Manager who will inform the parent/carer at the end of the day.

from the parent(s) and social worker has been returned to education and is stored on the child/young person’s

The Melton Learning Hub Medication Policy Page 1 of 6

**The Melton Learning Hub**

**Medication** **Policy**

Staff are advised of the importance attached to the adherence of this policy by Creative Family Solutions.

Failure to follow these procedures may potentially cause harm to the health and welfare of children/young

people and, as such, may leave staff open to disciplinary action.

Staff will not be permitted to administer any medication to any child/young person until a signed consent form

file. A copy of this form is appended (Appendix One).

The consent form will normally be completed at the planning meeting stage before a child engages in any

activity or education.

The consent form will seek parental and social worker permission for staff to administer:

 Prescribed medication.

 Controlled drugs.

 Emergency first aid.

All prescribed medication shall only be prescribed bya General Practitioner or local hospital. Staff will have

prescriptions dispensed only by a pharmacist which uses their own prepared administration packs. All unused,

unwanted or surplus medication will be returned to a pharmacist for safe disposal.

All medication will be held in a designated locked area for the safe storage of medication. This will be the only

area where medication will be stored. All controlled drugs will be held in a locked container within the

designated locked area. Any medicines requiring storage in a fridge will be kept in a designated fridge in the

designated area or mobile cool storage

Staff will be permitted to administer and dispense medication only if deemed competent to do so by the

Company. Competence will normally be determined by successful completion of training in this area.

Staff will not make independent decisions regarding the administration of medication. All prescribed and

controlled medication will be dispensed as directed. Homely remedies will only be dispensed,(in advised

amounts), after recorded consultation with the local GP or NHS Direct and for a maximum period of forty­‐eight

hours.

All medication received, prescribed and non­‐prescribed, will be entered into a Log Book specifically for the

purpose and medication that is no longer required is to be returned to the Pharmacist for disposal is also

entered in this log book. Controlled drugs will be recorded in a separate book specific for this purpose.

Accurate transactions involving medication i.e. what is administered, time, dosage, refusal etc. will be recorded

in the accompanying form (Appendix 2) that will be located in the child/young person’s folder on the BOX

online storage system. The form will be completed immediately and as a true record of events. No blank spaces

will be left on the form for interpretation.

**Staff** **will** **ensure** **they** **are** **giving:**

The correct medication in.

 The correct dosage.

 To the correct child/young person at.

 The correct time in.

 The correct manner; and that

 The expiry date of the medication has not passed.

Any refusal of medication will be noted on the MARS sheet, child/young person’s daily log and reported to the

.

The Manager will act immediately in cases where refusal of medication involves the medical stability of

The Melton Learning Hub Medication Policy Page 2 of 6

the child/young person e.g. epilepsy or diabetes medication.

Staff will ensure that all medication is clearly labelled with the name of thechild/young person and dated upon

opening and is stored in their own individual container within the locked medication cabinet

Staff will ensure that no medication labelled for one child/young person is used by another.

**When** **Administering** **Medicine** **Staff** **will:**

 Check to verify correct identification of the child/young person. Check picture and documentation in

medical file.

 Select the required medication; check expiry date and dosage required. Staff should ensure that they

only administer medicines that have a pharmacy­‐dispensing label attached to the container.

 Dispense the required dosage into a medicine measure (liquids) or plastic cup (tablets/capsules)

without touching the medication. Ointments should be applied according to manufacturer’s

instructions; eye and ear drops applied directly according to manufacturer’s instructions.

 Check the medication record and give the medication to thechild/young person.

 Administer the drug as prescribed, offering a glass of water to aid swallowing, as needed.

Should staff have any doubts, concerns or have made any medical errors in administering medication,**it** **is**

**their** **responsibility** **to** **contact** **the** **doctor** **immediately** and follow their advice, record in the daily records

section of the child/young person’s file. The Manager should be notified immediately.

**Children/Young** **People** **who** **wish** **to** **self­‐medicate.**

Children/young people will only self­‐medicate where the Manager is of the opinion that the particular child/young person is competent to do so and risk assessments will have been undertaken with the child/young person, Melton Learning Hub staff and the social worker.

In all circumstances any Controlled Drugs will continue to be held in the secure location (unless other

arrangements have been agreed and provided for by the placing authority).

Should a request be made to self­‐medicate by a child/young person, the manager will contact the child/young

person’s social worker to discuss:

 In the first instance the nature of the medication will be considered; with regard to the potential

consequences of misuse of the medication either deliberately or not deliberately.

 An assessment of the age, maturity and understanding of the child/young person making the request

will be undertaken.

 In all cases where it has been agreed that self­‐medication can take place, staff will keep the bulk of the

medication and dispense an agreed amount at the start of the day/week

 An ‘in depth’ Risk assessment will be completed and kept on the online storage system

**Over** **the** **counter** **medication**

It is company policy that no “over the counter” medication is bought by staff. Any medication of this nature

bought by the child/young person or their parent(s) or social worker will be removed and returned.

The need to administer any non­‐prescribed medication will be limited to the instructions to staff on homely

medication below.

has been received in writing and will only continue for 48 hours before prescribed medication will be required.

Creative Family Solutions Medication Policy Page 3 of 6

**Homely** **Medication**

The company defines homely medication as medication that can be purchased without prescription by staff,

after consultation with the GP or NHS Direct.

Where appropriate prior to admission of a child/young person a Homely Remedies

letter will be sent to the local GP requesting permission for staff to administer a variety of Homely Remedies

(Appendix two)

Until receipt of above named letter, and in all circumstances, the only homely medication that will be dispensed

by staff:

 Simple Linctus in the event of coughs, sore throats. This will be administered as per the instructions on

the bottle.

 Paracetamol in the event of headaches, pain, high temperature, colds or flu. 1­‐2 tablets will be

administered no more than once every four hours to a maximum of eight in any twenty­‐four hour

period.

Administration of homely medication will not take place until the permission of the parent(s) and social worker

**Prescribed** **Medication**

The Melton Learning Hub defines prescribed medication as medication that is administered on the direction of

a GP, dentist or hospital, according to specific instructions, which includes regular, PRN and controlled drugs.

**Controlled** **drugs**

The Melton Learning Hub defines Controlled Drugs as preparations that are subject to the prescription

requirements of the Misuse of Drugs Regulations 1985.

**PRN** **Medication**

Children/young people who require PRN medication (e.g. eczema cream) will have details of the medication

recorded on their case files. Details of the nature of thechild/young person’s condition and the need to

administer medication will have been discussed at the initial meeting.

Information available to staff, in the event of having to dispense this medication, will be addressed in the

intervention plan. .

 The amount of the drug to be given as PRN.

 The maximum amount to be given in a twenty­‐four hour period and how frequently.

 The specific circumstances under which it should be given e.g. pattern of epilepsy, specific

behaviours.

 Any other interventions that might be used prior to using PRN medication.

Medication Policy Page 4 of 6

I give my consent to The Melton Learning Hub

 The administration of emergency first aid by staff from Creative Family Solutions.

**Appendix** **One**

**CONSENT** **TO** **EMERGENCY** **MEDICAL** **TREATMENT**

To allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emergency medical treatment to take place when necessary

Receiving the following:

 Dental treatment as recommended

 The administration when required of a general anaesthetic for dental treatment or emergency

operation

 Immunisations or vaccinations as recommended i.e. against diphtheria, tetanus, whooping cough,

polio, measles, mumps, rubella (MMR), tuberculosis (BCG)

 Emergency operation where it is not reasonably practicable to obtain parental consent

 The administration of homely remedies i.e. Paracetamol and Simple Linctus

 The administration of prescribed medications including controlled drugs

Authorisation of parent or person with parental responsibility:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorisation of Social Worker (if applicable):

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I** **Dr** **of** **agree,** The Melton Learning Hub **Staff** **are** **authorised** **to** **administer the** **above** **Homely** **Remedies** **to** **the** **above** **named** **child/young** **person.**

Manager

Ibuprofen

Antiseptic cream for minor cuts and grazes

Medication Policy Page 5 of 6

**Appendix** **Two**

Dear Sir or Madam,

As you are aware we are an Alternative Education Provider situated at The Melton Learning Hub, Melton Mowbray, LE13 1DJ

In order to comply with National Minimum Standards with regards to the issue and dispensing of medication

it is necessary for us to have consent to administer “Homely Remedies”. The list could be exhaustive

however the basics needed are listed below:

Child/Young Person

DOB

**Homely** **Remedies:**

Cough Medicine

Paracetamol

Cold and Flu Remedies

Calamine Lotion

Anti Histamine lotion for bites and stings

Athletes Foot Treatment

Cold sore creams

Sore Throat Pastilles

Head Lice Treatment

Kind Regards

The Melton Learning Hub

**Sign…………………………………………..** **Date………………….**

**Please** **ensure** **that** **you** **send** **this** **back** **to** (name and address of the provider)

**NB:** **This** **policy/procedure** **will** **be** **updated** **every** **two** **years** **or** **before** **if** **changes** **in** **conditions/legislation** **are** **applicable.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date policy written/amended | Amended/written by | Authorised by | Next review due |
| Aug 2017 | Sarah Cox |  | Aug 2018 |
| August 2018 | Sarah Cox | Sarah Cox | August 2019 |
| May 2019 | Sarah Cox | Sarah Cox | June 2020 |
| June 2020 | Sarah Cox | Sarah Cox | June 2021 |

Medication Policy Page 6 of 6

**Appendix** **Three**

**CARE** **PLAN** **FOR** **PRN** **MEDICATION**

**DOB:**

**NAME:** **GP:**

**ADDRESS:**

**TEL.**

ALLERGIES:

**MEDICATION:**

**DOSE:**

**CONDITIONS** **(IE** **HOW** **OFTEN,** **HOW** **MANY** **IN** **24** **HOURS** **ETC)**

**WHEN** **TO** **ADMINISTER**

**ADDITIONAL** **INFORMATION:**

**NAME** **OF** **PERSON** **COMPLETING** **PLAN:**

**DATE:**

**SIGN:**

**REVIEW** **DATE**