate to monitor the MAR chart, records, appropriate stock levels etc are checked on a weekly basis. If there are any discrepancies, this should be actioned immediately and evidenced how this action has been taken.

4. Medication Audit (Appendix 5)

This audit sheet is used to record and monitor medication stock levels in order to request repeat prescriptions from the young person's GP.

5. Supporting pupils with medical conditions policy (Appendix 6)

6. Assessment of medically trained staff (Appendix 7)

This sheet is used to record and assess competence levels of staff during their practical training.

Boots Care Services provide theoretical training for staff within the Dunham Trust and a Boots Care Service Medication Handling Systems Training (Manrex) is available.

Monitoring and review

The implementation of this policy will be monitored by the Heads of School, who will make an annual report to the Local Governing Body of that school.

Approval by The Dunham Trust

Signed: _____
Date: _____
Review date: _____

This policy, signed by a Director on behalf of the Dunham Trust, is held centrally on the One Drive.

End of policy statement