

## ADMINISTRATION OF MEDICATION POLICY

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### BACKGROUND

Grantham College is committed to ensuring that all students/clients have access to their medication as required and as directed by the prescriber. The College recognises that the majority of students/clients can use their medication independently and without the need for any support. However, there are a minority of students/clients who need support with the storage and administration of the medication, in order to enable them to have equal access to College services and facilities.

This policy has been prepared with reference to Department of Health, Department of Education and Health & Safety guidelines. The purpose of the policy is to clarify roles, responsibilities and procedures for College staff in the storage and administration of medication for students/clients.

### MEDICATION ADMINISTRATION RECORD (MAR) Appendix 1

The Course Leader/ Manager, in collaboration with the parent/guardian/student/carer, must write up the Medication Administration Records (MAR). These must be countersigned by the Head of Curriculum\ Manager for the area.

### ‘BOOKING IN’ MEDICATION

When any medication comes into Grantham College either prescribed or homely remedies it must be logged in on the appropriate Record Sheet (Appendix 2) by the Course Leader\ Manager and an appropriately qualified member of the team. **A separate sheet will be required for every student.**

When booking in medication the Course Leader\ Manager must make sure that the labelling is correct, i.e. correct name, correct box, the amount that should be given and how often, and route of administration. If it is a repeat medication, compare with information already on the MAR sheet. If there are any queries with this they must be addressed with the parent/guardian immediately. **Staff must not administer any medication until this has been resolved.**

**It is essential that 2 people book in the medication.** The following information must be logged, the name of the medication e.g. Midazolam, the dosage, e.g. 1mg and the quantity remaining in the container, e.g. 35 tablets – to be given sublingually.

It is the member of staff’s responsibility who is booking in the medication to count the quantity of the medication as stated on the label of the medication packaging and check the expiry date.

Both staff members must then sign their name to say that the information they have entered on the record is correct and ensure it is dated.

If a mistake/error is made while booking in the medication the staff member, **should not** cross out the mistake or use correcting fluid. A new MAR sheet must be completed.

### STORAGE OF MEDICATION

Once the medication has been booked in it has to be stored correctly in a locked medication cupboard.

If the medication is to be stored in a fridge it must be stored a medical fridge which is lockable.

Weekly checks of controlled medications such as Midazolam must be undertaken and recorded.

## REORDERING OF MEDICATION

If the Carer/LSA notices that a student/ client is running low on medication they must report this to the Course Leader/Manager who will then contact the parent/carer/guardian.

If a student/ client has run out of medication completely this must be **reported to the Course Leader/ Manager immediately**, who must contact the parent/carer/guardian.

## ADMINISTRATION OF MEDICATION

Two suitably trained persons must be present when administering medication at all times.

## STAFF ADMINISTRATION

All staff must have attended training on the administration on the safe handling of medicine and be signed off as competent, before giving any student/ client medication this includes any homely remedies.

Before administering medication, you must find the student's Medication Administration Record (MAR). These sheets are stored in the Medication Room/ Daybreak office in individual student's/ clients medication folders, along with their care plan and risk assessment.

The MAR sheet must have the following details - the student/ clients name, date of birth, name of doctor, name of the medication, and the time it should be given and the route of administration. There should be a photograph of the student/ client in the folder.

**It is vital that the staff member checks the MAR sheet rather than rely on memory, as changes occur frequently.**

The staff member must wash their hands using the correct hand washing procedure (gloves are provided and should be used as required). Administration of the medication can then take place.

It is the responsibility of the staff member to have the correct MAR sheet for each student and follow the seven **rights**:

1. The **right** medication - this must be the medication that is written on the MAR sheet and on the medication packaging. If it is different do not administer and check with a senior member of staff.
2. The **right** method/route e.g. oral, topical, this information should be on the medication label if unsure - do not administer and seek advice.
3. The **right** procedure.

4. The **right** person. If unsure do not administer; seek advice.
5. The **right** time and day - this will be recorded on the MAR sheet.
6. The **right** dose this must be the same on the label as is written down on the MAR sheet if it is any different do not administer and take advice.
7. The **right** records.

When the staff member is confident that all this information is correct, they should check with another suitably trained staff member and administer the medication.

If the medication is in tablet form the non-touch technique must be used i.e. using the container lid to transfer the tablet to the medicine pot.

Once the medication has been administered and taken by the student/ client, the MAR sheet should be initialled by both members of staff and returned to the student/client's medical folder. The medication should be returned to the locked cupboard. If gloves have been used remove and dispose. Wash hands again.

The person, who puts the medication into the medicine pot, must be the person who administers it to the student. It is not acceptable for staff to 'pot up' medication for others to administer, or for themselves to administer to the student/client later.

## **IF IN ANY DOUBT, DO NOT PROCEED AND SEEK ADVICE**

### **SELF ADMINISTRATION**

All students/clients will be encouraged to take control over the administration of their medication. Those who choose to self-medicate, will be assessed to ensure that they are competent to do so.

Those moving towards self-medication will have a support plan in place to develop skills and knowledge in this area.

Following the completion of suitable assessment, or training and a risk assessment, students/clients who are deemed as self-medicating can be responsible for the safe storage and administration of their medication.

Once it has been confirmed by the staff member that the student/client has taken their medication the staff member should initial against the Self Administration MAR sheet (Appendix 3) against the correct time and date and then initial underneath so that there is an audit trail.

### **ADMINISTERING MEDICATION OFF SITE**

When administering medication offsite the staff member must take with them the student/ clients medical folder, the medication needed, gloves and a pen to be able to fill in correct paperwork.

When carrying medication and the medical folder the staff member must make sure that these are in a safe place and cannot be tampered with by anybody else.

The staff member must be trained, confident and familiar with administering the medication before leaving the College.

The person who is administering the medication is responsible for getting the medication and medication folder this must not be done by anybody else.

## **ACCIDENTALLY DROPPED MEDICATION**

If any medication is accidentally dropped the staff member must pick this medication up but **must not** administer it. The student/client should be given a new dose. If the medication is from a blister pack the tablet should be administered from the end of the packet so it does not disrupt the rest of the days.

Soiled medication should be disposed of appropriately. The soiled / dropped medication also needs to be 'logged out' to reflect accurate stock balance on the MAR sheet and the parent/guardian/carer should be informed.

## **PREFERRED METHOD – INDIVIDUAL NEED**

Some students/clients – especially some people on the Autistic Spectrum, may have a preferred method of taking their medication, which is very specific to them. This will be recorded in the Care Plan.

## **REFUSALS**

If any student/client refuses to take their medication, the staff member should leave the student for a few minutes and then try a different approach or ask another member of staff who knows them better to try. If the student/client still refuses to take the medication you must enter a 'Refusal' on the MAR sheet and then fill out the back of the form giving the date, the medication and account of why they did not take it you must sign this document and contact the parent/carer/guardian for advice.

If the student/client has missed their medication because they were out of the building you must enter a 'Missed' in the M.A.R. sheet and fill out the added information sheet behind the M.A.R. sheet giving the date, time, and medication that has been missed and why it was missed you must then sign this and contact the parent/carer/guardian for advice.

## **OPENING NEW MEDICATION**

If the member of staff opens any new medication, they should record the date they opened it on the medication bottle. This information should also be recorded in the MAR sheet. The staff member must always use the oldest medication first but must check the expiry date.

## **DISCARDED MEDICATION AND EQUIPMENT USED TO ADMINISTER MEDICATION**

Any medication or equipment that is being discarded e.g. where expiry dates have passed, or medication changed, must be disposed of appropriately.

Needles and syringes are single-patient devices and should **never** be used to administer vaccine to more than one patient. Used needles should not be detached from syringes, recapped or cut before disposal. All used syringe/needle devices should be placed in puncture proof containers to prevent accidental needles and reuse.

Empty or expired vials are considered medical waste and should be disposed of according to regulations. Medical waste disposal is regulated by the local health department in accordance with regulations.

All disposed of waste must be collected by the authorized waste disposal company that has been employed for this purpose by the College.

## **HOMELY REMEDIES**

A homely remedy is used to treat a condition or ailment. These can include items such as a topical cream/ointment.

It is possible for staff to administer this type of medication subject to agreement of the students/clients G.P./parent/carer/guardian. This permission letter must be in their medical folder.

## **MEDICATION ERRORS**

If a staff member has given a student/client the wrong medication, wrong dose, missed medication, wrong time, they must report it to the person in charge, who will contact GP or N.H.S direct for advice and inform the Head of Curriculum/ Manager immediately. The Head of Curriculum/Manager will inform Senior Managers and as well as parent/carer/guardian. All errors must be recorded on the Grantham College accident and incident reporting system.

Staff who have made the error will be stopped from administering medication until an investigation has been completed. Appropriate actions will be disseminated to all staff to ensure repeat of the incident does not occur.

## **COMMUNICATION**

Any issues regarding medication e.g. changes (which have already been amended on the MAR sheets), will be emailed to all those who administer medication and written on the 'Additional Information sheet' (Appendix 5) held within each student/client' medical file by the Course Leader/Manager who receives the information.

## **PROMOTING INDEPENDENCE**

The principle must be that we support, train and encourage students/clients to take responsibility for self-administration as much as possible. This will be reviewed through the care Planning process and will be supported by a competency assessment and risk assessment.

## QUALITY MONITORING

The Course Leader/Manager will check MAR sheets daily, immediately notifying the Head of Curriculum of any discrepancies.

The Head of Curriculum will carry out a termly audit and record this on a Record of Medication sheet (Appendix 6).

## ADVICE AND SUPPORT

Advice and support can be sought from any of the following:

- Head of Curriculum /Manager
- Health & Safety Adviser at Grantham College
- G.P.s
- NHS Direct
- Pharmacists
- Mims/BNF directories (BNF online)
- British Pharmaceutical Society
- Care Quality Communication standard (CQC).

<b>Quality Assurance – version control</b>			
<b>Review period</b>	Annually	<b>Review carried out by</b>	HoC: Learning Development
<b>Approved by</b>	SLT	<b>Date approved</b>	26.3.24
<b>Equality Impact Assessment date</b>	February 24	<b>Last review date</b>	February 24

## Appendix 1

### Medication Administration Record (MAR)

Record of medication administered to an individual student/client

#### Grantham College

Name of student/client	
Name, address and contact number of G.P.	
Course	
Name of medication	
Use of medication	
Strength of medication	
Dose	
Frequency	
Method of delivery	
Storage of medication – where and how	

<b>Staff signature</b>	
<b>Head of Curriculum/Manager</b>	
<b>Parent / Carer signature</b>	
<b>Date</b>	

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					
Injection area					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					
Injection area					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					
Injection area					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					
Injection area					



**Appendix 2**  
**Record of Receipt of medication**  
Booking in record sheet**Grantham College**

Name of student/client	
Name, address and contact number of G.P.	
Date of receipt of medication provided by parent/carer	
Quantity received	
Name of medication	
Use of medication	
Strength of medication	
Route of administration	
Storage of medication	
Expiry date	

<b>Staff signature</b>	
<b>Head of Curriculum/ Manager</b>	
<b>Parent / Carer signature</b>	
<b>Date</b>	

## Appendix 3

### Self - Medication Administration Record (MAR)

Record of self-medication

#### Grantham College

Name of student/Client	
Name, address and contact number of G.P.	
Course	
Name of medication	
Use of medication	
Strength of medication	
Dose	
Frequency	
Method of delivery	
Storage of medication – where and how	

<b>Staff signature</b>	
<b>Head of Curriculum/ Manager</b>	
<b>Parent / Carer signature</b>	
<b>Date</b>	

Date					
Time given					
Dose given					
Student/ Client signature					
Counter - signature					

Date					
Time given					
Dose given					
Student/Client signature					
Counter - signature					

Date					
Time given					
Dose given					
Student /Client signature					
Counter - signature					

Date					
Time given					
Dose given					
Student/Client signature					
Counter - signature					

## Appendix 4

### P.R.N (MAR)

Medical Administration Record for “As Required” (PRN) medication

#### Grantham College

Name of student/client	
Name, Address and Contact number of G.P.	
Date of Birth	
Course	
Name of medication	
Use of medication	
Strength of medication	
Dose	
Frequency	
Method of delivery e.g. topical, oral, buccal, injection	
Storage of medication – where and how	
Review Date	

<b>Staff signature</b>	
<b>Head of Curriculum / Manager signature</b>	
<b>Parent / Carer signature</b>	
<b>Date</b>	

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					

Date					
Time given					
Dose given					
Staff administering					
Counter - signature					

## Appendix 5 Medication Procedure Policy Additional information Sheet

Name of student/ Client	
Name, address and contact number of G.P.	
Date of Birth	
Course	
Additional information	
Review Date	

<b>Staff signature</b>	
<b>Head of Curriculum / Manager signature</b>	
<b>Parent / Carer signature</b>	
<b>Date</b>	