



## **LEICESTER GRAMMAR SCHOOL TRUST**

### **Standard Operating Procedure (SOP) for Controlled Medication**

#### **1. Purpose of this SOP**

The purpose of this SOP is to ensure the safe, secure, and effective use of all controlled drugs (CDs) at Leicester Grammar School Trust

#### **2. Introduction**

- a. Controlled medications or drugs are substances that are tightly controlled by the government because they may be abused or cause addiction.
- b. As Leicester Grammar School Trust comprises of three day schools, most controlled medication is administered at home. However, there may be times when pupils require a dose during the school day or whilst attending a trip.
- c. It is the Lead School Nurse's overall responsibility to ensure relevant staff are trained in the administration and legal documentation requirements to confidently and safely administer controlled medications.
- d. Only UK licensed medications are allowed to be administered within the Trust, non-UK licensed medications will not be permitted to be administered or kept in school.

#### **3. Ordering/Prescribing of Controlled Medication**

- a. Controlled medication administered in school or on a trip can only be prescribed by a UK licensed medical professional.
- b. Controlled medication can only be prescribed by those trained to do so (e.g., psychiatrist, GP or nurse prescriber).
- c. It is the parent's responsibility to order and collect the prescribed controlled medication from the pharmacy.
- d. To safely support the child in school, it is imperative for any supporting medical documentation to be passed on to the School Nurses to read and file on the child's medical records held in school.

- e. If a pupil's prescription is changed, the parent must inform the School Nurses, so they can update the child's medical records and be observant for any changes to their health and wellbeing whilst in school.

#### **4. Delivery and Transportation of Controlled Medication**

- a. If a child requires the controlled medication to be administered at school or on a school trip, the medicine, and accompanying supporting documentation, should be brought into school and handed immediately and directly to a member of the School Nursing Team.
- b. The controlled medicine will be signed into the school's Controlled Medicines Record Book. This must be done together by two people; the number of tablets or volume of liquid recorded and the signatures from both people are required.
- c. The controlled medicine should be stored in a locked cupboard, within a locked cupboard. If the controlled medication is required on a school trip, it should be stored in the locked cupboard until the day of the trip and then transferred to a combination code storage box.

#### **5. Storage of Controlled Medication within School**

- a. All controlled medications must be stored in the medical rooms within a locked cupboard fixed onto a wall inside a locked cupboard also fixed onto a wall.
- b. The controlled drug cupboard must only store the controlled drugs and controlled drug book, nothing else.
- c. The Lead nurse has overall responsibility for the safe keeping of the controlled drug cupboard keys. It is the responsibility of the school nursing team to inform the Lead Nurse of any issues with storage or the loss of keys

#### **6. Administration of Controlled Medication**

- a. Controlled medication should always be administered by two members of staff.
- b. It must only be issued to the pupil for whom it is prescribed. No one may collect the dose on behalf of the pupil.
- c. The staff dispensing the medication must check the information on the dispensing label is correct, it corresponds with the documentation provided and that the correct dose is given.
- d. The pupil should take the medication immediately in view of the members of staff.
- e. The Controlled Medicines Record must be completed and signed by the two members of staff immediately after the pupil has taken the medicine.
- f. A stock check must be completed every time a dose is dispensed i.e., count number of tablets remaining and check the total with the documentation.

#### **7. Record Keeping and Errors.**

- a. If an error or any discrepancies in the Trust controlled medicines documentation has been identified, this should be reported **immediately** to the Lead Nurse, and a medicine error incident report must also be completed. (see appendix 1)

- b. The Lead Nurse needs to be informed of any serious errors that involve **a pupil** (wrong drug, wrong dose, wrong pupil) and a medicine error incident report must also be completed. (see appendix 1)
- c. The Lead Nurse and Chief Executive Officer are responsible for directing any follow up investigations, along with informing the parent(s) and support of the members of staff involved.
- d. Any written errors should have a line put through them, signed, and dated and a school nurse informed. No Tippex or erasers are to be used. Black ink must be used for all documentation in controlled drug book, no pencils.
- e. If a medication was dispensed but not taken by the pupil the member of staff administering the medication must inform the school nurses immediately. The medication will need to be brought to the school nurse in a sealed envelope along with the CD record. The CD will need to be disposed of correctly by a nurse and the documentation in the CD record completed correctly.
- f. If the medication was dropped on the floor, the same action as 7e will apply.

## **8. School Trips and Controlled Medication**

- a. It School Nurse's responsibility to ensure all CDs are handed over to the responsible adult on the trip away and instructions for use.
- b. CDs must remain in the original packaging, no loose strips or tablets to be supplied for school trips.
- c. All CDs must be signed out of the CD book with the staff member that will be responsible for them on the trip. A school trip controlled medicine administration record must also be completed.
- d. When transporting controlled medications, staff should always ensure they are in a locked combination code storage box and the pupils' details are kept confidential.
- e. Whilst on a residential school trip, the medication should be stored in the locked combination storage box, ideally in a bedroom safe. If this is not possible, then a staff members bedroom is acceptable. The medicine should be retrieved from this location at the time of administration and returned as soon as possible.
- f. If the pupil is participating in an overseas trip, a letter will be written by the School Nurse to boarder security, confirming the need to travel with the controlled medication.
- g. Ideally, any controlled medication to be returned home, should be handed directly to the parent. However, if this is not possible, then the following process must be adhered to:
  - All CDs to be returned to school nurse as soon is practically possible on return to school, along with the administration record.
  - School nurse to email parent/guardian confirming the transport home via the pupil and amount of medication.
  - Parent/guardian to respond via email confirming they have received the medication.
- d. The school trips, controlled medicines administration record must be scanned on to the documents section on iSAMs.

## **9. Discarding Unused Controlled Medication**

- a. Any unused medication should be signed out of the Controlled Medicines Record book and handed back to the pupil's parents.
- b. If this is not possible, then the School nurse is to email the parent/guardian confirming the transport home via the pupil and amount of medication. The Parent/guardian to respond via email confirming they have received the medication.
- c. If a controlled medication was dropped on the floor or not taken by the pupil, then it must be brought to the school nurse as identified in 7e

## **10. Audits and Spot Checks of Controlled Medication**

As per the Nice Guidelines, Leicester Grammar School Trust has a responsibility to quality assure the processes and management of all controlled medications. Therefore, the Lead School Nurse will undertake ad hoc audits and spot checks to ensure the operating procedure is being adhered to.

## **11. Useful Additional Resources**

### **NICE Guidance – Administering Controlled Drugs:**

<https://www.nice.org.uk/guidance/NG46/chapter/Recommendations#administering-controlled-drugs>

### **NICE Guidance – Controlled Drugs Governance:**

<https://www.nice.org.uk/guidance/ng46/chapter/Recommendations#developing-and-establishing-systems-and-processes-for-organisations>

### **Royal Pharmaceutical Society – Safe and Secure Handling of Medicines**

[Prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy](#)

### **Royal Pharmaceutical Society & Royal College of Nursing-Professional Guidance on the Administration of Medicines in Healthcare Settings**

[Professional guidance on the safe and secure handling of medicines - Royal College of Pharmacy](#)

## Appendix 1

### LEICESTER GRAMMAR SCHOOL TRUST

#### Medication Error and Near Miss Reporting Form

|                                                                                                                                                                                          |                                                                     |                                                                  |                                                                                  |                                                                             |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------|
| Date of incident                                                                                                                                                                         |                                                                     | Time of incident                                                 |                                                                                  |                                                                             |                                                               |
| Where did the incident occur?                                                                                                                                                            | LGS                                                                 | LGJS                                                             | LGSS                                                                             | Offsite/other                                                               |                                                               |
| Name and contact details of person affected                                                                                                                                              |                                                                     |                                                                  |                                                                                  |                                                                             |                                                               |
| Describe the incident.<br><br>Give as many details as necessary to enable others to understand the circumstances and be able to learn from the event. State facts not opinions.          |                                                                     |                                                                  |                                                                                  |                                                                             |                                                               |
| What actions have been taken to minimise the impact of the incident on the person involved?<br><br>E.g., Advice sought from School Nurse. NHS 111 contacted or Ambulance service called. |                                                                     |                                                                  |                                                                                  |                                                                             |                                                               |
| Degree of harm to the person (severity)                                                                                                                                                  | <b>Near miss</b><br><br>(Potential to cause harm but was prevented) | <b>No Harm</b><br><br>(Incident occurred but no harm was caused) | <b>Low</b><br><br>(Minimal harm. Person required observation or minor treatment) | <b>Moderate</b><br><br>(Short term harm. Person required further treatment) | <b>Severe/death</b><br><br>(Permeant long-term harm or death) |

|                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Why do you think the incident happened?</p> <p>Were there any contributing factors?</p>                                                                               |  |
| <p>What actions have been taken to prevent the incident from occurring again?</p> <p>What strategies or procedures have been implemented as a result of the incident</p> |  |

|                                    |           |      |
|------------------------------------|-----------|------|
| Name of person completing the form | Signature | Date |
|                                    |           |      |

## Reporting

|                                    |                     |                                      |                     |
|------------------------------------|---------------------|--------------------------------------|---------------------|
| Parents                            | Yes/No/Not required | Health and Safety Committee          | Yes/No/Not required |
| Lead School Nurse                  | Yes/No/Not required | Police                               | Yes/No/Not required |
| Director of Finance and Operations | Yes/No/Not required | Health and Safety Executive (RIDDOR) | Yes/No/Not required |