

ADMINISTRATION OF MEDICATION POLICY

Overall responsibility:	Assistant Principal of ESOL, Foundation & Supported Learning
Implementation:	EFS
Date issued:	April 2023
Date for review:	April 2024

Endorsed and approved by Policy & Strategy Group

Date: 9th May 2023



Pat Brennan-Barrett

Principal

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1. INTRODUCTION

Northampton Colleges wishes to ensure that students with medical needs receive proper care and support at College.

It is expected that in the majority of cases students requiring medication during college hours will be able to self medicate and no staff intervention will be required.

2. POLICY STATEMENT

Where students are unable to self medicate the College will accept responsibility, in principle, for members of staff supervising students taking prescribed medication during the college day, where those members of staff have been nominated, appointed and trained to do so.

3. QUALITY STATEMENTS

1. Any parent/carer or student requesting the administration of medication should be given a copy of the college's policy. A risk assessment will be carried out by the College with the student and/or parents/carers/health care professionals
2. A detailed care plan will be agreed with a health care professional in each case.
3. Any individual administering medication will have undergone documented training and will work under the direction or control of a health care practitioner.
4. Medication will only be accepted in college if it has been prescribed by a medical practitioner.
5. Medication will not be accepted anywhere in college without complete written and signed instructions from the student and/or parent/carer.
6. Only reasonable quantities of medication should be supplied to the college by a responsible person (no more than one week's supply) and recorded in the student's medication file
7. Each item of medication must be delivered in its original container and handed directly to a nominated person authorised by the medication agreement who will maintain appropriate records.
8. Each item of medication must be clearly labelled with the following information:
 - a. Student's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of dosage
 - e. Date of dispensing
 - f. Storage requirements (if important)
 - g. Expiry date (if available)

9. Unless otherwise indicated all medication to be administered in college will be kept in a designated clearly identified locked area.
10. Acceptable Treatments will be limited to:
 - a. Ear/nose drop application
 - b. Inhalers and nebulisers limited to the provision of assistance to user in application or fitting of mask
 - c. Injections limited to the administration of pre-packed doses (intramuscular or subcutaneous only) required in a pre-planned emergency
 - d. Medipens (Epipens or anapens) for anaphylactic shock with a pre-assembled pre-dosed epipen epinaphrene or adrenaline/epinephrine
 - e. Oral medication administered as prescribed by a health Care Professional subject to appropriate consent forms being obtained.
 - f. Topical medication and application of patches using pre-prescribed medication creams and lotions only.
11. The college may provide parents/carers with details of when medication has or has not been administered to the student.
12. Where it is appropriate to do so, students will be encouraged to administer their own medication under staff supervision.
13. It is the responsibility of the student/parents/carers to notify the college if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for medication.
14. Staff who assist in the administration of medication will receive appropriate training/guidance through the student/parent/carers or their health care professional. The College reserves the right to request advice and/or training from a health care professional
15. The College will make every effort to continue the administration of medication to a student whilst on trips away from the College premises, even if additional arrangements might be required.
16. Each student, where assistance with medication is necessary, will have a personal medication plan.
17. Students who are wheelchair users will have a plan agreed with themselves concerning actions to be taken if there is a need for resuscitation.

3. LINKED POLICIES/PROCEDURES

Data Protection
Health and Safety

4. Appendices:

Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT

This template has been designed to help you take action to improve services and practices which affect staff, students and other service users at Northampton College. By completing this template, you would have considered the impact that your policy, practice or service might have on particular social groups within the college community. The exercise will also provide you with the opportunity to demonstrate, where possible, that the College promotes equality, diversity, and inclusion.

Once this Equality Impact Assessment has been created, please include on the last page of your policy document.

Policy Details	
What is the policy?	
Is it new or existing?	
Department	
Policy Author (postholder title, name)	
Author of Equality Analysis	
Date of completion	

Aim and Objectives
Briefly describe the aims and objectives of the policy

Policy Assessment				
Consider whether your policy might have an impact on various groups identified within the categories listed below and explain why you have reached this conclusion. Please tick (✓) the identified level of impact (positive, negative, or no impact) and provide details of your findings.				
	Positive Impact	Negative Impact	No Impact	Findings
Race				
Religion and/or belief				
Sex (Gender)				
Gender Identity				
Disability				
Age				
Sexual orientation				
Marriage and/or civil partnership				
Pregnancy and/or maternity (including surrogacy and adoption)				
Other identified group (e.g. carers)				

Action Planning		
How do you intend to mitigate or eliminate any negative impact identified?	If a positive impact is identified, how do you intend to promote or develop this opportunity?	Where negative impact has been identified, can it be justified? If so, explain how.

Monitor and Review
How will you monitor the impact of your policy once it has been put into effect?

The policy will be monitored through feedback from services users gathered via:

Names and position of Impact Assessment Team (min of 3 preferably from areas across the College):

Name

Mark Owen

Jan Hutt

Ashok Dave

Equality Analysis Sign-Off Signature and Date:

Review Date:

Appendix 4: DATA PROTECTION IMPACT ASSESSMENT

Data Protection Impact Assessment

Does this Policy

- require the collection and use of data in addition that normally collected by the College?

Yes / No (if Yes complete Assessment point number 1)

- require the sharing of data with partners?

Yes / No (if Yes complete Assessment point number 2)

1. Is additional data being collected? If so please detail:

Is data collected personal and/or sensitive?

How will you collect, use, store and delete data?

2. Will you be sharing data with anyone? Please detail what data, with who and confirm a **Data Sharing Agreement** is in place

Describe the purposes of the processing / sharing: What are the benefits of the processing/ sharing – for you, and more broadly?

Consider how to consult with relevant stakeholders: describe when and how you will seek individuals' views – or justify why it's not appropriate to do so.

Describe compliance and proportionality measures, in particular:
What is your lawful basis for processing?

How will you ensure data quality and data minimisation?

What information will you give individuals?

Please attach a Risk Assessment if there are significant risks to data protection

Signed by Data Protection Officer

Name:

Date:

Appendix 2: DATA PROTECTION IMPACT ASSESSMENT

Data Protection Impact Assessment

Does this Policy

- require the collection and use of data in addition to that normally collected by the College?

Yes / No (if Yes complete Assessment point number 1)

- require the sharing of data with partners?

Yes / No (if Yes complete Assessment point number 2)

3. Is additional data being collected? If so please detail:

No.

Is data collected personal and/or sensitive?

How will you collect, use, store and delete data?

4. Will you be sharing data with anyone? Please detail what data, with who and confirm a **Data Sharing Agreement** is in place

Describe the purposes of the processing / sharing: What are the benefits of the processing/ sharing – for you, and more broadly?

Consider how to consult with relevant stakeholders: describe when and how you will seek individuals' views – or justify why it's not appropriate to do so.

Describe compliance and proportionality measures, in particular:
What is your lawful basis for processing?

How will you ensure data quality and data minimisation?

What information will you give individuals?

Please attach a Risk Assessment if there are significant risks to data protection

Signed by Data Protection Officer

Name:

Date:

Appendix 3: COMMUNICATIONS PLAN

TITLE OF COLLEGE POLICY: Administration of Medication	DATE APPROVED BY Date:
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AUDIENCE (select appropriate with ✓)					
Managers	X	Curriculum teams	X	Business Support teams	X
All staff	X	Parents	X	Partners	
Other - Students					

CHANNEL (select appropriate with ✓)					
Policy & Strategy Team (PST)		Quality Improvement Network (QIN)		Marketing team	
Meeting		Meeting		NC Update Intranet Website	
Individual team		Suppliers		Partners	
Document Library Noticeboards Team meeting Email		e.g. Letter or email Meeting		e.g. Letter or email Meeting	
College Management Team (CMT)		JCNC		CORPORATION	
Meeting		e.g. Meeting Email		e.g. Meeting Email	

COMMUNICATIONS PLAN ACTIVATED BY:		
Name: Bev Davies Department : EFS	Job title: Assistant Principal EFS	Date: