

Horizons Education

MEDICATION POLICY

Procedure/Guidance

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1. AIMS, OBJECTIVES PRINCIPLES OF POLICY.

- 1.1 The aim of this policy is to ensure staff offer a high level of health care to the young people at Horizons Education Ltd.
- 1.2 With regard to health care, it is the philosophy of Horizons Education Ltd that the young people should be treated with minimum disruption and 'normality', i.e. a similar type of care as children who live with their own families receive. However there needs to be clear guidelines and some restrictions in order to protect both staff and children within residential care. The policy gives staff and children precise detail on what is acceptable and safe for everyone, whilst ensuring there are clear lines of accountability.
- 1.3 This policy covers storage, disposal, administration and recording of both prescribed and home remedy medications. The policy does not cover invasive treatment only oral and topical (i.e. cream/lotion) medication.

2. LEGISLATIVE CONTEXT

- 2.1 This policy is in line with relevant legislation. The following is a list of legislation/guidance that has a direct impact on the handling of medication within a school setting.

The Misuse of Drugs Act 1971

The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.

General Data Protection Regulation (GDPR)

The Administration and Control of Medicines in Care homes and children's services 2003 – Published by the Royal Pharmaceutical Society of Great Britain.

3. GENERAL PRINCIPLES

- 3.1 Whatever the type of medication there are some general principles:
 - There must be a record of all medication kept in the medicine cabinet. This should include a record of when the medicine was bought/prescribed; volume, contents; and date of disposal.
 - Any medicines administered need to be recorded on the Medication Administration Record (MAR), with staff signatures.

- When in doubt ask for advice from senior staff (Roger Boulton or Tanya Gott).

4. STORAGE OF MEDICINES

- 4.1 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.
- 4.2 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.
- 4.3 Each young person should have a designated area identified within the medicine cabinet to ensure medicines are separated appropriately.
- 4.4 The keys for the medicine cupboard should not be part of the master set. Key security is integral to the security of the medicines. The key must be kept in the locked key cabinet within the office.
- 4.5 Some medications should not be locked away and should be readily available to the child e.g. asthma inhalers, EpiPen's.

5. COLD STORAGE

- 5.1 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 medicine's refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and recorded.

6. ADMINISTRATION AND RECORDING

- 6.1 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 were prescribed for.
- 6.2 Staff must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law.

This applies to the receipt of new supply of medications. The original supply must be finished first.

- 6.3 It is the responsibility of the staff to ensure that stock levels of medication are kept at an appropriate level.

7. PREPARATION

- 7.1 Collect all the equipment required.
- 7.2 Wash hands thoroughly and explain the procedure to the child. Administer medication in a quiet area away from distractions. Only administer medication to one child at a time.
- 7.3 Where possible two members of staff should be present:
- To check correct names on container, correct medicine, dose and time.
 - To check Medication Record Card and correct child.
- 7.4 Medication should never be secondary dispensed for someone to administer later.

8. PROCESS OF ADMINISTRATION

- 8.1 Read the medication label for the five rights of administration
- Right medication
 - Right dose
 - Right time
 - Right route
 - Right child
- 8.2 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.
- 8.3 Transfer tablets or capsules from the container into another receptacle, i.e. plastic medicine spoon or medicine cup. **Do not** touch by hand.
- 8.4 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.
- 8.5 Give medication to child and observe that it is swallowed

- 8.6 Record immediately on the MAR that the medicine has been taken by the child and the quantity of medicine dispensed. Sign in the space provided and lock the medicine away.
- 8.7 The MAR is a working document and the signature of the person administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits later and to ensure that the records are clear.
- 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.
- 8.8 If the child refuses to take the medication inform Roger Boulton or Tanya Gott who will inform the child's parent. Advice may be needed from the GP.
- 8.9 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
- 8.10 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.

9. MEDICATION ERRORS I.E. OVER DOSAGE OR MEDICATION GIVEN TO WRONG CHILD.

- 9.1 Check the child is not suffering an adverse reaction. Contact the child's GP, a local pharmacist or NHS Direct for advice.
- 9.2 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 senior staff must be informed and the child's parents.
- 9.3 The medication error must be documented in the child's records and on the medication record chart.
- 9.4 The person who administered the medication will need to record the incident.

10. CONTROLLED DRUGS

- 10.1 Controlled drugs received should immediately be recorded and signed into the controlled drugs register and a corresponding MAR created by the member of staff in receipt of the drugs.
- 10.2 Storage of controlled drugs – as for section 5 with the **exception** that there must be a separate/dedicated and appropriate controlled drugs cupboard, the keys for which should be part of the set held by the Team Leader or senior member of staff for the home on the day.
- 10.3 Administration and recording – as for section 7

Follow the preparation process and the five rights of administration as detailed in section 9. For good practice, two members of staff, who should both be trained and competent for this, should witness and immediately sign for the movement of controlled drugs in the controlled drugs register and the corresponding MAR sheet.

- 10.4 Disposal – as for section 13

A signature of the receiving pharmacist or carer should be obtained on the medicine disposal form stating the amount of medication received.

11. MINOR CONDITIONS THAT MAY BE RESOLVED WITH A SCHOOL REMEDY

- 11.1 Horizons Education can check with NHS Direct, Tel 111, or with child's GP or Pharmacy if they are unsure about the child's condition.

Cuts and Grazes

- 11.2 Staff should be advised to wear gloves if dressing any open wounds
- 11.3 Cuts and grazes should be washed with water and cleaned thoroughly and allowed to dry. They can be covered with a hypoallergenic plaster or an individually wrapped dressing. The use of antiseptic creams is not recommended.

Dry Skin

- 11.4 Aqueous cream - a useful moisturiser.
- 11.5 E-45 cream - a non-greasy softening/soothing unperfumed cream. This is useful for dry chapped skin. Some people may be allergic to the lanolin content.

Sunburn

- 11.6 Prevention is better than cure. Use a sunscreen with a high blocking factor i.e. 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.
- 11.7 Certain drugs may predispose towards photosensitivity reactions (i.e. may react to the sun). Check with the local community pharmacist.

Eye Care

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

Foot Care

- 11.9 Always get a diagnosis from the child's GP if either athlete's foot or a verruca is suspected.
- 11.10 Children with Diabetes Mellitus should always see the GP for foot care.

Bites/Stings - Internal

- 11.11 If the bite or sting is to the mouth, ear, eye or nose **consult the child's GP or NHS Direct**. If lips begin to swell or the child has difficulty breathing dial 999 immediately.

Bites/Stings – External

- 11.12 Children aged 10 years and over 1% Hydrocortisone cream (Hc45)
- 11.13 Do not use hydrocortisone cream on the face
Urticaria, (itching i.e. from nettle rash)
- 11.14 The following can be applied directly to the skin for relief of itching
- Calamine Lotion
 - Witch Hazel Gel

Hay Fever

11.15 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 the child and repeat prescriptions can also be requested.

Precautions

11.16 For any persistent pain, painful movement or pain that is not controlled with paracetamol consult NHS Direct or child's GP. Check that any prescribed medicine does not contain paracetamol before giving any of the above paracetamol preparations.