New Perspectives School
Administration of Medication Policy

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New Perspectives School is committed to safeguarding and promoting the welfare of children and requires all staff to act in the best interests of our children at all times.

1. Introduction

New Perspectives School recognises its duty under the Education Act 2002 to make arrangements toensure that functions are carried out with a view to safeguarding and promoting the welfare of children and complies with The Education (Independent School Standards) Regulations 2014.

We acknowledge our duty under the Children and Families Act 2014 to support pupils with medical conditions and follow DfE guidance 'Supporting pupils at school with medical conditions' (2015).

New Perspectives School acknowledges the obligations associated with the Children Act 1989, the Human Rights Act 1998 and the Equality Act 2010. We also follow current DfE https://www.gov.uk/government/publications/keeping-children-safe-in-education(2023)' 'Working together to safeguard children' (2018)[1], HM Government advice 'What to do if you're worried a child is being abused' (2015) and the Local Safeguarding Children Partnership's[2] policies, procedures, guidance and protocols.

We will take immediate action, where we believe an individual may be at risk, or it is alleged that a child is suspected of being abused. Our primary concern, at all times, is the welfare and safety of all members of New Perspectives School's community including children, staff and visitors.

This policy and all associated procedures apply to all staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of New Perspectives School), children and visitors and should be read in conjunction with other safeguardingand employment policies including (not an exhaustive list):

- Anti-Bullying Policy
- Child Protection Policy
- Complaints Policy
- Curriculum Policy
- Drugs, Alcohol and Tobacco Policy
- Suspension and Exclusion Policy
- Health and Safety Policy
- Off-Site Visits Policy
- ICT and Acceptable Use Policy
- Behaviour Policy
- Recruitment and Selection Policy (Crae Perspectives)
- Staff Code of Conduct
- Self Harming Policy
- Whistle Blowing Policy

Failure to comply with these policies and procedures may result in disciplinary action, which might include summary dismissal (and referral to the Disclosure and Barring Service and the Teacher Regulation Agency (TRA), where appropriate) or termination of agreement or contract.

This policy covers the prescribing, storage, administration, and disposal of medication and thereforeforms an important part of the risk and medicines management strategy.

2. Roles and responsibilities

The Chief Executive Officer (CEO) of Care Perspectives Limited (New Perspectives School's parent company) endorses this policy and has delegated responsibility for its effective operation to the Head Teacher.

All relevant staff must follow the procedures outlined in this policy; and report any safeguarding/child protection concerns to the Head Teacher Michelle Baker, or Deputy Designated Safeguarding Leads (DSL) Elizabeth Hammond, Deputy Head Teacher or Hannah Bowen, Pastoral Lead ***as a matter of utmost urgency*** and submit any written documentation onto CPOMS ***within 2 hours,*** or by the end of the working day, whichever is sooner.

3. Obtaining medication

Medication given to the school by a parent, carer, or another responsible adult (e.g., social worker)must only be accepted if it:

- is provided in the original container, as dispensed by the pharmacist.
- includes the original pharmacy label showing the name of the child; and
- is in date and includes instructions for administration, dosage, and storage.

It is important to promptly record supplies of medication brought into the school in this way.

3.1 Procedure on receipt

When new medication arrives, it must be checked at the earliest possible opportunity, by a memberof staff authorised to administer medication, to ensure that all details are correct. The check will include:

- all the details on the medication label and on the Medication Administration Record (MAR) chart - these must be identical.
- storage conditions.
- expiry dates.

In addition, all medication must be recorded in the sign-in book and any controlled drugs must be recordin the Controlled Drugs Register, by two designated and trained staff.

4. Recording keeping

It is essential to maintain an up-to-date list of current medicines, prescribed for each child, on theirIndividual Health Plan or as part of the Education, Health and Care Plan. It should clearly identify if they are able to self-administer and what, if any, support they may need to do this. The key to the plan is that it captures the steps which the school should take to help the child manage their condition. The plan should be easily accessible to all who may need to refer to it, whilst preserving confidentiality.

A MAR chart is maintained for all children, regardless of whether or not they are using prescribedmedication. The MAR chart will contain the following information:

- Child's name
- Allergies (including 'none known')
- Medication prescribed
- When the medication must be given
- Required dose
- Route of administration
- Time of administration
- Any special information, such as giving the medicines with food
- For 'when required' medicines, the maximum dosage in 24 hours

All entries on the MAR charts must be checked for accuracy and signed by the member of staffadministering the medication.

Details of the administration of medicines will be recorded for each child on their MAR chart at thetime of administration and not before or later. For children who are self-administering, the record should show the date given and quantity of a specific medication, to allow staff to assess if the medicine is being taken correctly.

All records relating to medicines are keptcorrectly and retained for at least 3 years, after the date of the last entry.

5. Audit trail/stock rotation

All medication retained within the school must be accounted for at all times, with a paper trail asverification. Daily recordings will be documented and filed by Louise Croton.

For eye preparations (and others where indicated), the date of opening must be recorded on the label and the contents discarded and recorded after the specified time has lapsed.

Advice from the supplying pharmacist must be sought if there is any doubt as to the expiry of any medication. Where medicine has an inner and an outer container, such as liquids, creams and ointments, the pharmacy label must be applied to the item instead of, or as well as the outer box.

6. Storage requirements

When a child chooses to administer their own medicines, a secure drawer, cupboard or safe will be provided for this purpose, if appropriate; and the child will be given responsibility for the security ofthe physical or digital key. A copy of the key will be stored securely in the key cupboard, in the school office, for use in emergencies only.

Other medication, not requiring cold storage or controlled drug requirements, will be stored in the designated robust cabinet secured by lock and key. This will provide space for each child to have their medication grouped together, with internal and external medicines stored separately. This cabinet will be used only to store medication.

The keys to this cabinet will be on a separate ring, reserved solely for this purpose, and be kept by the designated senior member of staff, on their person or stored securely in the key cupboard, in theschool office, Duplicate sets of keys will be limited, and any unresolved loss of keys must be followedwith a change of locks.

For certain conditions, such as asthma, it may be necessary for children to carry their medication with them at all times, (subject to an individual risk assessment for self-administration). The GP willadvise when this is the case, and this must be documented on the MAR chart.

All medicines must be stored in accordance with the manufacturer's instructions. This is commonly below 25°c for non-refrigerated products. However, information on storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication. See also**section 10: Additional requirements for controlled drugs**, below.

6.1 Medicines requiring refrigeration
All medicines requiring refrigeration must be stored securely, in a dedicated medication fridge, which should be kept locked. When in use, the medication fridge must be maintained at a temperature between 2 - 8°c. The medicines fridge must be monitored using a thermometer, which measures both the minimum and maximum temperature. The thermometer, or its temperature monitoring probes, should be sited in a central location within the fridge (not in the door) and the minimum and maximum readings taken and recorded in a log, every day, by the Therapeutic Mentor

If the thermometer indicates that the fridge is not operating within the correct temperature range,advice must be sought from the pharmacist. If necessary, all stock should be disposed of in accordance with **section 15: Disposal of medicines** below; and a new supply obtained with as littledisruption to the continuity of care for the child, as possible.

The fridge must be cleaned every month, defrosted as and when appropriate and a record of both actions maintained by the Therapeutic Mentor.

6.2 Insulin storage and recording
Unopened insulin is to be stored in the refrigerator but should be removed for at least one hour before administration, for better comfort and efficiency, and can be stored safely for up to 28 daysor 6 weeks (depending on the manufacturer) out of the refrigerator once it is in use.

Some manufacturers suggest that to prevent constant fluctuation of temperature, it is good practiceto store all opened insulin at room temperature, within the recommended timescales. However, care must be taken to ensure that the temperature of the room does not exceed 25^0c.

As with all other medications, it is essential to check the expiry date of insulin, when it is received into the school and before administration.

When records of insulin are made it must be ensured that the wording 'units' rather than abbreviations i.e., U' or 'UI' are used.

In all cases, the manufacturer's recommendations for storage must be adhered to.

6.3 Expiry dates
Particular attention must be paid to the expiry date for any medication, which may or may not bedisplayed on the outer packaging. If the expiry date is not visible on the outer packaging, it can befound on the product label on the medicine itself.

Some medicines are given a short expiry date, such as:
- prepared antibiotic mixtures - the pharmacist will give it an expiry date of one or two weeks,depending on the product.
- eye drops - these are usually given an expiry date of four weeks, after first opening the container.

It is essential therefore that the Patient Information Leaflet is consulted. If in any doubt, thesupplying pharmacy should be contacted for advice.

7. Administration of medication

Only staff trained and deemed suitably competent by the Head Teacher, may administer medication to children. Administering staff will be required to read this Administration of Medication Policy and sign a declaration, to confirm they have read and understood the contents.

A list of all staff authorised to administer medication will be maintained, along with specimen signatures/initials. It is the responsibility of the Pastoral Lead to ensure this document remains up to date at all times.

The administration of children's medication must be done in the way and at the time that the prescriber[4] intends. The prescriber's directions will be on the printed label, attached to the medication. Additional information can be found in the Patient Information Leaflet, provided with the medication. If there are any queries regarding how the medication is to be given, the prescriberor pharmacist must be consulted for advice.

Medicines that have been prescribed and dispensed for one child, must not under any circumstances, be given to another person, or used for a purpose that is different from the onethey were prescribed.

To avoid errors with the administration of medication, the following MUST be adhered to:
- Medication must only be administered when prescribed and not left in other containers.
- When not in use, the medication cupboard must be locked and the key held by the personresponsible; or stored securely in a locked drawer, cupboard etc.
- Any medicines, which appear to be in short supply, must be reported to the Pastoral Lead, Hannah Bowen, immediately.
- A record must be made on the MAR chart directly **AFTER** each medication has been taken. If forany reason, medication is not given or refused, the reason for this must be recorded clearly on the MAR chart.
- Any refusal should also be documented in the child's Individual Health Plan and the HLTA, Beth Milson, informed. A key at the bottom of the MAR chart shows the correct symbol to use. Regular

[4] Under UK law only 'appropriate practitioners' can prescribe medicine, examples of prescribers include doctors (e.g., GPs and hospital doctors), dentists, pharmacists and child and adolescent psychiatrists (Childrenand Young People's Mental Health Services (CYPMHS)).

refusals must be reported to the child's parents, carers, and prescriber e.g., GP, CYPMHS (as appropriate) by the Therapeutic Mentor.

- Administering staff must confirm the identity of the child that is to have the medication. This can be done by asking the child to confirm their name and asking another member of staff to confirmthe identity. Under no circumstances should medication be given, if there is uncertainty as to thechild's identity.
- The MAR chart must be used to check the child's name, medication, its dose and frequency against the name, medication, its dose and frequency on the medication label. The two mustmirror. If there is any discrepancy, clarification must be sought from the prescriber *before* medication is administered.
- All staff must note how each medication that they deal with is given i.e., oral, inhaled etc.
- The correct device must be used for the process, i.e., British Standard stamped measuring spoons/oral syringes. Also, if the manufacturer states that these are to be used for single useonly, this direction must be followed.
- Where there are several drugs in one slot of a monitored dosage system, staff must ensure that the correct number of tablets are in each slot before and after administering; and report any discrepancies immediately to the Therapeutic Mentor, before administering the medication.
- Any discrepancies will be dealt with by the Therapeutic Mentor, who will liaise with theappropriate authorities e.g., GP, CYPMHS, pharmacist etc.
- Controlled drugs must be administered by two designated staff - one trained to administer and one as a witness. A record must be made on the MAR chart and in the Controlled Drug Register.(See also **para. 10.1 Procedure for the administration of controlled drugs**).
- If a medication error should occur, it must be reported to the Designated Safeguarding Lead,Michelle Baker, immediately and the Medication Error Procedure followed.
- All staff must be familiar with the policy and the system of medication administration.
- Careful consideration of the necessary time-lapses required between medications must be made.
- Staff must be aware of the medication they are administering to children; monitor the conditionof the child following administration; and call the GP, if there is concern about any adverse change in condition that may be a result of medication.

7.1 Procedure for administration

Before approaching the child, to administer the medicine, check the Individual Health Plan and MARchart, have a drink of water available (for the child) and have the MAR chart and a pen to hand.

- Only work with one child at a time and do so discreetly.
- Identify the child and check allergy and special information notes.
- Ensure they are comfortable and ready to receive their medication.
- **Check the medication has not already been administered.**
- Obtain consent from the child (**see para 12.1 regarding consent**).
- Check the MAR chart entry against the medication label (including expiry date) – the MAR chartmust mirror the medication label.
- Clearly identify the medication, check the dose, route of administration and time due.

To minimise the risk of children snatching medication packets and bottles, during the process of administration, doses should be prepared out of sight and reach of children; and containers stored securely before presenting the medication to the child.

- It is very important not to handle medicines. Therefore, you must push a tablet or capsule out ofthe blister directly into a medicine pot and offer immediately to the child.
- Encouraging children to have a drink of water not only makes some medicines easier to swallow, but it also spoils medication, in a way that disrupts attempts to stockpile it for later use.
- You must observe the child to ensure they actually take their medication and do not 'stockpile' itfor future use or pass it to others. You must not leave the child until you are satisfied that the medication has been swallowed, where appropriate.
- Once the medication has been taken by the child, sign the MAR chart in the correct column, bythe correct medication and administration time.
- If the child refuses the medication, do not press the issue - allow a short time and re-visit thechild and ask them once more. **You must never force a child to take medication under any circumstances**.
- If a child refuses to take their medication, once they have been given it, staff should seek toretrieve the medication immediately and seek support, if appropriate.
- If a dose is not taken or has been missed for any reason, note this using the codes on the base ofthe MAR chart.
- After checking that all medication has been given to the child, and correct entries made on theMAR chart, repeat the process for other children, as appropriate.
- In the case of "as required" medication, a check that the medication is required should be made with the child and, if necessary, the amount and time given must be documented on the MAR chart and in the Care Plan. Extra care must be taken in these cases, to ensure that the medicationhas not already been administered by another member of staff. (**See also para. 7.2 As required medication**).
- When a variable dose is prescribed e.g., "one or two tablets", the quantity taken must bedocumented on the MAR chart.

7.2 As required medication.
In the case of medication prescribed to be taken "when necessary" or "when required" (PRN), the indication must be made clear on the medication label, on the MAR chart and in the Individual Health Plan.

In addition, the maximum dosage in 24 hours and the necessary time interval between dosages mustbe annotated on the MAR chart. Clear instruction must be obtained from the prescriber, as to the indications for the medication and under what circumstances it may be administered. It must be agreed with the child, as to how this medication will be requested and/or offered. As with other medications, a check must be made that a dose has not already been administered by another member of staff.

Following administration of a PRN medication, the outcome for the child should be noted andmonitored, in order to (a) form a comprehensive picture of care, and (b) support future consultations with the prescriber.

7.3 Administering medication off-site
Medication taken off-site must be signed out, stored in an appropriate container and carried by a member of staff authorised to administer medication. All medication carried in vehicles must be stored securely out of reach of children e.g., locked in the glove box or a car boot. Details must alsobe recorded on the Off-Site Visit Form and Risk Assessment.

Parents, carers and other responsible adults (e.g., social worker) should also be advised of the aboveprecautions, as appropriate, when transporting children and medication, at the same time.

When taking children on field trips or residential holidays, staff must consider taking spare prescriptions for essential medications and even a letter from the prescribing professional, where appropriate. This would be essential when going abroad, where there is a greater risk of losing medication in transit or being challenged at customs, particularly about transporting controlled drugs. For more information, please click on the following hyperlink: Can I take my medicine abroad?

All steps identified in **8.1 Procedure for administration**, must be followed when administeringmedication off-site and all medication being returned to site must be signed in.

7.4 Administration using specialised techniques

Staff must not undertake any task, which properly falls within the responsibilities of a health care professional e.g., the injection of certain medications. With specific training, certain procedures, such as the injection of insulin or rectal administration of diazepam for an epileptic seizure, may be carried out by designated staff. However, the member of staff involved must be willing and comfortable with the procedure and reserves the right to decline responsibility for the administration of medication, using specialised techniques, if they feel they are not wholly preparedand comfortable with doing so.

7.5 The use of measuring devices

It must be ensured that any measuring device is accurate and that if it displays the symbol for singleuse only (see below), this direction must be followed. Generally, oral syringes supplied with medication are for single patient use, rather than single use, but if there is any doubt, the supplier must be contacted for advice.

Single-use only symbol

It is essential to use the correct type of syringe for the route of administration. An appropriate oralsyringe should be used to measure oral liquid medicine if a medicine spoon cannot be used.

8. Adverse drug reactions

Medication is chosen to produce a specific effect; however, unwanted side effects may also occur. Inthe event of an adverse reaction to a medication, you must get medical help immediately. Advice may be sought from the:

- Child's GP or prescribing professional
- NHS 111 (telephone number: 111)

Healthcare professional advice must be followed, and the child's progress monitored. The eventmust be documented on the MAR chart and in the child's Individual Health Plan.

9. Alterations to a medication

Direction by a prescriber to alter a dose or stop medication may occur either during a consultation orvia a telephone conversation. Written confirmation of the change must be requested, whenever possible.

Instructions given over the telephone, by the prescriber, must be noted on the child's Individual Health Plan and MAR chart; and the prescriber requested to initial or confirm this change in writing,at the first opportunity.

Where possible, a telephone conference/speaker facility should be used, in a private room, to enable two staff to verify the direction. In any case, to limit the possibility of misinterpretation, a second member of staff must be asked to repeat the direction back to the prescribing professional.

If the prescriber refuses to confirm the alteration or discontinuation in writing or by adding a signature to the MAR chart following a consultation or telephone conversation, the procedure mustbe witnessed by two senior members of staff, documented and signed by both on the child's MAR chart and Individual Health Plan stating the alteration, instructing prescriber, time and date.

Although the label on the corresponding medicine container must not be altered, an identifyingmark can be placed on the container to indicate that a change in dosage has occurred. A new medication must not be initiated without a prescription.

10. Additional requirements for controlled drugs

Controlled drugs must only be administered by designated and trained staff. A second member of staff must witness the administration of controlled drugs.

Controlled drugs, administered by staff, must be stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973. This includes the use of a heavy gauge metalcabinet with a double locking mechanism, or a heavy gauge metal cabinet (single lock) stored in a locked office. Controlled drugs cabinets must be fixed to a block or brick wall or concrete floor.

Receipt, administration and disposal of controlled drugs must be recorded in a (bound book) Controlled Drug Register, as well as on the MAR chart. A running balance, checked by another member of staff, must be maintained. There must not be any cancellations, obliterations or alterations. Corrections must be made by a signed and dated entry in the margin, or at the bottomof the page.

Controlled drugs for disposal must be recorded in the Controlled Drug Register and a signature ofreceipt obtained.

The balance of controlled drugs will be checked, before and after each administration, by both staffpresent and every week, by the Therapeutic Mentor.

If there is any doubt, as to whether or not a medication within the school is a controlled drug,advice, must be sought from the pharmacist or prescriber.

10.1 Procedure for the administration of controlled drugs

The procedure for administration must be followed, along with the additional requirements outlinedbelow:

- An authorised staff member and witness take the controlled drug from the controlled drugscupboard. They agree on the stock balance with the Controlled Drugs Register.
- The authorised staff member places the controlled drug in a small medication pot, directly fromthe dispensed container, and offers the medicine to the child with water to drink.
- Once the controlled drug has been taken, the authorised staff member signs the MAR chart and Controlled Drug Register to this effect, the witness must check that the balance is correct and sign to agree on this.
- The authorised staff member and designated other, will return the remaining medication andControlled Drug Register to the controlled drugs cupboard and lock them away.
- Record any refusal or omission, as defined in **para. 7.1 Procedure for administration**.
- Record any error, as defined below in **section 19 Medication error**.

11. Self-administration

All children will, subject to age, understanding and risk assessment, be encouraged to self-administer medication or treatment, including, for example, any ointment or use of inhalers.

On arrival of a new child, staff must establish whether the child has a wish to administer their medication and assess whether or not they are competent to do so. This could be wholly or partially, such as with the use of some inhalers. Where self-administration is shown to be a possibility, a robust risk assessment must be conducted and the Therapeutic Mentor, will seek to establish that the child:

- wants to take responsibility for looking after and taking their medicines.
- knows what medicines they take, what they are for, how and when to take them and what islikely to happen if they do not take them; and
- understands how important it is not to leave the medicines lying around, where someone elsemay have access to them.

Documentation must highlight the level of support required from staff, to enable self-administration,in the child's Individual Health Plan and on the MAR chart.

Children's ability to self-administer their medicines must be reviewed monthly. If at any time the child (or another child) is at risk from misuse of medication, a full review of the risk assessment mustbe conducted, and the Individual Health Plan and MAR chart updated.

12. Children's rights and preferences

It is the right of every child receiving care, to achieve maximum benefit from their medicines. To this end, staff, parents, carers, and other responsible adults (e.g., social worker), prescribing professional,pharmacist, and any other person involved in their care, must communicate and work together.

Children may have a preference in the way in which they take or receive their medicines, or who gives medicine to them and when. This may be due to culture, religion or several other reasons. The child's choices and preferences must be identified and taken into account, within a risk managementframework, and documented in their Individual Health Plan, where appropriate.

Every effort should be made to preserve the dignity and privacy of children in relation to medicine taking. This means being tactful, sensitive and discreet — do not shout across the room, so that everyone can hear. It also means keeping personal medical information confidential, for example, achild's MAR chart must not be kept where everyone can see it.

12.1 Child consent

Children have the right to refuse to take their medication. They must also give their consent for medication to be administered to them by staff; and for medication to be disposed of, when appropriate. Details of the discussion and how the child has given consent must be recorded beforeany of these actions take place and should be reviewed, as appropriate.

If a child refuses to take their medication, do not press the issue - allow a short time and re-visit the child and ask them once more. **You must never force a child to take medication under any circumstances.** Any refusal to take medication must be recorded on the MAR chart and reported, as appropriate.

It is the responsibility of the person administering the medication, to reasonably assess the child's capacity to consent.

Consent may be described as, being the voluntary permission of the child to receive a particular treatment or medicine, based on adequate knowledge of the purpose, nature, likely effect and risks of that treatment or medicine.

Permission given under any unfair or undue pressure is not consent; neither can consent be implied by the child's behaviour.

In order for staff, who are authorised to handle medicines within the school, to administer medication to children, consent must be obtained by following the procedure outlined below. Staff must be reasonably sure the child has the capacity to consent.

- Explain the medication, what it is for and potential complications and side effects and their management to the child. To enable the child to make their decision, it must be ensured that themanner, style and pace of discussion is appropriate to the child's:
  - level of understanding.
  - culture and background.
  - preferred ways of communicating; and
  - needs.
- Answer any questions appropriately, making sure the information given is correct.
- Give the child verbal and/or written information on the medication, if requested.
- Give the child the opportunity to ask questions or seek clarification of any information they havebeen given.
- Seek feedback from the child, to ascertain their level of understanding.
- Give the child time to reflect on the information and, if necessary or requested, invite other members of the multi-disciplinary team, or the child's parents, carers or another responsibleadult (e.g., social worker) and an advocate, if appropriate, to provide support.
- Give the child time to read the information and encourage them to question anything they do notunderstand, before giving or declining consent.
- Reassure the child that they can change their mind at any stage and make clear the implicationsof this in an unemotional manner.
- Make a record of the child's decision.

If there is any doubt about the child's capacity to consent, this must be referred to the Designated Safeguarding Lead, Michelle Baker.

This does not preclude the administration of medication in response to health-related emergencies, where a child may not be able to give explicit consent at the time; examples would include anaphylaxis and hyperglycaemia.

12.2 Emergency medication

Staff will be protected, in an emergency, if they have worked in accordance with best practice and believe their decision-making to be in the best interest of the child. Any best interest decisions made, in an emergency, must be recorded in accordance with relevant policies and procedures.

13. Covert medication

'Covert' is the term used when medicines are administered in a disguised format, without theknowledge or consent of the person receiving them, for example, in food or drink.

Medication must not be administered covertly for children. If a child is refusing their medication, it must be brought to the attention of the Pastoral Lead. Every effort will then be made to support the child, by explaining the reason for them taking their medication. If the child still refusesto take their medication, their decision must be respected, documented and the parents, carers, prescriber informed, as appropriate.

14. Crushing tablets

It must not be assumed that it is safe to crush or cut tablets or open capsules, to make them easierto swallow, because this may affect the way the medicine works. Where a child has difficulty in taking a particular medication, advice must be sought from the pharmacist, who may be able to suggest an alternative formulation of the medication.

15. Disposal of medicines

As prescribed medicines are the personal property of an individual, consent must be obtained todispose of any medication. Medicines must be disposed of when:

- the expiry date is reached or on the advice of the pharmacist or medical practitioner. Somemedicine expiry dates are shortened when opened, for example, eye drops.
- equipment such as fridges or other cooling systems have failed to work.
- there is an excess of medication, surplus to a child's requirements.
- a dose of medication is taken from the dispensed container but not taken by the child. At whichpoint, it must be placed in a separate labelled container and sent for safe disposal.
- a course of treatment is completed and there is a surplus to requirements, or the medical practitioner stops the medication.

15.1 Method of disposal

Medication for disposal must be returned to the supplier e.g., the pharmacy or dispensing surgery. Arecord of ALL returned medicines must be made. The record of disposal must include the:

- child's name.
- name, strength, and quantity of medicine(s).
- date of return.
- signature of the member of staff returning the medicine; and
- signature of the person receiving the medicine.

For the disposal of controlled drugs, see **section 10. Additional requirements for controlled drugs**.

16. Homely remedies

A signed consent form from the individual(s) with parental responsibility must be obtained to allow achild to be given homely remedies. This form should stipulate what homely remedies the school provides, with the option for the parent/carer to select between the different forms of medication available. The form should be kept with the Individual Health Plan (if the child has one) and must be accessible to all staff authorised to administer medicines.

Only staff who are trained and authorised in the administration of medicines can administer, at therequest of the child, a homely remedy. Particular attention must be paid to the advice on the medicine packaging, to confirm frequency and dosage is correct; and to ensure that they are awareof how long the medicine can be used for, before referring the child to a GP.

A MAR should be completed, to record the administration of all homely remedies.

16.1 Paracetamol

While New Perspectives School acknowledges the risks associated with administering paracetamol, notleast the possibility of tablets being secreted, stockpiled for future use or passed to others, the procedures outlined in **para. 7.1 Procedure for administration** should minimise the risks to all children.

As with all medications, paracetamol must be taken in accordance with directions described in the Patient Information Leaflet provided or as instructed by a health professional. **Staff must be vigilant in recording the administration of ALL paracetamol and paracetamol-containing medication e.g., cold and flu remedies and check the MAR chart to ensure a dose has not already been administered before given a further dose.**

Taking a paracetamol overdose can be very dangerous. If four doses have been issued within 24hours, no further doses will be given until a medical practitioner has seen the child.

If a child poses a risk of secretion and/or overdose, this must be reflected in their risk assessmentand a decision made as to whether to provide liquid paracetamol (which is harder to secrete), instead of tablets.

If a child has taken more than the recommended maximum dose, they must be taken to the nearestaccident and emergency (A&E) department, as soon as possible. It can be helpful to take any remaining medicine and the box or leaflet with you to A&E if you can

16.2 Individual children's purchased medication

The school appreciates that children have the right to purchase their own medicines, or to havethese brought in for them by parents, carers, or another responsible adult (e.g., social worker).

These will need to be authorised on the parental consent form and stored with the school'smedicines unless they have a risk assessment allowing self-administration.

The possession, use or supply of illegal and other unauthorised drugs by staff, children or visitors is wholly unacceptable. For further information, please see our 'Drugs, Alcohol and Tobacco Policy'.

17. Staff training

All staff who administer medication will be provided with the required training to enable them to perform the tasks safely and efficiently. The Training Manager, Gemma Funge, will keep a record of this trainingandreview the proficiency of staff on an annual basis, or more frequently, as necessary.

A notice is to be maintained in or by all areas where medicines are stored, stipulating who is authorised to administer medication.

18. Risk assessments and behaviour management plans[5]

All health-related conditions, medication and associated risks that may have implications for howstaff support the child and/or respond to their behaviour, will be recorded in the individual risk assessment and behaviour management plan and circulated to all relevant staff.

Consideration must be given to the need for some children to have specific medications immediatelyavailable in the event of a potential health emergency; examples would include asthma inhalers and adrenaline auto-injectors (for the treatment of anaphylactic shock).

Where the potential risks of a child carrying medication are significant, e.g., misuse of an adrenaline auto-injector, the Therapeutic Mentor, should consult with one or more of the following, as appropriate:

- medical professionals
- New Perspectives School Board

Where new information is brought to the attention of a member of the Leadership Team, including the diagnosis of a new condition or prescription of new medication, details will be communicated to relevant staff, as soon as reasonably possible; and the individual risk assessment and/or behaviour management plan will normally be reviewed and redistributed (where appropriate) within 72 hours.

Staff are obliged to familiarise themselves with the current risk assessment and behaviour management plan, for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

19. New children/children leaving

Communication on these occasions is essential to ensure the continuity of care for the child. When anew child arrives or before their arrival, the Pastoral Lead will guide the child and their parents, carers or another responsible adult (e.g., social worker) in the school's policy for the administration of medicines; and decide if an Individual Health Plan is needed.

19.1 Child arrival

At the earliest opportunity, before or on admission, the TBC, will verify the currentmedication needs of the child.

The information will be checked against medication arriving with the child.

Any non-current medication will be returned to the parents, carers, or pharmacy for safe disposal, asappropriate.

A MAR chart will be written out by the Therapeutic Mentor, checked for correctness, and signed by asecond member of staff, authorised to administer medication.

[5] The use of terms, such as behaviour management plan, will be reviewed and evaluated, as part of theintroduction of Positive Behaviour Support.

If the child is registering with a new GP, the Therapeutic Mentor, will communicate with them, tomake sure all information is up to date.

If there is an excess of current medication, this will be communicated to the parents, carers, GP, asappropriate.

The Pastoral Lead will discuss the issues of consent, (self) administration, allergies, side effects and sensitivities to medication with the parents, carers, social worker and child, as appropriate; and the necessary consent forms will be completed.

19.2 Child leaving

When a child is to leave the school, the Therapeutic Mentor must ensure that there is an adequate supply of the correct medication and relevant information, including a copy of the MAR chart to takewith them. A record of any medication leaving the school with that child must be made and signed by both the staff member handing over medicines and the individual receiving them.

20. Medication error

The Head Teacher must create an environment in which staff feel able to report errors or incidents in the administration of medication, immediately.

Any medication error must be reported to the Designated Safeguarding Lead, Michelle Baker ***as amatter of utmost urgency*** and details recorded in writing on CPOMS within 2 hours, or by the end of the working day, whichever is sooner.

In the event of a medication error, staff should contact one of the following:

- the child's GP or prescribing professional.
- the local out-of-hours service; or
- NHS 111 (telephone number: 111).

All relevant information must be shared, and any instructions followed.

Details of the error, including all information shared and advice received, must be reported and recorded in accordance with policies and procedures. Parents, carers and other responsible adults(e.g., social worker) must be contacted, as appropriate.

If the child has a serious adverse reaction, then staff must ring 999 and request an ambulance,ensuring that all relevant information regarding the error is shared with the call handler.

ALL medication errors must be reported to the parent, carer or another responsible adult (e.g.,social worker), as appropriate AND the Designated Officer (DO)[6] within 24 hours.

If a member of staff misplaces a tablet, they must inform the Designated Safeguarding Lead, **Michelle Baker** immediately. The prescribing professional and pharmacist will be contacted, and advice sought regarding the possibility of a one-off prescription to cover the loss. The error must be documented, and the MAR chart completed in accordance with the codes listed at the bottom of thesheet.

[6] Some local authorities still use the term 'Local Authority Designated Officer' (LADO)

To reduce the chance of errors occurring, staff must:

- maintain an up-to-date knowledge of all children and the medicines involved.
- avoid distractions whilst giving out medication.
- ensure the accurate identification of all children.
- remain with the child during the entire administration process.

If in any doubt, do not give the medication until clarification has been obtained.

21. Misuse or theft of medication

The misuse or theft of medication is wholly unacceptable and will not be tolerated.

However, our response always focuses on promoting and safeguarding the welfare of children and all necessary support, including medical intervention, is offered to any child attending New Perspectives School suffering from the effects of and/or addiction to any medication.

All medicine-related incidents must be reported to senior staff as a matter of urgency and recorded within 2 hours of the incident; and will be addressed in accordance with relevant policies, procedures and guidance.

The suspected misuse or theft of controlled drugs must also be reported to the police.

22. Leave medication

When a child spends time away from New Perspectives School, efforts must be made to ensure thecontinuity of medication.

- If a child is going to be absent from the setting for a significant length of time, for example, aholiday, the medication must be sent with the child in its original dispensed containers. This should be recorded, as per a child leaving.
- In the case of a child regularly leaving the school, for example, going home for regular evenings orweekends, the child's GP may be asked whether an alternative prescription can be made available for the alternative location.
- For school trips and other outings, enquiries should be made, to establish whether themedication could be taken at a different time.
- If it is established that the medication must be taken whilst the child is absent from the school, then a separate, suitable container such as Monitored Dosage Systems, should be requested byliaising with the prescribing professional and pharmacist.

Secondary dispensing occurs when medicines are removed from the original dispensed containers and put into pots, egg cups, envelopes or any other container in advance of the time of administration. This is not considered a good practice as this process has removed a vital safety net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time you check the identity of the person.

All medicines must be given from containers dispensed and labelled by the pharmacy or dispensing GP. Secondary dispensing is strictly forbidden.

A record of medication going out with the child and a record of medication returned with the child, (even if this is zero) must be made.

22.1 Admission to hospital

If a child is admitted to hospital, the remaining supply of all medication must be taken with them. This must be documented on the MAR chart, **in accordance with para. 18.2 Child leaving**. Any medicines returned with the child must be checked in, **in accordance with para. 18.1 Child arrival, taking** into account any potential changes.

Any information which may be relevant to the care or treatment of the child must becommunicated to the hospital.

23. Staff use of medication

While staff may have a legitimate reason for using prescribed and over the counter (PRN) medicineswhile on duty or on-call, you must have regard for the effects that taking medication may have on your motivation, judgement, concentration and coordination.

With this in mind, you are required to notify your line manager in writing of

- all medication you are taking, that ***may*** adversely impact on your ability to perform your assignedrole and responsibilities safely and effectively; whether or not the medicine has had any potentialeffect to date. For example, in the case of starting a new medication (this excludes any contraceptive medicines).
- any significant changes in the dose or frequency of such medication; and the potential impact onyour ability to perform your assigned role and responsibilities.

Failure to do so may result in disciplinary action. All information will be treated in the strictestconfidence.

Where appropriate, the supervisor/line manager will conduct a risk assessment in respect of theindividual and their condition, the medication prescribed, any potential side effects, safe and appropriate storage and actions to be taken in the event of an emergency.

Where the potential risk to the member of staff, children, colleagues or others is consideredsignificant, the supervisor/line manager should consult with one or more of the following, asappropriate:

- medical professionals
- Care Perspectives Ltd Board

All prescribed and over the counter medication brought on to our premises must:

- be stored securely, out of sight and reach of children, in a locked room, with restricted access.

- be in its original container, as dispensed by the pharmacist and include the original pharmacylabel showing the name of the member of staff, where appropriate.

Staff should only bring a reasonable quantity of medication on to site – thus reducing the potentialrisk if a child was to gain unauthorised access to it.

The possession, use or supply of illegal and other unauthorised drugs by staff, children or visitors is wholly unacceptable. For further information, please see our 'Drugs, Alcohol and Tobacco Policy'.

24. Seeking the views of children, parents, carers, local authorities, and staff

Regular enquires are made of all children as to how safe they feel at New Perspectives School and ways in which services and outcomes can be improved. The views of parents, carers, local authorities andstaff are also sought through existing mechanisms for consultation and feedback. Records are kept of these enquiries as well as any associated actions.

25. Safeguarding and child protection

New Perspectives School will always consider whether a child's behaviour gives cause to suspect that they are suffering, or are likely to suffer, significant harm; or whether their behaviour might be theresult of unmet educational or other needs. All child protection concerns will be addressed in accordance with our 'Child Protection Policy.'

26. Complaints

Children, staff, parents, carers, and any other adult with parental responsibility (e.g., social worker) or other local authority representatives are all able to complain to New Perspectives School if they are unhappy with any aspect of the education or care provided (including exclusions). All complaints aretaken seriously and will be dealt with without delay. For further information, see our 'Compliments and Complaints Policy'.

All complaints concerning allegations of child abuse will always be addressed in accordance with our'Child Protection Policy'.

27. Implementation, monitoring, evaluation, and review

The designated senior member of staff with overall responsibility for the implementation, monitoring and evaluation of the 'Administration of Medication Policy' is the Head Teacher.

The designated member of staff is also responsible for ensuring that all children, staff, parents/carers and placing local authorities are aware of our policy. All children and staff are informed about this policy during their induction and are reminded of the procedures as necessary. Additional support would also be provided to any parent or significant person, wishing to know more about the policy and procedures outlined above. A copy of this policy document is available for inspection on the premises during office hours (term time only) and an electronic copy is posted on our website.

This policy document will be reviewed and publicised in writing, at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.