



Placing children's rights at the heart of all we undertake.
respect integrity humility equality care towards
all



Pride in myself; Pride in my work;
Pride in my school; Pride in my community

Glascote Primary Academy

Administration of Medication 2019-2020

At the heart of our School are both the UNICEF Rights Respecting values and articles and Learning Behaviours. Through these, we aim to put children's rights at the heart of our schools. We work together to embed children's rights in our ethos and culture; to improve well-being and develop every child's talents and abilities to their full potential. We aspire to give children a sense of pride and achievement in all that they undertake.

Dyslexia: The Fierté Trust recognises the unique contribution of every individual in the school community. It is an inclusive school in which adults and pupils of all abilities and from all cultures and backgrounds are valued. Pupils' wider achievement is encouraged and celebrated and the good progress of all our pupils is of paramount importance as is the safeguarding and wellbeing of all pupils.

Reviewed by: Michelle Powell

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Approved by: Corporate Health and Safety Date:

Forum

Next review due: September 2020

Contents

1. Application
2. Introduction
3. Definitions
4. Aims and Objective
5. Arrangements for Applying the Policy
 - 5.1 Local Procedures
 - 5.2 Risk Assessments and Individual Care Plans
 - 5.3 Control of Substances Hazardous to Health (COSHH) Assessments
 - 5.4 Information Instruction and Training
 - 5.5 Incident Reporting
6. Monitor and Review
7. Code of Conduct
8. Supporting Documents
9. Legislative Framework
10. Trade Union National Policy Statements

HR 109 Medication

Success Indicators

The following indicators will demonstrate the level of compliance with this policy and its procedures:

- a) All settings who need to manage medicines have effective local procedures in place;
- b) Employees who are required to administer medication have received suitable training;
- c) Administration of medication is effectively recorded and service users have individual care plans.
- d) Managers monitor medication arrangements to ensure local procedures are working effectively.
- e) No adverse incidents have occurred and when they do occur, they are reported, suitably investigated and action taken to prevent reoccurrence.

1. Application

This policy applies to all employees that are involved in the assistance and administration of medication for service users/pupils and young persons.

2. Introduction

There are occasions when employees are required to assist service users to self-administer and/or are administering medicines, either as part of long-term therapy for a chronic health condition or as an emergency measure, e.g. allergic reactions / seizures. Any assistance or administering of medicines must be conducted in a safe and competent manner, procedures must be followed and relevant legislation complied with.

3. Definitions

Throughout this document reference is made to **Service Users** (this includes older persons, pupils, young person's etc. receiving services from the county council).

4. Aims and Objectives

The overall aim of the policy is to ensure that council services and premises, such as schools, residential units, day care settings etc. have in place clear and well documented local procedures which detail how medication will be managed.

The policy operates on the principle of an individual assessment being undertaken to establish the extent of the service user's ability to safely and effectively administer their medication. This should take into consideration their age, condition and their overall care plan, where one exists, and procedures should be in place to outline how this must take place.

It is acknowledged that employees are not health professionals. Therefore, they must receive appropriate information, instruction and, where need identified, training and support to enable them to become competent in the administration of medication.

5. Arrangements for Applying the Policy

Ensuring compliance with the legal requirements and maintaining the rights of the service users is paramount. Therefore, medication procedures must be put into place to assist managers and designated employees to manage medication systems. Service users have the right to expect that any assistance offered is carried out in a professional manner by competent employees. The Service Users (Parent/Carer where service user cannot consent) must agree to any assistance provided.

5.1. Local Procedures

Where medication administration/assistance is required, detailed management procedures need to be developed and communicated to all relevant employees. Two guidance documents have been developed for key workplace settings (see Section 8 Supporting Documents). These can be used as local procedures.

Where a service identifies the need for/ wishes to develop its own local procedures they must include as a minimum the following: -

- a) Consent Arrangements;
- b) Cultural and Religious requirements;
- c) Authorisation arrangements for employees to administer medication;
- d) Communication arrangements;
- e) Assessment of Service user's abilities and support needs;
- f) Record Keeping;
- g) Safe storage and transportation of medication;
- h) Arrangements with regards to Prescription Only Medications and Over the Counter Medications;
- i) Controlled Drugs;
- j) Disposal of medication and management of sharps;
- k) Management of errors and incidents;
- l) Information Instruction and Training;
- m) Within the local arrangements, consideration must be given to the plans for administering medicines for a long-term health condition which will differ from a short-term requirement e.g. course of antibiotics.

This is not an exhaustive list. Each service/setting needs to consider the implications for the management of medication in the context of their service delivery. Consideration should also be given to guidance issued by national government such as Department of Health (DH) and Department for Education (DfE) and requirements set by governing bodies such as the Care Quality Commission (CQC) and Ofsted (Safeguarding Children and Families)

5.2. Risk Assessment and Individual Plans

It is the responsibility of the manager to determine the scope of a service user's ability to manage their medication.

An individual plan (this may be called a Health Care Plan) must be developed which identifies and documents the range of support required by the service user. This plan must be reviewed at regular intervals and following any changes in circumstances. The details within the plan must be communicated to employees and other relevant persons.

5.3. Control of Substance Hazardous to Health (COSHH) Assessments

If local medication policy guidelines are established, implemented and monitored in accordance with this policy there is no requirement to complete COSHH Assessments for medication products, as these arrangements will ensure its safe storage, handling, administration and disposal.

5.4 Information, Instruction and Training

Any employee who has to assist or administer any medication in the course of their duties must receive appropriate information, instruction, and where the need is identified attend training in the completion of such tasks.

Changes in service user's plans and needs must be effectively communicated to employees.

5.5. Incident Reporting

Procedures must be in place for the reporting of adverse reactions or errors in administration of medication.

This procedure must cover: -

- a. The facts of the incident,
- b. Persons involved,
- c. Reason for the incident,
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Directorate Health and Safety Team),
- e. Witness Statement.
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),
- g. Corrective and Remedial action taken.
- h. Outcome of Investigation by senior manager.

6. Monitor and Review

Systems must be established to ensure that local procedures are reviewed at least annually to ensure they are up to date, reflect current best practice and are working effectively. Any changes to local procedures must be incorporated into staff instruction and training arrangements and effectively communicated to staff and other relevant parties.

7. Code of Conduct

Staff in any type of work situation where local bye-laws, guidance, regulations or codes of practice are in place governing their code of conduct must abide by them at all times. Where necessary these should be displayed in a prominent place

8. Supporting Documents

- a. HR G10 –Medication Guidance for Adults (formerly Social Care and Health)
- b. HR G11 –Medication Guidance for Children and Young People
- c. Supporting Pupils at school with medical conditions (DfE 2015).

9. Legislative Framework

1. Health and Safety at Work Act 1974
2. Control of Substances Hazardous to Health Regulations 2003
3. Health and Safety (Miscellaneous Amendment) Regulations 2002
4. Management of Health and Safety at Work Regulations 1999
5. Personal Protective Equipment Regulations 2002
6. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
7. Hazardous Waste Regulations 2005
8. Medicines Act 1968
9. Human medicines regulations 2012
10. Misuse of Drugs Act 1971
11. Human Rights Act 1998
12. Data Protection Act 1998

10. Trade Union National Policy Statements

UNISON Policy

UNISON's National Policy is that its members should not undertake invasive medical procedures. This document does not seek to change that policy. UNISON members however may already carry out these procedures voluntarily or may in the future carry out such procedures. If UNISON members do volunteer to carry out invasive medical procedures, then the guidelines in this document should be followed to ensure members are adequately covered by the Employer's insurance cover.

NEU Policy

There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines. Support staff may, as part of their contract, have specific duties to administer medication.

Teachers may volunteer to administer medication but should be particularly wary about agreeing to administer medicines where:

- the timing of its administration is crucial to the health of the child
- some technical or medical knowledge is required
- intimate contact with the pupil is necessary (this would include administration of rectal Valium, assistance with catheters or use of equipment for children with tracheotomies).

Any decision on the part of a teacher to agree to administer medicines has to be a matter of individual choice and judgement. Apart from the obvious distress to a teacher who makes an error, all teachers who agree to administer medicines take on a legal responsibility to do so correctly. There is consequently always the risk that the teacher might be named in a legal claim for negligence. Generally, however, any teacher acting in accordance with agreed procedures would be regarded as acting in the interests of the employer and, since the employer would also be the subject of the action, the teacher would therefore be effectively indemnified against personal liability by the rules of 'vicarious liability'.

The NEU advises that teachers and support staff who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training. The employer should arrange appropriate training in collaboration with local health services, which will also be able to advise on further training needs. While few schools benefit from a nurse on site, it is important that schools should be able to seek advice from a nurse where necessary.

