**MEDICATION POLICY**

**Valid until February 2026**

**Introduction**

**Mission Statement**

Educ8 is an organisation with social purpose that seeks to transform the lives of children and young people who have experienced complex trauma and abuse. Our approach is grounded in the lived experience of the children and young people we support and by valuing their contribution. As experts by experience, we ensure the services they receive is personal to them.

Our Essential Standards are linked to the medication policy. The key Essential Standards are:

* **Individualised care** - Children and young people will receive care and support that is tailored to meet their specific needs and any diverse needs.
* **Dignity and respect** - Educ8 will ensure children and young people have privacy when needed and appropriate, are treated as equals, are given appropriate support to help them to be independent to fulfil their potential, and to be involved in their respective local communities.
* **Equality** - Educ8 is an inclusive organisation that works hard to ensure that children and young people are safeguarded and have the same protection regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. Educ8’s is committed to anti-discriminatory practice. In so doing, Educ8 recognise the additional needs of children from minority ethnic groups and disabled children including the barriers they face.
* **Safety** - Educ8 will ensure that appropriate safeguarding practice is in place so that children and young people do not receive unsafe care or treatment or be put at risk of any potential harm. A robust risk assessment strategy will be in place to minimise harm during activities and delivery of care and support. Educ8 will also ensure staff have the appropriate knowledge, qualifications, experience, competence, and skills to keep children and young people safe.
* **Safeguarding from abuse** - Children and young people have an absolute entitlement to receive care and support without suffering any form of abuse or improper care. This includes disproportionate restraint, unnecessary or inappropriate restrictions on freedom, bullying, neglect and free from abuse from their peers, staff and all professionals involved in their care.
* **Good governance** - Educ8 has an Independent Third-tier Safeguarding Committee and Quality Assurance Group through Your Chapter to ensure that a robust governance framework is in place, including scrutiny and oversight of internal and external service audits. Good governance will help to improve the delivery of services, as well as identify and minimise risk to children and young people’s health, safety, and wellbeing.
* **Legislative framework -** Educ8 will ensure that it complies with regulatory standards, regulations and government guidance that underpins its services relating to schools, and schools in England and Wales.
* **Staffing -** Educ8 will ensure that its staff comply with these essential standards through appropriate levels of support, culturally appropriate training and supervision that is reflective, empowering, and insightful to effectively assist them in their role.
* **Fitness to practice -** Educ8 will seek to recruit and retain a staff team that can evidence their competence, knowledge, and professional practice to provide safe and appropriate care in line with their roles and responsibilities.

**Educ8’s Approach**

Appropriate medication management systems and processes benefit the child, staff, and the organisation in respect of reducing errors, and in turn providing good and effective care, achieving best outcomes for young people.

It is important that we have rigorous medication management systems including training to ensure the safe, consistent, and effective administration of medication. Some young people may have more than one medicine, and this means that staff must be well equipped to undertake the tasks so that medication mistakes can be avoided and limited.

It is important that all staff read the organisation’s medication policy before they undertake the task of administering medication. It is the specific responsibility of the lead medication individual in school or the headteacher to make sure that all staff, especially new staff, do not dispense and administer medication until they are satisfied the staff member has read the policy and understand its content and what is required of them. The Executive Headteacher must ensure that on visits to the school, they speak to staff to satisfy themselves that all staff understand the expectations around the management of medication.

**Medication Training**

Medication can play an important role in supporting young people’s care needs. It is therefore essential that all staff receive the necessary training on how to manage medication to ensure the safety of young people, as well as offer protection to the staff and Educ8 from potential prosecution should mistakes occur.

This training will address the following areas:

* Storage of medicines
* Dispensing medicines
* Administration of medication
* The safe disposal of medicines
* Medication admin and record keeping
* Medication management legislation
* Risks relating to medication management
* Different forms of medication

All staff must have received training before being allowed to administer medication to young people. This training will form part of the induction training and an SSS Learning course. This training will normally take place within the same time frame as the First Aid training.

Following this, the lead medication individual in school or the headteacher must assess whether the staff member is competent in the administration of medication, including dispensing and recording. A record must be held of the date the lead medication individual in school or the headteacher has made their decision.

**Signatures**

A record of specimen signatures (alongside their printed name) of all staff members who have undergone medication training must be kept with the MAR sheets in the house central medication file.

All written entries on the MAR sheets and/or in the Controlled Drug Book must be written in black ink.

If an error is made within an entry, the error must be crossed through with a single line; it must not be scribbled out or covered with Tippex. Staff should initial any mistakes that are rectified and complete a medication error form; this safe method of transparency will help with managing and auditing medication and related records. This must be witnessed and countersigned.

**Medication Policy and Procedures**

The aim of this policy /procedure is:

* To promote safe management and handling of medication
* To ensure the safest possible practices are used when supporting young people with their medication
* To prevent avoidable errors by ensuring staff understand their role and responsibilities regarding the management, handing, administration and storage of medication

This policy should be read in conjunction with NICE Guidelines Managing Medicines in Care Schools 2014, [www.nice.org.uk/guidance/sc/SC1.jsp](http://www.nice.org.uk/guidance/sc/SC1.jsp)

All staff involved in the young people’s care are responsible for ensuring that medication is managed appropriately. The primary responsibility for the prescribing and monitoring of medication and young person’s needs rest with their General Practitioner (GP), in consultation with the parent or school and where necessary other health professionals.

The lead medication individual in school or deputy will have overall responsibility for ensuring the appropriate handling, storage, and administration of medicines in the school. This responsibility may be delegated to appropriately trained individuals on a day-to-day basis.

* Any treatment will be administered sensitively, taking the young person’s wishes and feelings into account.
* All prescribed medication is the property of the young person for whom it is prescribed.
* **Prescribed medication** must only be given to the young person it is prescribed for.
* **Prescribed medication** must not be kept for general administration to other young people.
* Written permission must be obtained from a person with parental responsibility for the administration of medication for each young person. This must be agreed at the point of referral via delegated authority where appropriate.
* All medication administered by staff will be kept securely in a locked cabinet in a lockable room, and will only be made available at the time it is to be administered.
* All those young people who are assessed as competent, will be allowed to self-medicate certain medication within school time e.g., inhaler for asthma. A self-administration of medication risk assessment will be completed in this instance. The lead and deputy for medications within the school will create a plan which includes how often staff will check stock levels, where this will be logged and what steps will be taken should there be concerns that a young person is not self-medicating correctly/safely.
* Written records will be kept by the school of the receipt, administration, and disposal of all medication including medication provided to young people who self-medicate.
* Written records will be kept by the school of when and why prescribed medicines are not administered to, and/or are declined by, the young person. Additionally, where the young person self- administering fails to take the prescribed medication this must also be recorded, including the action taken.
* Medicines will be administered in accordance with the prescription and corresponding instructions on the label from the pharmacy.

**Procedures**

**Receipt of Medication into the School**

The young person’s medication must be checked by the lead medication individual or deputy and recorded on the education acceptance document. Medication will only be accepted off a parent, if collected by the lead or deputy from a pharmacist or brought in by a medical professional e.g., CAMHs nurse or LAC nurse.

* Any **Controlled medication** that is handed over for young person, must be added as new medication stock and recorded into the school’s Controlled medication Book by **TWO staff members**. Where this is not possible, it must be added by a staff member and another witnessing adult (for example the adult handing over the medication).

Before any medication is administered to any young person, the reason for the use of the medicine must be verified with the relevant individual: Parents where this is appropriate, or people acting in a parental role (legal carer such as a guardian or Local Authority), or the young person’s GP or another assigned health professional. The reasons must be clearly recorded in the child/young person’s MAR sheet, or Controlled Drugs Book in respect of controlled medication.

It is also important that the school’s lead medication individual or deputy establish the date the young person’s medication was last reviewed, as well as the date of the most recent health assessment.

It is of paramount importance, that prior to or immediately on receiving medication, information is obtained about any known or likely allergies a new young person may have; this is a safeguarding measure taken to avoid undue risks and to maintain the young person’s general health and wellbeing.

**Medicines Received from a dispensing Pharmacy**

All medicines received from the pharmacy must be subject to the following checks. These checks should be completed where possible before leaving the pharmacy; if this is not possible, they should be completed immediately on return to the school:

* Check the prescription against the (attached) medication label and the enclosed patient information leaflet to ensure that they all contain the same information.
* Check the label and patient information leaflet to clarify if there are any precise administration details. If in doubt, do not administer the medication, and speak with the pharmacist.
* Count any tablets (if loose) using a tablet counter to ensure that the number of tablets received is the same as those specified on the prescription and on the label on the bottle.
* Estimate whether the amount of liquid medicine supplied is correct. If unsure, seek advice from the pharmacist.
* If medication is delivered in a blister pack, staff must ensure that none of the seals have been broken, that the batch numbers are all the same on each sheet and that the medicine name on the reverse of the blister is the same as that on the prescription and label.
* Check the expiry dates and ascertain whether any medicines need to be disposed of after a specific period of time (e.g. antibiotics and eye drops). Once at the school, record any expiry or disposal dates on the relevant MAR sheet or in the Controlled Drug Book. Record the disposal date on the medicine bottle (e.g. some eye drops and antibiotics may need to be discarded 7 days after opening. Therefore, you need to check date of opening on receipt).
* Check whether there are any specific storage requirements, for example, needs to be kept refrigerated.

**In the event of any discrepancies or anomalies, do not administer the medication. Refer to the pharmacy and discuss the issues/concerns if appropriate with the Parent, GP and/or social worker. However, it is important to ensure that any delays to administer a medication will not unduly impact on the young person’s health and well-being.**

**Storage of Medicinal Products**

* The decision about where to store medicines in the school should take account of the size of the school. Each school must have a lockable, wall-mounted medicine cabinet, preferably in the staffroom, to allow for the safe storage of both prescribed and non-prescribed medication; access is to be restricted to staff only. If this is not viable, the cabinet should be in another lockable room, which is accessed by staff only.
* The medicine cabinet should be situated away from the window.
* The medicine cabinet should be divided so that each individual young persons ‘Prescribed medicines’ are kept separate.
* Most medicines must be stored at room temperature and away from sources of heat. The lead medication individual or deputy must ensure that the packaging, dispensing label information/leaflet is followed regarding storage conditions for each medication. Where staff are unsure or there are problems with the storage, they must seek advice and support from the pharmacist. Examples of places not suitable to keep medication cabinets are kitchens, bathrooms, toilets and/or next to heaters.
* At all times, medication cabinets must be kept clean and tidy and should be kept in good condition. Any spills from liquid medication should be cleaned up immediately and accounted for on the relevant MAR sheet or where applicable, Controlled Drugs Book.
* Each young person must have their medication stored in the locked cabinet; it is to be clearly labelled as to which young person the medication belongs to. The only exception to this will be if medication is to be stored at a low temperature (in a fridge), in which case this is to be risk assessed and a decision made as to whether the medication can be kept safely in the school’s communal fridge (in a locked box, which staff only can access): See below for further guidance around this.
* Non-medication items **must not** be stored in this cabinet (for example money, personal items).
* The cabinet must be kept locked when not in use and the keys either retained by a nominated person who is trained in the administration of medicines, or kept securely away (for example, in a locked key box, accessible only by staff).
* The designated people in charge of medication take responsibility for the safety and administration of the medicines within the school.
* Staff who bring in their own medication to work must declare this to the manager of the school. The staff member must log this into and out of the school on a check-sheet stored in their personal file or in their locker, detailing where the medication is being stored for the duration it is in the school. Staff must keep their medication secured in a safe place for the duration of the school day, such as in their locker if it is lockable and is in a room that staff only can access, or in the staff/office safe; it must be stored away from the young person’s medication.
* Staff must ensure that medication for young people, is always kept safe when not stored within the school, for example, whilst in a vehicle on collection from the pharmacy or when transporting a young person to a learning outside the classroom activity. If a young person is with staff whilst they are transporting medication, staff must ensure the medication remains inaccessible to the young person, for example locked in the car boot.
* Similarly, should a staff member during an activity requiring the use of the car, have their medication with them in their personal bag, they must as a matter of safe practice, lock this in the boot of the car.
* In the unforeseen circumstances of the medication cabinet in the school being damaged, which in effect cannot be used to store medication safely, the Executive Headteacher and Director of Education should be notified, and an alternative temporary safe place (in the school) agreed so that medication management remains safe, including safe storage and accessibility only by staff. The Executive Headteacher and the Lead medication individual must then make the necessary arrangements for the immediate replacement of the cabinet.

**Medication requiring cold storage.**

* If medicines are not stored properly, they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the young person receiving the medicine. Medicines should be stored under conditions which ensure that their quality is maintained. The temperature of storage is one of the most important factors that can affect the stability of a medicine.
* All medicines required to be stored at low temperatures must be risk assessed: If safe enough to do so, the medication can be kept in a lockable box, stored in the house communal fridge; if there is a second, separate fridge in the school, in a room that only staff have access to, this would be the preferred option to store this medication. If this is not an option, and storage in the communal fridge is not viable as a safe option, arrangements must be made for the medication to be stored in a separate, lockable fridge that is solely used for this purpose.

**Note: ANY DECISION MADE TO STORE MEDICINES IN THE SCHOOL COMMUNICAL FRIDGE WOULD NEED TO BE RISK ASSESS FOR STAFETY TAKING INTO CONSIDERATION THE NEEDS OF THE YOUNG PEOPLE IN SCHOOL AT ANY TIME.**

* The temperature of the fridge being used must be maintained at 2-8 degrees Celsius and the temperature must be checked and monitored daily, with a daily record made of the temperature.
* If the temperature of the fridge is found to be outside of the required range the following action must be taken immediately: The pharmacist (or any 24-hour pharmacy if the local pharmacy is closed) must be contacted to obtain information on the individual product as the medication may need to be destroyed, and a new prescription obtained. Any advice given and actions taken must be recorded. Any medicines that cannot be used must be removed and either returned to the parent or taken to the pharmacy for disposal. Arrangements for new supply of the medication should be made with the parent or at parental request the GP.
* Arrangements should also be made to have the fridge checked and repaired or replaced if required.

**Storage of Controlled medication**

In the event that a young person is prescribed controlled medication, and staff are required to manage controlled medication, the staff collecting from the pharmacy should discuss the appropriate storage requirements with the pharmacist. In any event, controlled medicines, as a minimum requirement must be stored in a lockable drawer/box within the main lockable medicine cabinet.

**Records**

The following records must be available for each young person:

* An up-to-date MARs sheet, detailing their medication and arrangements for administration.
* Individual Medication Administration Record (MAR) sheets detailing all medicine to be administered to the young person.
* The school needs to keep a central medication file of all medication being stored in the school. MAR sheets that are live (in current use) should be held within this file until the medication is completed, at which point they should be uploaded onto the young person’s (Sharepoint) school file.

**Controlled Drugs**

* Controlled drugs are dealt with under the[Misuse of Drugs legislation](https://www.legislation.gov.uk/ukpga/1971/38/contents) 1971 and the Misuse of Drugs Regulations 2001. Controlled drugs must be dealt with differently to uncontrolled drugs. There are specific storage and administration requirements for controlled drugs, so it is important for staff to know if a drug is controlled, and if so what to do with it.
* The protocol for receiving controlled drugs is that it will always be recorded by the pharmacist; the school’s representative collecting the drug must sign to demonstrate that they have received the amount as prescribed.
* Where possible **two members of staff** should collect and check controlled medication when being collected from the pharmacy; both should sign to say they have received the medication. Where it is not possible for two members of staff to complete this task, the one staff member must sign for the controlled drug in the presence of the pharmacist or their representative.
* Staff must always try to check the medicine before leaving the pharmacy, to ensure that the name, amount, strength and dosage correlates with the prescription; the label must be checked as correct and detailed specifically in terms of administration details (i.e. what times and how much to dispense). If it is not possible to compete this task at the pharmacy, the staff member(s) must complete this task once they reach the school.
* The stock entry and administration of all controlled medication must be recorded in a specific Controlled Drugs Book (The Executive Headteacher or Director of Education must ensure this book is purchased for the school) **A separate MAR sheet is not required** **and must not be used.**
* The controlled medicine received must be entered in the school’s Controlled Drugs Book. The stock entry must be signed by two staff members where possible; if two staff members are not present in the school at the time of stock entry, as soon as a second staff member is present at the school, they must re-check the entry and stock of controlled medication and confirm that the entry and stock amount is correct. A record must be made in the school’s logbook of the reason for the late entry as well as in the Controlled Drugs Book.

* The controlled drug must be transferred and kept in a locked space (tin or box) within the lockable medication cabinet.
* Controlled medication prescribed and received into the school for the individual child/young person must be recorded separately.This means the control Drug Book pages must be specifically separated with the name of the child/young person and the drug that they are on.For example, the first 10 pages to be sectioned and dedicated for one controlled drug prescription, the next 10 pages to be sectioned to allow for separate records to be kept of a second controlled drug, the next 10 pages to be sectioned to record the administration of a third prescription of controlled medication etc.
* The index at the beginning of the Controlled Drugs Book must reflect the above and must correlate with the sequence of medication records being kept.

* The stock levels of all controlled drugs kept in the school must be checked at least once in every 24-hour period, whether the medicine is administered or not. Tablets must be counted using a tablet counter. Liquids must be estimated. If liquids are administered infrequently, then a glass medicine jar must be used to measure the amount of stock remaining on a weekly basis.

* All administration of controlled medicines must be carried out by **two staff members**: One trained member of staff and a witness; the witness does not necessarily have to be trained in the administration of medication, however where possible trained witnesses should be used as the second person.
* Some controlled medicines may need to be administered by the district nurse although this would be a rare occurrence. For example, some injectable drugs such as insulin, where a decision is made that it is in the child’s best interest that the drug is administered by a Nurse. Where necessary, this must be clarified on an individual basis with the young person’s parents, LAC nurse or GP when the controlled medication is prescribed.
* The lead medication individual should try to ensure that 'stock' of any one medicine, prescribed to any one young person, is manageable. For example, no more than approximately 28 days’ supply at a time is to be kept in the school; this is an approximate number as sometimes crossovers with repeat prescriptions may occur. This means, there will be slightly more than 28 days’ supply in stock at certain times.

The Controlled Drugs Book used by the school must be set out the following way:

* The name of the young person for whom the medicine is prescribed.
* The name of the medication as it appears on the label.
* The strength of the medicine as it appears on the label.

Separate columns stating:

* The date.
* The time of administration.
* The name of the young person to whom it is administered.
* The medicine given.
* The dose given.
* The signatures of the person administering the medicine and the person witnessing the administration.
* A running balance of the stock levels held following administration.

As with all medicines that are no longer required, any unused controlled drugs should be returned to the pharmacist and a certificate of disposal obtained; where possible, this task is to be completed by **two members of staff**. The certificate of disposal is to be uploaded onto the relevant young person’s SharePoint folder / Arbour profile.

**Administration of Medicines**

* There must be a MAR sheet in use for each child/young person.
* Medicines must only be administered in accordance with the instructions on the label and patient information leaflet. If a label has been altered in any way, the instructions have been obscured and are illegible, or if the label and patient information leaflet differ, then the medicine must not be administered. The medicine must be returned.
* Medicines can only be administered by staff that have undergone medicine training approved by the organisation.

**Prior to each administration of any medicine, staff must check the following details:**

* The young person’s name and identity.
* Medication name.
* Prescribed dose.
* Time of administration.
* Route of administration.
* Medicines must be administered hygienically. Staff must wash their hands before and after administration. If tablets are to be dispensed from a bottle these must not be handled by staff but tipped into an appropriate container and offered to the young person or given to the young person directly. If the medication is in a blister pack, this can be dispensed directly into the young person’s hand. If medication is in liquid form this should be offered to the young person on a medicine spoon or in a dispensing pot to ensure the correct dosage. The spoon must be washed and stored for further use by that young person only.
* Staff must observe the young person to be reasonably sure that they have taken the medicine before signing the MAR sheet/controlled drugs book.
* Staff must inform the parent/guardian if the young person does not appear to be responding to the medicine or appears to be suffering from side-effects. Staff must inform the parent/guardian if the young person regularly refuses the medicines. Additionally, the social worker must be kept informed and updated.
* In the case of prescribed creams being applied, the cream should be squeezed directly onto a young person's finger to apply themselves. If necessary to be applied by staff, latex gloves must be worn, and this agreed level of personal/medical care should be recorded within the young person's care plan.
* Under no circumstances must medication be secondary dispensed, for someone else to administer to a child at a later time/date.
* Any adverse drug reaction or suspected adverse drug reaction should be reported to the parent/guardian immediately, before further administration of the medication is considered.
* If a label becomes detached from a medicine container or is illegible, the prompt advice and re-issuing of the label from the person who supplied the medication must be sought. Until then the container should not be used.
* Patient information leaflets must be retained for the duration that the relevant medication is stored at the school; if it is misplaced, a new patient information leaflet must be requested by the pharmacy immediately.

**Self-Administration**

* A robust risk assessment must be completed where it is considered that the young person can self-medicate, to assess their ability to self-administer their medication safely and appropriately. It may be prudent to consult with and involve other health professionals in this process, including the allocated LAC nurse /young person.
* Parent / Guardian are required to sign the risk assessment if they agree for their young person to self-administer their own medication.
* If the school’s lead medication individual feels that one young person self-administering their medication could potentially have an adverse impact on others that attend the school, this must be considered as part of the overall risk management process. If the safety of other young people is assessed as being a risk, then the school’s lead medication individual must make the decision for all medication to continue to be administered by staff.
* Prior to any young person self-medicating, a keyworking session should take place, so that the young person is clear about the responsibilities, risks and rules relating to them self-medicating; and so that they understand the plan around the administration of the medication/prescription i.e. the time(s) it should be taken, dose, route of administration etc. of each medication the young person will be responsible for self-administering.
* Work must also be carried out with the young person to ensure that they are aware of any possible side effects or contra-indications (any conditions which are known that could lead to the medication having a harmful effect on them, such as taking it with another type of medication).
* The young person should always be given the patient information leaflet supplied with the medicines and staff must go through this with them, checking throughout their understanding of it; the school should keep a copy of this, in the event that they require it, and the young person mislays the original copy; this is to be kept in the school’s central medication file.
* The young person’s capability to administer their own medication must be reviewed at least every three months by the school’s lead medication individual and deputy, involving relevant others as per original consultation.
* When a young person is assessed as not having the capability to safely administer their own medication, staff should sensitively explain to the young person why this is the case.
* The young person’s file should always look at identifying this area of independence/skills building as a potential piece of work to complete with all young people where and when appropriate, as it will help ensure that they are fully equipped to manage their medications independently, once they move onto college/adult life.
* Where a young person is known to self-harm, the manager must discuss the potential risks of self-medicating with the parent/guardian and other relevant professionals, to agree a strategy. This is important where you have a 16-year-old with capacity. It maybe that the risks are too great to enable the young person to self-administer their medication, however, this would be kept under review.

**Medication for Young People learning outside the classroom (off premises)**

* You will need a small lockable container to transport the medication for the outing.
* The container will travel in the boot away from the pupils.
* You will need to take the box, leaflet and all medication in the original packaging.

**Disposal of Medicines**

* All unused medication, prescribed and non-prescribed, must be returned to a parent/guardian.
* All unused medication to be returned to the parent/guardian must be stored in the medicine cabinet in a clearly labelled container.
* The medicines must not be removed from their original packages. If individual tablets are found, they must be put in an envelope and labelled with the date that the medicine was found along with any other known details.
* Medicines to be returned to the parent/guardian must not be kept on the premises for more than 7 days.
* A clear record must be maintained of all unused medicines.

All unused medicines must be recorded on the MAR sheet and returned to the parent/guardian. The sheet must record the following details:

* The name of the medicine to be returned.
* The number of tablets or amount of liquid.
* The date on which they were returned.
* The signature of the staff member recording the information.
* The parent/guardian should be asked to sign and date the returning medication form (or provide an official stamp on the document) to indicate that he has received the medicines. This can be used as a receipt.

Where young people are self-administering insulin or any other medication with a syringe, a 'sharps box' must be provided.

It is the responsibility of GP's and Community Nurses to safely dispose of any syringes or needles that the young people have used.

**First Aid**

Should any young person sustain a knock/blow to the head, medical advice and attention must be sought with immediate effect.

* Fully equipped First Aid boxes must be kept in each school and in each vehicle used to carry children. The headteacher must ensure that suitable arrangements exist for First Aid boxes to be audited.
* First Aid boxes must have a white cross with a green background. The inventory must include the quantity of each item in the box. Antiseptic wipes should be used (not TCP).
* If the young person is not deemed to be capable of giving First Aid to themselves and/or under supervision, a trained member of staff must administer it.
* Other than for very minor injuries, professional medical attention must be sought as soon as possible (either take the child to see a medical practitioner or seek medical advice by telephone), even if the casualty's condition seems to improve following the administration of first aid.
* If a young person requires administration of First Aid, a record of this should be made.
* If an accident occurs, it must be reported and recorded within the First Aid book.

**Skilled Health Tasks (e.g. Diabetics, Physiotherapy Programme etc.)**

If a young person requires a skilled health task to be undertaken (for example administration of insulin injection), this will only be undertaken with the written authorisation of the prescribing doctor. If required, appropriate training will be provided to staff to ensure that they have the necessary level of skills to undertake such additional health duties.

**Asthma Inhalers**

All young people who are prescribed inhalers should have written recommendations from the prescribing doctor as to how these should be administered. This will in turn inform our protocol and risk assessments which should be in place to safeguard the child/young person.

All inhalers must be labelled with the young person's name. As a matter of good practice and to safeguard the child/young person a **spare inhaler should always kept within the school or with staff while out on activity with the young person.**

Asthma inhalers may need to be taken to other provisions the young person attends (this will be dependent on the type of inhaler and advice from the GP); if this is required, the transfer of the medicine will follow the same rules as for other medication (as outlined above); this is to be detailed in the young person’s folder.

**Diabetics**

For young people diagnosed with Diabetes, a protocol should be put in place within the young person’s care plan/personal plan/health plan which informs the support that they require from the staff team involved in their education, in relation to this specific health care need.

All staff working with the young person should be provided with specialist training and support, to ensure that adequate safeguards are in place in respect of this healthcare need. The lead medication individual or headteacher would need to liaise with the Community Diabetic Nurse to support staff understanding of what is required and the management of diabetes.

**Management of Medication Errors**

Mistakes with medication can cause unpleasant or dangerous side effects and can render the medication ineffective. Effective medication management reduces errors and provide safer and more reliable care to our young people.

The organisation recognises that even with good levels of training, mistakes with medication may occasionally happen.

Every employee has a duty and a responsibility to report any errors immediately to their line manager/ Director of Education and a relevant health care professional.

If medication has been incorrectly administered, the following protocol must be followed:

* Make sure the young person is safe and is able to communicate and move around as normal.
* Calmly explain to the young person (where appropriate) the mistake that has been made, and explain what actions need to be taken.
* Report immediately to the GP for advice (or NHS direct on 111 if out of surgery time). Record the advice given, making sure this is detailed with the name of the professional giving the advice identified.
* Follow the advice and instructions from medical professionals.
* Report to line manager/Director of Education immediately.
* Report to relevant family and/or placing authority.
* Continue to monitor the young person for side effects - record.
* Record the error on the MAR sheet and in the child's daily notes; record the error on a medication error form.
* Report as per company policy and procedures (incident process).

Headteachers, Executive Head and Director of Education should encourage staff to report errors. These should be dealt with in line with the organisation's policy and procedures in a constructive manner, addressing the underlying reason for the incident, detailing any plans being put into place to prevent recurrence, and any other further action that may be required.

Where medication errors have occurred the Executive Headteacher must ensure a practice learning event takes place to understand from staff what went wrong, what could have gone better, identifying any learning to avoid a repeat of the error.

**Drug withdrawal**

Drug withdrawal refers to the process the body goes through when you try to stop taking drugs or are unable to take drugs for whatever reason. This might be because you have run out of the drug or haven’t been able to get hold of it. Over time, the body will get used to them. If the person were to then stop or significantly reduce their use of the drug, they might experience a range of unpleasant and sometimes dangerous withdrawal symptoms. The nature and severity of the drug withdrawal symptoms is influenced by several factors:

* How long the person has been addicted to the drug.
* The type of drug they are addicted to.
* How much of the drug they have taken.
* The method used to take the drug. Snorting, smoking and injecting drugs usually result in more acute withdrawal symptoms than if the drug was taken orally.
* Whether they have been taking multiple types of drugs.
* Family history and genetic make-up.
* The general physical and mental health.

The first sign of withdrawal is experiencing a drug comedown. This is when the initial effects of the drug begin to wear off and your brain chemistry gradually returns to normal. If a referral is received for the school placement, of a young person who is a known drug user, and there are signs this person is in withdrawal, it is important that Headteacher, Executive Headteacher and Director of Education discuss the young person’s drug use, including their regime, the type of drug(s) they are known to use, the current support in place e.g. if addicted to heroin, do they take methadone, if so, when is this taken, where etc. The lead medication individual with Headteacher must also ensure that they receive information about any drug-addiction review and whether specialist teenage drug addiction support is being accessed prior to attending. Under no circumstances must the lead medication individual and/or headteacher enter into any agreement about the management of drug withdrawal without consultation from the parent/guardian, GP and other relevant health professionals.

**Medication Audit**

Medication audits and the safe management of medication are extremely important in our children’s schools. We are aware that some lead medication individuals find the completion of medication audits a little daunting given the link to risk that medicines bring.  However, we need to take particular care in the management and safe handling of medication in our schools.

The common causes of medication risk and error include the following:

* Lack of staff competence, including lack of staff knowledge on the medication prescribed.
* Poor quality monitoring and reviewing.
* The systems for managing medication are insufficiently clear.
* Incorrect storage & disposal of medication.
* Delays in documentation.
* Lack of focus and/or attention to the organisation’s medication policy.

**The purpose of the medication audit**

* The purpose of Educ8’s audit is to ensure that the policies, pupil documents, medication management and other relevant documentation is in line with our medication policy. Therefore, it is important that the lead medication individual, deputy and headteachers know the policy and that they draw the policy to their teams’ attention.
* To ensure that we avoid potentially fatal errors and poor-quality care.
* To ensure we meet the required standards and regulations.
* So that when the regulator visits, they can see that regular audits are being completed with the evidence of high-quality care and/or actions are taken to address any issues, and that as an organisation we take the matter of medication management seriously.

We have developed a specific medication audit tool to be used to assess how well lead medication individual, deputy, headteacher and their staff are managing medication administered in their school. Audits will be undertaken by schools’ lead medication individual termly. Once completed the audit document must be sent to the headteacher, Executive Headteacher and Director of Education for their oversight and comment. Additionally, the Quality and Performance Manager will monitor the audit process and report any findings to the Quality Assurance Board.

**Cross Reference**

Records Handbook

Self-Harm Policy

Accident Policy/Procedures

**Record of review:**

Policies are reviewed every 3 years as a minimum. However, where there are changes to legislation/guidance or in response to recommendations from any significant incidents, a review of the policies will take place immediately. Key Safeguarding policies are reviewed annually as a minimum.

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| **Reason for update** | **Date of review** | **Reviewed by** |
| Created  | January 2015 | Approved by Marcella Bird  |
| Implemented  | 02.01.2015 | Marcella Bird  |
| Reviewed with Trax Policies | 03.05.16 | Marcella Bird |
| Reviewed | January 2017 | Joyce Masson |
| Reviewed | August 2018 | Kamran Abassi |
| Reviewed  | 24 June 2021 | Quality Assurance Group |
| Reviewed and updated | 26/04/2022 | Pria Griffiths-Sen |
| Change of company name and logo only | 19/07/22 | Pria Griffiths-Sen |
| Changes made to correctly reflect the relevant Welsh Regulatory requirements  | September 2022 | Pria Griffiths-Sen |
| Additional info inputted re. patient info leaflets following a medication error | December 2022 | Pria Griffiths-Sen |
| Policy reviewed to strengthen the procedures.  | February 2023 | Lolly Rascagneres- Quality Assurance  |
| Adapted from Your Chapter to Educ8 for day schools | September 2023 | Natalie Moore – Educ8 Group SENCO  |
| Reviewed for Educ8 | September 2023 | Eve Bartlet – Director of Education  |