

# Medications Policy

**August 2020**

(Next review date August 2021)

## **Overview/purpose of the policy**

This policy has been developed with the intention of identifying students that wish to carry some types of prescription medication whilst in college, have a backup supply of emergency medication held at college, have daily medication stored for them whilst they are in college, be observed taking the medication whilst at college or need college staff to administer medication to them.

It is preferable that students, where possible, take their medication out of college hours or, if they have to take medication whilst in college they are encouraged to do so independently.

This policy will help to ensure that all appropriate measures have been put in place to facilitate the safety of any student requiring medication in college as well as the safety of any staff that who are involved with the handling, storing, observation or administering of the medication.

In the event of a student requiring prescription medication that is lifesaving (EpiPen being an exception) or a controlled drug, further information would be required from the student's medical practitioners. The college may also carry out an internal review to ensure that the specific requirements of that student could be met whilst keeping the student and others safe.

This policy excludes 'everyday' medicines such as paracetamol, asthma inhalers etc unless the identified need of the student in question means they may require supervision to ensure their safety.

## **2. Process**

Identification of students with a medical condition that requires:

- bringing medication into college;
- medication to be safely stored;
- observation when taking their medication;
- staff to administer their medication;

will be identified through the Application process, information received from schools, teachers or from other college staff.

Once a student has been identified, they and/or their parents or guardians will discuss their needs with the Operations Manager to establish;

- the details of their condition
- any adjustments which may be required

Using the information provided, the student may have a Care Plan formulated.

If the student is requesting that they have their medication stored for them and/or be observed taking the medication, a Care Plan will be drawn up with all details of the condition and adjustments required.

If the student wishes to independently take medication at college, this information will be added to Arbor (our management information system) in case of an emergency situation where an ambulance may need to be called.

If the student requires support in taking medication or needs college staff to administer medication, a Care Plan will be drawn up, detailing:

- the name of the medication
- the prescribed dosage
- purpose
- how the medication will be administered and by whom

The Operations Manager will review if staff have had the relevant training to administer the medication.

A review of the student's requirements will be done each term to ensure that the college is aware of any changes to the medication needs. In addition, it is requested that the student, parent or guardian inform the Operations Manager as soon as any changes take place.

### **3. Communication**

Limited information regarding the student's medical condition will be available to relevant staff via the students Student Progress Tracker or information on Arbor with a note to contact the Medical Needs Coordinator if further information is required. Care Plans will be in student's files and in a locked drawer in the classroom if necessary in case of an emergency situation. A Data Protection form will be completed with all students before any information is shared.

Below is an outline of the different forms attached to this policy:

- Form 1: Request for student to carry own prescription medication
- Form 2: Request for college to provide observation in self administration of prescribed medication
- Form 3: Confirmation of the college's consent to provide observation of prescribed medication
- Form 4: Request for college to support with or administer prescribed medication
- Form 5: Confirmation of the college's agreement to support with or administer prescribed medication

The Operations Manager will meet with the students involved and collate the appropriate paperwork and, if necessary, discuss with other support teams.

Each student will have a named person to meet their medicine requirements; plus an additional two named staff to provide cover should the need arise. This may be the Operations Manager, Centre Manager, Learning Support Practitioners, Teachers or Safeguarding Lead, or any other appropriate member of staff.

The Operations Manager will include on the student's care plan what medicines will need to be taken and at what time and location. Both the student and named persons will agree this plan (for those under 18 a copy will be sent to parents / guardians to sign). Records will be held confidentially within the department. A medicine sheet for each student will be kept in the medicines folder for accurate record keeping of the staff involved, date, time and signature. Two members of staff will observe and sign the records. In the event that one or more of the named persons is absent, the Operations Manager or the Safeguarding Lead will contact another member of staff to ensure medicines are administered and recorded appropriately.

#### **4. Other Relevant Documents**

##### **Annex:**

- Form 1: Request for student to carry own prescription medication
- Form 2: Request for college to provide observation in self administration of prescribed medication
- Form 3: Confirmation of the college's consent to provide observation of prescribed medication
- Form 4: Request for college to support with or administer prescribed medication
- Form 5: Confirmation of the college's agreement to support with or administer prescribed medication

**Form 1: Request for student to carry own medication and/or keep spare / emergency medication in College**

*This request form must be completed as appropriate by the parent/guardian or student if over 18 years. Where a student needs to bring prescription medication into college it MUST be kept on their person at all times (if the student has been assessed as being responsible to carry their own medication). The student is to take full responsibility for the medication whilst in college, work placement and on any trips and visits.*

I would like (name of student) \_\_\_\_\_ to keep his/her medication on him/her for use as prescribed.

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Course: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Name of medication as described on container/packaging: \_\_\_\_\_

Dosage and times as described on container:

\_\_\_\_\_  
\_\_\_\_\_

If an EpiPen is required can the student administer their own medication in the event of an emergency?

Yes No

Does a spare EpiPen need to be stored in college for emergency use?

Yes No

*If yes, please ensure that the spare medication is in a sealed but not lockable tupperware-type box with name and date of birth clearly visible. It is the student, parent or guardian's responsibility to ensure that all medication is in date and fit for purpose. The spare EpiPen will be stored in the appropriate curriculum staff room which the student will be made aware of, as will the tutors that are involved with the student.*

Care plan: Yes No (circle as appropriate)

Print Name (of person making request): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Parent/Guardian/Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

*If there are any changes regarding medication or care plan information please contact Sarah Lucas, Operations Manager immediately on 01322 600 845*

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

*A signed copy of this paperwork will be returned for your records.*

**Form 2: Request for college to provide observation in the self-administration of prescribed medication**

This form must be completed by the student or, if under 18, the student's parent/guardian. Each medication must be listed separately. All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name on it.

***It is the parent/guardian/student's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

G.P Name and address: \_\_\_\_\_

Emergency Contact Information - this must be a responsible adult who is aware of the student's medical needs/medication details.

<b>Contact 1</b>	<b>Contact 2</b>
Name:	Name:
Relationship:	Relationship:
Phone No home/ work:	Phone No home/ work:
Mobile:	Mobile:

**Number of medicines listed on form \_\_\_\_\_ (if more than one, please complete an additional form per medication)**

Name / Type of medication as described on container: \_\_\_\_\_

How long will the student need to take this medication? \_\_\_\_\_ Dosage, time and method: \_\_\_\_\_

Any side effects we need to be aware of: \_\_\_\_\_

What constitutes an emergency and what should be done?

\_\_\_\_\_  
 \_\_\_\_\_

How do you wish us to dispose of any needles? Student to take home: \_\_\_ Put in college sharps bin: \_\_\_

**Any Comments/Further information:**

\_\_\_\_\_

**Requested by:**

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

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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

If there are any changes regarding medication or care plan information, please contact Sarah Lucas, Operations Manager, immediately on 01322 660845.

**Form 3: Confirmation of the college's agreement to provide observation in self-administration of prescribed medication**

If there is more than one request a separate agreement form should be issued for each medication.

All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name and medication name on it.

***It is the student/parent/guardian's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

The college agrees to observe/prompt: (name)

\_\_\_\_\_

Taking: (quantity & name of medication)

\_\_\_\_\_

As directed (time, route)

\_\_\_\_\_

The observation/prompting of \_\_\_\_\_ taking the prescribed medication will be by \_\_\_\_\_ who has carried out the required training and updates to do so.

This agreement will continue until either the end date of the course of medication or until instructed by a parent/guardian or in some cases, the student.

If there are any changes regarding medication or care plan information please contact Sarah Lucas, Operations Manager, immediately on 01322 660845.

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Position in College \_\_\_\_\_

**Form 4: Request for college to support with, or administer prescribed medication**

This form must be completed by the student or, if under 18, the student's parent/guardian. Each medication must be listed separately. All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name on it. ***It is the parent/guardian/student's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

G.P Name and address: \_\_\_\_\_

Emergency Contact Information - this must be a responsible adult who is aware of the student's medical needs/ medication details.

<b>Contact 1</b>	<b>Contact 2</b>
Name:	Name:
Relationship:	Relationship:
Phone No home/ work:	Phone No home/ work:
Mobile:	Mobile:

**Number of medicines listed on form \_\_\_\_\_ (if more than one, please complete an additional form per medication)**

Name / Type of medication as described on container: \_\_\_\_\_

How long will the student need to take this medication? \_\_\_\_\_ Dosage, time and method: \_\_\_\_\_

Any side effects we need to be aware of: \_\_\_\_\_

What constitutes an emergency and what should be done?

\_\_\_\_\_  
\_\_\_\_\_

How do you wish us to dispose of any needles?

Student to take home: \_\_\_\_\_ Put in college sharps bin: \_\_\_\_\_

Comment/Further information:

**Requested by:**

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

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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

If there are any changes regarding medication or care plan information please contact Sarah Lucas, Operations Manager, immediately on 01322 660845.



**Form 5: Confirmation of the college's agreement to support with, or administer prescribed medication**

If there is more than one request, a separate agreement form should be issued for each medication.

All prescribed medication should be brought into college in a daily medication holder, clearly marked with the student's name and medication name on it.

***It is the student/parent/guardian's responsibility, not the college's, to ensure that the correct medication is placed in the medication holder.***

The college agrees to support with the administration of: (name of student) \_\_\_\_\_

Taking: (quantity & name of medication) \_\_\_\_\_

As directed: (time, route) \_\_\_\_\_

The observation/prompting of \_\_\_\_\_ taking the prescribed medication will be by \_\_\_\_\_ who has carried out the required training and updates to do so.

Care plan attached Y N (circle as appropriate)

This agreement will continue until either the end date of the course of medication or until instructed by parent/guardian.

If there are any changes regarding medication or care plan information please contact Sarah Lucas the Operations Manager immediately on 01322 660845.

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Position in College \_\_\_\_\_

**Review (please tick as appropriate)**

I confirm that there are no changes to the above medication / administering requirement. \_\_\_\_

There have been changes to the medication / requirements and a new request form has been completed. \_\_\_\_

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

Relationship to student: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Position in college \_\_\_\_\_