

National Autistic Society

CHILDREN'S SERVICES AND SCHOOL MEDICINES POLICY

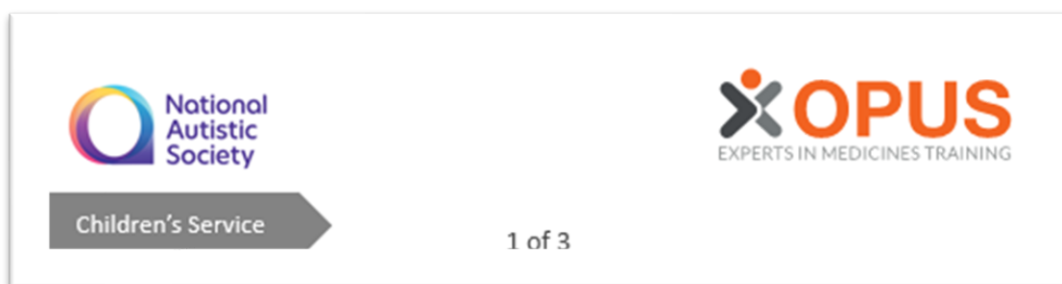
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Reviewed by (Customer)	Victoria Moss - NAS Safeguarding Lead	Date: June 2022

1. Purpose

- 1.1 This medicines policy must be used in conjunction with the medicines procedures and associated forms (together, the POLICY PACK).
- 1.2 This policy sets out our commitments to ensure the safe handling of medicines in our organisation, in line with best practice, guidance and legislation.
- 1.3 The medicines procedures set out step-by-step guides that staff must follow when undertaking medicines-related tasks.
- 1.4 Where a procedure only applies to a specific setting (e.g. Children's Service only), this is indicated by a tab in the top left hand corner of the procedure document as shown below:



- 1.5 The associated forms should be used to record relevant information, to promote best practice.
- 1.6 This policy must be followed by all staff who support pupils/children/young people with their medicines. Support staff must read and sign to acknowledge their agreement to abide by it.
- 1.7 This policy will be reviewed yearly, or following major changes to legislation, by the Director of Assurance & Compliance, to ensure that it reflects current working practices, legislation and standards.

2. Our Values

- 2.1 We will take a pupil/child/young person-centred approach and promote each pupil/child/young person's independence with their medicines.
- 2.2 We will ensure that all medicines are administered in a way that respects the dignity, privacy, cultural and religious beliefs of each pupil/child/young person.

- 2.3 We will respect the confidentiality of the pupils/children/young people we support, including their medical history and information about their medicines.
- 2.4 We will provide full training and appropriate competency assessment for support staff, to ensure they administer medicines safely and effectively, and keep the pupils/children/young people we support safe.
- 2.5 We will allocate protected time to support staff who administer medicines to ensure they are not interrupted when administering medicines.

3. Our Responsibilities

- 3.1 We will always comply with legislation, regulations, guidance and best practice relating to medicines, including (but not limited to):
 - Medicines Act 1968
 - Misuse of Drugs Act 1971
 - Misuse of Drugs (Safe Custody) Regulations 1973
 - Health and Social Care Act 2008
 - Children & Families Act 2014
 - NICE Guidance “Managing Medicines in Care Homes” 2014
 - Mental Capacity Act 2005 (England & Wales)
 - Children’s Home Regulations Quality Standards
 - RCN/RPS Professional Guidance for Administration of Medicines in a Healthcare Setting and Professional Guidance for Safe and Secure Handling of Medicines in a Healthcare Setting
 - Department for Education statutory guidance “Supporting Pupils at School with Medical Conditions” (2015)
 - Department of Health “Guidance on the use of emergency salbutamol inhalers in schools” (2015) and “Guidance on the use of adrenaline auto-injectors in schools” (2017)
 - Local Authority policy
 - Ofsted requirements
 - The Accessible Information Standard
 - General Data Protection Regulations (GDPR)

- 3.2 We acknowledge that prescribed medicines are the property of the pupil/child/young person to whom they have been prescribed and dispensed.
- 3.3 We will initiate medicine reviews where necessary, and at least annually.

4. Providing Medicines Support

- 4.1 We will ensure that an accurate list of a pupil/child/young person's medicines is obtained and kept up to date at all times.
- 4.2 We will thoroughly assess the medicines support needs of each pupil/child/young person we support to ensure that the support they receive is appropriate for their needs.
- 4.3 At a pupil/child/young person's request, and following an appropriate risk assessment, we will support the pupil/child/young person to retain responsibility for obtaining, holding and/or taking their own medicines.
- 4.4 Where a pupil/child/young person requires general support, administration of medicines, or administration by a 'specialised' technique (see table on next page), we will support them with their medicines in line with the relevant procedures and their care plan.
- 4.5 Types of Support (These lists are not exhaustive):

General Support	Administration of Medicines	Administration of Medicines by a Specialised Technique (exceptional circumstances only)
<ul style="list-style-type: none"> • Verbal prompts or reminders • Requesting repeat prescriptions from a GP • Collecting medicines from a pharmacy • Returning unwanted medicines to the pharmacy 	<ul style="list-style-type: none"> • Selecting and preparing medicines for administration • Selecting and measuring doses of liquid medicine • Applying a medicated cream/ointment, ear/nose/eye drops, patches or inhaled medicines 	<ul style="list-style-type: none"> • Naso-gastric administration • Administration through Percutaneous Endoscopic Gastrostomy (PEG) • Nebulisers • Oxygen • Assisting with insulin pens

General Support	Administration of Medicines	Administration of Medicines by a Specialised Technique (exceptional circumstances only)
<ul style="list-style-type: none"> • Opening containers (e.g. bottles, blister packs) at the request of the pupil/child/young person 		

4.6 We will administer medicines in accordance with the 6 rights of administration.

4.7 We will only undertake covert administration of medicines in exceptional circumstances, where this is lawful and is in the pupil/child/young person's best interest. A risk assessment, mental capacity assessment, best interest decision and written support of a multidisciplinary team must be in place.

4.8 To ensure the safety of the pupil/child/young person, we will only administer medicines from original pharmacy-labelled containers following the prescriber's written instructions. We are not permitted to administer medicines from dosette boxes filled by others, such as family members.

4.9 We will keep appropriate records of medicines administration and support.

4.10 We will monitor pupils/children/young people who take medicines for changes in their condition, including allergies, and liaise with health professionals.

4.11 We will store medicines safely and securely.

4.12 We will undertake risk-based audits - both internal and external - at regular intervals, and at least monthly. Actions will be taken as appropriate and documented.

4.13 We will monitor for errors / incidents through regular auditing of medicines and processes, and will properly investigate any identified errors.

4.14 We support a "just culture" where medicine errors/incidents are dealt with in a constructive manner to identify what went wrong.

5. Training and Competency Assessment

- 5.1 We will ensure support staff who are supporting pupils/children/young people with their medicines receive accredited medicines training, which will be updated in line with the agreed training pathway.
- 5.2 We will undertake competency assessments for support staff following initial training and then every year thereafter, or more frequently, if necessary (e.g. following a medicines error), and in accordance with the agreed training pathway.
- 5.3 We will ensure senior staff who are responsible for assessing the competency of support staff are trained and competent to undertake this task.
- 5.4 We will maintain records of all support staff training and competency assessments relating to medicines handling and administration.
- 5.5 We will provide additional training for specific medical conditions, medicines or skills, where required.
- 5.6 We will support staff where they do not feel they have received sufficient training or are not competent to undertake any medicines-related task.

6. Implementation & Use

- 6.1 We will comply with all information in the Policy Pack.
- 6.2 We will ensure that all members of support staff who are involved in the handling of medicines have read and understood the Policy Pack.

Policy Signed Off By: Victoria Moss - Safeguarding Lead

Date: June 2022

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