**ROYAL SCHOOL FOR THE BLIND,**

**LIVERPOOL**

**SAFE STORAGE OF MEDICATION AND MEDICATION ADMINISTRATION POLICY**

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| **Reviewed by:** | **Stephanie Swarbrick**  **Lead Nurse** |
| **Date of Last Review** | **July 2023** |
| **Date of Next Review** | **July 2024** |

This medication policy and procedure will outline the following areas for both school and Bradbury house for the administration and safe storage of medications.

Within this policy we will be looking at the following areas:

* The legal framework.
* Roles and responsibilities
* Consent
* The safe storage of medications in and out of school setting and protocol for signing in and out. The disposal of medications.
* The administration of medication in school and Bradbury house including controlled drugs, rescue medication and over the counter medicines
* Record keeping for medication and transcribing medications in school and Bradbury house.
* The management and recording of Medication errors.
* Staff training and competency

**INTRODUCTION**

Royal School for the Blind is committed to ensuring that, as far as is reasonably practicable, the way we provide services to children and young people, and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been assessed accordingly.

**Purpose**

The purpose of this Policy and Standard Procedure is to give advice, guidance and instruction to education and residential children's school staff within Royal School for the Blind in relation to awareness and the administration of medicines in both the residential and education setting, as a matter of routine and in an emergency. The guidance has been drawn up as a collaborative exercise between the Head of Care, Deputy Head of Care, Lead School Nurse and the Head of School.

**Legal Framework**

In compiling this guidance, consideration has been given to the requirements set down in the following legislation and guidance:

* A guide to good practice in the management of controlled drugs in primary care – Scotland, Version 2 Document code: Primary\_Care\_Guide\_Scotland\_v2.0\_171114 Supersedes: 20120322 Prepared by: CDAON Working Group Approved by: CDAON Scotland Review date: September 2019 Date approved: 5th September 2014 Page 79 of 103.
* Australian commission on Safety and Quality in Health Care. Evidence Briefings on Interventions to Improve Medication Safety. Volume 1, Issue 3: August 2013 Double-checking medication administration.
* Care Quality Commission (2010) Essential Standards of Quality and Safety Outcome 9.
* Care Quality Commission 2020, The Safer management of Controlled Drugs.
* The Children’s Homes (England) Regulations 2015, Social Care England, Children and Young Persons, England.
* Children's Homes: National Minimum Standards, 2011, Department for Education, now superseded by The Children’s Homes (England) Regulations 2015, Social Care England, Children and Young Persons, England.
* Conroy S, Davar Z, Jones S. Use of checking systems in medicines administration with children and young people. Nursing children and young people 2012;24(3):20-4.
* Department of Health, March 2015, Guidance on the use of emergency salbutamol inhalers in schools.
* Department of Health, April 2016, Administration of medicines in care homes (with nursing) for older people by care assistants.
* Department of Health, September 2017, Guidance on the use of adrenaline auto-injectors in schools.
* Family Law Reform Act 1969; Age of Majority Act 1969 (Northern Ireland); Age of Legal Capacity (Scotland) Act 1991; Mental Capacity Act 2005; Gillick v West Norfolk and Wisbech AHA [1986].
* Guidance from The Royal Pharmaceutical Society of Great Britain ‘The Handling of Medicines in Social Care’ October 2007.
* Department for Education, April 2015, Guide to the Children’s Homes Regulations including the quality standards.
* Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – Regulation 13.
* Jarman H, Jacobs E, Zielinski V. Medication study supports registered nurses’ competence for single checking. International journal of nursing practice 2002;8(6):330-5.
* Kruse H, Johnson A, O’Connell D, Clarke T. Administering nonrestricted medications in hospital: the implications and cost of using two nurses. Australian clinical review / Australian Medical Association [and] the Australian Council on Hospital Standards 1992;12(2):77-83.
* Mental Capacity Act 2005, HMSO, London.
* NICE/SCIE, July 2018, Effective Record Keeping and Ordering of Medicines, A quick guide for home care managers providing medicines support.
* Royal Pharmaceutical Society of Great Britain, December 2018, Professional guidance on the safe and secure handling of medicines.
* O’Connell B, Crawford S, Tull A, Gaskin CJ. Nurses’ attitudes to single checking medications: before and after its use. International journal of nursing practice 2007;13(6):377-82.
* Royal College of Nursing, January 2018 (reviewed January 2021), Meeting Health Needs in Educational and other Community Settings - A guide for nurses caring for Children and Young People.
* The Care Standards Act 2000.
* The Children Act 1989 and 2004.
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
* The Misuse of Drugs Act 1971.
* The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as subsequently amended.
* The Misuse of Drugs Regulations 2001 (and subsequent amendments).
* The Medicines Act 1968.
* Zayed Alsulami, Sharon Conroy, Imti Choonara, Double checking the administration of medicines: what is the evidence? A systematic review, Archives of Disease in Childhood Volume 97, Issue 9, 2011.

**GENERAL POLICY**

**Indemnity**

Staff who operate within the procedures detailed in this guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified.

It should be noted that provision of indemnity requires that the procedures are followed as described here, and exceptions to this indemnity will be made in cases of fraud, dishonesty, or criminal offence.

**General**

This policy shall be available to all staff, parents/carers with parental responsibility, guardians, children, young people, health care professionals, elected members, and OFSTED.

Staff may be required to administer oral, enteral, and inhaled medication to children and young people where necessary and all staff will participate in tube feeding as per individual care plans; staff will be trained and signed as competent by the Lead School Nurse in the first instance. Invasive procedures such as the administration of rectal or injectable medication will be subject to individual care plans and training, which will be arranged by the Lead School Nurse.

**ROLES AND RESPONSIBILITIES**

**Prime Responsibility**

Parents/guardians who have prime responsibility for their child’s health should give the school sufficient information about their children's medical conditions and treatment or special care that is needed in the unit. It is also the responsibility of the parent to sending into school the medications that their child needs throughout the day. Please be mindful that both the school and Bradbury house require all medications to have an open date and discard date on for administration purposes. If your child requires any rescue medical if this is not provided, then you will be asked to collect your child from school until we have the medication available.

**The School**

The school has a Duty of Care to provide training for staff, with staff having a responsibility to ensure that their appropriate training is up to date and they are certified as competent in this area. The school will provide appropriate storage and administration facilities for medications.

**Administration responsibility**

Each member of staff that administers medication is responsible for ensuring that the right medication is administered at the right dose, by the right route, to the right person, at the right time. This can be achieved by checking the medication record each time. They must also ensure that they record the administration of medication correctly. Only staff signed off as competent to administer medication should do so unsupervised.

**CONSENT**

**General**

A person has a fundamental legal and ethical right to determine what happens to their own body. This applies to children as well as adults, although there are some differences with age. Valid consent to treatment is therefore absolutely central in all forms of healthcare. For consent to be valid, it must be voluntary and informed, and the person consenting must have the mental capacity to make the decision,

these terms are defined below. Persons over the age of 16 are deemed to have capacity, unless there is evidence to the contrary such as learning difficulties.

**Voluntary**

The decision to consent or not consent to treatment must be made alone, and must not be due to pressure by staff, friends, or family. Persons aged 16 or over have the right to make their own decisions. If a competent child under the age of 16 is insistent that their family should not be involved, their right to confidentiality must be respected, unless such an approach would put them at serious risk of harm. It may be necessary to exclude other people from the room if it is thought that inappropriate pressure is being applied. This action must be recorded, including all the circumstances and reasons why it was taken.

**Informed**

The person must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead. Care staff should not withhold information just because it may upset or unnerve the person. This information must be given in a form appropriate to the age and development of the child or young person.

**Capacity**

The person must be able to understand the information given to them and use it meaningfully, to make an informed decision.

Persons under the age of 16 may have capacity, and this is determined by assessing their competence individually, known as “Gillick Competence” or “Fraser Competence”. This concept initially arose in the case of Gillick v West Norfolk and Wisbech Health Authority in 1986. The term 'Fraser competence' is also used in this respect (Lord Fraser was the judge who ruled on the case). Some authorities refer to Fraser competence when talking about contraception and Gillick competence when talking about wider areas of consent. In most cases the two terms are used interchangeably. Capacity to consent has four components. The child or young person must be able to:

* understand the information pertinent to the decision about their care, i.e., the nature, purpose and possible consequences of the proposed investigations or treatment, as well as the consequences of not having treatment. The courts have determined that children under the age of 16 can be legally competent if they have 'sufficient understanding *and maturity* to enable them to understand fully what is proposed';
* retain this information for a reasonable time;
* use this information to consider whether or not they should consent to the intervention offered; and
* communicate their wishes.

The determination of Mental Capacity applies only at the time of each decision, as it may change with time. Capacity may also vary with the decision required, there being a difference between consenting to medical treatment and whether to have cornflakes for breakfast.

If there are any difficulties in communication, such as the patient having learning difficulties, speech problems or hearing problems, other means of communicating the information (in both directions) should

be used (such as using pictures or sign language) which are appropriate for the problem. In the case of children, the information must be presented in a manner appropriate for the age and apparent development of the child.

Children under the age of 16 are not deemed to be automatically legally competent to give consent. Their capacity to consent depends more on young people’s ability to understand and weigh up options than on age. The courts have determined that such children can be legally competent if they have 'sufficient understanding and maturity to enable them to understand fully what is proposed'.

It should be noted that a “Gillick Competent” child aged under 16 can give their own consent to treatment but cannot refuse treatment on their own behalf. In these cases, a parental decision is required. However, emergency treatment can be provided without consent to save the life of, or prevent serious deterioration in the health of, a child or young person.

A person aged 16-18 is deemed to have capacity and can make a voluntary and informed decision to consent to treatment unless there is evidence to the contrary, such as learning disability. However, they cannot refuse treatment if it has been agreed by a person with parental responsibility or the Court, and it is in their best interests. Therefore, they do not have the same status as adults. A refusal by the child whilst the parents’ consent can create great difficulties and will need to be escalated to upper management for decisions to be made.

Much will depend on the relationship of the staff with the child and the family and also on what intervention is being proposed. The emphasis in the Department of Health's guidance is that the families of children should be involved in decisions about their care, unless there is a very good reason for not doing so. Department of Health 2016

**Consent in special circumstances**

*If no one is able to give valid consent*

Examples would be a child of parents who were absent, or not deemed competent to give consent. In such cases, treatment can be given, providing it is in the best interests of the child. A refusal by the child can create great difficulties and will need to be escalated to upper management for decisions to be made.

*Children do not agree with those with parental responsibility*

If the child is competent and wishes to receive treatment, those with parental responsibility cannot override them.

*If a competent child is refusing treatment*

Those with parental responsibility can consent if the treatment is deemed to be in the child's best interests. A refusal by the child whilst the parents’ do consent can create great difficulties and will need to be escalated to upper management for decisions to be made.

**The procedure for safe storage and disposal of medications**

**Receipt of medications**

All medicines brought into the School and Residential setting **must** be in the original container or a pharmacy dispense bottle, and must be clearly labelled with:

* the child/young person's name;
* the name and strength of the medication;
* the expiry date - where an expiry date is not evident, medicines should have been dispensed within one month of receipt into the School/Residential environment; and
* the dosage and frequency of when the medication should be given.
* The route for administration – if this is not on the dispensing label refer to the care plan for route of administration

Medication not in the original container or a pharmacy container is not acceptable, and written clarification of the prescription must be obtained from the prescribing doctor, pharmacy, or Nurse Prescriber. If two or more medications are required, these should be in separate, clearly and appropriately labelled containers, complying with all the above.

**Recording of medications**

On arrival at School/Residential, all medications are to be handed to a trained member of staff who will record the details in the medication signing in and out sheet. All residential medication will be handed to the nursing team and any discrepancies with medication details will be dealt by the nursing team.

Any and all messages regarding medication must be written in the residential communication book and followed up with an email to the residential manager and the senior residential support worker, which details:

* date and time of message;
* who the message is from;
* details of the message;
* who has recorded the message;
* who has acted on the message and what they did about the message.

It is **not** recommended for staff to use initials to sign for medication however if initials are required then a record sheet must be maintained detailing:

* Name and full signature of all staff members.

**Controlled drugs**

In addition to the requirements for non-controlled drugs, it is a legal requirement under the Misuse of Drugs Act 1971 that an entry is made in a CD Register every time a supply of Schedule 2 drugs (e.g. Methylphenidate) is obtained or administered.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20101 states: ‘the registered person must protect children and young peoples against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity’. This includes controlled drugs (CDs), which have more stringent regulations applied to them.

In the absence of Ofsted guidance on the management of controlled drugs, RSB has adopted the principles of safe management of controlled drugs according to the CQC.

NICE, Controlled drugs and drug dependence - Regulations and classification (Schedule October 2020)

Schedule 2 includes opiates (e.g. diamorphine hydrochloride (heroin), morphine, methadone hydrochloride, oxycodone hydrochloride, pethidine hydrochloride), major stimulants (e.g. amphetamines), quinalbarbitone (secobarbital), cocaine, ketamine and cannabis-based products for medicinal use in humans. Schedule 2 Controlled Drugs are subject to the full Controlled Drug requirements relating to prescriptions, safe custody (except for quinalbarbitone (secobarbital) and some liquid preparations), and the need to keep a Controlled Drug register, (unless exempted in Schedule 5). Possession, supply and procurement is authorised for pharmacists and other classes of persons named in the 2001 Regulations.

Schedule 3 includes the barbiturates (except secobarbital, now Schedule 2), buprenorphine, mazindol, meprobamate, midazolam, pentazocine, phentermine, temazepam, and tramadol hydrochloride. They are subject to the special prescription requirements. Safe custody requirements do apply, except for any 5,5 disubstituted barbituric acid (e.g. phenobarbital), mazindol, meprobamate, midazolam, pentazocine, phentermine, tramadol hydrochloride, or any stereoisomeric form or salts of the above. Records in registers do not need to be kept (although there are requirements for the retention of invoices for 2 years).

Since August 2007 it has been a legal requirement for all care home services in Scotland (including children’s services) to store any CDs in their possession which are subject to safe custody requirements, in a cabinet which complies with the Misuse of Drugs (Safe Custody) Regulations.

## Administration of drugs in Schedules 2, 3, 4 and 5

7. - (1) Any person may administer to another any drug specified in Schedule 5.

(2) A doctor or dentist may administer to a patient any drug specified in Schedule 2, 3 or 4.

(3) Any person other than a doctor or dentist may administer to a patient, in accordance with the directions of a doctor or dentist, any drug specified in Schedule 2, 3 or 4.

The Controlled Drugs storage cupboard will be made of metal with suitable hinges and fixed to a wall or to the floor where possible. The Cupboard does not necessarily have to be a cupboard within a cupboard or have a red light on the outside.

The Care Inspectorate defines which records registered care services must keep. The national care standards expect the setting to keep accurate and up-to-date records of all the medicines that have been ordered, taken or not taken, and disposed of.

* Individual children and young people prescribed CDs brought into School/Residential by a patient/relative/carer or healthcare professional must be recorded in the CD record book/register.
* School/Residential should keep a record of children and young people’s CDs in addition to the records maintained on the medicine administration and record (MAR) sheets. This would normally be in a Controlled Drugs Record. The Controlled Drugs Record (CDR) should be used to record the receipt, administration and disposal of CDs held in the School/Residential.
* The CDR should contain a separate page for each drug for each resident. The name, dose and strength of the drug should be written clearly at the top of the page. A column for recording running balances should be on each page to maintain effective control and identify any discrepancies relating to the use of CDs
* On receipt of the CD, the date, quantity and source of the CD should be entered into the CDR and initialed by the member of staff and witnessed by a second member of staff. The correct balance should be verified at each transaction.
* When transferring the drug record to a new page in the CDR, the amount remaining should be identified with ‘brought forward from page x’ written clearly on the new page. Similarly, any balance brought forward from an old CDR to a new CDR should be checked by a second member of staff.

* It is good practice to keep CDRs for longer than the mandatory two years, as cases often come to court at a much later date, by which time the records would have been destroyed.
* The CDR must include details of CDs returned to the supplier or pharmacy for disposal.
* All controlled drugs shall be recorded with signatures of two members of staff. The controlled drugs are also recorded on the child/young person’s medication record in the same way as non-controlled drugs.

**Storage of Medication**

Medications must be stored in a locked wall-mounted cabinet, with a key stored in an accessible, restricted place known to the designated member of staff. When medicines are transported around the School and Residential, it must be done so in a secure manner, taking care that medications can be quickly and securely locked away in the event of an emergency.

The medical room has a Room Temperature Controlled fridge with keyless combination lock which allows safe storage of medication and maintains a safe temperature for the medication. Storage conditions for most medicines can be satisfied by either cold storage (between 2-8°C) or storage that is not above 25°C.

If fridge storage is required, the fridge shall also be lockable and medication should be administered immediately after removal from the fridge, and never left unattended. The fridge must have a means of recording the temperature, and this should be recorded weekly if no medication is stored, or prior to and daily when used for the storage of medication. The acceptable minimum and maximum temperature is 2°C - 8°C. Should the fridge operate outside this range then immediate steps should be taken to ensure the integrity of any temperature specific medications and the repair of the fridge undertaken without delay.

**School:**

1. Medication should be given directly to the Nursing Team who will check it and sign it in for the correct pupil, checking it is the correct medication required, that all the required information is on MAR chart and that the dispensing label confirms this.
2. Medication will then be stored in a Room Temperature Controlled fridge with keyless combination lock.
3. Medication that requires refrigerating will be kept in a locked Medication Fridge in the Nursing Room. Temperature is checked and recorded daily.
4. Controlled drugs are kept secure in a separate locked cabinet and secured to the wall. All controlled drugs must be signed in and out by two members of staff and recorded in the controlled drugs book.

**Classes:**

1. Some medication will be stored in classroom locked medicine cabinet.
2. Rescue medication will be stored in pupil’s classroom locked medicine cabinet when they are in the classroom. Rescue medication must be kept in pupil’s individual orange medication bag. Rescue medication MAR charts to be kept in classroom allocated GREEN medical file and taken with the pupil when leaving the room.
3. The key must be taken out of the lock once the cupboard is closed and kept in the key press.
4. Rescue medication must be taken with the pupil if leaving the classroom (sensory room, therapies etc).
5. Class staff are responsible to monitor the medication expiry dates in the classroom.
6. Class staff are responsible for signing the rescue medication in and out of the medicine cabinet.
7. Class staff are responsible for checking and signing MAR charts handed to their class. Please make sure that this is done in Black pen or dark blue. No other colours will be accepted and don’t use pencil either 1:1 teaching assistants can administer medication to a specific child under their care following completion of medication competencies.

All rescue medication must be brought in with the child/young person daily from home along with an up-to-date copy of their rescue plan. If this is not possible, they should be stored in the classes locked medicine cabinet.

Each class will have a recording sheet to monitor all medication of each child in that class.

If the medication is intended for the After School Club at the end of the day, then this should be signed into the child’s class medication cupboard then signed out to the After School Club staff who will sign it into their own lockable medication cupboard for safe storage.

School should only hold 1 pre-filled syringe of Buccal Midazolam unless states otherwise in the child’s medical care plan.

**Residential:**

1. All medication must be kept in a locked cupboard used solely for the use of medication. There should not be anything else in the cupboard. Each shelf is labelled with the young person’s name.
2. Only permanent members of Bradbury House Staff to administer medication.
3. The key must be taken out of the lock once the cupboard is closed and kept in the key press. The number only to be known by Bradbury House Staff and the SLT.
4. Controlled drugs are kept secure in locked cabinets and secured to the wall. All controlled drugs must be signed in and out by two members of staff.

**Disposal of Medication**

School staff will not dispose of medicines. Any expired (out of date) medication, or medication that is no longer in use/required will be sent home with the child for the parents/guardians to dispose of. Medication should never be disposed of down a sink/toilet or bin. Therefore, that all unused or expired medication is sent home for the parent to dispose of via their pharmacy. Ensure that all returned medication is documented in the appropriate form containing the child’s name, the medication, the reason for returning and the approximate amount returned.

**Administration of medications in school and Bradbury house**

Before administering any medication, staff shall check the rights of medication which are as follows:

* the name of the child/young person;
* the medication record sheet;
* the container;
* the dose;
* the route of administration;
* the time; and
* the expiry date.

This will ensure that the right dose of the right medication is given by the right route at the right time to the right person. Staff must always follow the instructions on the container, except where there are obvious anomalies. In this case, advice must be sought from a senior member of staff or a Health Care Professional.

If appropriate to the child’s or young person’s development, staff must gain their consent before administering medication. Children and young persons with adequate capacity should be allowed to administer their own medication if they wish.

Medications should always be taken directly from the original container. High standards of hygiene must be maintained at all times and staff should avoid touching the medication. To this end, it is acceptable to place the medication in an appropriate pot immediately before administration. Medication should never be secondary dispensed for someone else to administer to the child/young person at a later time or date. Once the medication is administered, the MAR Chart must be immediately updated.

If the medication is not given for any reason, this must be recorded on the Chart. In these cases, the advice of a senior member of staff or Health Care Professional must be sought. If any mistakes are made, they must be reported immediately to the Lead School Nurse, Residential manager (if applicable) and the Head of Care, and if appropriate, medical advice obtained.

**Variable dose or PRN medications**

Variable dose or PRN medications shall have adequate details on the container about when and how an appropriate dose should be selected. This must also be recorded on the Care Plan for each child/young person concerned. Administration of PRN medications should be recorded in the same way as any other medication. Please be aware that paracetamol has variable dose for age range. If the nursing team is on site and paracetamol needs to be administered they will take into account the child’s weight as well, so that the child is not potentially overdosed/underdosed.

**Administration of Rescue Medication**

Rescue medicines are fast-acting drugs that help to stop a medical condition deteriorating quickly before it progresses to a medical emergency, such as status epilepticus or anaphylaxis following an allergic reaction.

Staff will only administer rescue medication if they have been signed off as competent. Rescue medications will be prescribed for individual pupils as are regular medications and should be administered according to the procedure for medication administration. Rescue medication may be Buccal Midazolam, rectal Diazepam or Paraldehyde, Salbutamol inhalers or nebulisers, adrenaline in EpiPens or Hydrocortisone. Other medications may be prescribed as rescue medication

A personal rescue plan for each pupil will be kept with their medication.

Rescue medication will be stored in pupil’s individual medication bag and this will be stored in the classroom locked cupboard whilst the pupil is in the classroom. Rescue medication must travel with the pupil at all times when outside of the classroom. Emergency medication needs to be readily available for the pupil at all times.

It is the responsibility of the teacher/support worker/teaching assistants to ensure that rescue medication, where needed, is taken on any outing from school.

It is the responsibility of the class teacher/support worker/teaching assistants to ensure that the rescue medication is in good condition and has not passed its expiry date.

Any rescue medication required must be prescribed by medically qualified practitioner and sent into school and residential by their parents with clear instructions.

Always check the **expiry date** and if this is out DO NOT administer. Inform the parents immediately for them to collect their child or bring an in-date rescue medication. The rescue medication is potentially life saving so the child cannot remain in school or residential provision if a new one is not available within reasonable time.

The nursing team should be informed whenever possibly before administration of rescue medication or as soon as possible thereafter.

When rescue medication is administered, the pupil’s dignity and privacy must be respected as much as possible. The child should not be left alone. In school and residential it is recommended that an ambulance is called if rescue medication is administered as it can also cause breathing difficulties.

Rescue medication should be administered by a trained member of staff present at the time. It is each relevant staff member’s responsibility to make themselves familiar with the pupil’s medical care plan and their rescue plan.

Paraldehyde should only be administered by medically trained staff. If a pupil needs Paraldehyde, then an ambulance should be called, and details given to the operator.

Parents need to be informed if rescue medication has been administered by the nursing, school, or residential staff.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy Salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil’s prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency inhaler kit is kept in the nurses’ room and Bradbury house locked cabinet and should only be administered by a trained staff.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working (e.g., because it is broken, or out-of-date).

The school’s spare adrenaline auto injector (AAI) should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

The spare AAI is kept in the nurses’ room locked cabinet, and should be administered by a Registered Nurse, if the nurse is unavailable suitably trained members of the nursing room team can administer adrenaline as prescribed in an emergency situation.

**Non-Prescription (GSL – General Sale List) medications (over the counter medications)**

The Non-Prescription Medicines list is intended to meet a recognised need to treat minor ailments without necessarily consulting a young person’s GP. These should be purchased by the parent/carer or the School/Residential, necessary for each individual young person (an exception being as outlined in the next two paragraphs). Medicines must be suitable for the age range that the school and residential children's setting cares for. Please be aware that ibuprofen cannot be given in school or residential without a GP/doctor’s prescription.

Residential Provision may keep a quantity of the simple analgesic Paracetamol (tablet/capsule/suspension as appropriate) on site. Guidelines for storage of medication as for any other medication should be followed. The administration of this should be recorded.

When a child or young person joins the School and/or Residential, then consent forms should be signed indicating whether non-prescription medication such as Paracetamol can be given, by the person with parental responsibility. A clear understanding as to when the medication would be administered and if it has been given must be retained for information, evidence and auditing purposes.

When administering Non-Prescription Medicines, staff should ensure that they follow guidelines for administration contained in the PIL (Patient Information Leaflet) or on the medicine container, ensuring that the dose administered is correct for the age of the child or young person. Staff members who administer non-prescription medicines must know what the medicine is intended to do and be aware of special precautions, contraindications, and interactions with prescribed medicines. Allergies should be checked prior to administration. The administration of Non-Prescription Medicines should be recorded on the medication administration sheet and the individual pupil’s general comments sheet, with the reason for administration.

When administering paracetamol to children either in school or in Bradbury house clear reasons for administration should be recorded and the effectiveness of the analgesia should be monitored.

**Self-Administration of Medication**

Prescribed medicines (as well as dressings, appliances etc.) are the property of the children and young people. To promote independence, the RSB encourages its children and young people to self-administer their own medicines whenever this is possible and is safe to do so. This will improve their knowledge and competence and help preserve independence.

The Mental Capacity Act 2005 states that ‘a person must be assumed to have capacity unless it is established that s/he lacks capacity’. The RSB will ensure that the responsible clinician regularly assesses whether child or young person has the capacity to make specific decisions about their care and treatment (including whether they wish to manage their own medicines). Where it is appropriate for children and young people to manage their own medication, children and young people with capacity should be offered this choice, with appropriate support from staff. Where children and young people do not have capacity to make these decisions, a best interest decision will be made on their behalf. (Department of Health 2016)

Where self-administration has been agreed and recorded in the children and young peoples’ Individual Care Plan, then the RSB will undertake to maintain a watchful eye on the situation, and in an unobtrusive way gain the confidence that medicines are being taken.

Although self-administration is encouraged, it may not be appropriate in the majority of our children and young people. RSB in consultation with parents will assess the risks associated with self-administration of medicines for each child and young person. Partial self-administration may be possible in certain situations, particularly, for example, where the children and young people have capacity but may have some physical problems (such as difficulty opening containers) where assistance needs to be given or when children and young people are developing independence skills.

The decision about the responsibility for the administration of medication will form part of the assessment process, when the tasks agreed to be undertaken by RSB will be integrated into the care plan, which will be reviewed regularly, as the children and young people’s level of competence may change over time.

Where it appears appropriate for self-administration to be permitted, then the written (incl email) agreement of the Doctor / Consultant/ Parent/Social Worker responsible for children and young people’s care may be obtained. This will be undertaken at the time confirmation is obtained of the pupil’s current use of prescribed medications.

A record will be maintained of the medications given to a self-administering child or young person. This information will assist RSB staff members to monitor compliance with medication. A self-administering

child or young person does not need to complete a medicine administration record sheet (MAR sheet) however to ensure we keep accurate records we would encourage them to do so.

Where complete or partial self-administration is permitted, following the risk assessment, then the children and young people will be informed that medicines must be locked away, and accessed only by him/her, or someone specifically acting on his/her behalf. This will be monitored by the Lead School Nurse.

**Giving medication off the RSB site**

There will be occasions when the RSB staff are caring for the child or young person outside the RSB eg. on social outings. The procedure for administering medication remains the same in all settings. Safe arrangements will need to be made to ensure that medication can be transported in its packaging with the MAR and the consumables required to dispense the medication safely when out of the RSB. All out of school risk assessments must be checked and signed off by the Lead School Nurse prior to the outing.

Wherever possible medication will be prescribed for times when the children and young people are on site. Where this is not possible the number of medications requiring to be given away from the School/Residential will be kept to the minimum possible.

**Record Keeping**

A system of record-keeping will be maintained at all times. These records will be kept near the medication storage area. These records include:

* Record of medications required for each child, including drug, route, dose and timing.
* Record of reasons for non-administration of medication.
* Record of controlled drugs.
* Record of drugs disposed of.
* Messages concerning medication, including changes, special notes etc.

**Checking Medication**

Double-checking also known as double-person checking and independent double-checking is a strategy that has been used to reduce errors in the 5 rights of medication administration (right patient, right drug, right dose, right route and right time). Double-checking has also been advocated as an important strategy to prevent drug errors in vulnerable patient populations, such as children.

Despite its seemingly beneficial role, the effectiveness of double-checking continues to be disputed, due to the scarcity of studies demonstrating its effectiveness in targeting errors and the lack of a universal definition of double checking and how it is implemented. The process for double checking is also associated with increased workload for staff.

There is limited compelling evidence of the effectiveness of the procedure due to the variability in what constitutes double-checking and inconsistencies with the application of this intervention strategy. Where double checking has been shown to be beneficial in reducing medication errors is related to the administration of high-risk medication.

The efficacy and safety of single checking (whereby only one nurse checks that the correct medication is given) as compared to that of double-checking was investigated in four studies, Conroy 2012, Jarman H et Al 2008, O’Connell B 2007 and Kruse H1992.

On the basis of a clear lack of improved safety and increased resource use, the authors did not recommend the use of double-checking. In 2016 D L B Schwappach et al commented, that we provide evidence that the value of double-checking procedures as perceived by nurses is attributed to the joint action rather than the independence of checks and thus does not match current recommendations claiming that checks need to be carried out independently to increase safety.

Although the research for medication error rate in relation to double checking has focused on medication administration by nurses in hospitals, RSB consider that the evidence is sufficient to support a policy of a single person checking medication unless there are specific indications to the contrary. The single checker approach to medication administration will be kept under constant review in conjunction with all

RSB medication error reports. Where an RSB or Residential staff are double signing for medication all individuals will be signing to confirm that they have followed the administration of medication procedure in its entirety with the colleague signing the MAR with them.

**Transcribing Medication**

Medication administered to children and young people by RSB and residential is documented and recorded on MAR sheets which have been transcribed. Registered nurses or staff that have attended a transcribing course can undertake completing and altering MAR charts.

NMC guidance for the transcribing of medication 2015 advises that MARs are transcribed by a Registered Nurse and counter signed by another registrant where possible and where not, another competent health professional. At RSB MARs are transcribed by a Registered Nurse on a monthly basis in accordance with NMC guidance 2015. RSB considers staff (signed off at level 3 competency in Medication) to be competent to counter sign MAR sheets.

In Residential where there is not a registered nurse allocated to the provision, named members of staff who have successfully completed a Transcribing course will be allocated responsibility for medication management. Permanent members of staff will attend relevant medication training annually and counter sign the MAR charts.

Medication will be transcribed from the most recent prescription generated for the children and young people; this may be in the form of a discharge letter from hospital or the GP prescription. If a prescription is unavailable medication will be transcribed from the dispensed medication labeled with a dispensing label displaying the Children and young people’s name.

Although oxygen meets the description of a medication, there is a lack of evidence or literature which relates to the prescription of or transcribing of oxygen in non-hospital settings (November 2017). Manchester Children’s Hospital and Alder Hey Children’s Hospital have clinical responsibility for the children and young people RSB support who are prescribed oxygen. Both hospitals are unaware of oxygen being prescribed in the community setting (Long Term Ventilation Service - RMCH & Tracheostomy Nurse Specialist - AHCH). Oxygen is not transcribed at the RSB. However we work in line with the respiratory consultants plan of care for managing children who require oxygen

To ensure the safe delivery of oxygen to children and young people RSB ensures that each child or young person who requires oxygen has a care plan written according to the hospital directive for oxygen requirement. The care plan will have clear parameters for the concentration of oxygen to be delivered and under what circumstances including emergency management. Any oxygen administered to children and young people will be recorded on the observation chart at least hourly. The care plan will be updated at least annually or more frequently if the child or young person’s condition changes.

**The management and recording of medication errors**

Medication errors are any Patient Safety Incident where there has been an error in the process of prescribing, preparing, dispensing, and administering, monitoring, or providing advice on medicines (MHRA NHS England 2014). Once an error has been identified and the children and young people’s safety ensured, a Medication Error Report form should be completed at the earliest opportunity and handed to the Head of Care.

RSB and residential staff must report all incidents and concerns relating to medication to the Lead School Nurse and the Head of Care without delay in order that appropriate assistance can be provided. Examples include: -

* Observing that medication is out of date;
* Medication is spilt, or spoiled or the amount available is inexplicably reduced, or “lost”;
* The wrong amount was taken;
* The wrong medicine was taken;
* A planned dose was missed;
* Medication was refused;
* Medication cannot be found;
* Medication has run out;
* Medication records or instructions are unclear, missing or have been completed by someone not authorised to do so;
* The child or young person is experiencing problems or adverse reactions after taking the medication, or having unusual “side -effects”.

Lead School Nurse/Nursing team/Residential staff will call the Emergency services if: -

* The child or young person is suspected of having taken an overdose;
* The child or young person is found or becomes unconscious;
* The child or young person suffers a major and apparently serious adverse reaction to medication;
* The child or young person has difficulty breathing not relieved by prescribed measures as detailed in the medical care plan

**What counts as an Error?**

An error occurs when a child / young person

1. is prescribed the wrong drug by the Medical Practitioner (e.g. GP); or
2. is prescribed a drug, and it is not administered;
3. is prescribed a drug, but is administered the wrong one, or the wrong dose, at the wrong date/time, or via the wrong route; At the RSB medication given more than one hour earlier or later than transcribed is considered an error.
4. is dispensed the wrong drug by a Pharmacist: or
5. self-administers, but takes the wrong dose; or
6. self-administers, but has been given the wrong drug; or
7. is administered the wrong dose; or
8. is administered the correct drug by care staff, but there is a failure to record the date/time/dosage and signature; or
9. is administered the wrong drug; or
10. has an adverse reaction to a prescribed drug; or
11. has an adverse reaction following ingestion of a General Sale List medication; or
12. is administered a drug/or self-administers, in any other circumstances which are in error, and/or against advice or instruction.
13. The medication is out of date.

Clearly not all of the errors are attributable to the RSB staff, although where any of the above errors come to light, then those responsible, or those who might be responsible, professionally, (e.g., Medical Practitioner’s, Pharmacists) will be informed by Head of Care or Lead School Nurse, so that corrective appropriate action can be considered.

In the first instance medication error should be reported immediately to the Lead School Nurse. In the Residential setting if no nurse is available then telephone **111** immediately for advice or attend a walk-in centre or consult with a pharmacist. However, should you notice a child becoming drowsy/sleepy, colour changing or unusual seizure activity after a medication error then call **999** immediately.

Once the error has been dealt with, the Parents/Carers of the child and the Head of Care should be notified, and a Medication Error Report filled out with a detailed description of the incident and any resulting complications/adverse reactions along what action was taken following the incident.

Any medication error reported will be handled as lesson learned rather than being seen in a negative light. Counter measures will be put into place if medication errors are multiple for any member of staff or the nursing team. If a staff member has made a medication error, this will result in fact finding and a meeting with the Head of Care. Any subsequent errors will result in fact finding, supervision, and possible management instructions.

Any medication errors made by temporary/agency nurses will result in removal from the setting and would result in the agency nurse not be able to return to the school. Following an error the nursing agency will be contacted and a fact find will be carried out with the nursing agency.

**Training Requirements**

All staff will need to familiarise themselves with this policy and sign it with their full name, signature and date. This should be done on Induction and, if necessary, at any time following. Staff for whom administration of medication is part of their role:

* Should receive training from an appropriate Health Care Practitioner;
* Be signed off at level 3 competency to administer medication before administering medication unsupervised.
* Competency training will be specific to the routes of administration each individual member of staff will be required to administer
* Will have their training updated at annually or sooner if required

Staff will be responsible for ensuring their own training is updated. Annual competency updates should be undertaken by the lead nurse or the deputy head of care.

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Department of Health (2006) Improving Patient’s Access to Medicines.

Department of Health (2007) Safer Management of Controlled Drugs: Guidance on Health and Social Care Act 2008 (Regulated Activities).

Medicines & Healthcare products Regulatory Agency, (MHRA).

National Centre for Excellence in Residential Child Care.

**Staff to read and sign**

Name:…………………………………………….. Signature:……………………………. Date:……………….

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