
Kingsbrook School

'A unique service for unique young people'

Administration and Storage of Medications

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ADMINISTRATION AND STORAGE OF MEDICATIONS

1 INTRODUCTION

- 1.1 All Priory services fully acknowledge the importance of having secure procedures in place for the administration of medication. Medicines in the custody of the home 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. All homes comply with the principles of this policy and have procedures in place that meet high standards of care.
- 1.2 All medical matters are treated as confidential and are not discussed except for professional reasons. Staff will take care when discussing medical issues that they are not overheard by unauthorised people.

2 ADMINISTRATION AND RECORDING

- 2.1 A Medicines Administration Record (MAR) is kept for each YP (including those that are self-medicating) and shall include 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.
- 2.2 The MAR is a working document that is signed to record administration of medicines. It shall include details of prescribed medicine and homely medicine. All records shall be available and consulted when administering medication.
- 2.3 Any changes to the prescription must be made in the MAR. Crossings out and overwriting are not allowed and records must be rewritten where necessary. If verbal messages to change medication are taken, the details must be checked by two people and signed and dated. The changes must be confirmed in writing by the doctor at the earliest opportunity.
- 2.4 A record of ordering, receipt, supply, administration and disposal of medicines is kept to maintain an audit trail and to ensure there is no mishandling. This shall include details of medicines brought into the home by the YP.
- 2.5 A twice-yearly audit is undertaken of medicines storage, stock rotation and administration to ensure that all usage is in accordance with organisational policy.

- 2.6 Each home shall have a procedure for procurement of medicines, which includes:
- (a) Details of the supplying pharmacy and staff member 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
 - (e) Details of arrangements for the safe receipt of medicines
 - (f) Arrangements for obtaining emergency supplies of medicines.
- 2.7 If stock medicines have exceeded their expiry date or when medicines issued for an individual YP are no longer required by the YP they are placed into a pharmaceutical waste container and sent to an authorised licensed waste contractor for disposal. Appropriate records must be kept.
- 2.8 Following the death of a YP, all medicines held in the YP's name shall be retained for seven days in case there is a coroner's inquest. If the medicines are not required the relatives shall be informed and the medicines disposed of appropriately.

3 STORAGE (For storage information on Controlled Drugs see section 6)

- 3.1 Medicines in current use are kept in a locked cupboard which is fastened to a wall. Medicines must be kept in original containers and there should be no loose strips of tablets/capsules. A lockable container is used to transport medicines.
- 3.2 Keys, including spare keys, are held securely and there are local procedures in place for their handover at changes of duty. Keys should not be lent or given to students or any untrained and therefore unauthorised staff under any circumstances.
- 3.3 Medicine cupboard keys should only be held by staff given specific responsibility for the administration of medication.
- 3.4 Eye drops, inhalers and creams are issued for an individual YP only. They are marked with the name of the student and date of opening on the container not the box.
- 3.5 Stocks of liquid medication must be marked with a date of opening and kept for a maximum period of 3 months after opening. Follow manufacturer's guidance for each medicine, as some products should be discarded sooner. Other non-liquid medicinal products have a reduced shelf life after opening and must be labelled with the date opened.
- 3.6 Wherever possible homes should seek to have drugs dispensed in blister packs to

limit opportunities for administration errors.

- 3.7 Training for staff on storage and distribution of medication is available from Boots for all schools. Access to this training is via the 'Learning and Development' team.
- 3.8 Where necessary, procedures are in place for recording the delivery, handling and storage of full and empty medical gas cylinders, with an indication of who is responsible for this procedure. Separate designated storage areas are provided for medical gases. (Refer to H&S06 Compressed Gas Cylinders).

4 REFUSAL BY A YP TO TAKE MEDICATION

- 4.1 Students should always be asked for their agreement to take their medication. Every effort is always made to encourage YP to take prescribed medication. Should a YP refuse to take their medication this is recorded, noted on the MAR, and parents, carers and the placing local authority informed.
- 4.2 If permitted within their placement plan YPs may take their medication alongside agreed individual arrangements.
- 4.3 Vitamins and food supplements can be given using the above procedure.
- 4.4 Under no circumstances is a YP forced to take medication.
- 4.5 Under no circumstances should medication be administered in a hidden form.

5 NON – PRESCRIPTION MEDICATION

- 5.1 Non-prescription medication can be given by nominated staff members to YPs following the agreed procedures of the home, as agreed with parents, carers and the placing local authority.
- 5.2 Dosages are recorded alongside the time and date this was administered.

6 CONTROLLED DRUGS

- 6.1 Controlled drugs may only be obtained on a Prescription from an appropriate doctor.
- 6.2 Controlled drugs must be stored appropriately as required under the Misuse of Drugs Safe Custody Regulations 1973.

- 6.3 Controlled drugs must be stored in a cupboard that complies with the Misuse of Drugs Safe Custody Regulation 1973;
- (a) A cupboard of metal construction
 - (b) Bolted or fixed to a solid internal wall
 - (c) An appropriate lock and key for the cupboard.
- 6.4 Only controlled drugs should be stored within these cupboards, they should never be used to store any other items.
- 6.5 Only authorised staff should hold the keys to the cupboard. The keys to the controlled drug cupboard must be on the designated person at all times and must be kept separate from the keys to the medicine cupboard.
- 6.6 **Two authorised members of staff must be involved in all aspects of dealing with Controlled Drugs.**
- 6.7 **Controlled Drug Register** - The Controlled Drug Register must be used to record ALL transactions with Controlled Drugs medication. This includes:
- (a) Receipt of Controlled Drug medication
 - (b) Administration of Controlled Drug medication
 - (c) Removal of Controlled Drug medication - whether for disposal or discharge of a service user.
- 6.7.1 All entries must be made in black ink, two members of staff must be involved, who both must check and sign the Controlled Drug Register.
- 6.7.2 Two authorised members of staff should be involved in all aspects of controlled drug medication administration.
- 6.7.3 Staff must have been supervised to ensure that they are competent for the task and are aware of the procedure to follow if there are any incidents.
- 6.7.4 The index page at the front of the register must be completed for each individual Controlled Drug that is present in the Service for each service user. This index is cross-referenced with the numbered page that the actual entries are made on.
- 6.7.5 The Controlled Drug record must contain the following information at the top of each page:
- (a) Name of the Controlled Drug
 - (b) Strength of the Controlled Drug
 - (c) Form of the Controlled Drug.
- 6.7.6 Only one sheet must be used per resident. If there are three service users prescribed the same Controlled Drug, e.g. MST 10mg, then each would have a separate page within the Controlled Drug Register. When one page is finished, then the next blank numbered page is used in the Controlled Drug Register. The corresponding page would be marked in the index next to the existing page number.

- 6.7.7 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 members of staff that have received and checked the medication
 - (e) Running stock balance of medication.
- 6.7.8 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) Service user's name
 - (c) Quantity of medication that has to be administered.
 - (d) Signatures from two members of staff that have checked this medication
 - (e) Running stock balance of medication.
- NOTE:** The MAR sheet has to be signed to indicate that the medication has been administered.
- 6.7.9 If Controlled Drug medication is disposed of or discharged with a service user, 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 service user on discharge)
 - b) Name of service user (if on discharge)
 - c) Quantity of medication that has been placed in disposal container (or given to the service user on discharge).
- 6.7.10 The stock balance of Controlled Drugs must be checked at each administration, as well as a stock balance being carried out on a daily basis by the person in charge.
- 6.7.11 The stock balance must reflect the actual quantity of medication that is present within the Controlled Drug Cupboard. Each time medication is put in or taken out of the Controlled Drug cupboard an entry must be made within the Controlled Drug Register.
- 6.7.12 This entry will be made by one member of staff, a second member of staff will check the medication and counter-sign the register. Two members of staff must be involved at the point when Controlled Drugs are added or removed from the Controlled Drug Cupboard.
- 6.7.13 **Any discrepancies must be reported to the person in charge of the Service and to the Registered Manager, if applicable, immediately.**
- 6.8 **Administration of controlled drugs**
As well as following the normal administration procedure, additional checks need

to be made. These are listed below:

- 6.8.1
- (a) Two members of staff must be involved in obtaining the medication from the Controlled Drug cupboard
 - (b) As with the normal administration procedure, the medication must be obtained after checking the MAR sheet to ascertain which medication is due to be given. This must also be checked with the second member of staff
 - (c) The medication label/blister pack must be checked against the MAR sheet to ensure that they correspond and are correct. This also must be checked by the second member of staff
 - (d) The actual amount of medication must be decanted from the original pack/blister pack and placed in a suitable container. This must be checked by the second member of staff
 - (e) An entry must be placed in the Controlled Drug Register:
 - i) Date and time the medication was administered to the student
 - ii) The name of the student the medication was for
 - iii) The quantity of medication that has been removed for administration
 - iv) The amount of medication remaining must be counted and checked
 - v) The stock balance must be completed
 - (f) The medication is then given to the student by both members of staff
 - (g) The identity of the student is checked by both members of staff against the MAR sheet
 - (h) The medication can then be administered to the student
 - (i) Once the student has taken the medication, the first member of staff signs the MAR sheet followed by the second member of staff who witnessed the student take the medication
 - (j) The first member of staff must sign the Controlled Drug Register
 - (k) The second member of staff must witness and counter-sign the Controlled Drug Register.

6.9 **Disposal of Controlled Drugs** - Controlled Drugs must not be kept in the service if they are no longer required.

6.9.1 Where a student has died, ALL medication must be kept in the service for seven days before it is disposed of correctly.

6.9.2 Medication that has been discontinued must also be disposed of correctly. 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. 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.

6.9.3 If a **Pharmacist** removes the Controlled Drugs medication the following entry will need to be made in the Controlled Drug Register:

- (a) Date and time medication was given to Pharmacy
- (b) Name of Pharmacist that has received the medication
- (c) Signature from the Pharmacist and a member of staff
- (d) Running stock balance of medication (if none then zero).

- 6.9.4 In addition to this a record will need to be made in the Medication for Disposal book, which should be sent to the Pharmacy with the Controlled Drug medication to be stamped, signed and returned.
- 6.9.5 Two members of staff will have to check the medication to be returned and make the following entries into the Controlled Drug Register:
- (a) Date and time medication was given to the representative from the Pharmacy
 - (b) Name of Pharmacy that has received the medication
 - (c) Quantity of medication that has been given
 - (d) Signature of two members of staff
 - (e) Running stock balance.
- 6.9.6 In addition to this, a record will need to be made in the Medication for Disposal Book, which should be sent to the Pharmacy with the Controlled Drugs medication to be stamped, signed and returned.
- 6.10 **Student Discharged With Controlled Drugs** - Where a student leaves the service, all their medication should be recorded as being returned to them. Controlled Drugs will need to be recorded in the Controlled Drug Register that they have been removed from the service.
- 6.10.1 The following must be recorded in the Controlled Drugs register:
- (a) Date and time medication given to the student
 - (b) Name of the student who has received the medication
 - (c) Quantity of medication that has been given to the student
 - (d) Signature of two members of staff
 - (e) Running stock balance of medication.

7 AUDIT

- 7.1 An Audit of Medications will be undertaken at least once a month by a member of the senior management team using **ES Form: 08**.
- 7.2 Copies of audit records will be produced to internal inspectors and external regulators on request.

Associated Forms

ES Form: 08 – Medication Audit