

MEDICATION MANAGEMENT POLICY



Version 1.1

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1. POLICY STATEMENT

ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions

It is important for ORCHYD to have a medication policy so that all children attending our events can be given the same opportunities to achieve their full potential and enjoy the same level of participation as their peers.

ORCHYD Management of Medication policy is drawn up to reflect the requirements of both The Residential holiday schemes for disabled children National minimum standards, Standard five and fifteen (Department for Education, 2013) and Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2015).

ORCHYD understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

ORCHYD understands the importance of medication being taken as prescribed and has clear guidance on the administration and storage of medication.

ORCHYD will ensure at least one member of staff trained to administer emergency medications and a second trained to witness the administration of emergency medications is on duty at all times.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained. The medication policy will be regularly reviewed, evaluated and updated by the Lead HCP.

2. MEDICATION PERMISSION FORM

Consent will be gained from parent/carer for staff at ORCHYD to administer medication for their child (Appendix 1). It is the parent's responsibility to ensure that the correct information has been provided.

This includes:- Name of Medication

Dose

Times medicine to be given

Route

Signature and printed name of parent/carer

Date

3. MEDICATION ADMINISTRATION RECORD (MAR)

Each child will have their own medication administration record (Appendix 2)

This includes; Name of Medication

Dose (in both milligrams and millilitres if required)

Time(s)

Route

MAR to be completed by Health Care Professionals (HCP) and checked by a second HCP when booking child in.

As these are legal records they should be completed in BLACK PEN.

The MAR should contain a record of any allergies.

Any errors should be crossed through with a single line and signature next to error.

4. MEDICATION LABELLING

All medication must be in its original packaging with a clear dispensing label from the pharmacist containing;

Drug name and strength/quantity

Clear directions for use

Childs name

Name of pharmacy

Date dispensed

5. ADMINISTRATION OF MEDICINE

Staff can only administer authorised medication to a child.

Medicines should be checked by a Health Care Professional (1st checker). This will be a healthcare professional who is used to administering or prescribing medication as part of their job and be a registrant with either the NMC, GMC or HCPC. This should be checked by second person medications (2nd checker) this can be either a registrant, student in a relevant role or an appropriately experienced member of ORCHYD staff (e.g. Special Needs Teacher or Teaching Assistant).

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A list of the names of both 1st and 2nd checkers is kept by the Lead HCP. All members of the HCP team must be aware of their own status as a checker.

All medicines should be prepared immediately before administration to a child.

Only one set of medications should be prepared at a time.

During preparation, medicines should be checked against MAR ensuring correct drug, dose, route, time, name of child and expiry date.

Two staff should be present at all times (see above) during preparation and administration of the medication. Both must sign the MAR every time medication is administered.

Staff must be certain of identity of the child to which they are administering medication. The child should where possible have a name badge on. Drug charts will contain a picture of corresponding child.

In case of doubt of identity of child, confirmation of identity should be gained from a senior member of staff prior to administration.

Where medication is not given the reason for doing so must be recorded.

6. TRANSPORTATION AND STORAGE OF MEDICATION

Medication will be checked in on arrival of the child and then placed in a locked cupboard.

HCP's must check that it is clearly labelled as specified, also checking the expiry date and ensure there is sufficient stock to last the entire length of the residential holiday or day trip.

All medication will be kept in a locked cupboard or fridge (unless required on trips) and keys will be with the HCP on duty or another named place.

Parents will sign at the end of the residential holiday to confirm that medicines have been returned to them.

Medication required on day trips must be taken in its original container and stored in bag kept in the possession of the HCP on duty. The exception to this will be emergency medication (e.g. salbutamol) which may be held by the helper assigned to the child.

7. TRAINING

Those administering medication (1st checker) will be healthcare professionals who are used to administering or prescribing medication as part of their job and be a registrant with either the NMC, GMC or HCPC.

Those witnessing the preparation and administration of medications (2nd checker) can be either a registrant, student in a relevant role or an appropriately experienced member of ORCHYD staff (e.g. Special Needs Teacher or Teaching Assistant).

It is good practice to have knowledge of medicine, its use, side effects and contraindications before administering it.

8. NON PRESCRIPTION MEDICINE

Consent is obtained from parent/carers prior to the holiday for the ORCHYD HCP team to administer anti-histamines, barrier creams and paracetamol as required for the duration of the holiday. These medications are held in the medicines cupboard and taken on all outings.

Permission will be sought from parents/carer for paracetamol to be given as pain relief or for a temperature over 38°C.

Doses of paracetamol will be given as follows;

Children 6-12 years 5 to 10 ml liquid of 250mg in 5ml

Children 12 year+ 10 to 20ml liquid of 250mg in 5ml
Or 1-2 tablets (500mg)

Administration of non-prescription medications must be recorded on a MAR form.

9. EMERGENCY MEDICATION

Emergency medicines will be prepared and administered by a Health Care Professional/trained staff member. These can include Buccal Midazolam, auto-injectors or Asthma medication.

Follow Individual Care Plan (see Management of Epilepsy Policy) for the administration of Buccal Midazolam or other emergency care plan for Anaphylaxis, Asthma or any other medical condition.

In the event of other emergency medication prescribed, such as Steroid injections, only staff trained and competent to administer should do so. In the unlikely event of no trained staff being available – an ambulance should be called. The Lead HCP will risk assess any situations such as these and discuss with the family/rest of HCP Team.

Administration of emergency medication will be recorded on MAR and Emergency Medication Record Sheet.

Parents/carer should be informed if emergency medication is administered.

For further guidance see the epilepsy policy, asthma policy and allergy/anaphylaxis policy.
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10. ROUTES OF ADMINISTRATION

Drugs may be required to be administered via various routes, including:-

Orally

Rectally

Enteral route/nasogastric tube/gastrostomy (PEG, Mickey, mini etc)

Buccal

Subcutaneous or intramuscular injection

Inhaled

Drops (Eye/Ear)

Topically

11. MANAGEMENT OF ERRORS/NEAR MISSES

An error has occurred if the child has;

- a) Not received medication according to prescription
- b) Received medication which was incorrectly prescribed
- c) Staff have failed to record properly medicines given

In the event of an error/near miss an incident form must be completed

Medical advice should be sought from any of the below;

- Nurse
- Doctor
- Pharmacist
- Poisons Information Service (0844 892 0111)

to ensure the safety of the child.

12. ADVERSE REACTIONS

In case of adverse reaction to medications, stop medication immediately and seek medical advice.

In cases of severe allergic reaction (i.e. anaphylaxis) call 999.

13. RECORD KEEPING AND CONFIDENTIALITY

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Prior to residential holidays and day trips, ORCHYD gains written information regarding the child's individual health needs so that the best care can be delivered to each individual child. ORCHYD acknowledges that this information is sensitive and personal and maintains appropriate standards of record keeping and confidentiality procedures. The information gained/generated includes an application form, health needs assessment form (residential holidays only), medication consent forms, feed consent forms, copies of healthcare plans and copies of relevant medical letters/reports/plans (including Paediatrician clinic reports, GP prescription print-outs, Dietician's feeding regimes, Physiotherapy plans, etc).

All third party information (e.g. healthcare plans, doctors letters, Dietician's feeding regimes, Physiotherapy plans, etc), will either be returned to the family or destroyed by confidential destruction waste methods immediately after the residential holiday/day trip.

Once the application forms have been reviewed by a member of the HCP Team, prior to the residential holiday or day trip, the HCP will contact the family by phone to discuss the child's health needs. A health needs assessment form (residential holidays only) will be generated. This will be discussed again by a HCP with the family on "check-in" day and any amendments are made to the form. An individual care record is also generated to plan the care required for the child during the holiday and for the HCP team to document any specific care needs/concerns (e.g. wound/skin care, elimination and dietary intake records, enteral feeding care, etc). If a child requires any medication or feeds, they will have an individual medication administration record (MAR). The MAR and the care record will be shared with the child and family at the end of the holiday or (in the event of a serious concern - a member of the HCP team will contact the family during the holiday/day trip, if appropriate). For day trips any concerns will be communicated during the day, as appropriate.

All ORCHYD generated records (Application forms, Consent forms, health needs assessment form, MAR forms, Care Record, care plans, etc), will be retained securely for three years. Any electronic forms with children's information will be password protected and stored only on the HCP laptop/HCP OneDrive folder and after the residential holiday will be deleted. Children and family can request to view these records by contacting the Chair or Lead HCP.

ORCHYD HCP volunteers understand the nature of records and follow this policy for the keeping and retention of files, managing confidential information, and access to files (including files removed from the premises). The Lead HCP monitors the quality and adequacy of record keeping and takes action when needed.

Information about individual children is kept confidential and only shared with those who have a legitimate need to know, or are entitled to see, the information.

ORCHYD HCP volunteers ensure that entries in records are legible, clearly expressed, non-stigmatising and distinguish as far as possible between fact, opinion and third party information.

APPENDICES

- 1) Day trip consent and MAR form.
- 2) Weekend/holiday consent form.
- 3) Weekend/holiday MAR form.

Example Day trip consent and MAR form

Name of Child: _____ **DOB:** ____/____/____ **ALLERGIES:**

Prescribed Medicine/feed	Form (e.g. tablet/Capsule/liquid)	Dose	Time to be given	Special instructions
Paracetamol	liquid	As per dose on bottle	For pain/fever	

Signature of parent/carer Name of parent/carer (Please print) I consent for Orchyd Health Care Professionals to administer the medication/feeds to my child as per the prescriber’s instruction	Date
	Daytime phone no:

Feed:	Amount and rate:	Route:	Date:	Times:	Sign:
Drug:	Dose:	Route:	Date:	Time:	Sign:
Drug:	Dose:	Route:	Date:	Time:	Sign:
Drug:	Dose:	Route:	Date:	Time:	Sign:

HCP Sample Signature Record

Initials				
Signature				
Print Name				

Appendix 2- Example Weekend/holiday consent form.



MEDICATION CONSENT FORM (might be online)

Please complete below or attach up to date print out of medication this child is receiving

Name Of Child.....

Date Of Birth.....

Any Allergies.....

Name Of Medication	Dose	Times To Be Given	Route Of Administration

I give my permission for the above medicines to be administered to my child by the health care professionals/trained helpers identified by ORCHYD

Signature of Parent/Carer.....

Print Name.....

Date.....

Appendix 3 MAR form EXAMPLE

MEDICATION ADMINISTRATION RECORD

PHOTO

Name of Child

Date of Birth

Known Allergies

MEDICATION		DOSE & TIME				ROUTE			
Date	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	

Time	Dose	17/08/2012	18/08/2012	19/08/2012	20/08/2012	21/08/2012	22/08/2012	23/08/2012	24/08/2012
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

MEDICATION		DOSE & TIME					ROUTE		
Date		FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time	Dose	17/08/2012	18/08/2012	19/08/2012	20/08/2012	21/08/2012	22/08/2012	23/08/2012	24/08/2012
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

This policy was compiled with the help of the following:-

Department for Education (2015) Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies
in England.

Department for Education (2013) Residential holiday schemes for disabled children. National
minimum standards of care for providers of holiday schemes for disabled children (Standard
five and fifteen).

RNIB Sunshine House School Northwood (2008) Supporting Pupils with Medical Needs and
the Administration of Medication. Policy Number: 1.10