Within this policy, Doucecroft School Services relates to the school day and residential services.
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Ethos

We welcome individuality and provide a safe and positive learning environment, to enable our students to thrive and meet their full potential preparing them for their future.

1. Our Mission

At Doucecroft School Services our mission is that our students are/have:

- Developing – Independence and life skills
- Opportunity – to experience and learn new things
- Understanding – to be understood and valued as an individual
- Creativity – to express myself as an individual
- Encouraged – to try new things and realise my potential
- Confidence – to achieve and develop my self-esteem
- Respect – to feel accepted and accept others
- Openness – to share experience and feelings with others
- Fairness – to be recognised for achievement
- Tolerance – accept that everybody is different

2. Purpose

This policy is a statement that outlines the role and responsibilities of Doucecroft School Services staff in relation to the administration and storage of prescribed and non-prescribed medication. It will ensure that we meet with all current legislation and inspection standards for an independent residential special school and will ensure that the best outcomes for the young people are achieved regarding medication.

Current Legislation and regulations that have a direct impact on the administration of medication are:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Data Protection Act 1998
- National Care Standards Act 2001
- The Health and Social Care Act 2008 (regulated activities) regulations 2014
- Mental Capacity Act 2005
- Department of Health guidance on Working together to safeguard children - Ofsted
- Supporting pupils with medical conditions at school 2014 (Statutory guidance)
- Royal Pharmaceutical Society (Handling of medicines in social care)

3. Context

The policy aims to address the full range of issues relating to medication:

- Consent
- IHCP Individual health Care Plan
- Booking in procedure
• Storage
• Administration
• PRN medication (Pro Re Nata-as things are needed)
• Recording
• Disposal
• Specialist tasks (Medication where extra training is essential-Auto Injectors)
• Training
• Auditing
• Medication errors

4. Consent

All students are required to have parental/guardian consent that states Doucecroft School Services can administer medication to the student. This is the responsibility of the Health and Medication Co-ordinator; consent forms are updated twice yearly annually.

Parents/Guardians sign a consent form agreeing for Doucecroft School Services staff to seek medical advice and share students’ information in case of an emergency. Parents/Guardians will be contacted where practicable first.

Students have the right to refuse medication being administered. If a student refuses their medication, this should be clearly recorded on their MARs, and their parents and the Senior Management Team/ on Call Manager should be informed as soon as possible following the refusal. Professional medical advice should be sought if necessary.

**Gillick competence**: The Gillick competency and Fraser guidelines help to balance children’s rights and wishes with the responsibility to keep children safe from harm. Gillick competence is a term originating in England and is used in medical law to decide whether a child (under 16 years of age) can consent to his or her own medical treatment, without the need for parental permission or knowledge.

Steps are taken at Doucecroft to enable students to make everyday choices and to maximise opportunities to develop independence, this includes self-administration of medication.

**Fraser Guidelines**: Guidelines state that is lawful for doctors to provide contraceptive advice and treatment without parental consent providing certain criteria are met.

Steps are taken to enable all children to make their views known, to make everyday choices and to maximise opportunities to develop independence. The school should not assume that any child is unable to communicate their views and should be supported to participate in important decisions about themselves, by means appropriate to the child’s level of understanding.
5. **Health Information Form**

All students have a Health information form which is kept in an individual Health folder and updated twice a year or more frequently if required by the medication coordinator.

The form should contain the following information:
- student’s full name, date of birth and home address
- primary communication system
- parent/guardian/emergency contact details
- diagnosis and current medication (included strength, dose and time)
- NHS number and GP contact details
- Allergies
- Immunisations
- Childhood illness/ Medical history
- Medical history and immunisation history
- Parental/Guardian consent for staff to give emergency aid, to arrange emergency dental treatment and to administer mild analgesics and other non-prescribed medication if/when required.

Health Information Forms are completed in liaison with parents/carers, the student where able and any relevant healthcare professionals.

6. **Arrival at school system**

**Medication Wallet**

Each student that must take either a prescribed or non-prescribed medication has their individual medication sent in with a red medication wallet labelled with the student’s name. The wallet contains the student’s medication for that week/fortnight or half term, and a medication request/sent in form. This is completed by the parent or carer and indicates clearly the student’s name, the medication and amount that they are sending in, from where it is being sent e.g. home, residential setting and is dated and signed.

**Responsibility**

The Health and Medication Coordinator takes receipt of all medication at the commencement of the school week and will be present at student arrival time to collect medication.

To safeguard students and staff, home school books, bags and suitcases should be checked for information and medication by the Teacher or TA. (Teaching assistant) Any medication must be taken to the Health and Medication Co-ordinator.

The student’s medication wallet during the journey to school may be with the supporting escort, taxi driver or the student themselves if they are independent in this area.

The Health and Medication Co-ordinator is available Mon-Fri 8:30-16:30, outside of these hours’ medication should be handed over to the Team Leader. In the absence of the Health and Medication Co-ordinator or Team Leader another medication trained member of staff will sign in the medication as directed by a Senior Manager.
Medication Files

- Each student has an Individual Health File stored in the Health and Medication coordinator’s office in Ash.
- There are Medication folders for each student. Day students’ folders are kept in Ash in a locked cabinet under the medication cabinet. For students who access the residential provision, the folders are in the medicine cabinet of the house that they reside in.
- These files contain forms to sign medication in and out for trips, signing medication into school, MAR sheets and for recording administered analgesics.

Controlled Drugs

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs (CDs). Stricter legal controls apply to controlled medicines to prevent them being misused, obtained illegally or causing harm.

These legal controls govern how controlled medicines can be stored, produced, supplied and prescribed.

Controlled drugs must be booked in as soon as possible on the prescribed medication sign in sheet, checked into the controlled drugs book and locked in medication cabinet by two staff that are adequately trained. (Please see section 10 of this policy for information on the training staff receive.)

Controlled drugs are stored within a locked metal cabinet that meets the requirements for the storage of controlled drugs.

Completed controlled drugs books should be given to the Health and Medication Co-ordinator.

Booking in.

A signing in and out sheet should be completed for all medication. This is in addition to a MAR sheet.

There is one signing in sheet for Prescribed, Non-Prescribed Medication and Controlled Drugs. When Controlled drugs are signed in they are clearly marked on the sheet. These systems are used to keep an accurate record of all medication entering and leaving the school site.

The following checks should be completed.

- The medication is current and in date.
- The amount of medication.
- Each prescribed medication should have a printed label containing the following information: -
  
  Student name  
  Date of dispensing  
  Name and strength of medication  
  Quantity of medication  
  Dose and frequency of medication  
  Any mandatory warnings e.g. take with or after food  
  Name and address of pharmacy supplying
Labels should be applied to the item (e.g. Creams) as well as the outer container.

If a label becomes detached or is hard to read, staff should seek the prompt advice of the person supplying the medication. Staff should never alter labels on dispensed medicines.

Instructions on the labels should be clear and unambiguous. ‘As before’ or ‘as directed’ are unacceptable and should be queried with the GP. “When required” medication should state the reason, dose range and maximum dose. If this is not written on the label it should be confirmed and documented using the “when required” (PRN) medication protocol.

Non-prescribed medication should be clearly labelled with the student name.

- Medication is for the named student only.
- Medication received is appropriate for the duration of time at school indicated by the parent or carer, weekly or fortnightly as a maximum.
- Any new medication or amendments to medication for a student is brought to the attention of the Health & Medication Co-ordinator, Care manager, Deputy Care Manager, Team Leaders and SMT and Teacher of the student via email.
- Changes and new medication should always be supported by documentary evidence within the home school book and a copy of the increased or reduced dose as indicated by the student’s general practitioner or consultant. Copies of relevant communication are photocopied and placed in the student’s health care file kept within Ash,
- The medication administration record (MAR) sheet should include all medication. A separate analgesic sheet is used unless it is prescribed.
- The Patient Information Leaflet should be read looking,
- Establish the shelf life after opening. Information will be on the medicine container or contact a pharmacy.
- The dispensing date must be checked against the current day. If the period between the dates is less than the shelf life after opening, the medication is safe for use. If it is not, staff signing the medication must discuss with the student’s Parents/ Guardians to establish the date of opening. Staff must not administer the medication unless they are certain that it is safe to do so.

When separate MAR sheets are used, all sheets relating to each student should be kept together. Specific details and monitoring requirements relating to individual students that are self-administering should be recorded on the file.

If a MAR sheet is already set up the person booking medication in should check that the information above is correct.
7. Storage of Medication

Medicines should not be stored above 25 degrees centigrade therefore the temperature of the room containing medicines cabinets are monitored daily. Medicines should not be stored in a humid environment, therefore, should not be located near radiators, in kitchens or bathrooms.

Medication fridges are available in the care office (move to residential setting needing it) and Ash for medicines that need to be kept cool. These are subject to regular P.A.T testing to ensure their reliability and efficiency. (Temperature is checked daily and recorded for fridge)

Locked Medication cabinets are in each boarding house office and Medication office in Ash.

Medication will be stored in the residential setting for boarders unless it is needed for administration during the school day. In this circumstance it will be brought to the Ash Medication room as part of the handover process and transferred back in the afternoon handover.

For day student's medication is stored in the Ash locked medication cabinet.

Cabinets are secured to a solid wall and offer reasonable resistance to theft.

The cabinets require two keys to open.

Key Security
Keys to the medication cabinets for Ash are situated in a key storage box in the Medication Office. The box requires a code to access and is fixed to the wall. The Health and Medication Co-ordinator, SMT, Team Leaders and Behaviour Support Team have the code access. In the absence of the Health and Medication Co-Ordinator /behaviour support team, and the code being shared, the code will be reset by the Health and Medication Co-Ordinator as the earliest convenience.

The Keys to the residential house cupboards are stored in a key box in the Team Leaders office. The box requires a code to access and is fixed to the wall. The Health and Medication Co-ordinator, SMT and Team Leaders have the code to access.

Where students have their own medication, duplicate keys for students' lockable drawer, cupboards and boxes are available in case a student loses their own key. These keys are always clearly labelled and kept secure, in the residential setting key cupboard or with the Teacher in the school day.

Off-site Storage
If a student is going off site, medication is stored within a locked portable tin or suitable bag, to which the supporting staff member holds the key. (See storage of medication risk assessment for more details)

Emergency medication when off site may be carried in a red bag by staff allocated to the student. This must include the medication, a signed protocol, which clearly states when to use, how, and the dosage to the identified individual.
**Emergency Medication Storage**

Some students need immediate access to their medication, for example, Auto Injectors or Asthma medication. These medications can be carried by supporting staff or students where an appropriate risk assessment is carried out to enable the immediate use of medication and will include safe keeping. Risk assessment will be written in consultation with parents by the Health and Medication Co-Ordinator.

Medication is booked in through the same channels as previously outlined but will be stored in a proximity to where the student class is.

Emergency medication for students is stored separately in the Medication office in Ash and is readily available to trained staff or in securely fitted Emergency Medication cabinets in Transition 1 and 2, Green class and Orange class. Please see student protocols for storage location for individual students.

It is always the responsibility of the administering staff member to ensure that the medication sheet is signed following the administration of any emergency medication and ensure key people are informed of the use—parents/Guardians, social workers, SMT.

**Storage of Medicines for Self-administration**

Students who have custody of and administer their own medicines must keep them locked in the secure lockable container, storage drawer or cupboard in their bedroom/classroom. They may keep medicine containers on their person (e.g. in a pocket or handbag) if this does not place other students at risk. Self-medicating students must always be asked to keep their medication secure to prevent access by any other person. Staff must be alert to any signs of medicines not being kept secure and to report any concerns to the Health and Medication Co-ordinator, a member of the Senior Management or Residential Team Leader. The Risk Assessment should then be reviewed immediately.

8. **Administration of Medication**

Two trained members of staff are responsible for administering medication. The first person (received 6hrs training) administers the medication and records. The second member of staff (received a minimum of 3 hrs medication awareness training) should observe the whole procedure following set protocols then sign next to the administrator’s signature (Please see section 10)

Medicines must be dispensed directly from their original containers supplied by the pharmacy and only to one student at a time. There must be no “re-dispensing” of doses into secondary containers in advance.

When dispensing medication in liquid form staff should check the expiry date and the opening date as the shelf life of liquid medicines will often change once the container has been opened. The bottle should be shaken to ensure the medicine is well mixed, and no deposit sits at the bottom of the container.

Staff must make themselves aware of the medication they are administering and possible side effects.
Staff should only administer medicines that they have been trained to administer. (See emergency medication 8.9)

If a student refuses to take medication, staff should wait for a short time before going back to the student and again offering the medicine. It may be necessary to consider support of familiar staff. Refer to consent information.

School Hours Administration on site
This will be undertaken where possible by the Health and Medication Co-ordinator, or a member of staff trained in the administration of medication.

School Hours off site
Appropriately trained staff allocated to the student to attend the trip. This staff member will have read individual protocol and IRA, collected the student’s medication, signed out the medication, will store the medication appropriately (e.g. in rucksack) throughout the trip and administer as and when necessary.

The “Person Responsible” in line with the Out of School Trips policy is responsible for ensuring that the medication is taken on the trip.

Staff must be familiar with the Out of School Trips Policy.

Residential Setting
Team Leaders are responsible for the administration of medication.

Controlled Drug Administration
In the event of a controlled drug needing to be administered staff must record on the MAR sheet and in the controlled book. The book is a bound book with the pages numbered. There is a separate page for each controlled drug for each person. The balance remaining is recorded for each product and checked against the amount left in the bottle or packet. One staff member carries out the process and the other staff member who observes and monitors the whole process and countersigns the controlled drug book. The medication coordinator, SMT or on call manager will be informed of any concerns regarding controlled medication.

Medication given to self-administering students
After liaison with the student, student’s parents/guardians and a formal risk assessment being undertaken around the ability of the student to administer his/her own medication it may be agreed that a student is able to self-administer. The risk assessment will look at the specific areas around administration, storage and the support the student would need to ensure this was undertaken safely. The risk assessment is checked and signed by both the parents or carers and a member of SMT.

A record is made of medicines given to a self-administering student but depending on the level of support required (if any) by the individual and on the type of medication, it may not be necessary to keep daily records on the MAR sheet. Where the medication includes controlled drugs, a record must be made in the controlled drugs register. The student’s MAR sheet will be endorsed with the word “self-administered” for each medication that the student is assessed as self-administering.

PRN Medication (“pro re nata” when necessary)
When medication is required at irregular times, the criteria used to administer the medication must be written clearly on the MAR sheet, including maximum dose in 24 hours. These instructions must be given by the prescribing doctor.
PRN medication will have specific guidance on the label as to the number of dose units, dosage interval and maximum number of dose units per day. A protocol will be required to ensure staff administering the medicine has clear guidelines to follow to obtain the best outcome for the student. The protocol should be agreed after consultation with the student’s parent/guardian, GP/prescriber and school staff.

Where a member of staff is unable to ascertain whether the criteria given by the doctor apply, they must seek advice from either the senior staff, the person on call, the student’s parents or doctor, or NHS Direct.

Recording PRN medication on the student’s medication record will include the dosage given and the time of administration. (Record on the MAR sheet)

**PRN Pain Relief**

Homely remedies are purchased for general use by the school and should not be labelled for individual students. Parents/Guardians may choose to send in their own supply which will be then labelled with the child’s name and stored separately from the school’s supplies.

Non-prescribed medication should only be administered with the written agreement of parents/guardians and when over the age of 16yrs and appropriate the young person themselves. When this is not available, staff will obtain a temporary verbal consent for one dose to be administered. Written consent must be received before the next dose is due.

Care MUST be taken to ensure that any homely remedies given are not contra-indicated and do not interact with the student’s prescribed medication. If there is any doubt about the suitability of the medication, then the care staff must contact a pharmacist, the prescriber or NHS 111.

Homely remedies should not be administered for more than 48 hours for the same condition without contacting the GP surgery for advice as per package guidance.

The administration of all homely remedies needs to be recorded on the student’s medication administration record (MAR) sheet or the Administration of Analgesics form.

**Covert medication**

Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medication is sometimes necessary and justified but should never be given to people who can decide about their medical treatment. Giving medication by deception is potentially an assault. The covert administration of medicines should only take place within the context of existing legal and best practice frameworks to protect the person receiving the medicines and the staff involved in giving the medicines. Permission will be sought from parents in writing. It will be necessary to check with the prescriber that it is safe to administer the medication this way.

**Emergency/ Specialist Medication**

Staff should not undertake the following unless they have satisfactorily completed additional training:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Injectable drugs such as insulin
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
• Giving oxygen.
• Buccal administration for seizures.

Staff must check the 8 Rights of medication administration each time:
• Right Person
• Right Medication
• Right Time
• Right Dose
• Right Route
• Right Position
• Right Documentation
• Right to Refuse.

9. Disposal

All medicines that need to be disposed of must be returned to the student's parents/carers where possible, or, to the pharmacist with an appropriate record being made in the medication log. If returned to the pharmacist, the form should be taken also where they sign to receive the medication.

10. Training for staff involved in medication

There must be enough suitably medication trained staff to cover all the times that students may need medicines. All staff involved in medication will be given appropriate training to ensure that they are competent and confident to perform any tasks required for the administration of medicines.

Training for Staff administering medication

Staff administering medication must be:
1) trained in the administration of medicines, a 6-hour training session AND
2) after attending training and before undertaking any administration of medicines to students, staff’s competency of in-house procedures must be assessed by the Health and Medication Co-ordinator or the Residential Team Leaders using Autism Anglia’s Medication administration competency assessment form or training sessions. Any areas for development must be recorded and supported during the process of gaining competency.

Staff’s competence should be reassessed every six months or earlier if the need arises or in-house refresher session attended particularly if a staff member has been absent for a period of time.

The Senior Management Team/ Health and Medication Co-ordinator will be responsible for ensuring that staff are trained and assessed as competent and that training records are kept in each setting. Regular updates must take place.
Staff will receive accredited training which covers a basic knowledge of how medicines are used and how to recognise and deal with concerns.
The training covers the following topics:
• The supply, storage and disposal of medicines.
• Safe administration of medicines.
• Quality assurance and record-keeping.
• Accountability, responsibility and confidentiality.
• Knowledge of medicines including giving medicines:
  Into the mouth
  Ear, nose and eye drops
  Inhalers
  Medicines applied to the skin

Training for Staff witnessing the administering of medication
The 2nd member of staff, that acts as a witness to the administration process and
countersigns to demonstrate this, must have received a minimum of three hours training
on Medication Awareness.

All training is recorded on the training database and includes which course has been
completed and the date of completion.

Agency staff will not undertake medication administration.

Some staff will do additional training for specialised medication such as Auto Injectors
as needed. Staff should undertake epilepsy and anaphylaxis awareness courses which
includes assessment of competency.

There will be training sessions/updates for all staff administering medication as
required. Observations in residential setting/ additional training in school will be
completed by the Team Leaders or Health and Medication Co-ordinator and be stored
on personnel files.

11. Auditing

Weekly Audits of school medication and Weekly Audits in the residential setting of all
medicines and homely remedies stored takes place by the Health and Medication Co-
ordinator for school and the Health and Medication Co-Ordinator and the Team
Leader/Residential Manager for residential provisions. Medical documentation is also
checked to ensure is suitable, filled in correctly and appropriate. This will be completed
by the Health and Medication Co-ordinator at each setting and filed.

12. Medication Administration Errors

All staff involved in the process of managing the administration of medication are
responsible for reporting promptly and honestly errors that occur. The management of
such errors will be undertaken in a professional and sensitive way.

When an error occurs, the priority should be the health and well-being of the student. If
errors occur, SMT will fact find to try to establish the cause and if practice can be
improved, learning points identified and shared. Any follow up action will be measured
and appropriate to the mistake.

Support will be made available to the staff member involved in the error, including
training and additional supervision.

Any errors around medication will be reported via behaviour watch form for medication
and appropriate action will be taken by the Health and Medication Co-ordinator or the
SMT. Medication errors may be reported to LADO where appropriate.
Action to be taken following administration of incorrect medication

a. Ensure the health and safety of the student. Contact a pharmacy, GP or NHS 111 for advice. In the case of a severe reaction e.g. anaphylaxis calls an Ambulance. Information needed to support the call will include the student's full name, date of birth, current medication and dosage and the name and dosage of the miss-administered medication, their G.P, home address and parent contact number.

b. Inform manager or team leader

c. Inform parents/guardians

d. Complete an incident form and a medication error form both on Behaviour Watch

e. Record the incident in the student’s Health and Well-being Records and day book.

f. Monitor the student closely and follow through any further advice given by pharmacist, GP or NHS 111.

Information must be passed on to:

g. Inform SMT or On Call Manager

h. Parents/Carers informed

i. SMT will then commence fact finding or an investigation of the incident.

Information for relatives and carers

Copies of the Safeguarding Policy and the Complaints Procedure are available from the reception at Doucecroft or can be viewed or downloaded from the school website. Copies of the complaint’s procedure in a more accessible format (such as symbolised guidance) are freely available to students across the site. Support will be offered to students who wish to make a complaint.

13. Handing over Medication between shifts

When medication comes onto the school site on a Monday morning the Health and Medication Coordinator receives and signs medication into the school medication cabinet as per signing in procedures.

For medication that is for residential students this will then be taken over to the corresponding provision at the start of the Team Leaders shift by the Health and Medication Co-ordinator. They will together count and check all medication.

During the week in the Residential provisions a count of medication is made each administration.

14. Discharge of Medication

At the end of the school week/end of residential stay medication is booked out on the relevant prescribed, non-prescribed medication sheet, controlled drug sheet and controlled drug log.

The Health and Medication Co-ordinator or the Team Leader together with the Health and Medication Co-Ordinator ensures that the medication in their charge is booked out. This should be recorded on the singing in and out form and the Medication being sent home form is completed. A check is made that the quantity sent home reflects what is on the MAR sheet. The medication is then kept in the Ash Medication office on school
days or in the appropriate residential setting. Any day time medication that is administered within the school day is then discharged by the Health and Medication Co-ordinator.

At the end of the school day the Health and Medication Co-ordinator takes responsibility for ensuring that all the medication for each student is given to the supporting taxi escort or driver or where appropriate the student themselves. This is checked off against the medication discharge sheet.
PRACTICAL GUIDANCE ON MEDICAL VISITS

Staff Responsibility

1. An up to date medical record should be taken on any medical or dental visit. Staff should be aware of any allergic reactions/special conditions that might affect the students.

2. All appointments should be cleared either by the Residential Manager/On Call, (during evenings) or a senior manager during the school day, as appropriate and should be made by immediate senior staff member, e.g. Team Leader/Class Teacher.

3. Staff taking students to Doctor/Hospital should ensure they are fully aware of requirements of students/parents and ensure that these are accurately relayed to the doctor etc. Staff may be required to support health appointments such as dental visits, some hospital appointments as requested by parents or emergency appointments. Staff should gain as much information for the medical visit from a senior manager or their line manager prior to attending.

4. Staff taking students to Doctor/Hospital should ensure any medication prescribed is handed to the appropriate named/responsible staff member. Any special instructions regarding side effects, storage, dosage etc. should be relayed in writing at this time on a completed Hospital/Doctors visit form.

5. All medication should be locked away immediately and a ‘Medication Record Sheet’ needs to be completed at this time when returning to school/residential provision. The record should be completed fully with dosage, (including strength of suspension), frequency of dosage, any special conditions and start and finish of medication.

6. Parents should be informed by phone of any medical visits and outcome (including medication prescribed), and permissions should be sought prior to medication commencing. If parents are unavailable, clarification should be sought through Head of Care/On call Senior, (during evenings), SMT during school day.

7. All new medication/outcomes of medical visits should be communicated at the earliest possible instance via class/residential day book, handover meetings. Written confirmation of medication etc should be supplied in the Home School book for parents. This should include any special instructions, with conditions etc. to look out for in all instances.

Only those designated to dispense/take responsibility for potting-up/checking medication as stated in the school Health and Safety procedure shall do so.

Failure in any part of the above, for any reason, may lead to disciplinary Procedure or Dismissal from the service. It is the responsibility of all members of staff to ensure that they are fully conversant with all procedures, practise and criterion there in and to ensure their professional practise is as stated.
Appendix 2

Administration Procedure (short form)

- The staff member will unlock the cabinet,
- Take out the appropriate medication and the associated medication file check recent administration on medication. Wear gloves if required.
- Read the pharmacy label located to the bottle, box or tube,
- Cross referenced to the medication sheet to ensure that the information is correct and matches the information on the pharmacy label.
- Report any discrepancy immediately to the medication coordinator or a senior manager.
- Decant the medication and prepare administration process e.g. spoon, syringe, glass to dissolve medication as required.
- Check identity of student.
- Medication is administered ensuring dignity and privacy and with students consent.
- Sign for the medication on the appropriate sheet, at the date and time indicated.
Appendix 3

Guidelines for Managers investigating Errors in the Administration of Medication

The staff involved should be informally interviewed in a supportive manner, to provide specific details and background pertaining to the error and action to be taken following the incident. The timescale for any investigation will depend on the complexity of the incident but should be initiated promptly whilst still fresh in staff’s minds. Remedial action should be agreed and detailed on the incident form. Any learning should be shared amongst all staff involved in the process of managing the administration of medication. This will be in line with the Disciplinary Policy.

Professional guidance should be considered when there is confusion about the cause of the error, or if the member of staff lacks insight or knowledge relating to the error. This should include a warning that the repetition of errors within the administration of medication could lead to disciplinary action. There should be a review of any training needs, support and supervision.

A medication error form on Behaviour Watch should be completed. A log is available of all errors is available on Behaviour Watch and will be reviewed by the Health and Medication Co-Ordinator monthly. Information from this will inform training and policy.

Disciplinary action should be considered when:

- There has been a blatant disregard of Doucecroft School Policies and Procedures.
- There are previous errors in the administration of medication and a failure to respond to professional guidance or training.
- A member of staff fails to accept responsibility for the actions involved.

Disciplinary action should be discussed with the HR Team.