

# Administration of Medicines Policy

West Heath School



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Copies of this policy are available on the School Website  
<http://www.westheathschool.com/policies-and-procedures> or as a hard copy on  
request from the School Office.

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# 1. Aims

This policy aims to:

ensure that our students experience a consistency of approach in the safe administration of their medication (including home remedies).

The objectives to meet the above aims:

- to set out clear directions for staff administering medication
- to administer medication in a manner that respects our students right to privacy and dignity at all times
- to deal sensitively with students according to their individual needs
- to ensure that appropriate measures are in place for recording the administration of medicines

# 2. Legislation and Guidance

This policy reflects the legal obligations and standards of good practice featured in relevant legislation and the National Minimum Standards [5<sup>th</sup> September 2022] Inspection Regulations for Residential Special Schools.

# 3. Definitions

- Home remedies are those remedies and medications providing symptomatic relief that can be bought over the counter without a doctor's prescription.

# 4. Introduction

The rationale and purpose of this policy is to safeguard and promote the health and wellbeing of all our students. To act in accordance with legislation and other requirements.

Students attending our school may have been diagnosed with a particular illness or condition for which they are prescribed a medication regime. They may also need the administration of home remedies to ensure their continued health and safety in the context of a learning and living environment.

# 5. Procedures & Practices relating to the implementation of this Policy

Medicines will be administered privately, accurately, and recorded appropriately at all times. Training is provided for staff who administer any form of medication, this is carried out on a yearly basis and training records kept. The staff are assessed periodically throughout the year to ensure that the highest standards are maintained.

One person will have responsibility for having an "overview" of student medication needs throughout the school day and in each boarding house i.e. our school nurse and care staff responsible for the running of each boarding house respectively. Night staff will report to the senior member of night staff or the school nurse or Head of Care & Safeguarding.

There are three broad types of medicines administered in our school. These are:

1. Those medicines which fall within the "controlled drugs" legislation,
2. Those which are prescribed by a qualified practitioner falling outside of the controlled drugs legislation
3. Home remedies, note these will be administered for a maximum of 48 hours the student will then have to be assessed by a General Practitioner

## 5.1 Controlled Drugs

Procedures drugs are stored in a non-portable locked container within a locked cupboard of each boarding house and the First Aid Room.

Controlled drugs are administered following the procedure below:

- Administration should be recorded both on the MAR and in the CD record book
- These records must be kept in a bound book with numbered pages
- There should be a separate page for each CD for each person
- Include the balance remaining for each medication. This should be checked against the amount in the pack or bottle at each administration and also on a regular basis i.e. daily
- Administration of a controlled drug should be by two trained members of staff **however** in the case of **lone working** no one should be deprived of prescribed medicine because there is only one member of staff on duty when he or she needs it
- Administration should be in full accordance with the prescriber's instructions

## 5.2 Recording of Administration

Where students are unable to self-administer their medication, the following procedure should be followed by all staff.

- Two members of staff where possible should administer prescription medication
- Ensure the student's name and medication prescribed as indicated on the medication record sheet corresponds with the medication in the bottles/packs
- Ensure the medication has not already been administered
- Ensure the medication is administered in the prescribed manner to the named student, and that the medication has been taken correctly, and at the correct time
- Sign the medication record sheet and ensure all medication is locked away in the cabinet
- If a student refuses to take their medication/is absent at the time of administration, record appropriately
- A record is kept of the names and signatures of all staff administering medication
- Medicines no longer required by the individual student for whom they were prescribed should be returned to the Pharmacy to be destroyed
- Trained staff will be monitored yearly and have to attend a yearly in house medication training
- It is the responsibility of parents/carers to inform the Nurse and relevant staff of any changes in their child's condition and changes in medication, this must always be done in writing

## 5.3 Other Prescribed Medication

These are kept in a locked cabinet, which is in turn kept in a locked office. The administration of these medicines is recorded on a Medication Record form. Staff administering these medicines complete the MAR sheet which notes time, date and dosage administered. Student medication stock is checked weekly and balance recorded.

**Adrenaline auto injector** If a student has been prescribed an Adrenalin Auto Injector (an Epi Pen or Jext Pen) a pre-loaded device containing a measured amount of adrenalin, this will be located in the First Aid room, (and Boarding if applicable). A risk assessment should be made to assess if they are sufficiently responsible to also carry their emergency treatment on them.

**Asthma Inhalers** Students with Asthma need to have immediate access to their reliever inhaler when they need it, and should be encouraged to carry it in their bag/pocket. If needed a spare prescribed inhaler can be kept in the First Aid Room.

The School has four Emergency Asthma Kits containing a reliever inhaler. We have 1 in the school sports hall within the PE Department, 1 in Astor House for the residential provision, 1 in the school nurse office for the main school and Heart students and another 1 for school trips. Students may use this if they have been prescribed an inhaler by a Doctor, consent from parent/carer and do not have their own prescribed inhaler available. The expiry of the Emergency Asthma Kits are checked termly.

Adrenaline auto injector and Inhalers will be stored in an unlocked cupboard to facilitate fast administration if required.

All medicines will be stock checked at least once per half term. These checks will be carried by two members of staff and signed by both accordingly. Similarly, a member of staff will witness the accuracy of the information recorded upon new individual student administration of medication sheets.

**Insulin** will be stored safely in the Medical Room. Students will be assessed to ensure their understanding and ability to administer their own insulin. A safe private space will be made available for them to administer their insulin. Staff will be trained in how to record Blood sugars, what to do and how to react in an emergency. The school will dispose of needles and other sharps in line with school policy.

## **5.4 Home Remedies**

Non-prescription medication may be given to the students with their consent or parental/carer consent see Appendix 1.

Homely remedies must only be given from original packaging, e.g. original boxes/bottles with the manufacturer's label.

A record of any homely remedies administered needs to be made on student's individual medication chart, noting date, time, medication, dose and reason, checking when the last dose was administered to ensure that further administration is safe.

It is good practice to observe and record the effectiveness of any medication administered if possible to do so.

Any Paracetamol administered must also be accounted for in the recording log book or chart in addition to the student/pupil's individual chart, with a note made of the balance remaining.

The administration of homely remedies is included in staff training and staff are aware of their responsibility and accountability.

Homely remedies are kept in a locked cupboard to ensure they are not accessible to students.

An additional form is available to ensure staff across the school day are aware of the details when paracetamol has been administered to individual students. Parent and carers are informed similarly.

## **5.5 Parents & Carers**

Parents and Carers are very much active partners in ensuring that their youngsters receive the correct medication regime. As such, the following applies to all boarding students and that good practice described below which applies to day students: -

- Parents and carers preferably arrange for us to receive individual student's medication. Medication should be sent into school in the original packaging in a sealed and secure package which will only be opened by a member of staff. Where possible medication

should be handed to the adult who transports the student to and from school, who then should handover the medication to a member of staff when they arrive at school. The relevant stock update form will be completed promptly

- Medication will come into school and handed to school staff and recorded on the students' medication record. It will be signed out on the students' medication record when sent home ½ termly (every 6-7 weeks)
- Students refusing to take their prescribed medication may be sent home after consultation with parent / guardian and or their prescribing consultant; as we may not be able to ensure their continued safety in such circumstances.

## **5.6 Secure Storage**

For medicines that need to be kept cooler than room temperature, a lockable fridge is available in the First Aid Room for their storage. A temperature record chart will be maintained for this fridge. The key will be with the school nurse, and authorised personnel.

### **Room Temperature Monitoring:**

Storage conditions can influence the stability of medicines. The ambient temperature of a room used to store medicines must be monitored and recorded daily. Whilst some medicines will be unaffected by temperatures above 25 degrees centigrade others will not. If in any doubt contact the pharmacist. When the room temperature exceeds 25 degrees centigrade, action should be taken immediately to lower temperature. Any high readings should be reported to a senior member of staff that is on duty. If the temperature remains above 25 degrees centigrade for more than twenty-four hours, the medication should be moved to an alternative suitable storage area. Fridge temperatures that store medication should range between 2 and 8 degrees centigrade. Temperatures should be recorded daily term time.

## **5.7 Self-medication where appropriate**

More mature students will be encouraged to take responsibility for administering their own medicines, where this does not conflict with legislative obligations. In such circumstances, this action will be written in each youngster's Individual Education Plan and will feature precisely which medicines will be self-administered, when and how the situation will be monitored and the response in cases where youngsters fail to meet expectations.

## **5.8 Risk Assessment**

All students have a "risk assessment" which includes any allergy they may have. Staff will be mindful of this information in the administration of home remedies.

## **5.9 Safeguarding**

Safeguarding students and managing errors:

### **What is a Medication Error?**

The National Patient Safety Agency's (NPSA) definition of medication errors is: "Patient safety incidents involving medicines in which there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring, or providing medicine advice, regardless of whether any harm occurred".

Examples of medication errors are given below: (this is not an exhaustive list)

- Omissions – any prescribed dose not given
- Wrong dose administered, too much or too little
- Extra dose given

- Un-prescribed medicine – the administration of medication which has not been prescribed
- Wrong dose interval
- Wrong administration route
- Wrong time for administration
- Not following 'warning' advice when administering e.g. Take with or after food
- Administration of a drug to which the patient has a known allergy
- Administration of a drug past its expiry date or which has been stored incorrectly

**All medication errors must be recorded and reported using the appropriate procedures but not all errors will be safeguarding concerns. Errors deemed safeguarding will be reported to the LADO as good practice and advice sought.**

### **Raising a safeguarding concern following a medication error**

Some examples of errors which **must** be considered for raising a safeguarding concern:

A medication error that leads to actual harm or death

*Some possible examples (not exhaustive)*

- a. People left without pain relief resulting in a prolonged period of pain
- b. Significant deterioration in physical or mental wellbeing due to missed medication
- c. Significant emotional distress
- d. Elongation of an illness due to medication not being given
- e. Adverse effects causing significant harm due to wrong medication being administered

Any medication error requiring medical intervention

*Some possible examples (not exhaustive)*

- a. Attendance at A&E
- b. The need for an urgent review by health profession such as district nurse, GP or Tele-med consultation as a result of the error causing harm

The medication error was a deliberate act

*Some possible examples (not exhaustive)*

- a. Malicious intent to cause harm
- b. Inappropriate use of PRN medication (also known as 'as required' medication)
- c. Use of medication to control behaviour or restrict an individual

The medication error is part of a pattern or culture. The pattern could be same drug, same carer or same vulnerable person.

*Some possible examples (not exhaustive)*

- a. Same drug being omitted repeatedly
- b. Same carer repeatedly failing to administer medication appropriately
- c. Same individual being affected by the medication error regardless level of harm

### **Side effects**

Staff are trained to be aware of possible side effects and who to contact for advice should they suspect that a student is suffering from this. The residential provision is provided with the British National Formulary [BNF] to use for awareness of medication side effects.

Errors are dealt with according to the following procedure:

First error – the members of staff concerned will be seen by the Nurse, and Residential Care Manager, the error will be discussed and any uncertainties on policy clarified.

Second error – the member of staff will undergo further medication training, to include all areas of medication administration. The Nurse and Residential Care Manager will then come in and do a medication round with the staff involved to ensure policy is correct.

Third error – the members of staff involved will be removed from the medication rota for three months during which time they will undergo further training as detailed above. When the Nurse and Residential Care Manager are satisfied that the member of staff is competent, they can again administer medication.

All errors will be reported to the Nurse and Head of Care and Safeguarding and recorded as an incident and on the student's personal medical database.

Under no circumstances can medication be administered covertly to a student. All medication must be consented, and the students must have the right to refuse.

## **6. Links with other policies**

Health & Safety, First Aid, Residential – Statement of Purpose.

## **7. Consultees**

Head of Care and Safeguarding, School Nurse, Health & Safety Officer



## Appendix 1

### PROTOCOL FOR THE ADMINISTRATION OF HOME REMEDIES

Medicine	When to Administer	Dosage <i>Note Age Implication with adults over 12 years</i>	Time before GP Referral or Contact
<b>Paracetamol</b>	To treat pain and or high temperature	Below 12yrs 500mg every 4-6 hours not exceeding 4 tablets in 24 hours  12-16yrs 500-750 mg every 4-6 hours, not exceeding 3g in 24 hours  Over 16 yrs, 500mg-1g every 4-6 hours not exceeding 4g in 24 hours	Two days
<b>Throat pastilles</b>	To treat sore throats	Suck one – dissolve slowly in mouth. No more than 6 in 24 hours	Two days
<b>Antihistamine</b>	To treat allergies, Hay Fever, bites and stings	As directed	Seasonal
<b>Antacid</b>	Relief of heartburn and acid indigestion	1 tablet as required	Two weeks

## Appendix 2

### ADMINISTRATION OF MEDICINES

#### THE SIX RIGHTS

1. The right drug
  2. At the right dose
  3. To the right person
  4. At the right time
  5. By the right route
  6. The right to refuse
- When administering medicines, check that the medicine label matches the medicine on the MAR
  - Check that the right dose is given
  - Make sure medicine is given to the right person.
  - Check exact time medicine is given and record
  - Ensure medicine is given in accordance with instruction
  - Students should be given medication in privacy and a drink should be provided
  - Medicine should only be dispensed from original container
  - No medication can be administered covertly to a student

#### MEDICINE ADMINISTRATION RECORD (MAR)

- MAR is a legal document.
- Use full initial signature and keep a list of signatories.
- Fill in MAR immediately after medicine is administered.
- Don't alter entries, if a mistake is made cross through, initial error and write again.
- Write entries clearly copying label on container, not using abbreviations.
- Specify times for medicines to be taken
- Get colleague to check and initial this information.
- Completed MARs to be kept in pupil files for at least 4 years. (15 years)

#### CLASSIFICATION OF MEDICINES

A medicine is used for prevention or treatment of disease

General sales list GLS

Pharmacy only (P) – Needs pharmacist present

Prescription only medication (POM) – Prescribed by doctor

Controlled drugs (POM CD) – Not always marked – Habit forming – Addictive

## **LEGAL CONSIDERATIONS**

No medical treatment can be given to any person without his/her consent.

Medicines must be given in accordance with doctor's instructions. Doses should not be varied without doctor's consent.

Medicines should only be taken by the person they are prescribed for.

Records must be kept detailing administration of medicines, all medicines received in school and all medicines sent home.

## **RECEIPT OF MEDICINES**

Receipt of medicines should be registered immediately in the Medication Administration Record (MAR) and documented on the student's medication record.

Medication that needs to be sent home should also be given to parent/carer or responsible adult e.g. taxi drivers, in a sealed envelope, stating contents, and signed out on the student record. A courtesy email or phone call should be made to parents/carers to inform them of the medication being sent home with the taxi driver in the sealed envelope and logged on contact log.

## **DRUG RETURNS**

Staff should not dispose of medicines. Parents are responsible for ensuring that medication no longer required/expired is returned to a pharmacy for safe disposal. If this is not possible they should be taken to a local pharmacy.

A record must be kept of returned medication, who and where it is returned to; name of student; medication, quantity, date returned and the record sheet signed. If medication is taken to a local pharmacy then the Pharmacist's signature is required.

## **OVER THE COUNTER MEDICINES**

Over the counter medicines are recorded in a separate file.

We have a duty of care to our students and a list of medicines has been compiled on advice from local pharmacists. This list has been approved for use by Parents/Carers.

Parents/Carers or boarding staff should be informed of medicines given to students during the school day.

Medication given in boarding should be recorded and information relayed at change of shift.

## Appendix 3

### SELF ADMINISTRATION OF MEDICATION (RESIDENTIAL)

The aim of this self-medication procedure is to encourage individuals to accept responsibility for administering their own medication.

Self-administration is a step towards students attaining their maximum level of independence.

Parental consent must be obtained for any student under the age of 18.

Students will have had their ability to self-medicate assessed by the School Nurse and Residential Care Manager (or nominated Senior Support Worker). This will be reviewed at regular intervals.

The decision to allow the student to self-medicate must be agreed clearly with the Key worker, the student, the Residential Care Manager and parent/carer (where applicable) as part of the student's care plan.

The written agreement should include the level of supervision required (this may alter throughout the process).

#### Procedure

Implementation will begin following a joint assessment by the Residential Care Manager and Nurse.

Following the assessment:

- The Key Worker will explain the Self Administration of Medication procedure to the student, providing written information where appropriate.
- The Key Worker/most appropriate member of staff will teach the student and record (see attached form):
  - How and when to take the medication
  - What each medication is for
  - Appropriate action to take if doses are forgotten, duplicated or adverse reaction occurs
  - The importance of taking the correct dose at the correct time
  - Safe disposal of unwanted medication
  - The importance of safeguarding medicines and preventing unauthorised use by other students
  - The importance of reporting any problems to the nurse/senior staff immediately
  - The safe use of homely remedies
  - How to reorder medication and how to get them dispensed
  - The importance of safe storage of medication

- The student will be observed self medicating on a minimum of three occasions by trained staff recording their observations, once the staff member is satisfied they are competent this will be recorded (see attached form).
- A secure storage place will be agreed for each student (e.g. a locked cabinet/tin in their room, the home's medication cupboard or medical room).
- Initially the student will be given a two-day supply of medication increasing to weekly supply when assessed to be competent.
- A medication record sheet must be completed to record amount of medication the student is given.
- All medication will be given to the student on a weekly basis and checked by the Key Worker Monday evening (or when the individual's boarding week commences). The amount given will increase as the student becomes more competent.

It is the duty of all staff to report any concerns, particularly regarding non-compliance, to senior staff as soon as possible.

Please note that should the student forget to take a tablet or take the wrong one this does not mean they are unable to continue to self-medicate. The student is to be supported to evaluate what went wrong and look at measures to reduce the risk of it recurring.

Progress will be recorded in the student's care plan and reviewed daily until competent and then on a weekly basis.

## Staff Observation Record

Date	Student Name	Medication Administered	Staff name (Print and sign)	Observations/Comments

Student Assessed as Competent By.....

## SELF ADMINISTRATION OF MEDICATION INDUCTION

**STUDENT NAME:**

**BOARDING HOUSE:**

Please PRINT and SIGN your name below to state that you have received information and read and understand the above:

	Date	Staff Member	Student
How and when to take the medication			
What each medication is for			
Appropriate action to take if doses are forgotten, duplicated or adverse reaction occurs			
The importance of taking the correct dose at the correct time			
Safe disposal of unwanted medication			

The importance of safeguarding medicines and preventing unauthorised use by other students			
The importance of reporting any problems to the nurse/senior staff immediately			
The safe use of homely remedies			
How to reorder medication and how to get them dispensed			
The importance of safe storage of medication			

**Any Other Information**

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**\*\*To be countersigned by school nurse\*\***



## Appendix 4

### Medication Record

Student: ..... Name of Medication: .....

Date	Time	Amount In	Amount out	Total	Signature

In the event of an inquiry, it has the status of a legal document

## Appendix 5

# MEDICATION ERROR REPORT FORM

<b>Name of Student:</b>		<b>Residential House:</b>	
<b>Name of Staff administering medication when error occurred:</b>			
<b>Date of Error:</b>		<b>Time of Error:</b>	

**PLEASE IMMEDIATELY INFORM:**

**STUDENT:** YES ☐ NO ☐

**LINE MANAGER:** YES ☐ NO ☐

**PARENT / CARER:** YES ☐ NO ☐

Has the school nurse if on duty or the NHS 111 Service on-call doctor been informed about this error for advice? Please record any advice given or actions taken.

Please provide a description of the medication in question and how the error occurred.

Any other actions taken? (I.e. has the error been fully documented and relevant parties informed)

Date:		Signature:	
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<b>Residential Care Management Team staff reviewing the error:</b>	<b>NAME:</b>
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Action taken:

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Comments/recommendations:

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Date:		Signature of Reviewing Residential Manager:	
Date:		Signature of Head of Care & Safeguarding	