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# Administration of Medication Policy

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## Introduction

1.1. City of Bristol College (CoBC) is an inclusive College, where students are treated with dignity and respect. We respond positively to different needs and individual circumstances to ensure that students can reach their full potential.

1.2. CoBC recognises its duty and responsibility to ensure the welfare and safeguarding needs of students and vulnerable adults in receipt of support interventions, and to provide a service that promotes a safe and secure environment for both staff and students in accordance with the Equalities Act 2010.

1.3. City of Bristol College recognises that a number of students require support to administer their medication. The intention of all medication administered is to achieve the maximum benefit, and in such a way that the risks involved in the administration system are reduced to a minimum.

## Policy Statement

2.1. This policy aims to promote the safety and well-being of students and encourages the safe practice of all staff. Medication is an agent which is administered to treat illness, disease or injury and will not be used for social control or punishment.

2.2. All trained staff will administer medication with due regard to the 'Procedure for the Administration of Medication'. Only staff who have completed their administration of medication training can administer medication.

## Scope

3.0. This Administration of Medication Policy has been developed to assist students who are unable to safely manage their own medication.

3.2. The purpose of this policy is to ensure fair access of support for all students requiring assistance with administration of their medication.

3.2. This policy covers the following:

- Consideration of administration of medication for students requiring support and students who are independent
- Safe systems of work
- Safe storage of medications
- Coding for medication administration record

## Definitions

4.1. **CoBC** – City of Bristol College

MAR – Medication Administration Record

GP – General Practitioner

NHS – National Health Service

PRN – Pro re Nata (as and when as stipulated in medical guidance)

**Medication Administration Coding:**

- R – Refused
- T – Taken
- NT – Not taken
- S – Spat out
- ADM – Administered by
- WT – Witnessed by
- C – Hospitalised
- D – Social leave
- E – Refused and destroyed
- P – Prompted
- NR – Not required
- M – Made available

## Policy

### 4.1. Prescriptions

Medication will be prescribed by a qualified health professional for a named individual and dispensed accordingly. The medication must only be used for the student for whom it is prescribed. For prescribed medication that is not received in a Dossett box on site must be in prescribed packs/bottles and match the numbers of tablets or amount of liquids/creams as stated on the dispensing chemists label.

4.2. Medication brought in Dossett boxes must be accompanied with the prescription box which clearly states the students name who the medication is prescribed to and the prescription information leaflet.

4.3 Tablets must not be split (i.e. a 10mg tablet cannot be split in two, to administer a 5mg dose) and sachets or powdered medication cannot be part mixed and administered. The whole sachet or prescribed amount must be administered.

### 4.4 Non-prescription (Homely remedies)

Homely remedies are used for the treatment of minor ailments without immediate consultation with the medical practitioner. Students in consultation with their parents/carers should agree a suitable list of remedies with their GP providing medical cover for the young adult. This applies equally for non-prescription medicines. Manufacturers' directions must be adhered to, with particular attention to the stated maximum dosage over a specified time and should not be used for more than 24hrs without consultation with a GP.

### 4.5 Ordering

Each College site will have a recording/checking system to ascertain when they will require a repeat prescription. It is the responsibility of the Learning Support Team Leader or nominated other in their absence, to ensure an adequate supply is on site at all times.

### 4.6 Deliveries

On receipt of medication, staff should complete the 'Medication received/returned log' for accurately recording the supply of medication accepted and held on site. Medication Administration (MAR) charts will include details of medicine receipt/disposal and should be cross referenced to the Medication received/returned log. All medicines should be checked to ensure that they are prescribed and in date.

### 4.7 Storage

All medication will be stored in designated medicine cabinets located within the Additional Learning Support base room at each of CoBC's centres, with the exception of students who are accessing our Independence Training Facilities – these will be situated within the student's bedroom. This storage space will contain both prescription and non-prescription medications. The designated place must be maintained at a temperature appropriate for the purpose.

4.8. Where necessary, certain medications such as inhalers, epi-pens and glucose replacements should be readily available and kept in a safe place close to the student as guided by their risk assessment. Such medications should always go with and be available to the student when off site. A separate secure and dedicated refrigerator should be available to be used exclusively for the storage of medicines requiring cold storage.

#### **4.9. Medication Cabinet Keys**

Key security is integral to the safe storage of the medicines; therefore, access is to be restricted to authorised members of staff who are responsible for ensuring medication cabinets are securely locked and keys removed after use. Never leave the key in a medicine cabinet when it is unattended.

#### **5.0. Disposal**

A complete record of medicines going out of the college for disposal should be recorded. The normal method for disposing of medicines should be by returning the medicine to the students/parents/carer who should then return them to the pharmacist. Medication that is not collected by students/parents/carer will be disposed of by taking to the nearest pharmacy and a receipt obtained. A copy of the receipt will be stored within the students Pro Monitor record and the receipt sent home.

5.1. Staff must ensure the Medication received/returned log and MAR form are completed to reflect any medication sent home. (NB. following the death of a student, the medicines should be retained for seven days, in case the Coroner's Office requires them).

#### **5.2. Crushing**

Some students may be unable to swallow their tablets or capsules whole. In these situations, staff will seek advice & guidance from the authorised prescriber or pharmacist.

#### **5.3. Wastage - Spitting out/vomiting shortly after administration**

If a student has spat out their medication advice/guidance should be sought from a medical professional i.e.: for non rescue medication contact 111 who will then triage as necessary, and for rescue medication call 999, this is also guided by the student's risk assessment. Such occurrences must be noted on the MAR form using the relevant key code (S).

#### **5.4. Dropping/Spilling medication**

This medication should be considered contaminated and disposed of in accordance with this policy. Such occurrences must be noted on the MAR form using the relevant key code (E).

#### **5.5. Self-Administration of Medicine**

City of Bristol College welcomes and supports the self-administration of medicines wherever it is appropriate and noted, where appropriate for students in receipt of additional support in their plan. Where students are in receipt of additional support and able to self-administer medication, a risk assessment should be completed by designated members of staff within Additional Learning Support and Independent Training Facilities Teams, agreed and placed in their student record. In both teams the risk assessments are reviewed and agreed by the Line Manager.

#### **5.6. Administration of Medicines Away from the College**

Relevant medication and the MAR chart MUST accompany the student when any outing or appointment coincides with the time for medication to be administered. All medication taken off the college premises must be logged on the 'Medication taken off premises' form located in the student's medication file. Where the student is off site with 1 member of staff, then it is acceptable for that staff member to administer the medication subject to them having completed relevant training without a counter-signatory. If a student is admitted to hospital, it is the responsibility of nursing personnel to administer medication.

#### **5.5. Refusal to take medication**

If a student refuses to take their medication, this must be noted on the MAR form and advice sought from their GP or 111. If the student refuses on a regular basis to administer their medication then a referral to Safeguarding will be completed with further liaison with parent/carer for students over the age of 18, permission to share information will be sought and relevant medical professionals to establish a way forward.

**5.6. Administration and storage of controlled drugs**

A controlled drug means any drug which is subject to control under the Misuse of Drugs Legislation (Home Office 1998). All controlled drugs must be signed onto the premises using the Controlled Drug Record Book. Controlled Drug (CD) must have a CD cabinet complying with the requirements laid out below:

1. Drugs requiring safe custody should be stored under lock and key in a cabinet/safe
2. The locked cabinet/safe should be made of metal, with suitable hinges, fixed to a wall or the floor with rag bolts (these bolts should not be accessible from outside the cabinet)
3. The walls of the room should be constructed to a suitable thickness using suitable materials

## Policy Review

5.7. This Policy will be maintained and updated regularly by the Health & Safety Manager alongside the Head of Additional Learning Support and the Strategic Lead for Independence Training Facilities. This will be in line with wider requirements and considering links to other CoBC policies.

**Linked Policies and Procedures**

- Safeguarding Policy and Procedures
- Personal Care Policy
- Equality, Inclusion and Diversity Policy
- Health and Safety Policy
- Travel Training Policy
- Independence Training Facilities Guidance
- Physical Restraint Policy

**Linked associated documentation**

- Children and Families Act 2014
- SEND Code of Practice 2014
- Equalities Act 2010
- Human Rights Act 1998
- Keeping Children Safe in Education (KCSIE) – updated annually
- Misuse of Drugs Legislation (Home Office 1998)
- Health & Safety Act 1974
- The Health and Safety (First-Aid) Regulations 1981 as amended 2013.

**Review frequency:** Yearly

**Lead officer:** Head of Additional Learning Support;

**Senior Manager Responsible:**

Version: 2	
<b>Approved by:</b>	(Corporation, Committee or SLT)
<b>Date of approval:</b>	

<b>Date for Review:</b>	<b>Annually</b>
<b>Lead Officer(s):</b>	<b>Head of Additional Learning Support Strategic Lead – Independent Training Facilities</b>
<b>Senior Manager responsible:</b>	<b>Director of Student Experience, Quality and Safeguarding</b>