

Staffordshire County Council  Endon Hall Primary School		Health and Safety Policy Handbook		
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Policy Title	Medication Policy			

Contents

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

Version Control

Version	Date Approved	Changes	Reasons for Alterations
Issue 1	February 2010	Corporate policy to replace directorate guidance	Development of corporate policies
Issue 2	August 2012	No changes	Review schedule

Success Indicators

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

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

1. Application

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

2. Introduction

There are occasions when employees are required to assist service users to self administer and/or are administering medicines, either as part of long term therapy for a chronic health condition or as an emergency measure, e.g. allergic reactions / seizures.

Any assistance or administering of medicines must be conducted in a safe and competent manner, procedures must be followed and relevant legislation complied with.

3. Definitions

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

4. Aims and Objectives

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

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

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

5. Arrangements for Applying the Policy

Ensuring compliance with the legal requirements and maintaining the rights of the service users is paramount. Therefore medication procedures must be put into

place to assist managers and designated employees to manage medication systems.

Service users have the right to expect that any assistance offered is carried out in a professional manner by competent employees. The Service Users (Parent/Carer where service user can not consent) must agree to any assistance provided.

5.1. Local Procedures

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

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

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

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

5.2. Risk Assessment and Individual Plans

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

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

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

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

5.4 Information, Instruction and Training

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

Changes in service users plans and needs must be effectively communicated to employees.

5.5. Incident Reporting

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

This procedure must cover:-

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

6. Monitor and Review

Systems must be established to ensure that local procedures are reviewed at least annually to ensure they are up to date, reflect current best practice and are working effectively.

Any changes to local procedures must be incorporated into staff instruction and training arrangements and effectively communicated to staff and other relevant parties.

7. Code of Conduct

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

8. Supporting Documents

- a. HR G10 –Medication Guidance for Adults (formerly Social Care and Health)
- b. HR G11 –Medication Guidance for Children and Young People
- c. Managing Medicines in Schools and Early Years Settings (DFES and Department of Health March 2005).

9. Legislative Framework

1. Health and Safety at Work Act 1974
2. Control of Substances Hazardous to Health Regulations 2003
3. Health and Safety (Miscellaneous Amendment) Regulations 2002
4. Management of Health and Safety at Work Regulations 1999
5. Personal Protective Equipment Regulations 2002
6. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
7. Hazardous Waste Regulations 2005

8. Medicines Act 1968
9. Misuse of Drugs Act 1971
10. Human Rights Act 1998
11. Data Protection Act 1998

10. Trade Union National Policy Statements

UNISON Policy

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

NASUWT Policy

There is no general contractual requirement for any teacher to administer medication to a pupil. NASUWT advises its members not to do so. Health and Safety Representatives should advise members who do nevertheless administer medication that they must be confident that they are properly trained and qualified to undertake the task. Where a member of staff chooses to administer medications on a voluntary basis, the following guidelines should always be strictly followed. Health and Safety Representatives working in a special school or unit where the administration of medicines is of a sizeable proportion, and where medically vulnerable children are in attendance, should press for the appointment of a qualified community nurse to the staff who would take responsibility for the administration of medication to the children.