



## **Administration of Prescribed Medication Policy**

<b>Document Control Information</b>			
<b>Administration of Prescribed Medication Policy</b>			
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K Lockwood	Policy review	4	31 <sup>st</sup> August 2019
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<b>Equality Impact</b>			
<b>Statement</b>	<p>We welcome feedback on this document and the way it operates. We are interested to know of any possible or actual adverse impact that may affect any groups in respect of any of the Equality Act 2010 protected characteristics.</p> <p>The person responsible for equality impact assessment for this document is the Director of Equality and Diversity.</p>		
<b>Screening</b>	<p>This document has been screened by the Equality Team and the impact has been assessed as:</p> <p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Low  <input type="checkbox"/> Medium  <input type="checkbox"/> High</p>		

## **1. Purpose**

- 1.1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting young people with medical conditions.
- 1.2. In writing this policy New Bridge Horizons followed the current DfE guidance 'Supporting pupils at organisation with medical conditions' September 2014 and the SEND code of practice.

## **2. Scope of Policy**

- 2.1. This policy applies to all New Bridge Horizons employees.
- 2.2. Trustees of New Bridge Horizons will ensure that arrangements are in place to support young people with medical conditions. In doing so they will ensure that young people as far as reasonably practical can access and enjoy the same opportunities as any other young person.
- 2.3. Trustees will ensure that staff are properly trained to provide the support that young people need.

## **3. Reason for Review**

- 3.1. This policy was reviewed as part of a MAT audit.

## **4. Aim(s)**

- 4.1. The aim is to ensure that all young people with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in organisation life, remain healthy and achieve their academic potential.

## **5. Procedures and Practice**

### **5.1. Heads of Site responsibility**

- 5.1.1. Heads of Site will ensure that the policy is developed and effectively implemented ensuring that all staff are aware of the policy for supporting young people with medical conditions and understand their role in its implementation.

### **5.2. Parental responsibilities**

- 5.2.1. Supporting a young person with a medical condition during organisation hours is not the sole responsibility of one person.
- 5.2.2. New Bridge Horizons will work in partnership with parents to ensure that the needs of their child are met effectively.
- 5.2.3. Parents should provide New Bridge Horizons with sufficient and up-to-date information about their child's medical needs.
- 5.2.4. Parents are responsible for completing the necessary consent forms for their child to be administered any medication.
- 5.2.5. It is the parents' responsibility to ensure that any medication sent into the organisation is up-to-date, with the prescription label attached showing the correct dosage with their child's name and the expiry date.

### **5.3. Home-to-Organisation Transport**

5.3.1. When handing medication over to transport, it is the responsibility of the parent to complete and sign the handover sheet (Appendix 1), a copy of which must be given to either the driver or the escort along with the medication. Medication is checked and booked into the organisation by the medication team.

5.3.2. Any discrepancies will be reported home immediately.

5.3.3. Medication that needs to be sent home is handed over to parents or escorts via the medication team and the necessary form completed and signed (Appendix 1).

### **5.4. Staff responsibilities**

5.4.1. Administration of medication by New Bridge staff is on a voluntary basis.

### **5.5. Medication Team responsibilities**

5.5.1. The medication team are responsible for:

5.5.1.1. recording all medication received into the organisation;

5.5.1.2. checking consent forms have been received (Appendix 2);

5.5.1.3. checking and making an inventory of the content, labelling, dosage etc. of any medication sent into the organisation (Appendix 3)

### **5.6. Cover arrangements**

5.6.1.1. Cover for anyone absent from the medication team will be arranged through the organisation's cover procedure so that the administration of medication can still be carried out.

5.6.1.2. The medication team will be listed in the operation manual.

### **5.7. Training**

5.7.1. Prior to administering medication, appropriate staff will receive necessary training and this will be overseen by the Director of Care and Director of Training.

5.7.2. All staff, as part of the organisation's compulsory training, will complete Epilepsy Awareness training.

### **5.8. Young Person's Medical Condition**

5.8.1. All young people who have medication will have a care plan in place that is shared with relevant staff throughout the organisation.

### **5.9. Individual Health Care Plans**

5.9.1. An individual healthcare plan (IHP) details exactly what care a young person needs in organisation i.e. physiotherapy programme, Speech & Language, OT etc., when they need it and who is responsible.

5.9.2. The New Bridge Horizons will work in partnership with the health team to implement and draw up an individual healthcare plan for all our young people where appropriate.

5.9.3. Individual healthcare plans will be shared with staff to ensure the appropriate care is received.

## **5.10. Risk Assessments**

### *5.10.1. Educational visits (EV)*

- 5.10.1.1. It is the group leader's responsibility to check with the Director of Care whether any of their group will need medication whilst off site, giving adequate notice in line with the organisation's EV policy.
- 5.10.1.2. All prescribed medication required will be collected by the designated member of staff.
- 5.10.1.3. Prescribed medication will be dispensed prior to the trip in a sealed container in its original packaging by a member of the medication team.
- 5.10.1.4. Rescue medication is stored separately from other medication along with the young person's care plan.
- 5.10.1.5. Rescue medication and care plans are the responsibility of the person collecting the rescue medication and not solely the group leader.
- 5.10.1.6. It is the group leader's responsibility to check the young person's name, dosage and expiry date of all prescribed medication.

### *5.10.2. Holiday Clubs, Evening Trips and Performances*

- 5.10.2.1. Medication will be administered by a member of the medication team.
- 5.10.2.2. Parents are requested to complete a consent form (Appendix 4) detailing regimes for administration of prescribed medications for their child.
- 5.10.2.3. New Bridge Horizons will keep a list of all medications which are administered to the young people attending Holiday Club.
- 5.10.2.4. All medication must be sent into the organisation and:
  - a) be in the original container
  - b) have the pharmacy label with the young person's name on it
  - c) be in date
  - d) have dosage directions
  - e) have administration directions e.g. crushed, swallowed whole etc.
  - f) be kept in a locked drawer/cupboard until required
- 5.10.2.5. Each young person who is prescribed medication will have an individual medication recording sheet (Appendix 5) which must be signed and countersigned.
- 5.10.2.6. Any unused or out-of-date medication will be returned to parents.

### *5.10.3. Residential Visits*

- 5.10.3.1. It is the group leader's responsibility to collate all relevant medical information for the young people taking part in the residential visit.

- 5.10.3.2. For residential visits only, parents will be asked:
  - a) for permission to administer non-prescription medicines (Appendix 6) for minor ailments e.g. headache, diarrhoea, dysmenorrhoea etc.;
  - b) for consent for emergency medical treatment should the need arise together with additional information such as details of regimes for administration of prescribed medications for their child (Appendix 7)
- 5.10.3.3. Medication for residential visits must be sent into the organisation independently from their child's usual term time medication supply.
- 5.10.3.4. All medication must be sent into the organisation and:
  - a) be in the original container
  - b) have the pharmacy label with the young person's name on it
  - c) be in date
  - d) have dosage directions
  - e) have administration directions e.g. crushed, swallowed whole etc.
  - f) be kept secure at all times
- 5.10.3.5. Each young person who is prescribed medication will have an individual medication recording sheet (Appendix 5) which must be signed and countersigned as administered.
- 5.10.3.6. At the end of the residential any unused or out-of-date medication will be returned to parents.

## **5.11. Administering Medication including Pain Relief**

- 5.11.1. All medication will be administered as directed on the dispensing label.
- 5.11.2. All medication will be recorded on the individual medication recording sheet (Appendix 5).
- 5.11.3. It is not the policy of the organisation to covertly administer any medication regardless of the needs or ability of the young person i.e. hiding a tablet in food or drink unless directed by a GP.
- 5.11.4. Parents will be notified by the medication team if their child has difficulty swallowing or accepting medication so that advice can be sought from their GP regarding different forms of administering medication.
- 5.11.5. Any pain relief medication administered must be sent into the organisation and:
  - 5.11.5.1. be in the original container
  - 5.11.5.2. have the pharmacy label with the young person's name on it
  - 5.11.5.3. be in date
  - 5.11.5.4. have dosage directions
  - 5.11.5.5. have administration directions e.g. crushed, swallowed whole etc
  - 5.11.5.6. be kept secure at all times
- 5.11.6. Parents will be notified if pain relief is administered and a letter sent home (Appendix 8).

## **5.12. Self-Administering Medication**

5.12.1. Young people who are able to self-administer do so under the supervision of a member of the medication team.

**5.13. Storing and Recording of Medication**

5.13.1. All medication will be stored in a designated medication area.

5.13.2. Records will be kept of all medicines administered to young people by the medication team.

**5.14. Emergency Procedures**

5.14.1. In the event of a medical emergency Appendix 9 will be followed.

5.14.2. For young people who have epilepsy, trained staff will follow the young person's individual care plan when administering any rescue medication and this will also be recorded on the epilepsy record sheet (Appendix 10).

**5.15. Induction**

5.15.1. A copy of this policy will be handed out to new staff as part of their induction

**5.16. Defibrillators**

5.16.1. Please refer to the Defibrillators policy.

**5.17. Asthma inhalers**

5.17.1. Please refer to the Asthma policy.

**6. Other useful documents**

Anti Bullying Strategy

Restrictive Physical Intervention policy

Allegations of Abuse Against Staff policy

Whistleblowing policy

Compliments and Complaints policy

First Aid policy

**7. Monitoring**

This policy will be monitored through the MAT's accountability framework.





**PARENT TO ESCORT HANDOVER SHEET**

Medication Handover for \_\_\_\_\_ (young person's name)

Date / Week Commencing \_\_\_\_\_

The boxes below should be initialled by the person accepting the medication

Drug/ dose/Quantity of tablets	Parent signature (am)	Escort Signature (am)	Organisation signature (am)	Escort signature (pm)	Parent signature (pm)	Comments

Medication must:

1. be in original container
2. be in date
3. have the young person's name on the label
4. be administered as per directions on the container.

**MEDICATION CONSENT FORM**

Please complete a separate form for each medication

Parental agreement for New Bridge Horizons to administer medicine

New Bridge Horizons will not give your child medicine unless you complete and sign this form.

New Bridge Horizons will administer all medication in line with agreed policies.

Young Person's Name	
Date	
Group/Class/Form	
Name of medication	
How much to give (dose to be given in organisation)	
Medication expiry date	
<u>Note: Medicines must be prescribed by a doctor or dentist and sent to organisation in the original container with the pharmacy dispensing label attached.</u>	
Agreed review date (for organisation to contact parents)	

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to organisation staff administering medicine in accordance with the organisation policy. I will inform the organisation immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Medicines bought 'over the counter' from a pharmacy will not be administered.

If more than one medicine is to be given a separate form should be completed for each one

**EMERGENCY MEDICATION INVENTORY & MEDICATION INVENTORY**

**EMERGENCY MEDICATION INVENTORY**

YOUNG PERSON	Medication	Dose	Expiry Date	Booked in by member of staff	Date booked in	Date booked out

PLEASE INFORM MANAGEMENT WHEN MEDICATION IS RUNNING LOW OR DUE TO EXPIRE SO THAT A REPLACEMENT CAN BE ARRANGED IN GOOD TIME

**EMERGENCY MEDICATION INVENTORY & MEDICATION INVENTORY**

**MEDICATION INVENTORY**

**STAFF PLEASE INFORM MANAGEMENT WHEN MEDICATION IS RUNNING LOW OR DUE TO EXPIRE SO THAT A REPLACEMENT CAN BE ARRANGED IN GOOD TIME.**

YOUNG PERSON	Medication	Dose	Quantity In	Expiry Date	Booked in by staff	Date in	Date out	Quantity out	Staff Sign out

**HOLIDAY CLUB MEDICATION**

TERM: \_\_\_\_\_

I give my permission for New Bridge Staff to administer the following medication to

Child's name: \_\_\_\_\_ during the above Holiday Club.

Medication	Dose	Time	Date	Parent/Carer Signature

**MEDICATION ADMINISTERED WHILST IN THE CARE OF NEW BRIDGE HORIZONS**

Name of young person:	<b>NUMBER OF MEDICATIONS TAKEN:</b>
Name of medication: ( OF )	
Dose:	Time:
Quantity (tablets):	Quantity (liquid):

	DOSE	ROUTE	TIME ADMINISTER		QUANTITY	STAFF SIGN	COMMENTS	ACTIONS
MONDAY								
TUESDAY								
WED								
THURS								
FRIDAY								

TOTAL QUANTITY TO CARRY OVER.....

**USE OF NON-PRESCRIPTION MEDICINES ON RESIDENTIAL VISIT**

**This form to be sent with Appendix 7**

(insert organisation name and address)

Dear Parent,

During our forthcoming residential visit to ..... we will be taking every precaution to ensure the health, safety and welfare of your child. All foreseeable hazards have been risk assessed and measures put in place to minimise any remaining risks.

However from time to time, children do become ill on organisation visits (usually during the night!) and as we retain 'duty of care' throughout the visit, we would not wish to see a child suffering as a result of minor, but distressing ailments such as headaches, stomach upsets, bites and stings.

With this in mind, we would request that you give your consent to the group leader administering non-prescription medicines on the visit. This would be limited to medicines available 'over the counter' at Boots and given in the recommended dosages as stated on the packaging.

We intend to take the following Boots brand medicines with us and therefore we ask you not to send your child with any non-prescription medicines:

<u>Medicine</u>	Permission Given (please tick as appropriate)	
	Yes	No
Paracetamol		
Pills for diarrhoea		
Insect bite and sting cream		
Adhesive plasters		
Antiseptic cream		

Please note that we are not permitted to use aspirin.

Please sign and return this letter, having indicated which of the above items (if any) you wish your child to be given, if required.

Any such medicines administered will be recorded and details supplied to you on our return and of course, professional medical advice will be sought if appropriate.

Please note that if your child will need to bring any prescription medicines these must be properly packaged and labelled, with information regarding prescribed dosages and times, and given to the group leader.

Yours sincerely,

Visit to \_\_\_\_\_

I give/do not give permission for my child ..... to be given medicines as indicated above should a member of organisation staff deem it beneficial to his/her health, safety and welfare. (Please delete as necessary)

Signed: \_\_\_\_\_ Parent/Guardian      Date: \_\_\_\_\_

**INFORMATION SHEET FOR RESIDENTIAL VISIT**

This form to be sent with Appendix 6

Name of Child:	
Date of Birth:	
Address:	

In case of an emergency the following can be contacted

First Contact Name:	
Relationship to Young person:	
Home Telephone Number:	
Mobile Telephone Number	

Second Contact Name:	
Relationship to young person:	
Home telephone number:	
Mobile telephone number:	

Doctors Details

Name of Doctor:	
Telephone Number:	
Address of Doctor:	

1. Does your child have any medical conditions e.g. asthma, epilepsy, fainting, blackouts, severe headaches, heart conditions, diabetes etc.

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2. Does your child have any allergies, e.g. hay fever or allergies to any food products etc.

3. Does your child have any allergies to medicines or drugs, e.g. penicillin, antibiotics, paracetamol etc.

4. Please give details of any current medication or medical treatment, including dosage of medicine or tablets, and effects they may have on them i.e. drowsiness, sickness etc.

5. Does your child sleep well? Are there any bedtime routines we need to be aware of?

6. Does your child eat well? Are there any dietary issues we need to be aware of?

7. Does your child need assistance with bath-rooming or personal care?

8. Does your child wet the bed or wear pads at night?

9. Please state any other information you think we need to be aware of

In the unlikely event that your child needs emergency medical/hospital treatment, do you give your consent (if we are unable to contact you) for treatment that may be necessary during the visit?

Yes

No

Signed (Parent): \_\_\_\_\_ Dated: \_\_\_\_\_

**PAIN RELIEF ADMINISTERED LETTER TO GO HOME TO PARENTS**

(date)

Dear Parent/Carer,

Re: Pain relief medication administered at New Bridge

Your child:	
Was administered:	
On (date):	At (time):
Reason:	

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

Kelly Lockwood  
Director of Care

**EMERGENCY PROCEDURE**

A copy of this procedure will be placed in all rooms within our organisation.

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows (please highlight before placing in reception)

Hollinwood Academy Roman Road Hollinwood Oldham OL8 3PT	New Bridge Organisation Roman Road Hollinwood Oldham OL8 3PH SAT NAV: OL8 3PT
New Bridge Learning Centre St. Martin's Road Fitton Hill Oldham OL8 2PZ	New Bridge Horizons 1 Medtia Square Phoenix Street Oldham OL1 1AN
Spring Brook Lower Organisation Heron Street Oldham OL8 4JD	Spring Brook Upper Organisation Dean Street Failsworth Manchester M35 0DQ

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the organisation setting
6. provide the name of the casualty and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. inform reception staff if call has not been made by them



## 999 calls

### What Happens when you call 999?

**You should call 999 in a life-threatening emergency - if someone is seriously ill or injured and their life is immediately at risk.**

Calling 999 is not always the best way to receive medical help. Choosing the most suitable way of getting the care you need can save you time and help us to respond more quickly to patients who are most in need of our help.

When you call 999 for a life threatening emergency, a BT operator will answer your call and ask:

"Emergency, which service do you require? Fire, Police or Ambulance?"

If your call is a medical emergency, you should ask for an ambulance. The operator will then put you through to the ambulance service. The North West Ambulance Service (NWAS), has three Emergency Operations Centres (EOC) across the North West, located in Manchester, Liverpool, and Preston. Our systems will attempt to route your call to your 'local' centre in the first instance. At times of high activity, your call may be routed to another area and the next available Emergency Medical Dispatcher (EMD).

The EMD will answer your call and ask you firstly for your location. We use a number of tools to try to automatically locate you, such as mobile phone triangulation or subscriber information sent by your landline provider. Once we have your location, we can begin to look for an emergency responder for your call whilst the EMD further triages your call.

You will need to have the following information available when calling 999:

- **The address where you are - including the postcode.** This information is very important to us as it helps to reach the patient as quickly as possible. If you are in a rural countryside area, having



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your map reference or postcode to hand will be a big help. If you are unsure where you are, look for telephone boxes, people to ask, motorway marker posts (if it's safe to stop), or street signs.

- **The phone number you're calling from** (in the case the line gets interrupted and the call taker needs to call you back)

- **The EMD will ask exactly what has happened**

We will need to know:

- The patient's age, sex and medical history.
- Whether the patient is conscious, breathing and if there is any bleeding or chest pain.
- Details of the injury and how it happened.

Specific details about the patient's condition, depending on the nature of the call:

- What part of the body was injured? (So that we can identify the seriousness).
- Is there any serious bleeding? (So that we can provide correct advice to control the bleed).
- Does the patient have chest pains? (So that we can provide the correct advice to make the patient more comfortable).

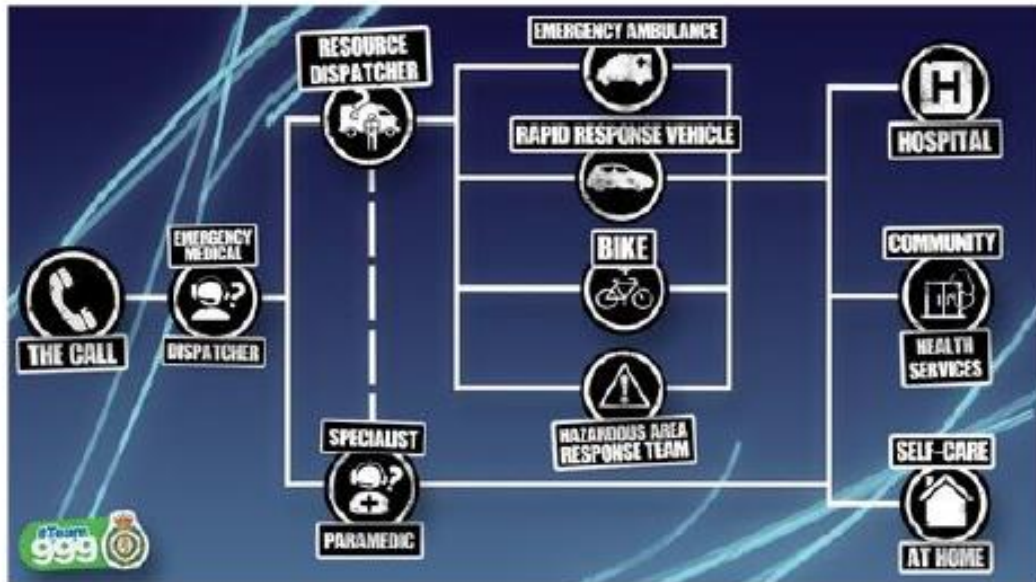
You may be asked information about the safety of the scene, to ensure the crew is protected against hazards and dangers. This would cover violent incidents or road accidents and might include questions such as:

- Is the attacker still nearby? (To inform the crew so they can remain safe)
- Is anyone trapped in the vehicle? (So that we can inform other relevant emergency services)

If the patient's condition is immediately life threatening, breathing is absent/severely compromised or their life could be in immediate danger, the EMD will give you simple, effective instructions on how to assist until the ambulance crew arrives to take over. This might include guiding you through the steps of carrying out CPR (Cardiopulmonary Resuscitation) or dealing with choking.



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### How can you prepare for an emergency?

- Make your house number visible from the street.
- If you live on an estate, make sure signs are clear so that ambulances can navigate around the area more easily.

**DON'T HANG UP**, stay on the line, unless you are told otherwise.

**TRY TO STAY CALM**, in the most serious situations the EMD is there to help you to help the patient.

When help arrives, the patient's clinical condition will be assessed and treatment may also be given at the scene. If after the assessment, the patient's condition requires transport to a hospital or a care facility, the ambulance personnel will arrange for transfer of the patient. Alternatively it may be more appropriate for the patient to be referred to another healthcare professional or service.

Our staff will attempt to obtain as much information as possible about the patient. It is often helpful if you can keep your details with your on with their medication. The information should include full name, birthdate, current medications, allergies, chronic medical conditions (diabetes, heart disease, hypertension etc) and emergency contact names and telephone numbers.



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### How are calls prioritised?

When a person calls for an ambulance, the call is categorised using the Medical Priority Dispatch System (MPDS). This is an internationally recognised system that is used by the majority of ambulance services in this country. In summary, the caller is asked a series of questions and depending on the answers given, more questions follow, allowing the system to prioritise the most serious and life threatening calls. From the answers given, the call is then assigned to a category to ensure an ambulance can be allocated appropriately. The categories that are currently used are as follows: -

- Red 1 and 2. These are calls that are prioritised as immediately life threatening such as cardiac arrests, serious bleeding, severe breathing difficulties and choking. At least 75% of these calls must receive a response within 8 minutes. This is a national target.
- Green 1 and 2. These are calls that are prioritised as serious but not immediately life threatening such as fitting and serious limb injuries. The Trust will reach these patients as quickly as practicable, however, some calls may receive a further telephone assessment by a paramedic or nurse. This further telephone assessment does not delay the response.
- Green 3 and 4. These are calls that are classed as not serious or life threatening such as injuries and falls, without priority symptoms. To ensure that patients receive the most appropriate care for their condition, a paramedic or nurse will ring the patient back and take them through an enhanced clinical assessment over the telephone. The purpose of this is to ensure that the patient is referred to the most appropriate service or place of care based on their presenting complaint. This may include referral to local community services, primary care, urgent care services or other NHS providers. Where an ambulance is required, the paramedic or nurse will ensure that this is arranged in an appropriate timeframe and the patient is given clinically appropriate advice in the interim period.

### How are we measured?

We aim to meet the Government targets of:

- 75 per cent of Red calls within eight minutes; and





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- 95 per cent of Red calls within 19 minutes.

Although we are not required to formally report on response times to Green calls, these will still be very closely monitored.

Ambulance services are not measured simply on time alone, but on how we treat patients and the outcomes of the treatment. We report on clinical quality indicators. The Indicators allow us to identify areas of good practice and areas which need improvement.

#### Who will treat you?

Depending on the condition of the patient, the response you will receive may be a Rapid Response Vehicle, a Doctor, an Air Ambulance, a Patient Transport Service (PTS) Ambulance, Emergency Ambulance, Urgent Care Service Ambulance or a community first responder (CFR) who lives within the community and is trained to deal with life threatening situations such as heart attacks etc.

#### Ambulance Personnel

Our ambulance staff consist of Paramedics, and Emergency Medical Technicians (EMTs) 1 and 2, who respond to wide variety of calls. All personnel are trained to deal with life-threatening illnesses and injuries. Paramedics also have additional skills to perform invasive procedures in the most serious medical emergency. All ambulances operate with two staff, comprising of paramedics and technicians.

Rapid Response Vehicles (RRVs) are operated by single ambulance personnel and may respond to an incident prior to a conveying ambulance attending.

