

Administration of Medicines and other Medical Support for Students Policy

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Person Responsible	Vice Principal - Curriculum
Approval/ review body	SLT (Senior Leadership Team)
Frequency of Review*	12 months

** Policies will be reviewed more frequently if legal changes or good practice require*

Review History:		
Date:	Review by	Reason for review
Aug 2021	Principal – Hadlow College	Review as part of new Corporation of North Kent College
Aug 2022	Vice Principal - Curriculum	Annual Review
Aug 2023	Vice Principal - Curriculum	Annual Review
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1. Policy Statement

North Kent College, which incorporates Hadlow College, is committed to providing a supportive and inclusive learning environment in which individuals can reach their potential. It recognises that some students may need support of a medical nature including assistance with the administration of medicines and wishes to ensure that this does not preclude them from accessing our provision, wherever possible.

2. Scope

- 2.1 This policy applies to the entirety of North Kent College (henceforth referred to as “the College”) and includes all campuses and satellite sites including Hadlow College.
- 2.2 This policy applies to all learners in all areas of the College, including all College accommodation as well as College transport, trips/visits, online educational environments, college related work placements or work experience, or any environment (including social media platforms) where the learner is representing the college or can be associated with the College.
- 2.3 The policy, its associated guidance and documentation are designed to ensure that:
 - 2.3.1 all staff are aware of its contents are supported in its implementation; and
 - 2.3.2 appropriate response is made to students with medical needs by nominated staff.
- 2.4 This policy, its associated guidance and documentation are designed to ensure that:
 - 2.4.1 The policy aims to ensure that:
 - 2.4.1.1 students are not discriminated against under Equality Act 2010 due to their medical support needs;
 - 2.4.1.2 student’s dignity is maintained at all times;
 - 2.4.1.3 the appropriate disclosures and permissions are sought at the outset;
 - 2.4.1.4 suitable facilities are available for individuals with medical needs;
 - 2.4.1.5 agreements regarding medical needs and our support is accurately recorded;
 - 2.4.1.6 staff are appropriately trained and supported if they are to administer medicines;
 - 2.4.1.7 resources and procedure facilitate the safe storage, administration and disposal of medication;

- 2.4.1.8 The administration of medication is witnessed at all times; and
 - 2.4.1.9 students who ask for medical assistance outside their support agreement are signposted to the College Risk Manager for advice. The Health and Safety team must be made aware of any changes to individual risk assessment or Care Plan
- 2.5 This Policy applies to all learners on all programmes. This Policy should be read in conjunction with the other policies of the college, including but not limited to:
 - 2.5.1 Health and Safety associated with First Aid Policies and procedures.
 - 2.5.2 Fitness to Study Policy & Procedures.
 - 2.5.3 Equality & Diversity Policy
 - 2.5.4 Full Time Admissions Policy & Procedures.
- 2.6 **Staff should not administer medication without appropriate training. However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a layperson is permitted to administer adrenalin by injection (e.g. EpiPen) to treat anaphylactic shock for the purpose of saving life.**

Staff must not issue or sell non-prescribed or over the counter medication to students. Neither should they store them on behalf of students.

3. Organisation and Responsibility

The maintenance of this Policy is the responsibility of the Head of Student Welfare & Safeguarding Services in conjunction with the Head of Estates and Risk Management and the Residential Manager.

Tutors or other staff, to whom a disclosure regarding medical needs has been made, must inform the College's Head of Estates and Risk Management and complete an Individual Student Risk Assessment to ensure that an appropriate response is made.

Staff who have been trained and responsible for the administration of medicines must:

- 3.1 ensure that a Care Plan is in place if the student is residential;
- 3.2 ensure there is a completed individual student risk assessment;
- 3.3 follow guidance and procedures;
- 3.4 ensure all administration of medicine is witnessed;
- 3.5 ensure that medicines are stored safely and securely;
- 3.6 use recording procedures;

- 3.7 maintain student dignity at all times; and
- 3.8 report and record any changes to the Head of Estates and Risk Management and update risk assessment and/or care plan accordingly.

The Head of Student Welfare & Safeguarding Services is responsible for ensuring alternative arrangements for those students whose needs cannot be met by existing staff are in place.

4. Quality and Monitoring

All records associated with the administration of medicines will be uploaded as a note to the student's eTrackr record. A record will also be held centrally within the Risk Management Department.

Activity associated with this policy will be reported to the Head of Estates and Risk Management on a termly basis.

Training for staff will be organised through the Risk Management Department.

5. Guidance Disclosure

It is important for the College to have sufficient information about the medical condition of any student with long-term medical needs.

The College needs to know about any medical requirements prior to the student starting the College, so that an initial assessment and risk assessment of 'support needs' can be undertaken prior to the student enrolling at the College.

All information will be gathered through existing College procedures, e.g:

- 5.1 Application, interview, referral, residential care planning, ALS assessment, Educational Health and Care Plan and individual risk assessment;
- 5.2 Enrolment;
- 5.3 Induction; and
- 5.4 Individual tutorial meetings.

These procedures will also apply to students whose medical condition or needs have changed during term-time and disclosure occurs as a result of:

- 5.5 Individual tutorials;
- 5.6 Personal disclosure; and
- 5.7 Second party disclosure.

The College cannot be expected to make appropriate "reasonable adjustments" in instances of partial or inadequate disclosure of needs or medical requirement.

6. Confidentiality

Information received will be treated in confidence and only staff on a “need to know basis” will be informed.

Information will be communicated via an individual risk assessment negotiated Care Plan, risk assessment, medical form, or communication from parents, carers or guardians.

Students will be asked to disclose their medical conditions where support is required.

The College cannot make reasonable adjustments where this information is not disclosed.

Where a student discloses to one person, even in confidence, it is deemed the College is aware and so the person must share that information appropriately and must make reasonable adjustments. Confidential Information will be collected and stored in compliance with Data Protection regulations.

7. Administration of Medicines

Students are responsible for their own medication and should take their own medication, and this should be encouraged and supported as agreed in the individual risk assessment or residential Care Plan.

Students wishing to do so are advised to only carry the necessary dosage/quantity of medication required during the course of one college day. Residential students should liaise with the Residential team regarding the storage and carrying of medications.

There is a requirement that the College is aware of what is being taken for emergency reasons.

The following procedures should be adhered to for all medications given or administered by nominated staff:

- 7.1 two members of staff present for all procedures;
- 7.2 check identity of student to receive the medication;
- 7.3 check correct medication/preparation to be dispensed;
- 7.4 check correct dosage and time;
- 7.5 check correct administration procedure is adhered to;
- 7.6 check that medication has been ingested/applied;
- 7.7 ensure medication is stored securely; and
- 7.8 sign/countersign appropriate documentation.

8. Administration of Medicines and Medical Procedures Training

The College is responsible for making sure that nominated staff have appropriate training to support students with medical needs. The training will include procedures for record keeping.

Staff nominated as required to administer medications, intimate or invasive treatments, will receive the appropriate level of training. Training needs will be reviewed annually and updated as required with Health and Safety guidance.

Any staff training should either be certificated and/or noted on the internal iTrent CPD log for the individuals trained or in some instances records kept with Risk Management Team.

9. Storage

All medicines should be stored in the original container and, according to manufacturer's instructions, ensuring that the following details are clearly visible:

- 9.1 student's full name;
- 9.2 name of medication;
- 9.3 type of medication and 'strength' (i.e. 500 mg capsules; liquid – 1mg/5ml);
- 9.4 dosage to be taken and frequency; and
- 9.5 date dispensed, and date of expiry (where applicable).

NB: Medication not in **original, clearly labelled** container should be returned to the student immediately and alternative arrangements made until clarity of medication received.

10. Security and Safe Storage

It is not permitted for the exchange of medication between students for any reason. Arrangement will be made for medicines that require refrigeration. Where medication needs to be refrigerated, this must be clearly labelled and kept away from food. Students are responsible for providing a safe and lockable storage container requiring refrigeration.

All medication should be locked in an appropriate lockable storage area, in a locked room. For "Class A" medication, Students are responsible for providing their own lockable storage container, which must be clearly labelled.

The nominated person identified in the Care Plan/Risk Assessment will have responsibility for:

- 10.1 recording the students' medication on arrival at College;

- 10.2 ensuring correct storage;
- 10.3 the logging process; and
- 10.4 ensuring there is access to the medication when required.

11. Disposal

Disposal details will be identified in the individual Risk Assessment and/or Care Plan.

In the event of 'special disposal procedures' being identified on a particular product, students must provide guidance from the dispensing chemist.

Clinical waste that may be contaminated with body fluids needs to be disposed of under "Clinical Waste Procedures" and where sharps are involved; they should be in an appropriate sharps disposal container.

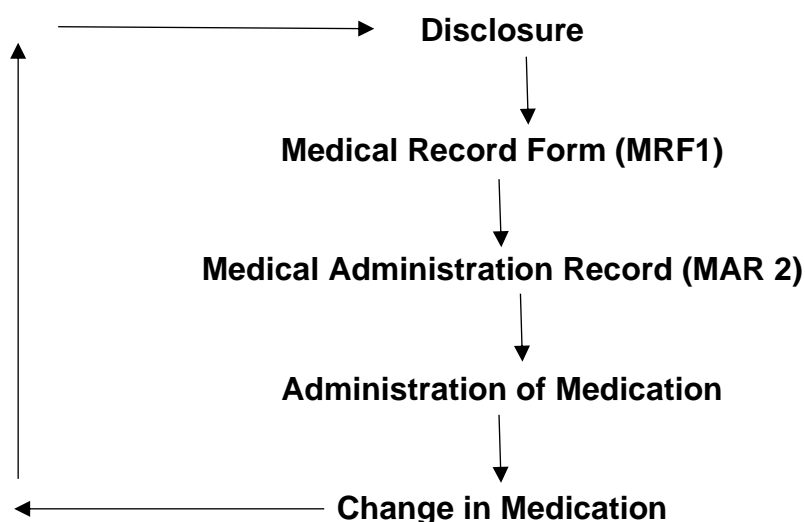
Adequate arrangements for collection and incineration should be followed for sharps disposal containers.

12. Offsite Trips/Educational Visits/Residentials

The risk assessment for the offsite visit should consider the medical and support requirements of students. The risk assessment must be reviewed by the Head of Curriculum and approved by the College Risk Management team.

All details should be accurate and up to date in order for staff to make informed decisions and make reasonable adjustments.

13. Communication



14. Protective clothing

Staff should work in a hygienic manner. Personal Protective Equipment (“PPE”) should be worn as recommended in training or risk assessment and disposed of following the appropriate procedures.

15. Recording

Clear records must be kept and maintained using the following College documents:

15.1 Medical Report Form (MRF 1)

This should be kept up to date and stored within the meetings section of the student’s personal eTrackr and residential file if a residential student.

Where the condition is one of a serious nature and where the student would not be able to communicate, or could be aggressive, this should be recorded on the Individual Risk Assessment.

All details should be fully completed on the form. Where appropriate, parents, carers or guardians should sign and acknowledge that it is their responsibility to provide information to update and complete a new MRF 1 form.

When there are any changes, the form must be dated and signed.

The Medical Administration Form (MAF 1) is a record of the administering of medication.

This form should always be referred to when administering medication.

It should be signed by two members of staff, and where feasible, the signature of the student.

15.2 Care Plan (Residential Students)

This document is negotiated between the Residential Manager, the student and the parent, carer or guardian if appropriate.

It highlights strengths and barriers to learning and would provide information to others working with the student.

It should also highlight potential impacts on learning and general functioning caused by the medical condition and/or the effects of medication. Where these impacts have safety issues, a risk assessment should be carried out.

16. Refusal to take medication and non-compliance with procedures

If a student refuse to take medication, will not comply with the procedure or will not attend at the area where the medication is held, it will be recorded and reported to their parent, carer, guardian and appropriate member of staff, such as the Head of Curriculum.

Students who do not comply with the Administration of Medicines procedure or other Health and Safety procedures, or intentionally contravene procedures will be withdrawn from this service following discussion with the student and parent, carer or guardian. Suitable and appropriate alternative arrangements will be sought.

17. Areas for consideration and concern

Theft or loss of medication should be reported immediately to the Head of Estates and Risk Management and all students, parents, carers or guardians affected will need to be informed to ensure the student's health and safety is not compromised in the immediate and to enable alternative arrangements for medication to take place.

The Medical Administration Record 2 ('MAR2') document should indicate that this has occurred. The Head of Estates and Risk Management will inform the Police.

17.1 Staff must not administer:

- 17.1.1 non-prescribed medication;
- 17.1.2 any type of medication or intervention without training; and/or
- 17.1.3 medication without a second member of staff present .

Where students have an infectious disease, risk assessments should be carried out and appropriate control measures recorded and undertaken, e.g. double barrier methods.

17.2 Action to be taken in the case of accident or mistake when medication is administered or being supervised:

- 17.2.1 record the actual dose /procedure;
- 17.2.2 inform the Head of Estates and Risk Management of accident or mistake;
- 17.2.3 complete accident form if appropriate; and
- 17.2.4 where appropriate medical professional, student, parent, carer or guardian should be informed.

Appendix 1

Medical Report Form 1 (MRF1)

Name of student	
Address	
Post Code	
Date of Birth	
Course Title	
Enrolment no.	
Personal Tutor	
Name of medicine required and strength	
Required for	
Dosage Method of administration e.g. oral, points to remember – with food etc.	
Time and frequency	
Procedure (inc. location)	
Any side effects	
Storage arrangements	
Disposal arrangements	
Nominated member of staff	
Learner signature or Parent/carer permission (if required)	Name: Signature:
Additional Support Manager	Signature:

In the case of an emergency this form may be shown to the emergency services.

Medical Administration Form (MAR2)

Name of Student:

Tutor:

Staff Administering Medication:

Date:

	W/C					W/C					W/C					W/C				
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
Medicine/procedure:																				
Dosage:																				
Time:																				
Medicine/procedure																				
Dosage:																				
Time:																				
Medicine/procedure																				
Dosage:																				
Time:																				
Expiry date checked																				
Prescription details checked																				

Two staff signatures required:

Signature 1

Print Name

Signature 2

Print Name