

POLICY TITLE:	Medication
Policy Number:	ECS 18
Applies to:	All services
Version Number:	02
Date of Issue:	31/10/2019
Date of Review:	30/10/2020
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Outcome:	Medication is stored and administered safely at every Priory Education and Children's Services site. Records of medication administration are fully compliant. Children and young people receive the medication which they require in a safe and timely manner.
Cross Reference:	ECS 17 Health and Well-being H&S 01 Health and Safety Arrangements H&S06 Medical Gases & Compressed Gas Cylinders
EQUALITY AND DIVERSITY STATEMENT	
Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

Medication

1 INTRODUCTION

- 1.1 In order to effectively implement policies, each Education and Children's Services facility will have local procedures in place where necessary, which explain how this policy is applied and put into practice at site level.
- 1.2 Template **ECS LP 18** is provided for this purpose and includes a key content checklist.
- 1.3 This policy should be used in conjunction with the related policies listed on the preceding page where applicable.

2 AIMS

- 2.1 Medication is stored and administered safely at every Priory Education and Children's Services site. Medicines in the custody of the site 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.
- 2.2 Records of medication administration are fully compliant with regulatory and national requirements.
- 2.3 Children and young people receive the medication which they require in a safe and timely manner, with due respect for privacy and dignity.

3 CONSENT TO TREATMENT

- 3.1 Each site/service manager 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.
- 3.2 The site/service manager must ensure that colleagues administering medication are aware of the child/young person's right to refuse treatment

4 RESPONSIBILITY

- 4.1 The site/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.
- 4.2 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.

5 PHARMACEUTICAL SUPPLIES

- 5.1 All sites should use the Division's nominated Pharmaceutical provider, except where the Managing Director of the service has expressly given written permission for an alternative provider to be used.
- 5.2 Each site has a clear local procedure for procurement of medicines, which includes:
 - (a) Details of the supplying pharmacy and colleague responsible for managing medication
 - (b) Details of arrangements for regular supplies of routine prescriptions including ordering, receiving and disposal
 - (c) Details of how to obtain medicines out of hours
 - (d) Arrangements for the supply of medical gases (if required)
 - (e) Details of arrangements for the safe receipt of medicines

- (f) Arrangements for obtaining emergency supplies of medicines

6 STORAGE

- 6.1 All medications must be kept in a locked medication cupboard which is fastened to a wall, with those requiring refrigeration being kept in a locked fridge specifically for the storage of medication only.
- 6.2 Controlled drugs (CDs) must be stored in a locked compartment within a medication cupboard, such that they are 'double locked'.
- 6.3 Regular 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.
- 6.4 Medication must be kept in original packaging and must not be dispensed/distributed to other storage containers.

7 ACCESS

- 7.1 Medicine cupboard/medication fridge keys should only be held by colleagues given specific responsibility for the administration of medication, and when not in use must be stored appropriately in a secure key press.
- 7.2 Children and young people who self-medicate will require secure lockable storage for their medication.
- 7.2.1 A spare set of keys will be held in a secure key press which colleagues can access in the case of the child/young person losing their keys.

8 ADMINISTRATION

- 8.1 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 site's GP
- 8.2 Colleagues can only administer medication which is stored in its original packaging supplied by a registered pharmacy.
- 8.2.1 Repackaged medication, out of date medication, and medication prescribed for a different person cannot be administered under any circumstances.
- 8.3 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
- 8.4 Colleagues must always wash hands before administering medication, and should not directly handle tablets for oral administration.
- 8.5 It is generally expected that medication is prescribed and supplied in multiples which accord with the prescription: Very occasionally prescribers may, where there is no reasonable

alternative, require tablets to be split.

- 8.5.1 In such instances an approved tablet cutter should be used, and the unused portion of the tablet be suitably disposed of.

9 RECORDING

- 9.1 The administration of all medication, or the refusal to take medication must be properly documented on a Medicines Administration Record (MAR).

- 9.2 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
- (j) The initials of the person who has administered the medication.

- 9.3 Any changes to any prescription must be made clearly and legibly in the MAR.

- 9.3.1 Any such changes must be confirmed in writing by a doctor.

- 9.4 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.

- 9.4.1 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.

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

10 CONTROLLED DRUGS

- 10.1 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**.

- 10.2 All controlled drugs which come in to the home 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.

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

- 10.3 Controlled drugs must be stored in the internal locking compartment of the locked medication cupboard.

- 10.4 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 and countersigned by a witnessing colleague.

- 10.4.1 It is not acceptable for children or young people to sign the CD book as 'witnesses'.
[note that the CD book is simply a register of the contents of the CD store, and is not used in

place of a MAR – when administering a CD the MAR must be signed as outlined above]

- 10.5 All Controlled Drugs which are no longer required, must be returned to the Pharmacy. They must remain secured within the Controlled Drug cabinet until the time of collection/return to the Pharmacist.
- 10.5.1 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.
- 10.6 **Records in the CD Register should follow the guidance outlined below:**
- 10.6.1 If **Controlled Drugs are received** then the following details must be recorded in the Controlled Drug Register:
- (a) Date and time medication was received
 - (b) Name of Pharmacy that has supplied the medication
 - (c) Quantity of medication that has been received (this must be counted and checked)
 - (d) Signatures from two colleagues that have received and checked the medication
 - (e) Running stock balance of medication.
- 10.6.2 If **Controlled Drug medication is administered** then the following details must be recorded in the Controlled Drug Register:
- (a) Date and time medication was obtained and checked
 - (b) Young person's name
 - (c) Quantity of medication that has to be administered
 - (d) Signatures from two colleagues that have checked this medication
 - (e) Running stock balance of medication.
- 10.6.3 If **Controlled Drug medication is disposed of or discharged** with a young person, then the following information must be completed in the Controlled Drug Register:
- (a) Date and time medication was placed in disposal container (or given to the student on discharge)
 - (b) Name of young person (if on discharge)
 - (c) Quantity of medication that has been placed in disposal container (or given to the student on discharge)

11 COVERT MEDICATION

- 11.1 **Covert medication** is medication given without the consent of the person involved: Covert medication is not generally acceptable, but may occasionally in individual cases be necessary and justified; it should never be given to people who are capable of deciding about their medical treatment.
- 11.2 In any situation where colleagues believe it may be necessary to consider the use of covert medication, the following should be taken into consideration and the site must ensure clear evidence exists to demonstrate a proper process has been followed: **ES Form: 18A**
- 11.3 The following steps must be taken if covert medication is to be considered:
- a) All efforts must have been made to give medication openly in its normal tablet or syrup form
 - b) All alternative methods of treatment must have been considered by the multi-disciplinary team
 - c) There is clear evidence, agreed by a suitably qualified medical practitioner that the person lacks capacity (or is not 'Gillick competent') to make an informed decision in relation to taking this medication
 - d) Whenever such procedures are considered, there must be clear expectation that the patient will benefit from such measures, and that such measures will avoid significant harm to the person or others, which must be evidenced in a risk assessment

- e) The proposed treatment plan and reasons for the plan must be discussed by the multidisciplinary team (including parent/carers), including a qualified medical practitioner and a record of the discussion made
- f) The proposed treatment should be discussed with a pharmacist to ensure that medication may be mixed with food and will not be affected by procedures such as crushing.
- g) The issue of covert medication is included in the care/placement plan and communicated in writing to the general practitioner.
- h) The treatment plan should normally be subject to at least monthly review and if the requirement for covert medication does persist, full reviews at less frequent intervals should take place.
- j) If the person has an independent advocate they have been involved in and informed of the process, and are able at any time to challenge its continuation should they feel this is warranted

11.3.1 All colleagues administering such medication must be fully aware that they have a duty to report to their manager any concerns, including undue distress experienced by the person taking the covert medication, such that the treatment plan may be promptly reviewed.

11.4 The site must ensure that local procedures clearly reflect this component of policy.

12 EMERGENCY TREATMENT

12.1 In a small number of cases emergency medication may be prescribed for individuals (such as treatment for anaphylaxis, fitting, diabetic emergencies): Site/service managers are responsible for ensuring that clear protocols are in place for storage, access and administration in the case of emergencies, and that colleagues are well informed of protocols and trained in administration of the treatment.

13 HOMELY REMEDIES

13.1 Residential provisions may keep a small supply of homely remedies on site, such as would be found in a family home. These remedies should only be those approved by the GP who cares for the children in the home, and an approved list signed by the GP should be available and reviewed annually.

13.2 Typically this will include approved remedies for minor to moderate pain, treatment for bites and stings, and treatment for the symptoms of common colds, coughs, sore throats etc.

14 DISPOSAL

14.1 All out-of-date medications, and those no longer required must be disposed of appropriately through return to the dispensing chemist used by the site.

15 SELF-MEDICATION

15.1 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 (**ECS Form: 18B** and **ECS Form: 18C**).

15.2 Site/service managers must ensure that self-administration medication is securely stored in such a way that other children and young people are unable to gain access to it.

15.3 Self-medication responsibility may be withdrawn if competency lapses or risk increases.

16 MEDICATION FOR HOME LEAVE, HOLIDAYS AND SCHOOL TRIPS

16.1 If medication is required for home leave, holidays and school trips it must be provided to the parent/carer in original packaging and cannot be secondarily dispensed by colleagues.

16.2 A record must be kept of stock leaving the premises, and, where applicable being returned.

17 MEDICATION ERRORS

17.1 The site/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 (OP04) and divisional escalation processes. **ECS Form 18E** is used for recording medication error investigations.

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

18 TRAINING AND COMPETENCY

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

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

18.3 Note that Agency staff are not trained to administer medication

19 MONITORING

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

20 REFERENCES

20.1 Children Act 2004,
 Equality Act 2010,
 Education and Inspections Act 2006
 Children's Homes Regulations 2015,
 Guide to the Children's Homes Regulations including Quality Standards: April 2015
 Children's Homes (Wales) Regulations 2002
 DfE (2015) Residential Special Schools: National Minimum Standards
 Scottish Government (2005) National Care Standards: School Care Accommodation Services
 Welsh Assembly (2002) National Minimum Standards for Children's Homes
 The Education (Independent School Standards) (England) Regulations 2014
 DfE Keeping Children Safe in Education (Latest version): Statutory guidance for schools and colleges
 NICE: Managing medicines in care homes: Social care guideline: Published: 14 March 2014 and revised 2018 (<https://www.nice.org.uk/guidance/sc1>)
 The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, Welsh Statutory Instrument 2017 No.1264 (W.295)
 Statutory Guidance to The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (Parts 3-20): Published Feb 2018

Associated Forms:

ECS Form 18 **Medication Audit**

ECS Form 18A **Covert Medication Checklist**

ECS Form 18B **Self-Medication Consent**

ECS Form 18C **Self-Medication Assessment**

ECS Form 18D **Medication Administration Competency Assessment**

ECS Form 18E **Medication Error Investigation**

ECS LP 18 – **Local Procedure Template**