

POLICY AND PROCEDURE



Solihull
Life
Opportunities

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Medicines Management Policy

Category: *Service User/Volunteer/Human Resources*

Introduction

Policy Statement

SoLO wishes to ensure that **all** people can access the scheme regardless of their medical needs. For the purpose of this policy the term 'service user' is used to describe any child, young person or adult with a learning disability who accesses SoLO's services

SoLO recognises that there are times when it may be necessary for service users attending Projects to take medication within the session.

As the health and safety of staff and service users is of paramount importance, the Project Managers and Leaders are prepared to take responsibility for these occasions through the framework outlined in this Policy.

A copy of this policy will be made available to the parents and carers of the service users registering to attend SoLO Projects. There will also be a parents' handbook, for summer projects, which will give information on medicines management.

SoLO ask parents and carers to take the responsibility of ensuring that they supply sufficient medication and that the medication is in date.

Service Users with Special Medical Needs

Should SoLO be asked to accept a registration to a scheme, of a service user with special medical needs

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- SoLO will work in partnership with the service user's parents/carers and medical advisers (where appropriate) to ascertain the service users medical needs.
- Further investigations may be required to discuss how these needs can be met whilst maintaining the safety of both the service user and staff.
- The outcome will be deemed positive if after full risk assessments both SoLO and parents / carers agree that the medical needs can be met in a safe manner.

Definition of Special Medical Needs

- Any condition that requires intensive, invasive or specialist practices that would have to be carried out within the session.

This may include:

- Uncontrolled epilepsy that requires the administration of invasive medication.
- Brittle bone disorder.
- Child/young person with tracheostomy in situ.
- Child/young person fed through a nasal tube or gastric tube.
- Severe allergic reactions requiring epi-pen or similar.

Procedures

1. ON REGISTRATION TO A SCHEME

All parents and carers will be asked to complete a user profile form. This should include all information that is important to the health and safety of the service user.

As a minimum this must include

1. Full details of medical conditions,
2. Regular medication,
3. Emergency medication,
4. Medical / food allergy status.
5. Special dietary requirements.
6. Emergency contact numbers,
7. name, address and telephone number of the service users GP,
8. A copy of a hospital passport letter (if available)

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9. If “as required” medication is sent with the service user then an indication and maximum dosage must be stated.

It may be necessary for SoLO to check medical information with medical advisers should any concerns be raised.

2. ADMINISTRATION OF MEDICATION DURING SCHEME

2.1 The form “Emergency Contact and Medical Information Form” should be fully completed and signed by the parent/carer and discussed with the Project Leader at the earliest opportunity.

A copy of this form is sent out to all parents/carers with the service user’s profile forms prior to the beginning of the scheme.

Further copies of the form are available from the scheme Project Leader or the Project Manager

If a medication is started / changed shortly prior to the session then a copy of an updated form must be completed and given to the Project Leader at the earliest opportunity.

If the service user is escorted on transport then a copy of the form and medication must be given to the escort. The Project Leader will contact the parents to clarify the directions on the form.

Medication must not be administered without this form being completed and clarified with the Project Leader.

Medication will not be administered unless the service user’s allergy status is documented. If there are no allergies then the parents must write NIL in the corresponding box.

If the service user suffers from a life threatening allergy then a medic alert bracelet may be recommended.

2.2 Medication must be fully labelled with instructions regarding administration.

Medication should be delivered by the parents whenever possible. This facilitates an opportunity for the parent / staff to raise any issues.

If the service user is transported through a SoLO provision then the medication may be sent through the escort.

Medication should only be sent in with a service user when they come direct from another provision (e.g. school or respite) and arrangements have been agreed for the transfer.

2.3 All medication should be handed to the Project Leader as soon as it arrives on the premises and immediately stored in a locked container.

2.4 All medication should be in the original container as prescribed by the GP and dispensed by the chemist, with the service users name, date and

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instructions for administration printed clearly on the label. Parents must ensure all medication is in date.

Out of date medication will not be administered.

2.5 Should the medication need to be changed or discontinued before completion of the course the Project Leader or Manager should be informed in writing and a new medication administration form completed

2.6 Should the supply of medication need to be replenished this should be done:

- By the parent/carer in person.
- By handing the medication to the escort on the transport provision.

2.7 Should the service user be expected to administer their own medication e.g. inhaled medication for asthma, SoLO may ask for a professional opinion to check procedure and technique before accepting full responsibility for the individual's health, safety and well being. Self administered medication must also be given to the Project Leader for safe keeping

2.8 The Project Leader or an appropriately trained delegate will be responsible for the actual administration of medication to service users. Two members of staff must check the Administration Form and administration details on the medication to ensure they are the same. Both will check name and dosage before administration.

2.9 The Project Leader or authorised staff member will sign, time and date the "RECORD OF MEDICATION ADMINISTERED FORM" and the second member of staff will witness the medication administration and counter sign the Administration form.

Medication must not be administered even if it is requested and signed for by parents on the Administration form if staff are concerned that it contravenes the allergy status.

2.10 No medication will be given to a service user without the full parental consent through the Administration Form, other than emergency medical staff.

2.11 If medication is not administered for any reason, the reasons should be recorded on the record sheet and in the end of day log. The medication should be sent home with a copy of the record sheet stating reasons for non-administration.

2.12 Invasive medication or Epi-pen will only be administered by staff trained and confident in its administration.

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2.13 If during the session a medical emergency arises that requires the administration of emergency medication by medical professionals then the Project Leader must document all information on the administration form and contact parents as soon as possible.

2.14 Volunteers should not administer medication.

3. STORAGE AND DISPOSAL OF MEDICATION

3.1 All medication will be kept in a locked cupboard, box or desk, with the exception of inhaled treatment for asthma.

3.2 Inhaled treatment for asthma should be kept by project staff, but does not need to be locked away. The service user must not self administer inhalers without informing SoLO staff as soon as possible. The service user will be given assistance in administering it by the authorised worker.

3.3 A check will be made of the medication storage facility every evening before the service user's return home.

3.4 At the end of the scheme any medication that is incomplete, out of date, or not clearly labelled will be returned to parent for disposal.

3.5 At the end of the scheme any medication that is still functional should be returned to parents/carers personally or given to the escort on the transport provision to hand to parents/carers on arrival home.

Medication must never be sent home in service user's personal effects.

3.6 Upon receiving medication and relevant forms from parents/carers or child escorts, the Project Leader must check that all details are correct on the form and fill in a "medication signed for and returned form"

4. TRANSPORT AND ESCORTS

4.1 If a service user is taken seriously ill or in a crisis situation requiring immediate medical assistance, an ambulance will be summoned and the parents/carers and Project Leader informed as soon as the service user is safe. Drivers, escorts and SoLO staff must carry mobile phones to access ambulances speedily and carry children's profiles at all times and give them to give to the emergency services.

SoLO fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training.

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5. VENUE INFORMATION FOR EMERGENCY SITUATIONS

The full address and postcode of every venue should be readily available to give to emergency services if required.

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Appendix one

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

1. If staff are assisting service user with their inhalers, a consent form from parents should be in place. Individual Care Plans need only be in place if service users have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when members need them. If the service user is too young or not able to take responsibility for their inhaler, it should be stored in a readily accessible safe place.
3. All inhalers should be labelled with the service users name.
4. Some children particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name.
5. Staff should take appropriate action if the owner or other service users misuse inhalers.
6. Parents or carers should be responsible for renewing out of date and empty inhalers.
7. Parents or carers should be informed if a member is using the inhaler excessively.
8. If members are going on offsite visits, inhalers MUST still be accessible.

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Appendix two

GUIDELINES FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

Buccal Midazolam is a treatment in the event of a seizure, and it is administered orally. Buccal Midazolam can only be administered by a member of staff who has been correctly trained and holds a valid training certificate. Training will be updated at least once a year.

1. Buccal Midazolam can only be administered in accordance with the members written care plan and the signed consent form. It is the responsibility of the parent if the dose changes, to obtain a new prescription sheet from the GP.
2. The consent form and prescription sheet must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
3. Buccal Midazolam can only be administered by designated staff who have received training from a suitability qualified trainer. A list of appropriately trained staff will be kept.
4. The consent form and the prescription sheet must always be checked before Buccal Midazolam is administered, as well as the information, name, drug and expiry date.
5. Administration must be witnessed and counter signed by a second person.
6. The member must not be left alone until fully conscious, and then regularly observed afterwards until given over to the care of his parents or carers.
7. The amount of Buccal Midazolam that is administered must be recorded on the member's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, and dated.
8. Each dose of Buccal Midazolam must be labelled with the individual member's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.

If members are going on offsite visits, Buccal Midazolam MUST still be accessible.

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Appendix three

GUIDELINES FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Rectal Diazepam is a treatment in the event of seizure and it is administered via the rectum.

Rectal Diazepam can only be administered by a member of staff who has been correctly trained and holds a valid training certificate. Training will be updated at least once a year.

1. Rectal Diazepam can only be administered in accordance with the members written care plan and the signed parental consent form. It is the responsibility of the parent if the dose changes, to inform the Project Manager or Project Leader.
2. The consent form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
3. Only designated staff who have received training from the named nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.
4. The consent form and the prescription sheet must always be checked before Rectal Diazepam is administered, as well as the information, name, drug and expiry date.
5. Administration must be witnessed and counter signed by a second person.
6. The service user should not be left alone until fully conscious, and then regularly observed afterwards until given over to the care of his parents.
7. Consideration should be given to the service user's privacy and dignity at all times.
8. The amount of Rectal Diazepam that is administered must be recorded on the service users' Rectal Diazepam record card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated. A second independent signature must also be used.
9. Each dose of Rectal Diazepam must be labelled with the individual service users name and stored in a locked cupboard. The keys should be readily available to all designated staff.
10. If service users are going on offsite visits, Rectal Diazepam MUST still be accessible.

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Appendix four

PROTOCOLS FOR ADMINISTERING EPI-PEN

Anaphylactic shock can result from allergy to certain types of food (peanuts or the white of an egg, for example) plants, insect bites, injections or environmental pollutants.

Initially the symptoms are likely to be mild, in the early stages more like an asthma attack, but as the sensitivity develops it could worsen to the point of becoming life threatening.

When such severe allergies are diagnosed in childhood, the children concerned are made aware by their parents of what they can and cannot eat or drink, and in the great majority of cases they go through the whole of their lives without incident.

Anaphylactic shock can, in exceptional cases, be triggered just by touching the substance which causes the allergy, but touching is unlikely to be enough for the child to need medication.

**However it is possible, that a service user will eat something, unaware that it contains the substance to which he or she is allergic.
If food is provided by SoLO it is the responsibility of staff to ensure that no ingredients contravene the child's allergy status.**

When a service user who has been diagnosed as having anaphylaxis is accepted by SoLO onto a project, or develops the condition whilst accessing SoLO's service, that as much information as possible is obtained from:-

- (a) the parents
- (b) the child's GP
- (c) the local Community Paediatrician

An agreed procedure should be developed to deal with the possible situation which might (but hopefully never) arise.

It would be unreasonable to expect a parent to be on call throughout the day for such an eventuality, and in any event it is likely that they would be too far away to be able to respond quickly enough.

Only staff who have been trained by a qualified medical practitioner are able to administer epi-pen.

ADMINISTERING EPI PEN MEDICATION

Treatment for anaphylactic shock basically involves

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- a. giving an injection of adrenaline to reduce the allergic reaction to relax the muscles and so reduce the service user's breathing difficulties and
- b. calling an ambulance

The thought of giving an injection could give concern to some members of staff. It is important to provide reassurance on this matter by pointing out that:

- * this is a life saving treatment
- * it is not possible to overdose the service user with the drug provided
- * the service user cannot be harmed with the syringe supplied
- * there is no risk of injecting air into the bloodstream because there are no veins or arteries in the front or side of the thigh, the area where the medication is administered.

The Epi-pen is now the most commonly prescribed treatment. This has an enclosed needle that shoots a set amount of medication directly into the thigh at the push of a button and is available on a named patient basis only.

An Epi-pen should be stored at room temperature and be replaced just before its stated expiry date (2 years).

Ideally the adrenaline should be administered within three minutes, as this could be critical for the survival of the child or adult. The service user should always be treated as quickly as possible.

STAFF SUPPORT

Members of staff cannot be required to administer drugs and medicines, but training will be given to those who would be willing to take part in this procedure, by appropriately trained medical personnel.

Wherever possible, a number of staff will be trained in administering the medication.

Staff do not need to be qualified first aiders before they can be trained to administer medication.

However the staff identified should be able to

- i put the service user in the recovery position
- ii render emergency resuscitation

The likelihood of a service user with anaphylaxis eating or drinking something to which they are allergic during a session is remote, but there is always the chance that this could happen at lunch times and therefore it is vital to ensure that there is adequate cover by trained staff at all times.

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STAFF TRAINING

Training will be provided by a suitability qualified health practitioner for example school nurse or a practice nurse

The training will cover every aspect of the procedure including, of course, how to administer the medication.

The trainer will provide, as part of the training, full details of the emergency procedure needed for each individual service user.

The need for re-training or further training is reviewed at regular intervals, at least annually, and the health practitioner accepts full responsibility for the advice and training given.

THE SYMPTOMS

The symptoms and treatment in respect of each individual service user who has been diagnosed will be fully documented by SoLO.

Typical symptoms of the onset of anaphylactic shock are:

- * the service user complaining of being unwell
 - * restlessness
 - * a change in voice
 - * a change in face colour
 - * rising anxiety
 - * swelling of mouth/tongue
 - * difficulty in breathing
 - * decreased level of consciousness
 - * collapse
- } if any of these occur the situation is life-threatening

TREATMENT

In the event of a service user showing the symptoms described above, the following procedure should be followed:

1. **If at any point the service user stops breathing, emergency resuscitation procedures should be followed.**
2. Alert other members of staff immediately to the possibility of an emergency situation.
3. Stay calm and reassure the service user. It can be a frightening experience for him/her.
4. Lie the service user down in a quiet room. One person, preferably a first aider, should remain with the child whilst another collects the medication.
5. Alert another member of staff to call an ambulance and inform the parents. (As part of the training, staff will already have been

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