



Medication Policy and Procedures

Young Epilepsy will ensure all students requiring medication receive medication in a correct, proper, timely and safe manner

This policy is agreed by the Health Services Committee and will be implemented by all departments.

Signed:

Director of Integrated Care

Date:

Date of next review: 1st September 2017

Medication Policy and Procedures

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1 Introduction

- 1.1 These procedures are based on the following professional guidance/legislation:
- Managing Medicines in Care Homes. NICE, March 2014
 - The Handling of Medicines in Social Care. Royal Pharmaceutical Society, 2007
 - The Mental Capacity Act 2005: Medication
 - Medicines Act 1968
 - The Misuse of Drugs Act 1971, and their associated regulations
 - The Safer Management of Controlled Drugs Regulations 2006
 - NMC guidelines on record keeping 2011
 - Guidelines from the Nursing and Midwifery Council
- 1.2 If any member of staff does not adhere to these procedures, the incident must be reported to their line manager and via the online Incident Reporting System.
- 1.3 Failure to report an incident of non-adherence is a disciplinary matter. The disciplinary action to be taken is to be determined by the Directorate Head, in consultation with the relevant line manager and the HR Manager.
- 1.4 Where the non-compliance may have a detrimental effect upon any student the safeguarding officer or duty manager must be immediately informed and their advice sought on how best to proceed.

2 Medication responsibilities

- 2.1 The Pharmacy Adviser ensures that the organisation operates within guidance and supports staff.
- 2.2 All line Managers are responsible and accountable for ensuring that all members of staff and volunteers are aware of the Young Epilepsy Medication Policy and associated procedures and guideline documents and how to access them from the Young Epilepsy intranet where appropriate.
- 2.3 The maintenance of accurate and current signature sheets is the responsibility of:
 - the Registered/House Manager in the care environment;
 - the Head of School/FE in the education environment
 - the Health Care Assistant in the Medical Centre .

These should be updated every 6 months and when new staff begin medication training. The records in school/FE and the houses must also include signatures of doctors and nurses who may administer medication. No one is authorised to administer medication until his/her signature has been formally recorded providing a sample signature and initials as they would be signed on documentation.

- 2.4 The Director of Integrated Care has overall accountability for the implementation of the Medication Policy and associated procedures and guidelines and ensure that the Young Epilepsy medication policies and procedures comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 and requirements from NICE which governs the management of medicines.

Responsibility and accountability in the medical centre

- 2.5 The registered nurses are responsible for ensuring the safe storage of medication and the implementation of the Young Epilepsy policy within their area. They are also responsible for administering prescribed medication in accordance with Young Epilepsy policy and the directions provided by authorised doctors. They must follow the NMC Codes of Practice.
- 2.6 All staff with any responsibility or accountability on the Medical Centre should ensure when leaving the building that other appropriate members of staff know of their whereabouts on campus and how to contact them should this be necessary.

Responsibility and accountability on the houses

- 2.7 The Registered/House Manager has overall accountability and responsibility for developing, reviewing and monitoring policy and ensuring that it is safely implemented on their House, taking into account any advice from the medical team.
- 2.8 The house manager is also responsible for developing, reviewing and monitoring the training and assessment of individual care staff.

- 2.9 It is the responsibility of the designated staff member in charge of each house to ensure that all relevant staff within their house are aware of the medication prescribed and any subsequent amendments.
- 2.10 The medication trained care staff are responsible for ensuring the safe storage of medication and the implementation of Young Epilepsy policy within their area. They are also responsible for administering prescribed medication in accordance with the Young Epilepsy policy and the directions provided by authorised Doctors.
- 2.11 All staff with any responsibility or accountability on the House should ensure when leaving the House that other appropriate members of staff know of their whereabouts on campus and how to contact them should this be necessary.
- 2.12 It is the responsibility of the Registered/House Manager or designated care staff member in charge to ensure that the medication trained house staff administer prescribed medication in exact accordance with the MAR sheet.
- 2.13 **Responsibility and accountability in school/further education college.** (see also Medicating Procedures in St Piers school and College https://infosource.ncype.org.uk/sites/org/polproc/_layouts/15/WopiFrame.aspx?source=/sites/org/polproc/PoliciesWithMetadata/Medication%20Procedure%20for%20St%20Piers%20School%20and%20St%20Piers%20College%20Day%20Students%20v1.2.docx&action=default)
- 2.14 The School/College Head has overall accountability for policy and implementation in the School and Further Education college.
- 2.15 The teachers and other trained education staff are responsible for the implementation of the Young Epilepsy policy within their area. Trained staff are responsible for administering prescribed medication in accordance with the Young Epilepsy policy and the directions provided by authorised doctors.
- 2.16 It is the responsibility of the Teacher or Lecturer, as appropriate, to ensure that all education staff in contact with a student are aware of his/her prescribed medication, emergency protocol and any subsequent amendments.
- 2.17 **CD (controlled drugs) Accountable Officer:** The role of the CDs Accountable Officer ensures that Young Epilepsy has robust arrangements for the safe and effective handling of CDs. The Accountable Officer for CDs across the campus is the pharmacy adviser. If there are any CDs issues on a day when the pharmacy adviser is not working, the Director of Integrated Care should be contacted along with the nursing team.

3 Who can administer which types of medicines?

- 3.1 A registered nurse or doctor, who is legally and professionally competent in administering drugs, may singly administer drugs. (Controlled drugs and insulin administration require a trained witness). Individual practitioners must, by so acting, assume responsibility for this practice.
- 3.2 Single administration of medication is at the discretion of the Registered/House Manager in conjunction with the Heads of Residential Services (Controlled drugs and insulin administration always require a trained witness). A risk assessment for this practice must be available. No resident should be deprived of prescribed medicine because there is only one member of staff on duty when he or she needs it.
- 3.3 With the exception of registered doctors and nurses, only staff that have successfully completed the training outlined in the “Medication Training” (section 29) may administer regular medication to residential students.
- 3.4 Medication should normally be administered by a member of staff who works with the student regularly.
- 3.5 Intravenous injections can only be given by doctors. Intramuscular injections can only be given by registered nurses and doctors. Subcutaneous injections can be given by residential staff only after student specific training has been delivered by the nursing team
- 3.6 Prescribed rectal and vaginal medications, enemas and suppositories may only be administered by appropriately trained staff. The nursing team will provide this training.
- 3.7 Special arrangements have been made to allow non-medical, non-nursing staff to administer rectal diazepam or paraldehyde for the emergency treatment of seizures (please refer to the Epilepsy First Aid Procedure in section 30).
- 3.8 Prescribed topical, eye, ear and nasal medication may be administered by any member of staff authorised to do so, as part of their medication training. Further advice is available from the nursing team if needed.
- 3.9 Care staff must undergo the necessary training in order to administer Insulin (please refer to the Insulin Administration Procedure in section 24).
- 3.10 Staff may only assist in the administration of an asthma inhaler after having received advice on this practice from a member of the nursing team (please refer to the Asthma Inhaler Medication Procedure in section 18).

4 Reconciling information about a student's medicines

4.1 (NICE recommendation 1.7.3) When a student first moves to or from Young Epilepsy, the following 'medicines data set' must be available on the day they transfer:

- full name, date of birth, NHS number, address, weight (if under 16)
- GP's details
- other relevant contacts defined by the student and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse)
- known allergies and reactions to medicines or ingredients, and the type of reaction experienced
- medicines the student is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
- changes to medicines, including medicines started, stopped or dosage changed, and reason for change
- date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines)
- other information, including when the medicine should be reviewed or monitored, and any support the student needs to carry on taking the medicine (adherence support)
- what information has been given to the student and or family or carers
- the name and job title of the person who compiled this information and the date on which it was compiled.

4.2 For incoming students, the medical and/or nursing team assimilate this data set at a medical clerking appointment ahead of admission. EMIS records are created before admission. Medication details are verified at the point of admission by the doctor. Any out of hours transfers are handled by the nursing team.

4.3 For emergency transfer to hospital, the EMIS summary screen is printed and a copy of the current MAR sheet transfers with the student.

4.4 This medicines data set, should be obtained/verified with a source, such as:

- An up to date discharge summary
- Recently dispensed medicines labels from the pharmacy
- A recent prescription repeat slip
- Medicines administration records from their previous care service
- The dispensing pharmacist
- The prescriber
- Another health professional
- The student
- Their family/carers

- 4.5 The person responsible for collating this medicines data set should have the training and skills needed to carry out medicines reconciliation.
- 4.6 The medical team produce a detailed discharge summary for students leaving the organization.

5 Medication plans

Creating the medication plan:

- 5.1 Registrars must inform the house staff and pharmacy adviser of the intention to commence a medication plan.
- 5.2 The plan must display the total morning and evening dosage for each stage of the plan and be created using the electronic medication plan master form in Registrars shared drive O:/Health Services/Medshare/Registrars/Medplans).
- 5.3 Care must be taken not to overwrite electronic plans and each plan amendment must be saved as a revised document name.
- 5.4 The starting dose must be included in the drug name box, indicating whether it is increasing or decreasing. The dates written for each stage of the plan must be a Tuesday where possible. The strength of each tablet required and quantity to achieve the required dose at each stage of the plan must be stated.
- 5.5 Plans must take into consideration Young Epilepsy holiday periods (for 39 week placements) where parents prefer not to make medication changes while away from Young Epilepsy.
- 5.6 Medication plans must be signed by the prescriber and dated. A copy of the plan must be sent to the house where the student is resident, to the pharmacy adviser and scanned on to EMIS.
- 5.7 Once the plan is received by the house the date of each planned stage must be transferred into the house diary to flag the need for the MAR sheet(s) to be sent to the Medical Centre for alteration. Care staff must write clearly on the pink Medical Centre Attendance/Medication Change Request Form in the health care folder indicating what change is required. All MAR sheets for the student must be sent.
- 5.8 It is best practice for a medication trained member of house staff to have handover from the prescriber/pharmacy advisor/nurse where changes have been implemented. This must be cascaded to the staff team by the staff member receiving the handover.
- 5.9 Audit for medication plan items must be carefully documented (please refer to the Audit of Medication Procedure in section 12). House staff must communicate any shortage in medication for medication plan items to the health care assistant/pharmacy adviser, allowing sufficient time to acquire the medication.
- 5.10 Any deviation from the plan must be communicated to the house staff and pharmacy adviser.
- 5.11 **All Medication Plans must:**
 - be coordinated to reduce unnecessary wastage of medication already ordered.

- allow a seven-day lead time to acquire any new medication.
- set Tuesday as the change date.

5.12 When amending the MAR sheets for Medication Plans care must be taken to:

- cross other entries that are no longer active.
- Write each new week of the plan in a separate box on the MAR sheet
- Check entries by a nurse/pharmacist who initial next to the doctors signature.

EMIS and medication Plans:

5.13 Each student has a medical record on the EMIS database and this must be updated by the registrar/pharmacist if there are changes to a student’s medication profile.

5.14 Any planned changes to medicines, doses or directions must first be discussed with the parents/guardians of the student, where they are under 16 or where a capacity assessment indicates they lack mental capacity. Planned changes must be documented on EMIS stating starting/finishing doses plus increment size and frequency.

5.15 Any new medication needed for the plan must be added to the students EMIS record. Liaison with the house will be necessary to establish what tablet strengths, if any, are stocked.

5.16 Each item for the plan must show the instruction “according to medication plan”.

5.17 The days/quantity line should manually be set to a 14-day supply.

5.18 A screen message to suggest that a medication plan is in place is useful to post using the M command. Do not overwrite existing important messages.

5.19 Supplies for items on an individual student medication plan will be co-ordinated by the registrars/pharmacy adviser together with the Registered/House Manager. 28 days supplies may not be appropriate.

5.20 When the plan is completed EMIS must be edited in accordance with the final dosage and a 28 day supply set for subsequent Boots cycles.

5.21 Where medication has been weaned completely the medication lines must be cancelled on EMIS and placed into past drugs

6 GP consultations

- 6.1 Where students have medication prescribed by a doctor from Lingfield Surgery this must be prescribed on the students MAR sheet before administration can take place.
- 6.2 Care staff attending the appointment act in loco parentis and should inform the students' parents of the outcome in accordance with Information Governance Guidelines.
- 6.3 In line with NICE recommendations 1.3.4 and 1.7.3, when attending medical appointments, care staff should provide the prescriber with relevant information from the minimum medicines data set (as described in 4.1)
- 6.4 A record of the consultation must be written in the pink Medical Centre Attendance/Medication Change Request Form in the Health Care Folder.

7 Review of medication

- 7.1 All medication prescribed to students must, as a matter of good practice, be reviewed annually by a medical practitioner.
- 7.2 When an improvement or deterioration is noted in the student's condition all medications must be reviewed.
- 7.3 In line with NICE recommendations the medical practitioner must negotiate medication changes with students/parents/guardians and communicate changes to house staff. Start dates for medication changes must allow time to acquire medication from Boots.
- 7.4 The date and person who conducted the review must be recorded in the student's EMIS record and Pink sheet.
- 7.5 It is the responsibility of the Medical Practitioner prescribing medication to ensure that an entry regarding the prescription is made on EMIS and that the designated staff member in charge of the house is aware of the amendment via face to face conversation, telephone or email.

8 Medicines administration records (MARs)

- 8.1 Boots Home Care Services will supply a MAR (medication administration record) Sheet with the medication.
- 8.2 All drugs to be administered must be entered on to MAR sheets for each individual student.
- 8.3 Only those abbreviations listed below will be used for doctor's hand written amendments:

AM	from midnight to midday
PM	from midday to midnight
IV	intra venous
IM	intra muscular
SC	sub cutaneous
PO	by mouth
INH	inhaled
PR	rectally
PEG	through a gastrostomy
Buccal	in the mouth between gums and cheek
Top	application to the skin
EC	enteric coated
M/R	modified release
S/R	sustained release
PRN	when required

- 8.4 Times and doses of regular medication must be indicated on the MAR sheet.
- 8.5 The following codes must be used on the MAR sheets:

A	refused
B	nausea or vomiting
C	hospitalised
D	social leave
E	refused & destroyed
F	other (define.....)
G	see note overleaf (reasons detailed on carers notes on reverse)
N	not required
P	prompt
M	make available
- 8.6 If there is another reason why medication has not been administered, not covered by the above coding, this must be recorded, using code G. All staff will be trained in the use of these codes.
- 8.7 Once medication has been supplied by Boots, a printed MAR sheet will be routinely sent according to the medication profile stored at Boots.
- 8.8 Entries made by a medical practitioner must be signed in the Dr Sig box and dated.

- 8.9 It is the prime responsibility of the prescribing Medical Practitioner to ensure that the medication prescribed on the MAR sheet is correct.
- 8.10 If it is necessary to add a medicine, delete one or amend a dose, then this should be done clearly and legibly. The person doing this must be competent to do so and should have had training in how this should be done (unless they are a doctor in which case it is assumed that they are competent). This entry should be dated and a reason recorded (on the reverse of the MAR) as to why the change was made. It should be signed by the person making the entry and counter signed by an equally trained and competent person to say that it has been amended correctly.
- 8.11 Transcribed amendments of prescribed medications must be signed off by a doctor during the first week of each Boots cycle to ensure that EMIS bears the correct dosage instructions for further supply.
- 8.12 MAR sheets must be kept on the houses in designated MAR folders.
- 8.13 MAR sheets requiring amendment by the medical team must be transferred to the Health Care Folder and clear instructions written on the pink Medical Centre Attendance/Medication Change Request Form.
- 8.14 An indication of the MAR sheet location must be placed on the MAR folder divider where MAR sheets have been removed from the folders.
- 8.15 When new medication is prescribed, prescribers must be aware that there is a lag time before medication administration can be commenced.
- 8.16 If drugs are to be crushed or administered in any way outside the product licence, this must be detailed in writing by the prescribing doctor.
- 8.17 Changes to MAR sheets requiring registrar input will be made between 2pm and 4pm Mon-Fri. Required changes must be documented on the Medical Centre Attendance/Medication Change Request Form. A nurse or pharmacist should check the entry for accuracy.
- 8.18 Where additional MAR sheets have been added the numbers in the top right hand corner must be amended eg 1/2, 2/2 changed to 1/3, 2/3 when a 3rd sheet is added.
- 8.19 Medicines must be given in accordance with the printed and handwritten instructions on the student's MAR sheet.
- 8.20 If, for whatever reason, there is any doubt about the medication prescribed, staff must not administer any medication until the prescription has been clarified.
- 8.21 A student Medication Profile Form bearing a recent, dated photograph of the student must be kept in the MAR folder and additionally in the Health Care Folder. Forms should be updated every six months with a recent photograph or sooner if new allergies / administration preferences are identified ([link to form](#))
- 8.22 Copies of old MAR sheets should be kept in the Health Care Folder for 3 months before archiving. MAR sheets must be delivered by hand to the Medical Centre. They must be archived in accordance with the IG retention schedules.

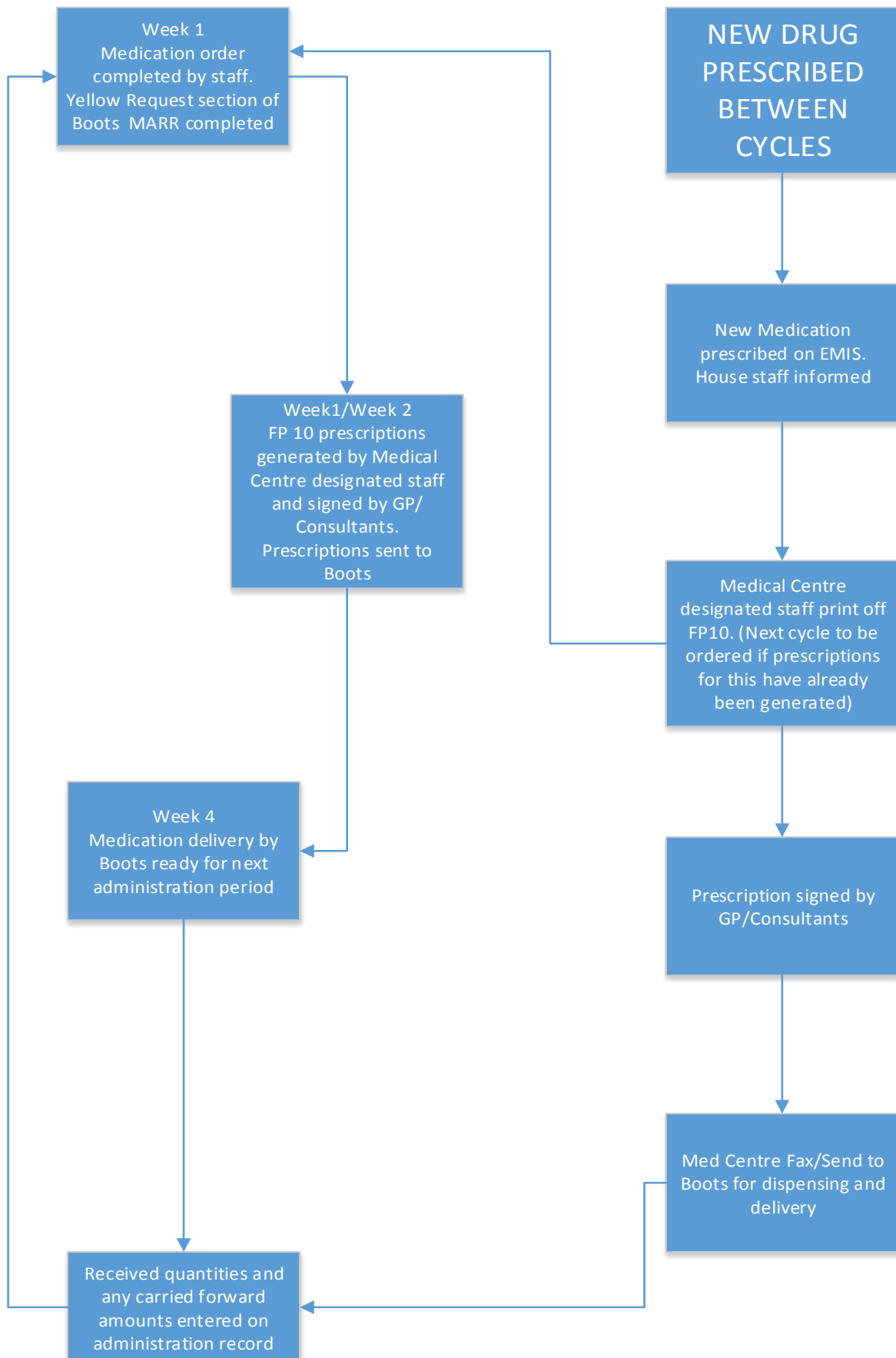
- 8.23 In line with NICE requirements, MAR sheets will be periodically checked by the house manager to ensure that they have been completed correctly (i.e. there are no missing initials, that the correct codes have been used, that flexible doses have been recorded correctly etc.). The results of this MAR sheet check will help identify if more staff training is needed on record completion and who this needs to be targeted

9 Ordering Medication

- 9.1 There should be at least two staff members who are trained and competent to order and check the receipt of medicines in each unit. The job can be done by one person but there should be another to cover their absence.
- 9.2 There should be protected time for staff to order and check in medicines.
- 9.3 All medication for residential students registered with the Lingfield Surgery is supplied every four weeks against NHS prescription forms (FP10) issued by Young Epilepsy to Boots Home Care Services.
- 9.4 Primary Care lines on these forms will be signed by the visiting GP from Lingfield Surgery on Mondays and Fridays. Consultants or Registrars sign for specialist Red and Amber lines according to the Surrey CCG prescribing PAD. Emergency prescription forms will be only signed by a GP at Lingfield Surgery on request.
- 9.5 All Registered/House Managers are responsible for ensuring that there are sufficient supplies of medication for students on their houses so that running out of drugs does not happen. Medication must be ordered in conjunction with Boots Home Care Services dispensing schedules. Over ordering must be avoided.
- 9.6 Supplies of some unlicensed drugs may need to be distributed from the medical centre.
- 9.7 Each month NHS prescription forms (FP10) are generated by a Health Care Assistant in the medical centre, according to an allocated schedule.
- 9.8 **Week 1** – The medication representative for each house must complete the yellow MAR ordering sheet. This will be sent to Boots together with the NHS prescription forms (FP10).
- 9.9 This yellow sheet can inform Boots of any MAR changes that are needed eg items that need to be removed from the MAR. Any directions that need to be amended will only be changed by Boots on receipt of a FP10 prescription form for that item bearing amended instructions.
- 9.10 Boots service user update forms must be completed where changes to prescribed medication have been made.
- 9.11 The back of the prescription forms (FP10) must be signed by a member of house staff or the Health Care Assistant.
- 9.12 Medical exemption certificates must be acquired for students 19 years and over. . Arrangement of this is the responsibility of the house manager. Failure to do so will result in Boots imposing a prescription charge until such time as the exemption has been arranged
- 9.13 **Week 1 & 2** - Printed NHS prescription forms (FP10) are signed by a GP from Lingfield Surgery and Young Epilepsy prescribers. Boots Home Care Services collect the prescription forms along with the yellow part of the Boots MAR sheets.
- 9.14 **Week 4** - Boots Home Care Services deliver medication to individual houses according to a regular schedule, ready for the new cycle start date (week 1).

- 9.15 There may be some variation to these timings where Young Epilepsy holiday dates disrupt the schedule.
- 9.16 During the summer break 39-week placement students will be sent home with a supply of medication to last part of the holiday together with NHS prescription forms (FP10) to be dispensed by a community pharmacy near to the student's home. The reasons for this are to:
- Avoid large quantities of medication having to be sent home with the students
 - Avoid incorrect or wrongly labelled items being sent home. This is a possible outcome if prescriptions are generated too far in advance and medication changes made
- 9.17 Items difficult to access in the community will be supplied for the entire holiday.
- 9.18 Students who live outside the United Kingdom and who are eligible for NHS services will have the medication supply for the entire holiday period provided.
- 9.19 All medication remaining at the end of the holiday period must be returned to Young Epilepsy with the student.
- 9.20 Prescriptions issued for the summer holiday (Aug-Sept cycle) will have the repeat side of the prescription record enabled. This will be completed by the Registered/House Manager on 39-week houses, for returning students only, before the end of the summer term and returned to the Medical Centre to inform the Health Care Assistant which items require issue for the September cycle.
- 9.21 52-week houses will have a continuous supply of 4 weekly deliveries and will order their prescriptions in accordance with the annual schedule.
- 9.22 Large excesses of regular medication should not be allowed to accumulate. Where it has further stocks must not be ordered until the stock levels have been reduced.

Flow Diagram for supply of medication from Boots



Urgent/New Items

- 9.23 The registrars must liaise with the nursing staff responsible for generating NHS prescription forms (FP10) and the pharmacy adviser via email when new items are prescribed. This ensures that medication is acquired.
- 9.24 Boots Home Care Services can respond to urgent requests and NHS prescription forms (FP10) can be faxed in such circumstances. The original form must be retained and collected by Boots Home Care Services. Boots can deliver up to 5pm on week days for urgent items received by fax before 11am. Boots offer a Saturday service between 9am and 2pm. All urgent issues must be discussed with Boots direct.
- 9.25 **Items not prescribed by Young Epilepsy Registrars:** all items, including vitamin supplements not initiated by Young Epilepsy medical professionals but requested by parents must be supplied by parents. The safety of such items requested must be ascertained by a doctor/pharmacist before being written on the MAR Sheet.
- 9.26 **Medical Centre Stock:** stocks of Prescription Only Medicines (POM) for the medical centre can be obtained on a Signed Order form. The Nursing Team and Pharmacy Adviser have responsibility for generating these. Signed Orders must be signed by a medical practitioner (registrar or consultant).

10 Confidentiality and sharing of information

- 10.1 Confidential information about students must be treated confidentially, respectfully and kept securely in accordance with Young Epilepsy Information Governance Procedures.
- 10.2 Members of the care team should only share confidential information about a student with health and social care professionals and other professionals (i.e. police, firemen, transport staff care of an individual) when it is needed for the safe and effective care of an individual. If in doubt, they should ask their line manager to confirm this is the case.
- 10.3 Records that contain confidential information about a student must be held securely and must be accessed only by those people who need to have access to them.
- 10.4 MAR sheets should not be left open for longer than needed during the medication round as they contain sensitive information.
- 10.5 MAR sheets must be kept for three years from the last date of entry for adult students. Children's records will be kept in accordance with the IG retention schedules.
- 10.6 If a student's care is transferred to another care provider, copies of the MAR sheets will be made available to the new provider for reference (on a need to know basis in line with rules governing patient confidentiality). Actual records will be retained by the service where they were created.
- 10.7 When records are then destroyed, they must be shredded or destroyed in a way that preserves confidentiality.

11 Handling medication waste procedure

- 11.1 Any medication returned to the supplying pharmacy must be recorded in the returns book. This includes discontinued lines and isolated wasted doses.
- 11.2 Boots Home Care Services receive all pharmaceutical waste from the residential houses. Houses must individually arrange for waste to be collected by Boots.
- 11.3 Medication should only be returned on account of the 4 D's – **death** of student, medication **dropped** (or spat out), medication out of **date** or medication **discontinued**. (Please see also Refusal of Medication in sections 15 and 16)
- 11.4 All returned lines must be recorded on the Carers Notes of the MAR sheet and entered in the Boots medication returns book. Medication for return must be quarantined in an area of the locked medicines trolley or cabinet while awaiting collection by Boots. CD lines must be kept in the CD cabinet until collection (please refer to Controlled Drugs Procedure in section 17).
- 11.5 Dropped or 'spat out' tablets and capsules must be wasted by placing them in a small sealable plastic bag bearing a label that details the contents of the bag.
- 11.6 Refused liquid medication doses must be disposed of in a sharps bin. Medication made up by aliquot (e.g. one tablet is dissolved in 10mls of water but only 5mls is administered and 5mls wasted), must have the non-administered portion disposed of in a sharps bin.

12 Receiving Medication and the Audit Trail

12.1 The audit trail comprises a record of medication:

	Where this is recorded
received	MAR sheet
administered	MAR Sheet
supplied for social leave, hospitalisation etc.,	Medication Collection/Return Record
disposed/returned to supplying pharmacy	MAR sheet + Pharmacy Returns Book

12.2 From these records it should be possible to calculate exactly the quantity of each medication a student has on the house.

12.3 In this way any potential discrepancies in medication administration can be checked.

12.4 If any part of the audit trail is omitted this check is unable to be performed and compromises the handling and administration of medication on your house.

12.5 It is the responsibility of the house manager to appoint personnel to deal with the monthly counting and recording of medication stock and carried forward amounts. All staff dealing with and administering medication must understand the principles of audit trail such that in the absence of the appointed person(s) the trail is not compromised.

12.6 It is essential that all medication trained staff understand the importance of following the audit procedure.

12.7 Upon receipt all medication must be checked, counted and recorded. A tablet triangle or capsule counting tray are useful for counting medication not in blister packaging.

12.8 Any error in dispensing must be immediately reported to Boots and raised as a Medication Incident on the electronic Incident Reporting System (please refer to Medication Incidents Procedure in section 26).

12.9 The quantity and date received must be documented and signed for on the MAR sheet provided. Liquid medication quantities must be recorded in "mls". Topical products must be recorded in "mls" or "grams"

12.10 Large excesses of regular medication should not be allowed to accumulate. Where it has further stocks must not be ordered until the stock levels have been reduced.

12.11 At the end of each cycle, any excess medication must be counted and carried forward to the new cycle MAR sheet, carefully documenting the time and date.

12.12 Occasionally holiday dates at Young Epilepsy mean that some monthly supplies are received during week 2 or 3 of a Boots cycle, rather than in week 4. Where this happens the delivery should be recorded in the new MAR sheet provided and a total carried forward quantity recorded after social leave to include this delivery. 52 week houses can carry forward in the usual way cited below.

- 12.13 Medication stocks should be reconciled each cycle to check that medication has been given as intended during the last 4 week period and that no discrepancies have occurred.
- 12.14 "As required" medication must be balanced against the number of administration signatures.
- 12.15 Any discrepancies in reconciling stock must be raised as a Medication Incident on the electronic Incident Reporting System (please refer to Medication Incidents Procedure in section 26).

Medication Collection/Return Record

- 12.16 Every time a student is sent off site with medication whether for social leave, an off-site visit, or hospitalisation, the amount of each medication item sent must be documented on a Medication Collection/Return Record.
- 12.17 On return all medication brought back must be counted in and documented. Discrepancies must be discussed with the parent/carer to try to establish how the discrepancy occurred. Where no suitable explanation can be found a Medication Incident must be raised on the electronic Incident Reporting system. (please refer to Medication Incidents Procedure in section 26).
- 12.18 If less medication is returned than anticipated there is likely to be a shortfall before the end of the cycle. If this happens every effort must be made to recover the shortfall (eg if parents have failed to return medication). If there is a deficit that cannot be recovered additional medication must be acquired on prescription via the medical centre.

The Returns Book

- 12.19 Any medication returned to the supplying pharmacy must be documented on the MAR sheet and recorded in the returns book. This includes discontinued lines and isolated wasted doses.

Interim Ordered/Owing medication

- 12.20 The quantity of any medication received after the beginning of the cycle must be documented on the current MAR sheet.
- 12.21 This includes interim orders (eg where there has been extra medication ordered or where a new item has been prescribed mid cycle) and owing items delivered by the supplying pharmacy.

Medicines not accounted for:

- 12.22 If staff are aware that medication cannot be accounted for, this matter must be immediately reported to the Nursing Team/Pharmacy Adviser/Duty Officer, who will advise on the appropriate action to be taken. The safeguarding officer should be made aware.
- 12.23 Once staff are aware that medication cannot be accounted for, an immediate search must be undertaken and any staff who are not on duty contacted to discover if they have any knowledge of the matter.

- 12.24 The MAR Sheets must be checked to discover whether the audit trail can explain the discrepancy.
- 12.25 A Medication Incident must be raised on the electronic Incident Reporting System (please refer to Medication Incidents Procedure in section 26) and the discrepancy investigated.
- 12.26 Where the amount of medication is significant or the incident appears to be part of a trend a full investigation must be conducted. The appropriate Head of Residential Services will determine what further action is indicated.

13 As required medication

- 13.1 For medicines prescribed on a 'when required' basis, the prescriber will sign off a completed 'when required' protocol. This will give details of what the medicine does, the circumstances under which it should be offered, the minimum time between doses, the maximum dose in 24 hours, how much to give if a variable dose has been prescribed.
- 13.2 As required medicines should be offered when it is needed and not withheld until the medication rounds
- 13.3 As required medication must always be dispensed in original packs rather than monitored dosage systems

14 Procedures when medicines are administered

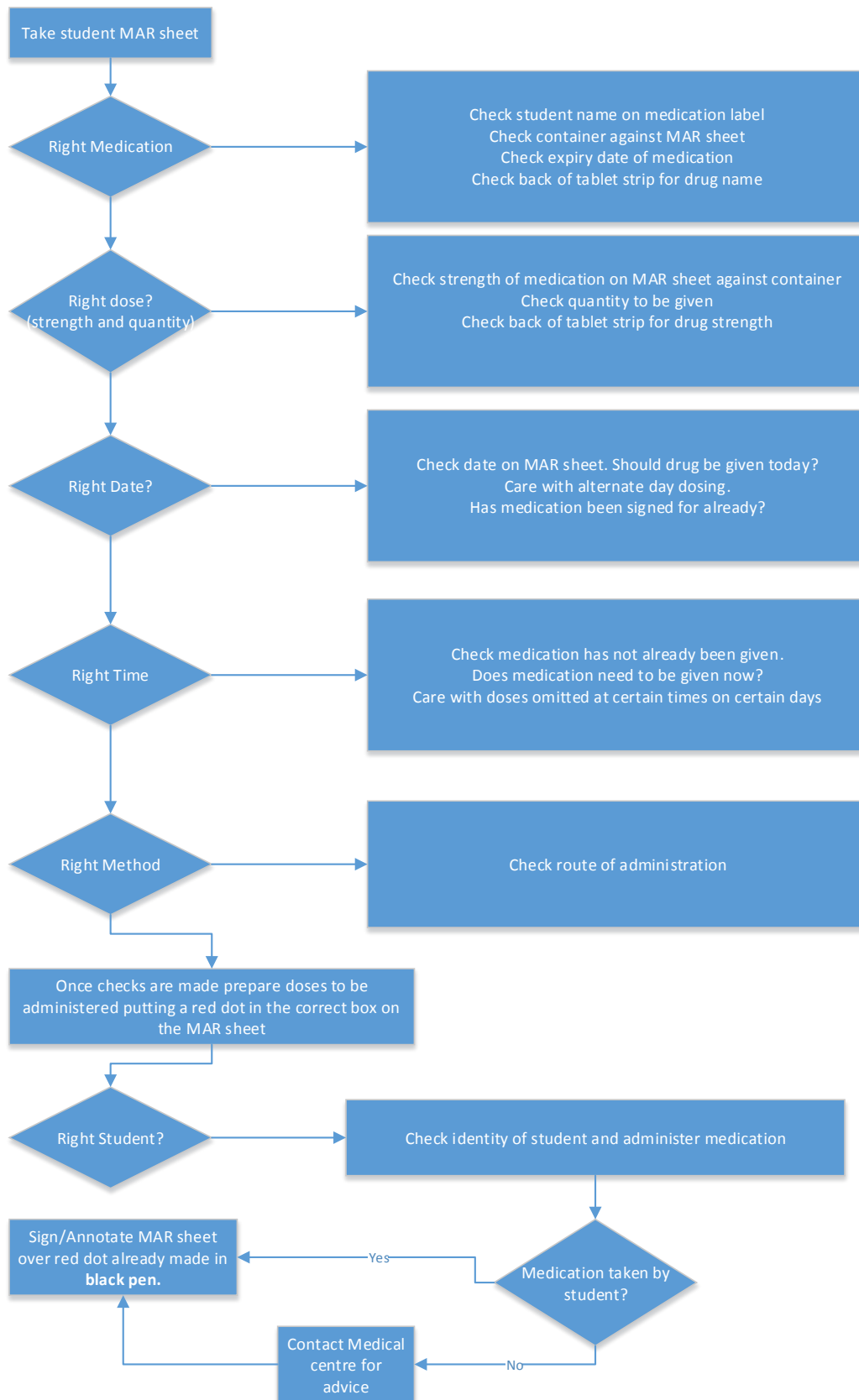
- 14.1 Medicines should only be administered to a student after checking the student's identity against the student Medication Profile Form. This bears a recent, dated photograph of the student together with information about how the student takes their medication. This must be kept in the MAR folder and additionally in the Health Care Folder. Forms should be updated every six months with a recent photograph or sooner if new allergies / administration preferences are identified (link to form)
- 14.2 Every care must be taken by all staff to ensure that there are minimal distractions present to the person(s) administering medicines.
- 14.3 Care must be taken to ensure all of the student's MAR sheets are referred to before the medicine is administered ("start with the chart").
- 14.4 Members of staff must act in accordance with any additional instructions specified on the MAR sheet or pharmacy label (e.g. give with food).
- 14.5 Medicines must be given in a person-centred way. If the student is eating, then it may be better to wait until they have finished before giving them their medicine (but check to see if the medicine should be given on an empty stomach and student preferences).
- 14.6 For students who are asleep, check how much leeway there is with the timing of that medicine (refer to 14.11) as it might not be necessary to wake them up.
- 14.7 The staff member measuring the medication should check and measure each item on the MAR sheet using the flowchart below: 'The Right Checks for Drug Administration' (page 28).
- 14.8 Medication must be administered and the MAR sheet signed immediately after successful administration (please see the procedure for Non Compliance with Medication)
- 14.9 Responsibility for the accurate and correct recording of medication administered lies with the member of staff administering medication. The staff checking the medication against the MAR and preparing the dose must administer it to the student and sign the administration record personally.
- 14.10 If a "change of face" is required where medication is initially refused, the staff administering must also check the medication against the MAR and satisfy themselves that the dose has been prepared (e.g. measured and checked) correctly.
- 14.11 We aim to give medicines on time but appreciate that some leeway might be needed from the time stated on the MAR. We will consult with some or all of the following to decide these times: the prescriber, pharmacist, student, their carers or relatives. As a general rule, we will aim to stick to the following time scales:
 - Time-critical meds e.g. diabetes, epilepsy +/- 30 mins
 - Twice a day, three times a day, four times a day, every four hours +/- 1 hour
 - Once a day, once a week, once a month +/- 2 hours

- 14.12 If medicines are given outside of these time frames, a G code must be used on the MAR sheet and the following recorded in the carers notes on the back of the MAR: the actual time of administration, the reason why the administration did not occur on time, who was notified, any follow up action/observations taken. It may be necessary to delay the next dose.
- 14.13 Oral syringes must be used to measure liquid medicines as spoons and measuring cups are not accurate. There can be exceptions to this with medicines such as Gaviscon and lactulose (or other medicines where the consequences in inaccurate measurements have negligible clinical impact).
- 14.14 All liquid medicines must clearly show the date of opening and the discard-by date. This aids in the audit trail.
- 14.15 All medicine bottles should be wiped after use and oral syringes washed by hand in warm soapy water. Dishwashers will not remove medication from the tip of the syringe.
- 14.16 Half tablets ordered from Boots will usually be cut at the point of dispensing and issued in separate dispensing bottles. If half tablets are prescribed but no pre-cut supply is available, care staff must use a tablet cutter.
- 14.17 The remaining half a tablet must be placed into a separate bottle labelled specifically for this purpose (ask the pharmacy adviser for requirements), and administered on the next opportunity when a half tablet is needed. If this is more than 48 hours after the first administration, the half tablet must be discarded according to the procedure for medication waste.
- 14.18 Where half tablets are prescribed consideration should be given to whether an alternative strength of tablet (or a liquid form) is available that reduces the need for a half tablet to be administered.
- 14.19 This practice does not include sodium valproate (Epilim) tablets which deteriorate rapidly when exposed to moisture in the atmosphere. These must be disposed of immediately according to the procedure for medication waste.
- 14.20 Where the specified strength of medication is not available but the dose can be achieved by giving alternate strengths of medication available to the student this must be discussed with the doctor, nursing staff or pharmacy adviser (e.g. 100mg tablets have run out but 200mg tablets are also available and $\frac{1}{2}$ x 200mg could be given). Code G must be used in all such circumstances and an exact record of what has been administered documented in the carers notes with details of who authorised this practice.
- 14.21 Medication must always be administered in a professional manner, with regard to maintaining the student's privacy and dignity.
- 14.22 If a product in the list below has been opened then check to see if the manufacturer has provided a 'once opened, discard by date'. If not then use the dates below:

Product	Expiry Date
Eye, ear and nose drops/ointments	28 days after opening unless otherwise specified by manufacturer.
Creams and Ointments	
Creams in a jar/pot	Manufacturer's expiry date on product. Follow infection control procedures
Creams in a tube	Manufacturer's expiry date on product.
Aerosols	Manufacturer's expiry date on product
Pump dispensers	Manufacturer's expiry date on product
Rectal preparations and pessaries	Manufacturer's expiry date on product
Internal or external liquids	
Manufacturers original container	Manufacturer's expiry date on product. Take note of 'in use' dates if specified
Dispensed liquids	6 months from date of dispensing. Check dispensing label/extra information
Specials or unlicensed liquids	Manufacturer's expiry date, check storage conditions
Tablets and Capsules	
Manufacturers original container	Manufacturer's expiry date on product. Take note of 'in use' dates if specified
Manufacturer's foil or strip packaging	Manufacturer's expiry date on product. Take note of 'in use' dates if specified
Dispensed into tablet bottle	One year from date of dispensing unless otherwise stated
Monitored Dose Supply (MDS) prepared from pharmacy	8 weeks after dispensing

14.23 Staff who open medicine in the list above (with the exception of tablets and capsules) must add both the date of opening and the discard by date to the pharmacy label (or any sticker provided by Boots).

The right checks for drugs administration



15 Refusal of medicines in students with sufficient mental capacity

- 15.1 If a student doesn't take routine medication at the allotted time, this must be reported to the nursing team*. The consequences of non-administration should always be considered.
- 15.2 All messages must be recorded in the student EMIS consultation record together with advice given.
- 15.3 If regular medicines are declined, or not given for any other reason, staff must also record this on the MAR with an appropriate code and record the reasons why they declined (if they can find out) in the carers notes on the back of the MAR
- 15.4 If non-administration is noted through a signature gap in the MAR sheet, an audit of the gap must be carried out to see if the medication may have been administered but not signed for. The missing signature box must be highlighted and recorded in the "Administration Record Gap Book/Document" with a record of findings.
- 15.5 If a student declines their medication, the medication should be re-offered over a 1-2 hour time period with a "change of face".
- 15.6 If a student spits out medication, the nursing team should be informed* If tablets are intact, the advice will normally be to repeat administration. Medication spat out and not successfully re-administered must be placed in a sealed bag for destruction.
- 15.7 If a student vomits medication immediately after administration, the nursing team should be informed*. If the tablets are intact, the advice will normally be to repeat the dose with new medication. It is important that only the tablets seen and identified are repeated.
- 15.8 If a student takes medication and then vomits and it is unclear how much has been rejected, the nurse shift leader should be informed*. Advice on the appropriate course of action will be given. The advice will normally be that if it is unclear what has been vomited then no re-administration of doses would occur.
- 15.9 If a student takes the wrong medication or the wrong dose, the nursing team must be informed*. This must be reported to the doctor on-call. The student must be monitored for any changes. The house staff involved should inform the parents and the senior care team. A medication incident must be raised on the Incident Reporting System by a member of staff involved. Refer to Medication Incidents Procedure.
- 15.10 *In the event of there being no nurse available for advice, the appropriate action to take should be discussed with a senior member of staff/Executive on call. An email detailing the administration problem should also be sent to the nurses' station.

16 Refusal of medication in a student who lacks mental capacity

16.1 Staff members can try the following:

- Try again a few minutes later (the person may have forgotten that they refused)
- Try a different member of staff members
- Explain to the person what the medication is for
- Talk to the pharmacy advisor to see if the timing and or form of the medicine can be changed
- Talk to the prescriber and arrange for a medication review

16.2 In line with the Mental Capacity Act 2005 Code of Practice and guidelines from the Nursing and Midwifery Council, a decision can be taken to give medicines covertly (e.g. hidden in food or drink). This must be in a student's best interests when they lack mental capacity and are unable to properly understand the consequences of not taking their medication. An assessment of whether the student has adequate mental capacity to understand if taking the medicine is in their best interests and that the medicine is essential for their wellbeing must be carried out. If it is established that the student lacks adequate mental capacity, the assessor must consult with their healthcare professionals and obtain the views of everyone involved in the student's care (e.g. CPN, staff, relatives, legal advocates). This may lead to a decision to covertly administer student's medicines in their best interests.

16.3 The assessment, consultation and decision must be documented in the student's notes and reviewed regularly as mental capacity can sometimes fluctuate. A care plan will be needed to set out clearly how the medicines will be administered covertly to the student. The Mental Capacity Act Code of Practice sets out that it must be assumed students have mental capacity. Therefore staff administering medicines must reasonably believe that the student lacks mental capacity each time and the action they are taking when giving them their medicines covertly is in their best interests.

16.4 The prescriber should be asked to review the medication to establish which medicines are absolutely necessary.

16.5 The pharmacy advisor should be contacted to check if tablets can be crushed or capsules opened and medicines are stable enough to be mixed with food or drink. This can be verbal authorisation, which can be written in the student's notes and backed up with a written signed and dated statement.

17 Controlled drugs (CDs)

- 17.1 In social care settings (i.e. at Young Epilepsy) only the following CDs require extra controls:
- All schedule 2 CDs except quinalbarbitone
 - From schedule 3, just temazepam, buprenorphine, flunitrazepam and diethylpropion
 - From schedule 5, just Oramorph 10mg/5ml
- 17.2 This list may change hence check with the pharmacist. If unsure whether a medication is a CD, ask the pharmacy adviser/medical centre.
- 17.3 CDs must be kept in a designated CD cabinet secured to the wall.
- 17.4 Each house handling CDs must have a CD register. This must be used to record all CDs received, administered and returned to Boots. It must be counter signed by a medication-trained witness. The register must also be used to record weekly stock checks.
- 17.5 When CDs are administered, as record should also be made on the MAR by the person administering and a medication-trained witness should co-sign the entry.
- 17.6 If a medication-trained witness is not available, no student should be denied administration of a CD (as witnessing is not a legal requirement). In such circumstances a responsible staff must check and count the medication with the fully medication trained staff member explaining the checks required – Right Student>Right Medication>Right Strength>Right Dose>Right Method>Right number in stock.
- 17.7 A separate page will be used to record each separate form and strength of CD for each particular student. So for example if one student took both Concerta XL 20mg tablets and Concerta XL 10mg tablets these would be recorded on separate pages.
- 17.8 There should be one active register per house or in school or FE at any one time.
- 17.9 CDs must be entered into a CDs register by a fully medication trained staff member upon receipt. A medication-trained witness signature is required for every CD entry.
- 17.10 A running tally of each medication must be kept in the CD register and stock counted at each administration.
- 17.11 Additional weekly counting of stock must be evidenced in the CD register. Two fully medication trained staff must check each CD medication stocked to ensure the correct balance is evident and sign for this check.
- 17.12 There should be no crossing out in the CD register. Incorrect entries should be bracketed and the correct entry written alongside it.
- 17.13 It is good practice to have the CD register out when administering the students' medication so that entries do not get overlooked.

- 17.14 Residential students receiving CDs from their house supply to take off campus for weekends/holidays/off site visits must have the quantity supplied signed out of the CD register. Medication returned must be entered back into the house CD register. Two signatories are required for this process. The same process applies for school or FE Day Students requiring the administration of CDs during an offsite activity.
- 17.15 Any CDs unaccounted for must be notified to the nurse shift leader where-upon an investigation into the shortfall will be made by the pharmacy adviser or nursing staff. A medication incident must be raised on the Electronic Incident Reporting System. Refer to the Medication Incidents Procedure
- 17.16 Any CDs for return to Boots Homecare Services, must be entered into a dedicated page of the Boots Returns Book and signed out of the CD Register. Two people must sign for this. Discontinued lines returned must show a balance of zero and the rows remaining on the current page must be scored through with a zig-zag line.
- 17.17 CD returns must be kept quarantined in the CDs cabinet until collection by the Boots delivery driver. An entry in the carer's notes on the MAR sheet must be made regarding items returned to Boots.
- 17.18 Where CDs are taken on a residential visit exceeding 24 hours they must be signed out of the house CD register and entered onto a temporary form available from the Pharmacy Adviser. A separate form must be used for each CD line per student. The form(s) must be used for the duration of the trip following the guidelines above. The returned quantity at the end of the residential trip must be entered into the house CD register.
- 17.19 CDs for students working towards medication independence must be kept in a locked receptacle in accordance with the risk assessment. If medication is not stored in the student's room, CDs must be kept in the CD cabinet and weekly stock checks performed. Entries in the CD register must be made when the student does not have full responsibility for their medication and supplies are not kept in the students' room.

18 Asthma inhalers

- 18.1 It is the responsibility of the designated senior member of the care and education staff on duty to ensure that any student with an inhaler has access to his/her inhaler at all times.
- 18.2 Students may self-administer asthma inhalers according to their individual care plan and risk assessment.
- 18.3 Staff may only assist in the administration of an asthma inhaler if they have full and current Emergency First Aid training and have received information on this practice from a member of the nursing team. (Refer to Emergency Medication Procedure in section 22)
- 18.4 The emergency use of an asthma inhaler when a student is away from the building where administration records are stored, must be documented on return using a G code which explains where this was given and who witnessed it. The nursing team must also be informed and the event recorded in EMIS.
- 18.5 Day students using their inhaler must have this reported to the student's parents/carers and entered into the communication book where this is in place.

19 Side effects

- 19.1 Staff should have an awareness of which side effects to look out for with medicines that are taken by students. Any serious side effects that require looking out for should be recorded on the student's Medication Profile sheet.
- 19.2 The yellow card reporting system is available to report an adverse drug event for a student. The event would be reported in the first instance to the nursing team, registrar and consultant, and cascaded to the Pharmacy Adviser. Parents and staff caring for the student would also be informed.
- 19.3 In line with NICE guidelines, a record of the adverse event must be made in the student's care plan. This should describe the nature of the side effect, who has been informed, and when, what advice they gave and what action is being taken.

20 Promoting medication independence procedure

- 20.1 Before a student can administer their own medication they must be nominated by the care team and agreed by the Registered/House Manager. Following nomination a risk assessment must be carried out and the necessary documentation signed by the Registered/House Manager.
- 20.2 The student's capabilities, including mental capacity, must be assessed as part of the risk assessment to be determined on an individual basis in accordance with their care plan.
- 20.3 The level of self-administration that can be undertaken must be clearly outlined in the individual care plan.
- 20.4 All documentation relating to self-medication, whether they prove successful or not, should be included in the student's health care folder in the house.

Review of independent medication administration

- 20.5 It is the responsibility of the Registered/House Manager or designated senior member of care staff on duty to oversee the independent administration of medication by students in their charge.
- 20.6 If at any time a member of staff becomes concerned about a student continuing to independently administer; it is their duty to immediately report this concern to their line manager.

Storage and administration of medication for the student working towards independent administration

- 20.7 It is the responsibility of the Registered/House Manager or medication trained shift leader on duty, to regularly monitor independent medication. Attention should be paid to:
- whether the correct amount of medication is used by the student
 - that all medication prescribed is taken by the student
 - that the medication is taken at the correct time
 - that there is no deterioration in the student's medical health.
 - that the medication is safely stored.
- 20.8 In line with NICE recommendation, consideration should be given as to the best system for supplying medicines for each student (in consultation with the student) to support their independence. Some students might prefer monitored dosage systems, others might prefer original packs. The system used should be appropriate to the care plan and risk assessment for each individual student
- 20.9 Staff should not secondary dispense into dosette boxes. If dosette boxes (monitored dosage systems) are needed, then these should be filled and labelled by a pharmacy.
- 20.10 All medication dispensed to a student for independent administration must be kept in a locked receptacle in accordance with the risk assessment. Once a student has

been deemed fully competent to independently-administer, medication is controlled by the student, with the house retaining a key for twice weekly checking.

- 20.11 Where students working towards medication independence take CDs these must be kept in a locked receptacle in accordance with the risk assessment (please refer also to the CDs procedure)

Recording administration of medication for the student working towards independent administration

- 20.12 If staff have any involvement in ordering or taking receipt of medicines for students who self-medicate, they must record the medicines (and quantities of those medicines) that are handed over to the students. They must make the same records of any medicines for which they have an involvement in disposing of on behalf of self-medicating students.
- 20.13 If the student is not in full control of their medication and part of the medication supply is kept in the house medication storage, the MAR sheet must be annotated with regard to whether the medication has been made available or whether the student has been prompted to take their medication.
- 20.14 Medication wastage must be handled as per the Medication Waste Procedure in section 11.

21 Residential visits/short term leave medication procedure

- 21.1 Residential students taking social leave or going on Young Epilepsy organised residential visits will take their Boots home care services supply.
- 21.2 Due to the nature of acquiring drugs, supplies for social leave or trips need to be checked at least five days before the departure day.
- 21.3 The Emergency Medication Bag must be provided with each student with a copy of the emergency instructions kept in the MAR sheet folder. The contents of these bags must be checked regularly and at least before each half termly break (please refer to Epilepsy First Aid Procedure)

Students on residential visits:

- 21.4 It is the responsibility of the group leader to ensure that students have sufficient drugs for the duration of the visit. This must be checked allowing sufficient time to acquire any drugs from Boots if needed. The Off Site Residential Trips Procedure should be followed allowing appropriate timescales.
- 21.5 It is the responsibility of the group leader to ensure adequately medication-trained staff (at least two) and epilepsy first aid trained staff are available throughout the period of the visit.
- 21.6 They should also ensure that students have sufficient medication for the duration of the visit plus an extra 5 days. This must be checked allowing sufficient time to acquire any drugs from Boots if needed.
- 21.7 The students MAR sheets and current emergency instructions must be taken.
- 21.8 Drugs must be stored in a locked receptacle and a safe practice established for the handling of keys.
- 21.9 Only fully qualified medication-trained staff may administer medication during any off-campus/residential visit.
- 21.10 The administration of regular, as required and emergency medication whilst away from Young Epilepsy must be recorded and countersigned on the MAR sheet. This procedure guarantees that if the student responsible had to leave the situation an accurate record remains with the group.
- 21.11 Where CDs are taken on a residential visit the supply must be signed out of the house CD register and entered onto a temporary form available from the Pharmacy Adviser.
- 21.12 A separate form must be used for each CD line. The form(s) must be used for the duration of the trip following guidelines contained in the CDs Procedure. The returned quantity on return from the residential trip must be entered into the house CDs register following guidelines contained in the CDs Procedure.

Students on social leave:

- 21.13 Care staff must ensure parents or escorts have correct medication, complete with patient package inserts (the leaflet that comes in each pack of medication), before leaving campus. A minimum additional 5 day supply of medication above what is actually required must be sent for all periods of social leave.
- 21.14 Each house must keep an up to date folder with patient information leaflets specific for the medication prescribed for their students. Copies of these can be provided where no leaflet is available for medication being sent for social leave
- 21.15 Secondary dispensing must not be undertaken. This involves removing tablets from the original pack/bottle supplied by Boots and placing them into another pack/bottle. Contact the pharmacy adviser if in any doubt as to what constitutes secondary dispensing.
- 21.16 All medication must be recorded as detailed in the Audit of medication procedure in section 12).
- 21.17 When a student returns home or to other residential accommodation, the parents or carers must be informed of:
- Any medication already administered on that day
 - When such medication was administered
 - Any medication yet to be administered for that day
 - When such medication should be administered
 - Whether the medication is to be administered at other intervals.
- 21.18 This information may be communicated verbally, but a record should nonetheless be made of any instructions/information given to parents/carers in the house communications book. A copy of the most up to date MAR sheets must be provided to parents/carers.

Students attending off campus/college

- 21.19 Students going off campus to college and who need lunch-time doses must have any medication supplied from their Boots Home Care Services supply in the original container/packet.
- 21.20 These must be recorded as detailed in the Audit of medication procedure in section 12).
- 21.21 Administration must be recorded using a G code and referencing the Medication Collection Return Record noting the staff member who supervised the medication administration.
- 21.22 If attending external college courses is a regular occurrence Boots can arrange to dispense a small supply in separate containers.

21.23 If students are not accompanied by medication trained staff the student must have a risk assessment carried out with respect to self-medication (please refer to the Promoting Medication Independence Procedure in section 20).

22 Emergency medication kits

Residential students

- 22.1 All residential students requiring emergency medication lines (eg buccal midazolam, rectal diazepam, paraldehyde, adrenaline, risperidone) have these dispensed by Boots. They are stored on individual houses in locked medication cabinets. Each student has an Emergency Medication Kit bag.
- 22.2 The Emergency Medication Kit Bag is the responsibility of the Registered/House Manager/Assistant House Manager or designated care staff member in charge with respect to setting up/replenishing. Students carrying out this activity must be fully medication trained. It is essential that each kit contains a completed Emergency Medication Audit Sheet. Students who have frequent administration of emergency protocol lines must have backup stock.
- 22.3 If medication needs to be acquired in order to replenish kits these must be sourced as a matter of urgency from Boots. Contact the nursing team for prescription issue.
- 22.4 Kits must be sealed when handed over to staff taking the kit bag from the house. The seals used each bear a unique number. This should be recorded on the Emergency Medication Signing Forms. The expiry date of the kit must be clearly displayed on the seal.
- 22.5 The Emergency Medication Bag must be sent home during social leave. A copy of the emergency instructions must be supplied. The contents of the kits must be checked regularly and at least before each half term break.

Day students

- 22.6 Day students will be issued with an Emergency Medication Kit Bag for their emergency medication. Setting up and replenishing kits must be carried out by fully medication-trained staff familiar with the procedure or a nurse (see flowchart below). An Emergency Medication Audit Sheet must be kept in the bag and detail doses given and a current balance of medication in the bag. Nursing and/or Epilepsy First Aid trained staff will administer emergency medication and must be responsible for completing the Emergency Medication Audit Sheet. Fully medication trained staff familiar with the procedure or Nursing Staff must reseal the bags after use, carefully documenting remaining doses for the audit trail. The emergency medication bag is to be sent in with day students on a daily basis and stored in a locked cupboard/cabinet in school/FE. A record sheet for signing kits into and out of school/FE must be kept.
- 22.7 Where new medication stocks are required the designated request form must be completed and be sent home in the day student communication book. (See Day Student Administration Procedure)

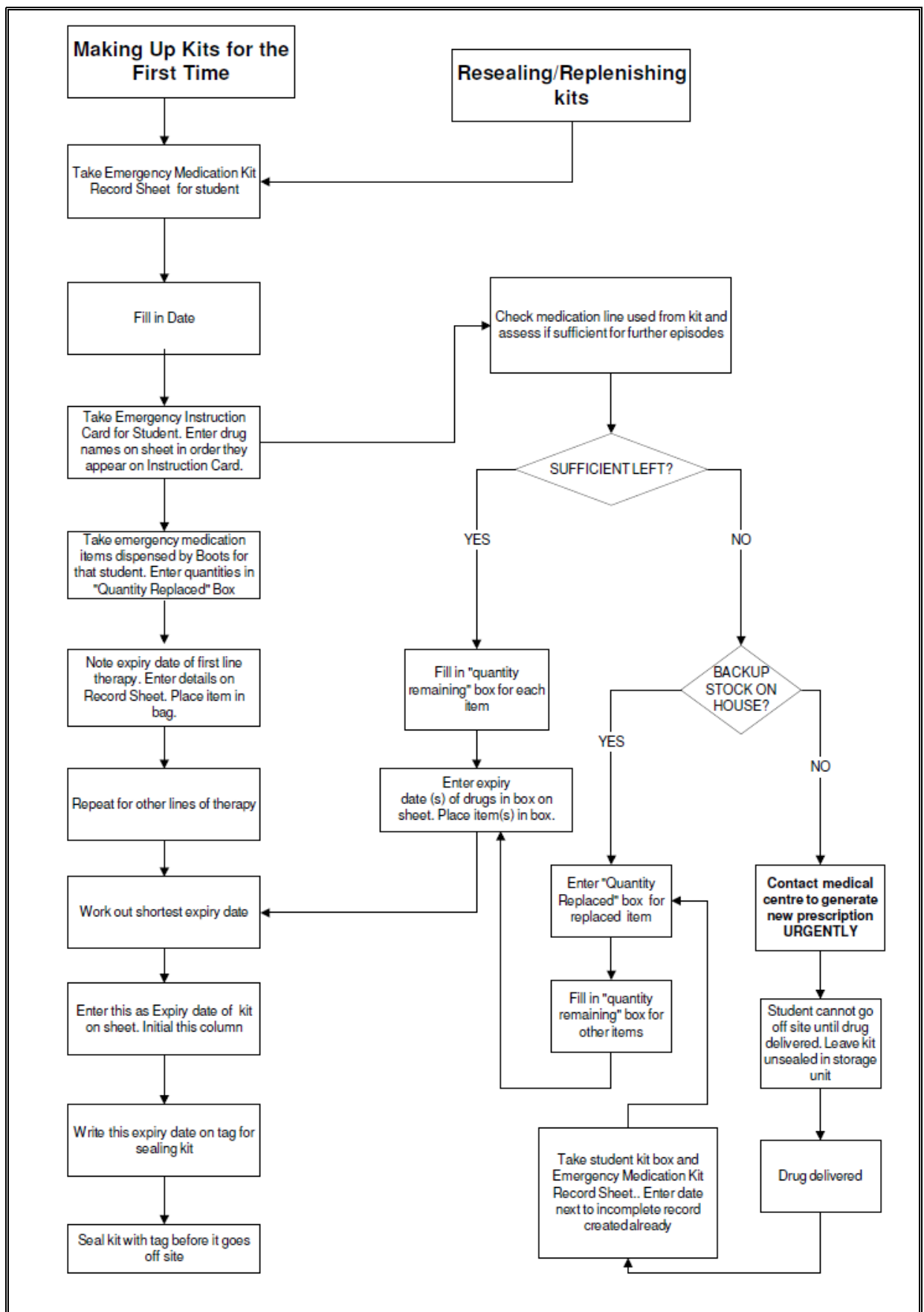
Emergency medication to be administered off-campus

- 22.8 It is the responsibility of the senior member of staff accompanying a residential student off-campus to arrange for any prescribed emergency medication to be collected from the student's house (or from school/FE in the case of day students).
- 22.9 The expiry date is to be checked when each kit bag is collected. Where the student collecting the kit(s) will be handing responsibility for the kit(s) to another member of staff, the transfer of accountability must be documented on the Emergency Medication Signing Forms in the area where ownership is transferred. Failure to use this form puts responsibility for the kit(s) with the staff member originally signing the kit out of the house.
- 22.10 In extreme circumstances where education staff cannot collect the kit in student from the house, the house shift leader can decide whether it is possible to deliver the kit to school/FE.
- 22.11 If the request is approved the kit must be signed out of the house register by the student delivering the kit and the kit must be signed into school/FE using the Emergency Medication Signing Forms in the area where ownership is transferred.
- 22.12 All Epilepsy First Aid trained staff accompanying a student off-campus must be aware of the prescribed emergency medication and the method of administration. The Emergency Instruction Card must be collected from the school/FE office and taken on the offsite visit. These cards will detail a volume and strength of any liquid formulations to be administered.
- 22.13 Students moving towards individual living can be risk assessed to carry their own emergency medication kits. Administration is still the responsibility of a designated Epilepsy First Aid competent member of staff accompanying the student.
- 22.14 The administration of emergency medication must be recorded on the emergency medication audit sheet in the emergency kit bag at the time of administration. Arrangement for the student medication administration record to be updated for both day and residential students is the responsibility of the member of staff administering the medication. This ensures an accurate audit trail.
- 22.15 Off campus administration of emergency medication must be reported to:
- The Registered/House Manager or Assistant House Manager or designated care staff member in charge
 - Nurse shift leader in the NCEC Medical Centre
- 22.16 The administration of emergency medication when off campus for a period in excess of 24hours should be recorded on the emergency medication sheet in the emergency kit bag at the time of administration. If the MAR sheet is available at the time of administration this should also be completed. If not it must be updated when available. Where emergency medication is administered, the member of staff in charge of the visit must assess the emergency kit bag to see if it needs replenishing.

- 22.17 Kits used/opened must be checked on their return by the Registered/House Manager or Assistant House Manager or designated medication trained care staff member in charge and restocked if necessary in accordance with the procedure for Making Up and Replenishing Emergency Medication Kits. The Emergency Medication Audit Sheets must be completed and replaced inside the kit bag.
- 22.18 All students who are prescribed inhalers for emergency use should take these wherever they are on/off campus (please refer to the Asthma Inhaler Medication Procedure section 18). Instructions to take these inhalers are included on the OFF SITE CARD.
- 22.19 All staff responsible for students with allergies who may require emergency adrenaline (Epipen, Anapen, Emerade), must ensure that students have access to their adrenaline device at all times both on and off campus. Staff must have undertaken the necessary training, provided by the nursing team, in relation to their use.

Emergency instruction cards

- 22.20 Every residential and day student has an emergency protocol attached to their EMIS record. Where no emergency protocol item is prescribed the record must say "None". Emergency instruction cards must be generated for every student. It is the responsibility of the Registrars to create and amend off-site cards. New off-site cards must be generated and distributed to the house and school/FE when amendments have been made. A Healthcare Assistant performs this function.
- 22.21 It is the responsibility of all staff to report any error on an emergency instruction card to the nurse shift leader as soon as the error becomes known.
- 22.22 Whenever a student is accompanied off-campus by staff, it is the responsibility of the senior member of staff to ensure that each student's emergency instruction card is taken with them.
- 22.23 Emergency cards are to be kept:
- In school/FE
 - On the student's house
- 22.24 Staff accompanying students off-campus must take emergency cards from their box location and must ensure that they are returned to their original location as soon as the students return to campus. If replacement emergency instructions cards are received into school/FE/residential houses, the student's tutor/house manager should be notified and the changes to the protocol noted by all relevant staff. The old emergency instruction card must be destroyed.
- 22.25 It is important that these cards are not photocopied and that ONLY the originals are used to minimise error.
- 22.26 Replacement cards can only be issued after a period of 48 hours following the report of a missing card.



23 Homely Remedies Procedure

- 23.1 Home Remedies are medicines, which can be bought 'over the counter', without prescription.
- 23.2 The Home Remedies listed below are the only remedies that may be used by students at Young Epilepsy, unless others have been authorised by a medical practitioner - in writing. For dosages, follow manufacturer's directions or seek advice of a medical practitioner or pharmacist. An audit sheet for Home Remedies is necessary (available on the Intranet)
- 23.3 Administered doses must be recorded on the student Medication Administration Record. Medicines should only be administered for a maximum of 48hours, after this time a doctor must be contacted if symptoms persist.
- 23.4 Only staff who have received medication training can administer and record homely remedies.
- 23.5 In line with NICE requirements, a list will be kept of those staff who can administer homely remedies. Staff will sign this list to confirm that they have had training in giving homely remedies.
- 23.6 Homely remedies will be kept in their original packaging with the patient information leaflet. The expiry dates will be checked every month.