

STANDARD OPERATING PROCEDURE To Administer Medications at Helen Allison School.

VERSION 1.1 November 2021

Service: Helen Allison School / Nursing Team

Location:

1. Helen Allison School Longfield Road Meopham Kent

Changes to Previous Document:

1

This is has replaced The Helen Allison School Procedure Document policy guidelines 2018-19

Scope:

1. This Standard Operating Procedure (SOP) covers the admission, storage, administration and recording of medication within Helen Allison School by staff that have received the relevant level of awareness training and / or practical training and by undertaking the administration of medicines and must have been competency assessed before using the SOP.
2. It replaces previous documents and is in line with Inspection requirements.
3. This SOP also covers the administration of Controlled Drugs.

Objectives:

1. To ensure the **Right Student**, receives the **Right Medication** at the **Right Dose** by the **Right Route** at the **Right time**. In addition that the Right documentation is made. This is known as the '**5 R's plus 1**'.
2. To ensure that the risk of errors is minimised.
3. To ensure the requirements and delegated responsibilities of Ofsted are adhered to.

1.0 Medicines Information Required

- 1.1 Parents/carers are required to provide the school with current written information (Email is acceptable) from their GP or Consultant regarding their child/young person's medical needs, including clear instructions of prescribed medication and allergy status. This should include the name, strength, dose and frequency of each medication.
- 1.2 In the absence of a doctor's letter or if parents have difficulty obtaining this, a repeat prescription which includes all relevant information, or a computerised print out of current medication needs will suffice, if within 6 months. Ensure that this is validated by the doctor's address on the page.
- 1.3 Any subsequent changes to an individual's medical regime will require further confirmation from a medical professional in writing.

2.0 Medicines supply

- 2.1 All medication which is prescribed for the student **must** accompany them to school if it is required to be given at school.
- 2.2 Ensure that a medication consent form has been signed by the parent, carer or guardian with parental responsibility.
- 2.3 Check that all medication supplied by parent, carer or guardian is in **original and clearly labelled containers**, as supplied by the dispensing pharmacy. Medicines that are dispensed more than 6 months ago **cannot** be accepted, with the **exception** of emergency medication.
- 2.4 Wherever possible all containers provided should be new but realistically that may not be possible. Check that there is sufficient supply of all medication required for the duration of the stay at school, including a small amount of

excess in case of emergency.

- 2.5 One-off prescriptions may not have an accompanying letter. Discuss with and obtain authorisation from the School Principal and/ or Consultant Nurse.
- 2.6 If labels have been changed by parent, carer or guardian, **do not** accept this medication into school and call family to advise that you are unable to give.
- 2.7 Regular medication with labels which read 'as directed' or have similar unspecified comments on them. Doses can be variable on reducing/increasing schedules, but ensure there is supporting documentation available.
- 2.8 For instances where medication is prescribed 'as required' (e.g. pain relief or emergency medication). This can be accepted. Record separately on PRN MAR Chart.
- 2.9.1 Check the expiry date of all medication on the packaging on admission to school.
- 2.9.2 Ensure two medicated trained members of staff sign in/out any form of medication on the correct paper work (in and out medication log).
- 3.0 **Medication preparations and documentation:**

The Medicines Administration Record (MAR) contains all the information needed for the student's admission to school. PRN MAR Chart contains information regarding medications that aren't given regularly however they can be given when required. Staff completing the MAR chart and PRN MAR Chart require training to do this. Two members of medicated trained staff at all times need to be present when administering, signing in/out, and for administering medication on an offsite trip.

For medication administration; the member of staff administering medication needs to have completed the online training and have had a competency check by one of the in-school trainers or the school nurse. The 2nd member of staff who is witnessing the administration of medicine needs to have completed the online medication training.

However, this is different for Controlled medication. For the administration of Controlled drugs this needs to be administered and witnessed by two staff members that have completed both the online training and had their competency checked off.

Tablets

- 3.1 Count tablets in at admission to school and two staff to agree.
- 3.2 At school admission and discharge remove loose tablets from bottles and count in order to identify any anomalies.
- 3.3 Use a tablet counter to ensure accuracy and to prevent contamination of medication, also wear gloves.
- 3.4 Tablets in blister packs must remain intact. It is not acceptable to cut off the required number from a blister pack, as this may mean that the expiry date is

removed too. On admission to school check that blister packs are whole for safety and for ease of counting.

Liquids

- 3.5 Where possible parents should be asked that they provide the school with unopened original bottles. Staff should document on the MAR chart whether the bottle is an unopened pack or already in use. They can then state if it is an approximate amount ie. $\frac{3}{4}$, $\frac{1}{2}$, or $\frac{1}{4}$ bottle unless the bottle has markings to state the exact amount there is no way to know for definite how much the bottle contains.
- 3.6 On admission to school check that medicines are provided in the original container with sufficient amount of liquid, including a small amount of excess in case of emergency, for the duration of the stay at school.

Creams

- 3.7 On admission to school clearly record the use of creams on the MAR chart and / or PRN MAR Chart. Ensure these remain in the medication cupboard when not in use (not in bathrooms or classrooms.) Wear gloves for the application of all creams.

Patches

- 3.8 Where possible patches should be administered/ changed at home in the rare occasion that they are required to be changed at school, ensure an alternative area is used, from where it has been removed, following the instruction within the box on where to place the patch. The disposal of the removed patch will be in a sharps bin, the type of bin will depend on what the patch contained. Gloves should be worn where possible, (although this may not always be possible due to becoming stuck to the patch, then local IPC guidelines should be followed.)

Inhalers

- 3.9 On admission to school, record clearly instructions for the use of Inhalers (and Volumatic's) on the MAR chart. Do not make assumptions that every inhaler is the same or that everyone is clear about their use. Ensure the dispensing label and GP letter confirms the dose and frequency of medication, if possible obtain an Asthma Management Plan. Ensure if applicable that the student's care plan is kept up to date.
- 3.9.1 Ensure Inhalers remain in the classroom in named box out of reach of all students.

4.0 Self-administration of medicines:

- 4.1 On admission to school ensure the student's care plan reflects that the student will self-administer medications. All medication will remain in the locked medicines cabinet, in a locked designated room, with the exception of emergency medication which needs to be with the student at all times.
- 4.2 If appropriate the Risk assessment will be completed with the young person,

to avoid any errors or near misses.

5.0 **Non-Prescription Medication**

- 5.1 The only 'over the counter' remedy held at the school is Paracetamol (in various forms), Dioralyte and Antihistamine cream for emergency use only.
- 5.2 Complete the MAR chart ensuring staff have stated why this medication was given.
- 5.3 For non-prescribed medication supplied by parent, carer or guardian e.g. cough linctus and creams document the directions for their use clearly on MAR chart and/or PRN MAR Chart and check that the dose complies with the stated maximum dosage on the packet. Check the student's allergy status before accepting any non-prescription medication. Before any member of the school staff whom have been trained and deemed competent to give medication should be checking that any non- prescribed medication does not interact with any regular medication they may be taking. If unsure contact GP, local Pharmacist or BNF. It may result in the medication being omitted.

6.0 **Homeopathic Medication**

- 6.1 When a student is prescribed homeopathic/alternative medication by a recognised practitioner, ensure that written information has been supplied by the practitioner in the same way as it would be from GPs/Consultants.
- 6.2 If a parent brings in homeopathic medication purchased over the counter, ensure it is recorded as such.

7.0 **Storage of Medication**

- 7.1 Store all medication in a locked cabinet in a locked area designated for the preparation of medication.
- 7.2 Store the student's own prescribed medication which includes both internal and external preparations, in one medication cabinet designated for this use.
- 7.3 Store school stock medications on a separate shelf.
- 7.4 Ensure all Controlled Drugs are stored in a separate locked cupboard which is designated for the purpose of storing controlled drugs. This is usually a locked area within the lockable medication cupboard.
- 7.5 Keys to medication areas should only be kept by designated personnel.
- 7.6 Ensure the medication area is maintained at a temperature not exceeding 25°C and this will be monitored daily. Staff to see appendix 5 for the room temperature record form, for how to record the ambient temperature of all locations where medicines are stored. Hand washing facilities and sufficient workspace should be available.
- 7.7 Return medication not used to the parent, carer or guardian and ensure they sign for its receipt on a returned medicines record appendix 6. Send the form at the end of every school admission, even if all the medication is used and

containers are empty. It is the parent's responsibility to inform the school if there are any discrepancies.

- 7.8 Some emergency medication may need to be transferred to and from school on a daily basis.

This may also occur if a student is prescribed medication such as antibiotics, emergency medication packs, emergency seizure medication and inhalers. If a student has fridge medication that travels to school with them it should be transported using a cool bag. Should medication arrive at school not transported in a cool bag then advice should be sought from the dispensing pharmacy or GP around efficacy of the medication.

- 7.9 Ensure any unused medicine not collected for any reason is disposed of following local medicinal waste policy.

8.0 Medication requiring storage in a Pharmacy Fridge

- 8.1 An approved lockable pharmacy refrigerator should be available for those medications requiring refrigeration. This refrigerator is solely used for the storage of pharmaceuticals.

- 8.2 The temperature of the fridge should be between 2 – 8° C.

- 8.3 Ensure daily monitoring of the temperature is undertaken by staff designated to administer medication. Staff to see Appendix 4 for fridge record temperature sheet, for the storage of medicines and cool packs in a medicines grade fridge.

- 8.4 On admission to school check pharmacy labels to clarify storage requirements.

- 8.5 Ensure that the pharmacy fridge is locked when medication is stored in it.

- 8.6 Please see Appendix 4 for the record the temperature form to be used for your pharmacy fridge.

9.0 Documentation

- 9.1 The MAR chart should be completed and signed by the designated person within school. It must also be countersigned by a 2nd authorised person e.g another staff member trained and competent in administration of medication. This must happen on each occasion that medication is accepted into school.

- 9.2 Ensure MAR chart and the PRN MAR Chart are kept in the locked medication area.

- 9.3 Ensure a recent corresponding photograph of the student is securely attached to the MAR chart for cross checking purposes.

- 9.4 Ensure all completed MAR charts are kept on file for students during their time at school, even if they do not require regular medication as this form gives vital information regarding allergies.
- 9.5 A list of designated personnel and sample signatures is kept with these records.
- 9.6 These forms will be kept for a period of 25 years as per NAS requirements.
- 9.7 Student care plans will provide full information on a student's individual needs.

10.0 **Recording of controlled drugs**

10.1 **Context**

Controlled Drugs are subject to special legislative control following the Shipman enquiry and publication of the government report "Safer Management of Controlled Drugs". As a result of this report amendments were made to the Misuse of Drugs Regulations (2001)

The Department of Health document, *Controlled Drugs supervision and management of use* provides information about regulations for organisations and individuals in the health and social care sectors with a responsibility or interest in ensuring effective systems for the safe and effective management and use of controlled drugs. The proper storage, recording and destruction of Controlled drugs is not only good practice it is a legal requirement.

- 10.2 Record controlled drugs on the MAR chart in the usual way.
- 10.3 Also Controlled drugs need to be recorded in the Controlled Drug Record Book. Medications classified as controlled will have a triangle with "CD" written inside the triangle, on the packaging/box.
- 10.4 Enter each controlled drug in the book with a page per student for each preparation/strength, and each dosage.
- 10.5 The pages are indexed at the front. When a student's controlled medication comes in for the first time, document the name and strength of the drug on the next available line on the index page and add the corresponding number of the page that details the CD balance. Add to the index every time a new page is started.
- 10.6 Write the student's name and DOB on the page, per child, per strength/ preparation in the record book.
- 10.7 Make an entry on the next available line on the right hand side of the page for that student and that preparation and dosage on receiving controlled drugs.
 - Date the entry.
 - State that it has been received from home.
 - Enter the amount received clearly in the stock balance column.
 - Sign the entry and ensure it is counter signed by a second approved signatory.

- 10.8 Every time a controlled drug is admitted to the school record it in full in the Controlled Drug Record Book with the amount received clearly indicated in the stock balance column.
- 10.9 Only make other entries at the time the drug is received, dispensed or student discharged. Ensure that all controlled drugs are double signed by appropriately trained staff in the Controlled Drugs Record Book.
- 10.9.1 Indicate the reducing stock of controlled drugs clearly, each time a medication is dispensed.
- 10.9.2 If at the end of the school day there is one or more tablets to be returned make an entry to show how many have been returned so that the balance is shown clearly as zero (indicated by 'Nil' or 'Zero')
- 10.9.3 A nil balance should be shown for every controlled drug at the end of each term. Likewise, the nil balance will be recorded on the MAR chart.
- 10.9.4 On reaching the end of a page in the CD record book, transfer the balance to another page. Add the new page number to the bottom of the finished page (e.g. "see page ...") and update the index at the front of the page.
- 10.9.5 All entries in the controlled drugs book must be made in **black** pen.
- 10.9.6 **DO NOT** score through any unused lines on a page or draw lines to indicate the end of a stay, it is enough that the stock balance reads nil / zero.
- 10.9.7 Enter medication by the name on the prescription label (to avoid confusion between generic and brand name)
- 11.0 **Monitoring**
- 11.1 The MAR chart also includes sections to monitor the usage of medication during the student's time at school.
- 11.2 In house quality assurance audits will take place by either the Consultant Nurse or school medication lead, to ensure standards are maintained. These will be reported to the School Principal. Ideally these should be done 3 monthly or termly.
- 11.3 All delegated staff will work alongside other school staff to ensure governance procedures are adhered to.
- 12.0 **Medical emergencies:**
- 12.1 The following are considered to be medical emergencies and require a management plan: anaphylaxis, seizure management and acute respiratory management.
- 12.2 On admission to school check there is a clear management plan in place which includes the information of the medicines needed and an escalation plan should it be required. This information will also be recorded in the student's care plan and a copy placed in the medications area.
- 12.3 Check that the plan is current.

- 12.4 Hospital admissions/ emergency services would be called if:
- The student has never had the emergency medication before
 - The parent has stated hospital admission to be necessary in all circumstances
 - If the plan states that hospital admission is required

13.0 **Administration of Medication process**

13.1 Prior to administration of medication ensure and check that an adequate supply of medicine pots and disposable syringes are available in the medication cupboard area. Store other necessary equipment such as a tablet counter, tablet crusher, pestle and mortar in the medication cupboard and ensure they are available for use.

13.2 Be mindful of methods of administration which may not be compatible with some medication (i.e. mixing with food). Ensure this information is checked upon each admission to school and safely administered in the best interests of the student.

13.3 Check the expiry date of the medication.

14.0 **Right dose**

14.1 Check the dose to be administered.

14.2 The quantity must be calculated at the time of administration e.g. how many tablets, what volume to be administered. Draw up prescribed amount of medication in a syringe or dispense the right amount of tablets.

14.3 Prepare tablets by placing into a pot before administration. If they need to be handled, gloves should be worn.

15.0 **Right Route**

15.1 Check the route the medicine is to be administered correctly.

16.0 **Right Time**

16.1 Time of administration should be checked. If more than one medication is due, the medication should be prepared systematically starting with the first medication listed for that time.

16.2 Check that the frequency on the medicine matches the times on the MAR chart. Medication administration times will have been agreed with carers on admission, cross-reference this with the doctor's instructions and seek further advice from the GP or Dispensing Pharmacist if necessary. In all situations ensure the student's best interests are paramount.

16.3 In the case of 'as required' medication, check that the interval since the previous dose is sufficient and that the total daily dose is not exceeded.

16.4 Timing of medication can be crucial and wherever possible ensure medication

is given at the agreed time/ intervals stated on the dispensing label. There are risks in giving medicines before or after the stated interval.

16.5 In some instances variation is acceptable. In this case check in the BNF and /or seek advice from the dispensing Pharmacist.

16.6 Adhere to dosage times for short term medication, such as antibiotics.

16.7 Put medication back in the cupboard or fridge.

16.8 Repeat process for other medications due at that time, one at a time.

17.0 **Administering medications**

17.1 Staff must have undertaken anaphylaxis training before administering medication.

17.2 Medication must not be left unattended or left for another member of staff to undertake the task.

17.3 Take all medications due for administration to the student ensuring you have all relevant equipment.

17.4 Give medicine to the student according to the instructions provided on the label and confirmed supporting information from the prescriber/pharmacist.

17.5 Observe student taking medication. Do not leave unattended.

17.6 If a student self-administers medication, keep their supply of medication locked in the designated medication cupboard. Ensure the self-administration of medication is undertaken in conjunction with the trained/ competent school staff.

17.7 Wipe bottles clean after use, and throw syringes and disposable medicine pots away in the designated waste bin provided.

18.0 **Record the administration on medication.**

18.1 Sign the relevant documents (MAR chart, PRN protocol sheet, CD book) to confirm the medication has been administered. This must be done immediately after the medication is administered.

18.2 If a student has self-administered, the staff will be signing the MAR chart once administered to confirm observation of self-administration of medicines.

19.0 **Signing the Controlled Drugs Register**

19.1 The controlled drugs book is double signed.

19.2 The first signature should be a staff member trained in the administration of medication. It should then be signed by someone who can verify the count. This may be school staff who have received medication awareness training, but who do not administer medication.

19.3 Ensure an up to date signature list of all those authorised to sign the register is kept in the medication room.

20.0 **Refusals / errors / Adjustments**

Please follow the school's medication incident management process for managing refusals, errors or adjustments in medication.

21.0 **Community Trips**

21.1 If, after careful planning and consultation, it is necessary to give medication when out, put the medication (in its original packaging) in an envelope, or if cool bag if fridge medication, with instructions written on for the staff member administering it. Ensure MAR chart is completed.

21.2 Ensure these instructions comply with the instructions written on the packet itself and include the name of the medication, the dose, time of administration and special instructions.

22.0 **Dignity**

22.1 In whatever situation medication is administered, maintain respect and dignity for the individual at all times. This needs particular consideration in the use of rectal medication.

22.2 Suppositories, enemas and rectal Paracetamol should only be administered by trained staff. Prior to administration ensure a second member of staff is also present.

22.3 On admission to school ensure clear instructions for use are documented in the student's care plan.

23.0 **Insurance Provision for Medical Treatments**

23.1 NAS staff are precluded from carrying out some procedures due to insurance reasons. Refer to 'Insurance Provision for Medical Treatment / Procedures'

23.2 All invasive treatment which can be planned for will require the involvement of health personnel; this will be outlined in the Care Plan.

23.3 These treatments include:

- Injections – via a pre-filled syringe or pen device only
- Insulin administration- via a pre-filled syringe or pen device only

24.0 **Staff Training**

24.1 Staff designated to preparing and administering of medication will receive specific training in that area and be deemed competent by either the Consultant Nurse or someone she has delegated to. They need to update

their training annually.

- 24.2 When requested the Consultant Nurse, may undertake clinical tasks in line with their professional training and registration and deliver awareness training and competency assessment to other staff.
- 24.3 All staff will be trained in the safe use of emergency medication as detailed in management plans.
- 24.4 Similarly specific health conditions, such as diabetes, will be identified in Care Plans and training delivered as necessary, by the relevant specialist professionals.

25.0 **Appendices and additional documents**

- 25.1 Appendix 1: Administration of medication (5Rs plus 1) for trained staff
Appendix 2: Safe Management Of Medication Policy- NAS Schools & Children's services
Appendix 3: PRN MAR Chart
Appendix 4: Fridge Temperature Record
Appendix 5: Room Temperature Record
Appendix 6: Return Transfer form
Appendix 7: MAR chart
Appendix 8: Medication Error Report Form
Appendix 9: Staff Signature Form
Appendix 10: Medication Administration Competency document
Appendix 11: Medication In/Out log

26.0 **Responsibility:**

- 26.1 School Principal, the Consultant Nurse and the schools training officer are responsible for ensuring designated staff receive training, updates and are competent in role.
- 26.2 Designated staff that have completed their competency assessment, have the responsibility for ensuring the correct procedure for admitting, checking and administering medicines is followed and that this is documented (using the 5R's plus 1 principle). This includes controlled drugs.
- 26.3 Any personnel who are medication trained are responsible for reporting errors and any unsafe practice.

27.0 **Review:**



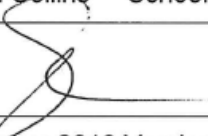
- 27.1 This SOP will be reviewed following major changes to the law, service delivery or in response to a significant error relating to the administration of medication.
- 27.2 This procedure will be reviewed in the event of a critical incident relating to the administration of medications.
- 27.3 In the absence of any of these events it will be reviewed on or before the date shown below.

28.0 **Risks:**

- 28.1 Failure for parents to provide written medication information from a Consultant or GP may result in the student not being admitted to school.
- 28.2 Procedure may not be followed correctly.
- 28.3 Failure to follow procedure may result in a medication error which may cause harm to a student or even death.

29.0 **References:**

- 29.1 "The Handling of medicines in Social Care" - Royal Pharmaceutical Society of Great Britain 2016
- 29.2 NICE guidelines on medicines management in care homes (2014)
- 29.3 NICE guidelines on managing medicines for adults receiving social care in the community (2017)
- 29.4 Children, Families and Education Directorate Policy and Guidance for the Management and Administration of Medication in Residential, Respite and Fostering Services 2007

Prepared by: Consultant Nurse	Tracy Smith
Signature:	
Designation	Adam Wadey Deputy School Principal
Signature	
Lead and Designation	Simon Collins School Principal
Signature	
Date of Preparation:	November 2019 Version 1.0
Date of Amendment:	November 2021
Date of Review:	3 years after Date of Preparation / Amendment

I have signed to say that I have read the procedure and understand its implications.

NAME	ORGANISATION	SIGNATURE	DATE

ADMINISTRATIONS OF MEDICATIONS (5R's plus 1) FOR TRAINED STAFF

