

St John's College Health Care Policy

Management of medicines, Managing illness and injuries, Intimate and Personal care support, Infection prevention and control, Food and allergen guidelines

Where there is reference to Ambitious about Autism in this policy, it is referring to both Ambitious about Autism and St John's College.

1. Purpose

The purpose of this Health Care Policy is to ensure that learners healthcare needs are fully met. The policy aims to safeguard learners' wellbeing, promote a healthy college environment, and ensure consistent procedures for managing healthcare needs within the college setting.

2. Statutory guidance

This policy is developed in line with the following statutory guidance:

- Supporting learners at college with medical conditions (DfE, 2015)
- Keeping children safe in education (DfE, 2025)
- Regulation 13 of the Health and Social Care Act (2008)
- The Children and Families Act (2014)
- The Equality Act (2010)

3. Policy statement

St John's is committed to ensuring that learners healthcare needs are fully supported to allow them to participate in all aspects of college life. This policy outlines the procedures for identifying, managing, and supporting learners with medical conditions and ensures that staff are appropriately trained to meet these needs safely and effectively.

4. Key principles

The following key principles should be followed to support the policy statement above:

- **Inclusivity:** All learners with health needs will be included and have equal access to the curriculum and college activities
- **Safety:** The college will provide a safe and supportive environment for learners with medical needs.
- **Collaboration:** Staff, the person(s) with parental responsibility for learners, healthcare professionals, and learners will work together to develop and implement healthcare plans
- **Confidentiality:** Learners' health information will be treated sensitively and confidentially

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- **Training:** Staff will receive appropriate training to support learners with healthcare needs.

5. Roles and Responsibilities

The Executive Head and Governing body take overall responsibility for ensuring that learners' health needs are met in college.

The Head of College and Lead Nurse hold responsibility for ensuring the policy is implemented and maintained effectively but will delegate some responsibilities and tasks to other members of staff including First Aiders, the Senior Learning Support Coordinator, Learning Support Co-Ordinators, Lecturers, Senior Learning Support Workers, Learner Support Workers, and other staff, where appropriate.

Management and administration of medicines

Key information

Management of medicines

The Lead Nurse is responsible for overseeing the safe management of medicines on the college site. In the absence of the Lead Nurse this role will be the responsibility of the Senior Learning Support Coordinator and Learning Support Coordinators.

The Lead Nurse will coordinate the management of medicines in the college, working in conjunction with the Senior Learning Support Co-Ordinator and Learning Support Coordinators.

Learners who are prescribed medication will have an individual medication folder containing a Medication Administration Record (MAR) chart, see appendix 1, an individual medicines administration profile, and any correspondence from medical practitioners relating to the learners' medication.

The Lead Nurse will carry out a weekly Medication Administration Record (MAR) chart audit. This audit will be completed by the Senior Learning Support Co-Ordinator in the absence of the nurse.

The outcomes of the weekly medication audit will be shared with the Head of College and Designated Safeguarding Lead (DSL), even when no errors have occurred or been reported.

The Lead Nurse and Senior Learning Support Co-Ordinator will carry out self-administration of medication risk assessments for learners taking prescribed medicines and support the self-administration of medication, where safe and appropriate to do so.

Training

First Aid

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St John's ensures that an appropriate number of staff are trained to provide first aid support across the college. Staff hold either First Aid at Work or Emergency First aid at Work qualifications. First aid qualifications are valid for three years, after which re-qualification is required to ensure skills and knowledge remain up to date. Training is delivered through a combination of internal trainers and accredited external training providers.

Medication

Only trained staff will dispense and administer medication at St John's. Senior Learner Support Workers and Learner Support workers receive *Supporting Learners at College with Medical Conditions* training delivered by an external training provider. Training covers the use of Individual Healthcare Plans to support the specific health needs of learners, as well as the systematic administration of medication to ensure safe and accurate practice. Staff are required to complete a simulated medication round to demonstrate competency.

Before dispensing or administering any medication, staff must have completed all relevant training and must have read and understood the learner's medication administration profile.

Emergency PRN medication

Some learners are prescribed emergency PRN medication to treat medical conditions. As part of the St John's Induction programme, the Lead Nurse delivers one-day training on administering emergency medication to new staff. Training includes how to administer buccal midazolam (epilepsy), reliever inhalers (asthma), and adrenaline auto injectors (anaphylaxis). Theory and practical assessments are carried out to assess competency.

Accredited external training providers and/or medical specialists are identified to provide training for staff to cover medical conditions when the Lead Nurse does not have sufficient skills, knowledge or expertise in that area.

All PRN medication will be recorded on an individual PRN chart for the learner, see appendix 2.

Refresher training

The Lead Nurse visits class teams on a termly basis to deliver refresher training for staff. Training focuses on supporting the medical conditions of learners in that class. Training includes reviewing Individual Healthcare Plans, emergency medication protocols, and the management and administration of emergency medication. The college nurse is also available to deliver ad-hoc training to class groups, on request, or deliver one-to-one sessions for staff, as needed.

Rationale for administering medicines at college

Medicines should only be administered at college when it would be detrimental to the individual's health or their attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside college hours.

Learners at St John's have the right to make their own decisions with taking medication and must be assumed to have capacity to do so unless it is proved otherwise. Where a learner

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does not have capacity to make decisions with taking medication or requires support to make an informed decision/choice, parent/carers of the young person must be consulted before treatment is given.

St John's will only accept medicines for parent/carers that are in date and supplied in the original container/packaging. Prescribed medicines can only be administered when a prescription label is present with the medicine, giving clear directions for use.

Key principals for administering medicines at college

To minimise the risk of medication errors, medicines must only be administered to one learner at a time. The same two members of staff should dispense the medication and witness it being administered to the learner. The first member of staff is responsible for dispensing the medication, whilst the second member of staff independently verifies each step, to ensure accuracy and minimise the risk of error.

Medicines should be administered in a person-centred way, respecting the learner's individual preferences and needs as outlined in their medication administration profile.

Before dispensing medication, staff must check the MAR chart to ensure that the medication has not already been administered.

Medication must be dispensed by systematically cross referencing the instructions on the learners MAR chart against the instructions on the prescription label, checking for discrepancies. If staff notice any discrepancies or are in doubt, they should stop dispensing medicines and raise concerns with the Lead Nurse, Senior Learning Support Coordinator, or a Senior Manager.

Medication must only be administered by staff who have dispensed the medicine. Dispensed medicines must not be passed to other members of staff for administration, as they may not have witnessed the dispensing process and therefore cannot verify the medication or confirm the correct dosage.

If a medication is to be administered in the community by only one member of staff, the Lead Nurse, Senior Learning Support Coordinator or a Senior Manager must be notified in advance with a rationale as to why there is to be a single person administration. A record of the rationale must be recorded on a single person administration sheet, see appendix 3.

Medication must not be administered covertly, e.g. hidden in food or drink, unless signed off by a medical practitioner. This will be documented on the learner's medicine administration profile, if necessary.

Medication supplied in tablet form should not be crushed, unless directed to in writing by a parent and the prescriber, or a pharmacist. Similarly, medication capsules medication should not be opened.

A supply of medication received from home must be checked by staff before it is administered. The amount of the medicine supplied should be counted and added to the current stock total on the MAR chart. New medication must be correctly labelled with the

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directions for use and name of the learner clearly stated. The expiry date of new medication must be checked before administration.

It is the responsibility of staff to ensure that learners are supported to take their medicines safely, in a timely manner, per the instructions on the MAR chart, prescription label and medicines administration profile. Failure to follow the correct procedures may lead to disciplinary action.

Recording

All medicines received by the college from parent/carers, or sent home to them, must be recorded on the *Medication Sign In / Sign Out* chart, see appendix 4. Medicines received must also be added to the MAR chart, with the stock total adjusted accordingly. Medicines must be signed in and signed out by two trained members of staff, one of whom should be the Lead Nurse, Senior Learner Support Coordinator or Learner Support Coordinators.

Learners' taking regular medication will have a Medication Administration (MAR) chart. Medicines should be administered in a person-centred manner following the preferences of the learner, as detailed on their medicines administration profile. If an 'as required' PRN medicine or homely remedy is administered, this will be recorded on a PRN chart. Staff are required to document the administration of medicines and homely remedies on the MAR or PRN chart immediately after they have been taken by the learner.

If medication is being taken into the community, it must be signed out, the MAR chart taken with the medication, along with a copy of the learner's medicines administration profile, and relevant PRN protocols, (if required).

If a learner refuses their medication or their medication is omitted, this should be recorded on the MAR chart and an explanation or reason recorded on Databridge (Event Log, Medical notes).

All Controlled Drugs (CD) must be recorded in the Controlled Drugs (CD) book. This includes having a record of administration, signing Controlled Drugs in and out, and disposal of Controlled Drugs. The Controlled Drugs book must give an accurate reflection of the current stock of Controlled Drugs held on site. Any errors or discrepancies involving Controlled Drugs must be investigated and reported to the NHS Controlled Drug Reporting team, where necessary. <https://www.cdreporting.co.uk/>

Emergency medication

Learners diagnosed with medical conditions, such as epilepsy, anaphylaxis, asthma, etc., may be prescribed treatment to be administered in an emergency.

Emergency treatments, such as buccal midazolam, Adrenaline Auto Injectors, and reliever asthma inhalers, are carried in an emergency medication bum bag. Emergency medication bum bags must always be carried with learners and their treatment immediately available to them, should it be required. Emergency medication bum bags contain the learners' prescribed treatment, their Individual Healthcare Plan and PRN administration protocol.

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Staff must always carry the emergency bum bag on their person. The bum bag should be worn around the waist or over the shoulder. Emergency bum bags must not be left on surfaces or coat hooks etc. to prevent learners having access to, and ingesting, emergency medication.

Risks related to this are reflected in individual learner risk assessments. The process described above is in line with statutory government guidance '*Supporting learners at College with Medical Conditions*' [Supporting learners at college with medical conditions](#)

Personal Protective Equipment (PPE)

General principles. You do not need to wear gloves when:

- Administering oral medications (e.g. tablets, capsules, liquids)
- Administering inhalers, if there's no risk of contact with bodily fluids.

However, staff must wash their hands thoroughly with soap and water, or appropriate hand sanitiser, prior to dispensing medicines, and before dispensing medicines to each subsequent learner.

You should wear gloves when there is a risk of contact with bodily fluids, broken skin, or mucous membranes, i.e. when administering:

- Eye/ear drops
- Rectal or vaginal medications
- Topical treatments (especially to open wounds)
- Insulin injections or other injectable drugs
- Handling transdermal patches (especially opioid patches like fentanyl)
- Handling hazardous medications (e.g. chemotherapy creams or cytotoxic drugs).

Staff may also choose to wear an apron and mask if there is a risk of splashing.

Refusal of medication

Learners have the right to refuse their medication. If a learner refuses their medication, staff should allow a 15-minute gap before trying again. If a learner still refuses to take their medicine after three attempts, this should be documented on the MAR chart as a refusal. The individual(s) with parental responsibility for the learner should be informed.

If staff have immediate concerns about the learner's health following a refusal of medication, they should contact the Lead Nurse or a member of the Leadership team. Where necessary, the learner's medical practitioner or a local pharmacy should be contacted for guidance.

Disposal of unwanted medication

Refused or spoiled medication should be put in a disposal of unwanted medication envelope. The name of the learner should be added to the envelope, along with the name, strength, and dose of the medication. The stock total on the MAR chart should be adjusted

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accordingly and the medicine disposed of into a pharmaceutical bin supplied by PCS waste management.

Medication errors

All errors must be reported immediately to the Lead Nurse, Senior Learning Support Coordinator, or Learning Support Coordinators. The Designated Safeguarding Lead should also be informed.

Medication errors that reach the learner and have caused harm, or have the potential to cause harm, must be verbally handed over to the Lead Nurse, Senior Learning Support Co-Ordinator, and/or the Designated Safeguarding Lead immediately, who will contact the learner's medical practitioners, a local pharmacy, or NHS 111 for guidance.

Medication errors must be recorded by staff on Databridge, Health & Safety, immediately.

Medication errors will be investigated by the Lead Nurse, or the Senior Learning Support Co-Ordinator, in the absence of the nurse. Outcomes of the error investigation will be shared with the Designated Safeguarding Lead and Head of College.

The Lead Nurse and Senior Learning Support Coordinator will carry out an audit of MAR charts and medication errors on a half termly basis, to monitor for patterns of poor practice or evidence of discrepancies, errors, or mismanagement of medicines that have not been picked up by weekly audits. Medication errors can include:

- MAR chart not being signed
- Medication not being prepared in accordance with the MAR chart and/or the learner's medicines administration profile
- An overdose or under-dose of medication being administered
- The incorrect medicine being administered
- A dose of medication being missed
- Medication being administered to the wrong learner
- Medication supplies missing or unavailable when required.

Key documents

- Learner Health Profile
- Medication folder
- Personalised Medication Administration Record (MAR) chart
- Paginated Controlled Drugs book
- Personalised PRN chart
- Individual Healthcare Plan
- Emergency PRN protocol in collaboration with and consented by medical practitioner and parent/carer
- Signing in and out medication sheet.
- Offsite medication Sign In / Sign Out sheet.
- Medication Risk Assessment
- Staff signature sample sheet

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Management and Administration of medicines policy

Purpose and Scope

St John's College is committed to ensuring that all learners receive appropriate support to manage their medical conditions safely and with dignity. This policy sets out the college's approach to the safe handling, storage, and administration of medication, ensuring compliance with relevant legislation and national guidance.

In accordance with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires providers to ensure the safe and proper management of medicines, and in line with the Department for Education's statutory guidance *Supporting Learners at College with Medical Conditions (2015)*, the college is committed to:

- Providing a safe, supportive, and inclusive environment where learners can access and manage their medication as part of their personalised care
- Ensuring all staff involved in the administration of medication are suitably trained and understand their responsibilities
- Promoting independence wherever possible, while recognising that many learners with SEND may require tailored support in accordance with their Education, Health and Care Plan (EHCP)
- Collaborating with the individual(s) with parental responsibility for the learner, healthcare professionals, and external agencies to ensure consistent care and the development of accurate, up-to-date medical support plans.

This policy applies to all staff and stakeholders involved in the care, support, and education of learners who require medication during their time at college, including during off-site activities.

It supports compliance with:

- The Children and Families Act 2014 – particularly the duty to support children with medical conditions and SEND.
- The Equality Act 2010 – ensuring learners are not discriminated against due to a medical condition.
- General Data Protection Regulation (GDPR) 2018 – in the secure handling of medical information.
- Ofsted and CQC frameworks – which place safeguarding, health, and well-being at the centre of inspection standards for education and care providers.

This policy should be read in accordance with the following Ambitious about Autism policies:

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- Safeguarding Adults at Risk Policy and Procedure
- Safeguarding Children at Risk Policy and Procedure
- Health and Safety Policy.

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1. Introduction

Staff have a duty of care for the learners of St John's. For some, this may include the administration of medication or supporting learners to self-administer medicine.

St John's is committed to enabling learners to have as much independence and control as possible over their health and medication.

Every part of the medication process must be carried out by members of staff that have been trained in the management and administration of medication. In addition, staff must not undertake the following unless they have completed additional training:

- Epilepsy Awareness and the administration of Buccal Midazolam
- Rectal administration
- Injectable drugs (and received delegated authority from the community nurse who is responsible for the learner's care)

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- Administration through a Percutaneous Endoscopic Gastronomy (PEG)
- Giving oxygen
- Anaphylaxis and administering autoinjectors (e.g. EpiPen's)
- Diabetes awareness and management
- Asthma awareness and management.

It is the responsibility of the line manager to book members of staff onto training prior to them being involved in administering medication.

It is the responsibility of the staff member in charge of supporting learners with medication to raise any training needs and competency concerns they have with the Lead Nurse, Designated Safeguarding Lead, or Leadership team.

Members of staff must ensure that when they administer medicine, it is conducted in a way which respects a learner's rights, choices, dignity, and privacy. This will be stated on the learner's medication administration profile.

2. Responsibilities

Parental/Carer responsibility

Prior to a learner joining St John's, the individual(s) with parental responsibility are required to:

- Inform St John's in writing of their young person's medical needs when their placement has been approved
- Inform St John's of any changes in their young person's medical condition/needs, and/or changes in treatment, at the earliest opportunity
- Provide any medication required, ensuring that it is fit for use, clearly labelled, in the original container and includes instructions for administration
- Pass on to staff, information about the side effects or adverse effects of the medication
- Provide written consent with clear instructions for administration.
- Provide a current protocol drawn up by a medical practitioner for any PRN medication. St John's will consider information provided from the prescriber as accurate and up to date.
- Provide St John's with any additional information or protocol for managing emergency conditions/situations
- Complete, sign and return the St John's Medical Entrance Form, including the Medication and First Aid consent form
- Ensure that a learner's prescription is up to date and is reviewed as the learner's needs or condition changes.
- Ensure that any topical treatments - creams, ointments, gels, eye/ear drops, or nasal sprays - supplied to St John's college for administration are labelled with the date of opening
- Parent/Carers must confirm with the prescriber how long a topical treatment is to be used for to prevent prolonged use (overdose) and advise staff accordingly.

Lead Nurse

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It is the responsibility of the Lead Nurse to transcribe information provided by parent/carers into creating a Learner Health Profile for each learner and where necessary an Individual Healthcare Plan, and PRN protocol. This will detail:

- The learner's personal details and medical condition
- Contact details of learners' GP and other medical specialist
- Administration and storage instructions of medicines/treatments supplied
- Learners' preferred way of taking medication, (if known)
- PRN guidelines for administration of emergency medicines
- Management of a specific medical condition, e.g. epilepsy, asthma etc.
- Pain profiles
- Emergency procedures to be followed.

Information received will also be used to compile individualised medication folders for learners who take regular prescribed medication and treatments. Medication folders will include:

- Individual Medication Administration Record (MAR) chart
- Medicines administration profile (appendix 5)
- Personalised Medication sign in / sign out sheets
- Personalised PRN charts, where applicable
- Personalised weekly medication audit sheet (appendix 6)
- An individualised medication risk assessment
- Any relevant protocols drawn up by medical practitioners.

A copy of the Health Care Policy and a staff signature verification sheet will be available in the medication rooms.

The Lead Nurse is to ensure that staff receive support and training to ensure that they understand the purpose of each document in the medication file and understand how to complete them accurately.

The Lead Nurse is responsible for compiling, updating and reviewing MAR charts and printing them out, to ensure that they are accurate before being used by staff. The drug information must exactly reflect the labelling on the medication supplied.

On receipt of written confirmation of a change to a learner's prescription, the Lead Nurse will make the necessary changes to the MAR chart and Learner Health Profile.

The Lead Nurse is to ensure that staff are trained in the administration of medication and any additional training for specific treatments (i.e. epilepsy). Additionally, to ensure training is logged on their training record and training is refreshed, as required

The Lead Nurse will undertake weekly audits of all the medication administered (regular and PRN), using the stock check sheet and the Medication Audit Form, see appendix 7. The total amount of administrations per week is to be recorded on the Medication Audit Form during each audit.

All medicines will be audited half termly to ensure that they are in date and in good condition, especially those medicines/treatments that are not used regularly. Where necessary, the

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individual(s) with parental responsibility for a learner will be contacted to request a new stock of medication, if it is identified that certain medications are expiring in the next half term.

A Termly Medication Audit Tool (spreadsheet) is used to complete these checks. After completing a half termly audit it is necessary to calculate total amount of administrations per half term (and term) and compare them to total amount of medication errors (% of error rate reflected in termly reports).

The Lead Nurse will work collaboratively with the Senior Learning Support Coordinator to undertake half termly audits.

The Lead Nurse will inform the Designated Safeguard Lead and Leadership team immediately of any medication errors that occur.

The Lead Nurse will follow up all medication errors and investigate them in a timely manner and report outcomes to the Designated Safeguard Lead and Leadership team.

The Lead Nurse is responsible for the safe and appropriate disposal of unused or spoilt medicines, (see section 18).

Staff who dispense and administer medication

Staff who dispense and administer medication are responsible for:

- Completing all mandatory medication training, including refresher training
- Ensuring that they have read and understood the learner's medication administration profile and know why the learner takes the medication/s that they administer
- Understand the side effects and cautionary and advisory instructions of medication they are administering
- Recording their initials on the Medication Administration Record (MAR) chart whenever they administer a medication
- Ensure completion of PRN charts, as required
- Where appropriate, provide information to learners about the medicine they are taking, including possible side effects
- Ensure that topical treatments have the *date of opening* and *use by date* recorded on the packaging, using a green 'Current' medication sticker, see appendix 8
- It is the responsibility of the staff member supporting the learner each day to ensure that medication is taken in a safe and timely manner in accordance with the MAR chart and medicines administration profile
- Failure to do so will result in an investigation, which may result in further training and/or disciplinary action

Senior Learning Support Coordinator & Learner Support Coordinators

The Senior Learning Support Coordinator & Learner Support Coordinators (with support from Lead Nurse) are responsible for:

- Medication management at St John's, acting as a Medication Leads in the absence of the Lead Nurse
- Facilitating medication self-administration assessment meetings with learners

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- Authorising changes to MAR charts and medicine administration profiles when required (e.g. a change to a learner's medication)
- Investigating medication discrepancies
- Overseeing single witness administrations to ensure they are appropriate
- Liaising with the individual(s) with parental responsibility for a learner, medical practitioners or emergency services when medication has been refused or medication errors have occurred
- Inform the Lead Nurse and Designated Safeguarding Lead of any medication errors or suspected discrepancies of medication stock totals
- Support Lead Nurse and Designated Safeguarding Lead to investigate any suspected theft of medications
- Ensure medication errors are reported to the Lead Nurse and Designated Safeguarding Lead, and that a Databridge, Health & Safety, Medication Error report is recorded
- Investigate mis-administered PRN medication – i.e. not administered per PRN protocol guidance
- Supporting Lead Nurse to undertake half termly review of the audit processes, including medication records, medication stock totals, and medication errors
- Liaise with Lead Nurse to ensure that staff are adequately trained to administer medication and that refresher training is undertaken, as and when required
- Support Lead Nurse and Designated Safeguarding Lead with invoking formal disciplinary procedures, where required.

3. Mental Capacity and medication

Adults and young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment (including taking medication), unless there is significant evidence to suggest otherwise. A mental capacity assessment is a process to determine if an individual can understand, retain, and use or weigh up information, and effectively communicate their decision by any means. If a person does not have capacity to make decisions about their treatment, and has not appointed a Lasting Power of Attorney, then healthcare practitioners will prescribed/carry out treatment in their best interests.

When a learner joins St John's, they will be given the opportunity to discuss self-administration with the Senior Learning Support Coordinator or Operations Manager to decide whether they can self-medicate. A medication self-administration assessment is completed by the Lead Nurse, Senior Learning Support Coordinator, or Learning Support Coordinators with the learner and their keyworker to assess the learner's ability to self-medicate. This is signed by the learner, their keyworker, and the Lead Nurse, Senior Learning Support Coordinators, or Learning Support Coordinator.

4. Self-administration

If an assessment deems a learner to have mental capacity and competence to self-administer medication, then they are actively encouraged and supported to do so, if they wish to.

A medication self-administration assessment should be reviewed every six months. However, the assessment can be reviewed earlier if the learner's circumstances change.

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Self-administration of medicine is not 'all or nothing'. They should participate at a level that is appropriate and safe for them. For example, a learner may be able to safely apply creams but may not be able to self-administer tablets.

Each medication requires a separate mental capacity assessment. Following the completion of a medication self-administration assessment, a risk assessment must be completed by the Lead Nurse, Senior Learning Support Coordinators, or Learning Support Coordinator. The risk assessment should be reviewed on a regular basis. The opinions of relatives, carers, advocates, and medical professionals should be sought where appropriate.

5. Administration of medication by St John's college staff

Where a learner is deemed not to have capacity or competencies to self-administer medication, trained staff are required to dispense and administer medication to them. Prescribed medication can only be given to the learner it is prescribed for. Homely remedies may be administered to treat minor ailments, such as pain relief, symptoms of respiratory illness, indigestion, insect bites and stings etc. Homely remedies will only be administered where consent has been received from parents or carers.

All prescribed medication must be supplied by the individual(s) with parental responsibility for the learner.

6. Consent

The individual(s) with parental responsibility can sign consent on a learner's behalf for their medication, where appropriate. St John's will view medication prescription labels as 'sign off' by a medical prescriber. Consent is signed in the relevant section of the Medical Entrance form and acts as consent given for all listed drugs listed in the form.

If a new drug is subsequently prescribed, then written consent will be required from the parent/carer. The new drug supplied must have a prescription label present so that St John's staff can administer the drug. The Lead Nurse will update the medicines administration profile, MAR chart, and add the written consent to the learners' medication file for reference. Verbal consent to administer medication cannot be accepted.

7. Maintaining a supply of medication

All medicines supplied to St John's that are to be administered to a learner must be obtained from an approved supplier. Approved suppliers are:

- An appropriately licensed hospital pharmacy department
- A community pharmacy
- A licensed pharmaceutical wholesaler
- An NHS supplies department.

All medication must be individually prescribed and labelled accordingly. Medication will be returned home if the name of the medication or the dosage on the label differs from that on the prescription. This medication will not be administered.

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Medication is the property of the learner for whom it is prescribed to and should not be used by anyone else.

The person(s) with parental responsibility must ensure that there is a continuity of supplies by ordering repeat prescriptions when necessary.

Parent/carers must ask the supplying pharmacist to provide clear instructions on how the medicine should be administered. If the instructions are not clear, parent/carers will be asked to contact the pharmacist for clarification before the medicine is administered at St John's.

Prescribed medicines must be supplied with a prescription label. Medicines supplied that have been secondary dispensed from the original packaging into another container cannot be administered, regardless of whether a parent/carer had labelled the new container themselves, as staff will not be able to identify the medicine.

St John's maintain a stock of emergency medication (Autoinjectors and Asthma inhalers) in line with the guidance from Department of Health and Social Care. This guidance allows colleges and colleges to hold emergency stock of Autoinjectors and Asthma inhalers without prescription for learners with emergency conditions who do not have their own devices or whose own devices fail when needed. It is the responsibility of the Lead Nurse and Senior Learning Support Coordinator to audit these medications on monthly basis and ensure there is sufficient, in date stock (2 x Auto-injectors and 2 x Inhalers) in the college.

- [Guidance on the use of adrenaline auto-injectors in colleges](#)
- [Guidance on the use of emergency salbutamol inhalers in colleges](#)

Supply of emergency medication

When emergency medication is prescribed for a learner, it is the sole responsibility of the learner or the person(s) with parental responsibility to provide the medication to the college.

8. Procedure for receiving medication from parents, carers or escorts

When medicines are handed to staff by parents, carers, or escorts upon the learners' arrival at college, the following procedure must be adhered to:

- All medicines, including homely remedies, must be stored securely in the designated medication cabinets located in the Main building or Sea View medical rooms
- Medication should be stored securely at the earliest opportunity and must never be left in classrooms, communal spaces, or in unlocked cupboards within the medical rooms
- The college nurse, SLSC and LSCs have authorised access to the medication cabinets
- When staff receive medication from parents, carers or escorts, they must radio the college nurse, SLSC or a LSC so that the medicine can be handed over and stored in a medication cabinet
- If the college nurse, SLSC or a LSC are not immediately available, a member of the SLT should be contacted

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Other considerations:

- Medication entering the college must be clearly labelled with the learner's name, dosage, and instructions for administration
- Any discrepancies, damaged packaging, or missing information must be reported immediately to the college nurse, SLSC or an LSC.
- A record of all medication received must be recorded, including date & time received. The college nurse, SLSC or an LSC are responsible for this
- Medication must not be administered or stored by untrained staff.

9. Procedure for sending medication home to parents, carers or escorts

St John's residential learners

When a residential learner is returning home from the college, care teams must communicate this via email to stjreceptionhomeleave@st-johns.co.uk before 11:00 on the day of departure.

On receipt of this email, college reception will compile a sign-out sheet indicating which learners are going home with medication.

All medication must be stored in a suitable, zipped plastic pouch or bag. The residential team is required to complete a 'Handover of Medication' form (Appendix 17), clearly stating the learner's name, and the name, strength, form, and quantity of the medication being sent home. The completed handover form must be securely attached to the plastic pouch or bag or placed inside it.

Upon arrival at college, the medication must be handed directly to the College Nurse, SLSC, or an LSC, who will be responsible for ensuring it is securely stored in the medical room located within the main building. The medication pouch must remain in the medical room at all times and will only be released to the individual with parental responsibility for the learner or to a designated escort.

Day learners

The quantity of medication being signed out must be documented on the learner's MAR chart, and the stock total updated accordingly. The amount of medication sent home must also be recorded on the Medication Sign In/Sign Out Form (Appendix 4). In addition, the name, form, strength, and quantity of the medication must be entered on a Handover of Medication Form. This form must be signed by the person with parental responsibility for the learner, or by the designated escort, as confirmation that the medication has been handed over.

Procedure for handing over medication to parents, carers or escorts

1. College reception will prepare a sign-out sheet indicating which learners are going home with medication
2. A copy of the sign out sheet will be shared with Taxi duty, so they are aware which learners are going home with medication

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3. Taxi duty will radio reception when a parent/carer or taxi escort arrives to collect a learner
4. A member of the class team will collect the learner's medication from the medication room and then accompany the learner to the college reception or car park
5. The medication will be handed directly to the parent/carer or taxi escort, who will:
 - Check the contents of the medication pouch or bag
 - Sign the 'Handover of Medicines' form to confirm receipt of the medication
6. The signed 'Handover of Medicines' form is returned to the member of staff.
7. The learner will be signed out by college reception to confirm they have left the site
8. The member of staff will return the signed 'Handover of Medicines' form to the college nurse, SLSC or a LSC, who will it in learners' medical file.

10. Administration of medicines

Medicines must only be administered to one learner at a time.

Staff must prepare the area they are using to dispense medication ensuring that they have all resources and equipment available and set up, prior to dispensing.

Medicines must only be dispensed at the time administration is due. Medicines should not be dispensed (prepared) in advance of the time it is due to be given.

Medicines must be dispensed by two trained staff according to the instruction on the learner's MAR chart and guidance in their medicine administration profile. These two members of staff are responsible to administration of the medicine and observe the learner taking their medication.

Single person administration may be allowed when supporting a learner offsite, if necessary. The Lead Nurse, Senior Learning Support Coordinator or a Senior Manager must be notified in advance with a rationale as to why there is to be a single person administration.

Where a learner is unable to administer their own medicine, a trained member of staff should take on this responsibility. Trained staff can assist a learner with:

- Taking tablets, capsules, and oral solutions
- Applying a medicated cream, gels, or ointments
- Inserting ear/eye drops
- Administering nasal sprays
- Administering inhaled medication
- Administering Adrenaline Auto Injectors (AAI)
- Administering Buccal Midazolam
- Taking blood sugar levels
- Administering prescribed emergency medication.

If a member of staff is required to dispense a medicine that they are unfamiliar with, or it has an unfamiliar measuring method, e.g. oral solution via a syringe, then the Lead Nurse, the

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Senior Learning Support Coordinator or Learning Support Coordinators should be contacted for guidance.

One member of staff will dispense and administer a medicine. The second member of staff will act as a witness and counter sign the MAR chart. Both members of staff have equal responsibility to dispense and administer the medication according to the MAR chart and medicines administration profile.

Both members of staff have equal responsibility to report any errors in medication dispensing or administration, immediately.

Where it is not possible for the same two members of staff to be present (e.g. the learner is being supported 1:1 in the community) and only one member of staff witnesses the administration, this must be recorded on the *Single person administration of medicines* form, with a rationale given. The Lead Nurse, Senior Learning Support Coordinator or Learning Support Coordinators must be notified of this in advance of the medication being administered.

Medicines must be dispensed in the medication room. Learners should visit the medication room to take their medication. However, there are some circumstances where medication may need to be given elsewhere. These are:

- The learner is dysregulated and unable to transition to the medication room
- The learner is unwell or has an injury and are unable to transition to the medical room
- The area around the medical room is not safe for learner to visit

Administration of Prescription Only Medicines (POM)

A prescription medicine is a pharmaceutical drug that legally requires a medical prescription from a doctor, dentist, nurse or pharmacist before being dispensed by a pharmacy and supplied to the patient.

All prescribed medicines received by St John's (except for insulin) must be supplied in the original packaging/container as dispensed by the pharmacy. This might be a box, bottle, or Monitored Dosage System (MDS), also known as a blister pack.

The medicine prescription label must contain the following information:

- Learner's name
- Name of the medicine
- Strength of the medicine
- Form of the medication (tablet, oral solution, cream, ointment etc.)
- Dose of the medicine to be given
- Frequency of administration
- Expiry date of the medicine
- Cautionary and advisory instructions, e.g. 'medicine may make you drowsy'
- Date dispensed by pharmacist, (administer medicine within 6 months of date dispensed).

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Staff must follow instructions of administration on the medication prescription label. Note, where PPIs (proton pump inhibitors) such as omeprazole, lansoprazole and rabeprazole are being administered to reduce the amount of acid produced in the stomach, to treat symptoms of indigestion, acid reflux and stomach ulcers, staff should ensure that they are administered at least half an hour before food to enable it to work effectively.

A prescription label must not be altered in any way. If it has been, staff should not dispense the medication and seek guidance from the Lead Nurse, Senior Learning Support Coordinator, or a Learning Support Coordinator.

When dispensing medicines, staff must cross reference the details on the prescription label against the instructions on the MAR chart. Medicines must not be administered if staff notice any errors or discrepancies during the process of checking and dispensing medicines.

Staff must check the MAR chart to ensure that medicine has not already been administered.

Any discrepancies must be raised and discussed with the Lead Nurse, Senior Learning Support Coordinator, or a Learning Support Coordinator, prior to administration.

If staff open new medication, they must write the date opened by completing a green 'Stock' sticker. The 'Stock' sticker should be applied to the medication packaging but avoiding covering the prescription label.

Both members of staff administering medication must sign the MAR chart after the medicine has been administered.

Staff are to ensure they confirm the administration of medication on the Daily Medication Administration Tracker sheet (appendix 9), which is a checklist of all daily medication and PRN medication due that day.

When there is a variable dose that can be administered, (e.g. 1 or 2 tablets or 10mls – 20mls), the amount administered should be clearly recorded on the MAR chart or PRN chart, whichever is relevant.

If a learner experiences any adverse reaction to their medication and requires emergency medical support, then staff are responsible for contacting 999 immediately and informing the Lead Nurse, Senior Learning Support Coordinator, Learning Support Coordinators, and a member of the Leadership Team at the earliest opportunity.

If the adverse reaction is less serious (non-emergency) this must be immediately reported to the Lead Nurse, Senior Learning Support Coordinator, Learning Support Coordinators, or a member of the Leadership team, who will contact the learner's medical practitioner and those with parental responsibility and decide next steps. The NHS 111 (non-emergency) service can also be contacted for guidance, if necessary.

11. Covert administration of medication

Covert administration of medication refers to giving medicine in a disguised form, such as hiding it in food or drink, without a learners' knowledge. This is an exceptional measure that

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should only be considered when a learner lacks the mental capacity to understand or consent to taking their medication (or the consequences of not taking their medication), and when it is judged to be in their best interests.

Covert administration of medicines must be guided by a formal mental capacity assessment under the Mental Capacity Act 2005 and involve a discussion and best interest decision agreed between health professionals, individuals with parental responsibility for the learner, and St John's. This decision should be documented by the lead health professional and shared with St John's. The best interest decision will be recorded on the learner's medicine administration profile. The decision should be regularly reviewed.

In no circumstances should medication be administered covertly unless agreed by a medical professional, following a Mental Capacity Assessment and best interest meeting.

If administering medication with food or drink, staff must be cautious and be sure that the learner is aware that they are taking their medication.

12. Crushing or opening medicine

Some learners may be unable to swallow their tablet or capsule medication whole. Staff must not crush tablets or open capsules without instruction from a medical practitioner. This may be the prescriber or a pharmacist.

Staff should be aware that:

- Altering a medicine by crushing tablets or opening capsules can change its effectiveness, safety, or how it works in the body. In most cases, this makes the medicine 'unlicensed', meaning it is being used in a way not approved by the manufacturer
- Under the Medicines Act 1968, only qualified medical or dental practitioners are legally permitted to authorise the use of unlicensed medicines
- medicines must be administered as prescribed and altering them is only acceptable with appropriate healthcare advice and parental agreement.

This should be detailed on the medication support plan that the medical practitioner authorises. If it is not, then the medical practitioner or pharmacist must provide written authorisation that can be attached to the medication support plan.

If staff crush or open capsules without seeking advice from the medical practitioner, they may be held liable if anything goes wrong. When a medical practitioner has authorised crushing of medication this must be completed in an appropriate container, available from the prescribing pharmacist. This must be washed after each use and only used for that purpose and for that medication.

13. Re-administering medication

On occasions, learners' may spit out medication following administration. If this is identifiable as a whole dose, e.g. a whole tablet, then consideration can be given to

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administering another dose, however, this should only be done on the explicit instruction of the prescriber or a pharmacist. Their guidance should be shared via a written instruction and recorded in the learners' medicines administration profile.

Staff should be aware that even if the tablet that has been spat out appears whole, there is a risk that some of the drug was partially absorbed in the mouth or swallowed. Giving a second dose without checking could lead to an overdose and an adverse drug reaction.

If a learner spits out their medication:

- Record the incident clearly on the MAR chart as 'spoiled/refused/spat out'
- Do not re-administer unless there is a clear written instruction from a prescriber that allows a second dose, under such circumstances
- Inform the parent/carer
- Report to the appropriate health professional, if necessary.

If a learner vomits following the administration of medication, do not re-administer the medicine, unless guidance has been received from the prescriber, as it may be unclear if the tablets or capsule has been brought up, or if some of the medicines has been partially absorbed. Inform the parent/carer and report to an appropriate health professional, where necessary.

If a learner regularly spits out their medication, this should be addressed with the parent/carer and prescriber, and guidance sought.

14. Refusal of medication

Learners have the right to refuse their medication. Where a learner refuses to take medication, staff should allow a 15-minute gap before trying again. If after three attempts the learner is still refusing to take the medication, then this must be deemed as a refusal.

If a learner initially refuses to take their prescribed medication, staff should calmly explain that the medication is intended to support their health and wellbeing. The learner should not feel pressured into taking it.

If the learner continues to refuse, this must be clearly documented on their Medication Administration Record (MAR) and details recorded on Databridge event log, Medical Notes.

If staff have immediate concerns about a learner's health following a refusal of medication, they should contact the Lead Nurse or a member of the Leadership team, without delay. In urgent cases, emergency services should be contacted. In less urgent situations, those with parental responsibility should be informed.

If a learner is consistently refusing medication, this must be reported to their medical practitioner through their parent or carer.

Regardless of a learner's mental capacity, their right to refuse medication must be respected. Under no circumstances should a learner be forced or coerced to take medication, as this is both unlawful and a breach of their human rights.

15. Unused or spoilt medication

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When medication is spoiled, it should be placed in the provided 'spoiled' medication envelope, clearly labelled with the name of the learner, the name of the medication, the dose of the unused/spoiled medication, and the date and time of the incident.

If the spoiled medication is a liquid, the spill should be absorbed using tissues, which are then placed in the same envelope. The envelope should be stored securely in a locked cupboard in the medication room, until the medication is collected by PCS medical waste management company. All spoiled medication incidents must be recorded on the learner's MAR chart (stock total adjusted accordingly) and a clear description of the incident recorded on Databridge event log, Medical Notes.

If a stored medication becomes spoiled due to reaching its expiry date, it should be returned home so that those with parental responsibility can arrange appropriate disposal.

16. Recording

The supply of all medicines received from parent/carers must be recorded on the learners' MAR chart and Medication Sign In / Sign Out form. The record should show:

- Date of receipt
- Name, strength and dosage of medication
- Quantity received
- Who the medication is prescribed for
- Signature 1 - the member of staff who received the medication
- Signature 2 - Lead Nurse, Senior Learning Support Coordinator, or Learning Support Coordinators witnessing the signing in of medication into the medication cabinet.

This process should also be followed when returning medication home to the individual(s) with parental responsibility for a learner.

When staff receive new medication for a learner, they must inform everyone who administers medication regularly of the change verbally and in writing via email. This includes Lecturers, Senior Learning Support Workers, Learning Support Workers and the Senior Learning and Support Coordinator and Learning Support Coordinators

It is then the responsibility of the Lead Nurse or designated Senior Learning Support Coordinator or Learning Support Coordinators to update all relevant documents, including the MAR chart.

If the new medication is administered daily, the designated Learning and Support Coordinator must add it to the Daily Medication Administration Sheet (Appendix 9), even if the medication is a temporary course of treatment.

If the medication is a temporary course of treatment, the Lead Nurse or designated Senior Learning Support Coordinator or Learning Support Coordinators must reflect the timeframe of treatment on the MAR chart as well as on the Daily Medication Administration Sheet; and inform the rest of the team of the treatment duration.

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If learners bring their medication to and from college daily, staff must ensure that the Medication sign in/out sheet is completed at the beginning and end of each day and that medication is stored in an emergency medication bag or the college medications cabinet/fridge during the day.

Some learners keep a stock of medication at college. If a new batch of medication is sent into college, then the Lead Nurse, the Senior Learning Support Coordinator or Learning Support Coordinators must immediately record the new supply of medication on the Medication Sign in / Sign Out sheet.

If a drug is required to be taken offsite at any point, then it must be signed out and back in using the Offsite Medication Sign In / Sign out sheet, see appendix 10.

All records of prescribed medication must be clear, accurate, legible, and current. The MAR chart should record details of the medicine prescribed and when the medicine has been administered. PRN and homely medication administered are recorded on a PRN chart (see section 22 & 23).

The Lead Nurse or Senior Learning Support Coordinator should check MAR charts on a weekly basis. The Lead Nurse or Senior Learning Support Coordinator should audit the medication paperwork for each learner on a half termly basis.

Where any changes are made on MAR charts, this should include crossing out using a single line strikethrough of the error and initialled by the staff member. The actual date of signing must be provided. This may happen on occasion when a medication error is minor and/or noticed immediately and can be rectified with the authorisation of the Lead Nurse or Senior Learning Support Coordinator. This must also be recorded as a medication error and recorded on a Health & Safety, Medication Error Form on Databridge. The error will be investigated by the Lead Nurse.

If a learner self-administers, the administration record does not need to be kept by St John's. The MAR chart should be marked to reflect self-administration.

Taking medicines from the container supplied by the pharmacist and placing it into another container is known as 'secondary dispensing'. Secondary dispensing is not best practice and should not be carried out by staff in any circumstances.

If staff are assisting a learner in the administration of their medication, they should not be directly involved in any secondary dispensing process carried out by the learner, as they will be held liable if something goes wrong. Secondary dispensing should not be carried out, however, if the learner self-administers their medication and wants to secondary dispense themselves, then they are taking responsibility for this. However, staff have a duty of care to the learner, therefore they should be encouraged not to secondary dispense. If the learner still chooses to secondary dispense, then a risk assessment should be carried out to ensure that the learner knows what they are doing. All records should be available for inspection by those with parental responsibility, children/adult social care services, the Integrated Care Board (ICB), Ofsted and other health care personnel, where necessary.

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Any medication that is removed from the college must be recorded with the following information, (where relevant):

- Date medication returned to parent/carers, or
- Date of disposal to PCS medical waste management services
- Name and strength of the medicine
- Quantity removed
- Who the medicine was prescribed or purchased for
- Signature of the member of staff who arranged the disposal
- Signed receipt from parent/carers or PCS.

When a learner leaves St John's, all medicines (including controlled drugs) being kept at the college must be sent home. In addition, medical records, including MAR charts, should be kept for a minimum of eight years from their date of leaving St John's. If a learner is under 18, their records should be retained until they reach the age of 25, or for 8 years after the last entry, whichever is longer.

17. Medication incidents (errors)

A medication incident (error) is any safety incident, where there has been an error while handling medicines, as listed below:

- Prescribing
- Preparing
- Dispensing
- Administering
- Monitoring
- Providing advice on medicines.

It can be either:

- An error of commission (wrong medicine or wrong dose)
- An error of omission (omitted dose)
- An error in recording the medicines chart correctly or not recording that medication has been administered.

An error in recording on the MAR chart or controlled drugs book must be crossed through with a single line, so that the writing beneath is still legible.

Near misses should also be reported. NHS England defines a near miss as, 'an incident that has not caused harm but has the potential to do so'.

Medication errors are not the same as adverse drug reactions.

The Lead Nurse and Designated Safeguarding Lead must ensure that there is a robust process in place for identifying, reporting, reviewing, and learning from medication incidents (errors) involving learners.

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It is the responsibility of the team supporting the learner to ensure that medication is administered in a safe, timely manner, following instructions on the learner's MAR chart and medicines administration profile. Failure to follow protocol and procedures could lead to disciplinary action.

Recording and reporting medication incidents (errors)

All medication incidents (errors) must be recorded on Databridge, Health and Safety incident report, medication error. The cause of the error must be investigated to prevent a similar incident happening again.

Regardless of the severity and consequence of a medication incident, all errors, incidents, adverse drug reactions, and near misses must be reported to the Lead Nurse, Senior Learning Support Coordinator and Designated Safeguarding Lead, who will investigate.

If the incident (error) has reached the learner, the prescriber, local pharmacist, or NHS 111, should be contacted immediately to establish the risk to the learner. Guidance received from the practitioner on how to monitor and support the learner should be followed and recorded. Where appropriate, parents/carers should be notified.

If the learner has a serious adverse reaction to a medication incident (error), e.g. concerns with breathing and/or consciousness, then ring 999 or 112 and request an ambulance.

Staff must ensure that they monitor for side effects and adverse reactions following medication errors. Appropriate action must be taken if a learner's condition changes or causes concern by seeking medical help immediately and alerting Lead Nurse and/or Senior Learning Support Coordinator or a member of the Leadership team.

It is necessary to calculate total medication error rate half termly (percentage of errors out of total medication administrations). This is completed by the Lead Nurse following half-termly audits.

Categorising errors

St. John's recognises that errors may occur during the dispensing and administration of medication to learners. St John's uses the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) system for categorising errors.

NCC MERPP categorises errors fall into one of four outcomes:

- No error
- Error, no harm
- Error, harm
- Error, death.

<https://nccmerp.org/types-medication-errors>

See appendix 11 and 12 for NCC MERP medication error categories and error algorithm.

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Investigating medication incidents (errors)

Medication incidents (errors) will be investigated by the Lead Nurse. Investigations should be started within the time framework listed below.

Medication error category	Start investigation
Category A – B	Within 1 week
Category C – D	Within 24 hours
Category E – I	Immediately

A Medication error investigation form should be completed when carrying out an investigation. See appendix 13.

The medication incident (error) investigation aims to be supportive action for the member of staff involved. The purpose of an investigation is to:

- Establish the details of the incident
- Establish level of harm caused by the incident, (if any)
- Establish what action was taken on discovering the error
- Establish whether the error is reportable, (see reportable errors)
- Support the person who made the error to reflect openly about the incident
- Use the incident as an opportunity to learn – improve processes and/or behaviour, to reduce/eliminate future risk of harm
- Share conclusions of the investigation with the team, without apportioning blame to the member of staff involved in the incident.

Controlled drugs incidents (errors), including loss or theft, must be reported to the local NHS Controlled Drugs Accountable Officer (CDAO) at NHS England - [Signin](http://cdreporting.co.uk) (cdreporting.co.uk). Controlled drugs incidents should also be reported to the police and the prescriber, where necessary.

St John's medication error matrix

Category	Example of incident/error	Follow up action
1	Administration error: <ul style="list-style-type: none"> • MAR sheet not signed or signed incorrectly • PRN chart not completed • Medication not signed in • Controlled Drugs book not filled out • 	<ul style="list-style-type: none"> • Inform Lead Nurse, SLSC and LSC • Correct any mistakes on paperwork • Ask relevant staff to complete the paperwork correctly • Medication Error report completed - Databridge • Inform Line Manager. • Reflect conversation on Clear Review – feedback • Repeated mistakes to lead to a formal disciplinary process
2	<ul style="list-style-type: none"> • Inaccurate information on MAR sheet • Inaccurate information on support plans. 	<ul style="list-style-type: none"> • Inform Lead Nurse, LSC and LSC • Correct any mistakes on used paperwork • Correct any mistakes in the online version and replace printed versions • Medication error report completed - Databridge • Inform Line Manager • Informal conversation with a member of staff recorded on Clear Review

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		<ul style="list-style-type: none"> Repeated mistakes to lead to a formal disciplinary process
3	<ul style="list-style-type: none"> Medication administered early or late 	<ul style="list-style-type: none"> Inform Lead Nurse, SLSC and LSC Parents, DSL & Leadership team informed Pharmacy or 111 contacted, if necessary Medication Error report completed - Databridge Informal conversation with a member of staff recorded on Clear Review Medication competency assessment and observation required Repeated mistakes to lead to a formal disciplinary process
4	<ul style="list-style-type: none"> Medication omitted in error (forgotten) Medication missing or unavailable when required Expired/'Use before date' medication administered in error 	<ul style="list-style-type: none"> Inform Lead Nurse, SLSC and LSC Parents, DSL & Leadership team informed 111 contacted if necessary Medication Error sheet completed Investigation commissioned Risk Assessment completed for staff and taken off medication duty if deemed necessary Depending on the outcome of the investigation, this may lead to a formal disciplinary process Advanced medication competency assessment and observation required Report to LADO, if meets reporting threshold
5	<ul style="list-style-type: none"> Medication administered to the wrong learner Underdose of medication Overdose of medication 	<ul style="list-style-type: none"> Inform Lead Nurse, SLSC and LSC Parents, DSL & Leadership team informed 111 contacted if necessary Medication Error sheet completed Investigation commissioned Risk Assessment completed for staff and taken off medication duty if deemed necessary Depending on the outcome of the investigation, this may lead to a formal process Advanced medication competency assessment and observation required Report to LADO, if meets reporting threshold

Duty of candour

St John's has an overarching duty of candour to be open and transparent with learners and the individual(s) with parental responsibility for a learner when something goes wrong with their medication, which may cause, or has the potential to cause, harm or distress.

Following a medicines incident (error) staff must:

- Act in an open and transparent way with the learner and the individual(s) with parental responsibility for a learner, where appropriate
- Inform the learner in person, as soon as possible, after the error has been discovered
- Use the individual's preferred method of communication to inform them of the error
- Provide an accurate account of what happened, including all the facts that are known at the time
- Where possible, seek the views of the learner after informing them of the error
- Answer, in a timely manner, any question the learner has about the error and the consequences of the error

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- Inform the learner of any further enquiries that need to be made
- Offer the learner and the individual(s) with parental responsibility for a learner an apology, where appropriate
- Complete a written record of all communication with the learner in relation to the error.

18. Storage of medicines in college

All medicines must be stored securely on the college site. Medicines that are left unattended or stored insecurely pose a risk of harm and injury should they be mistakenly ingested by a learner.

Medication cabinet and fridge keys are held in a secure key safe within the medication rooms. The Lead Nurse, Senior Learning Support Coordinator and Learning Support Coordinators have access to the key safe. Cabinet or fridge keys should not be given to any other member of the staff team. Only staff with a responsibility for preparing or administering medication have access to the locked Medication Room.

Learners should be supported to know where their medicines are stored and have access to them immediately, when required.

Where relevant, college staff should know how to access the emergency medication storage cupboard, which may include medicines and devices such as buccal midazolam, asthma inhalers and spacers, adrenaline auto injectors, and psychotropic medicines etc.

Medicines will be stored in the Medication Rooms in secure cabinets, cupboards, or refrigerators. Medicines to be stored at room temperature, must be stored above 25°C degrees. Refrigerated medicines should be stored between 2 – 8 °C. A temperature chart should be completed daily to monitor for fluctuations outside of the recommended ranges, appendix 14.

Access to the Medication Room is restricted to those with a responsibility for dispensing and administering medication.

Staff must ensure that there is correct storage, stock rotation and expiry date checking of medication. Stock should be rotated to ensure that the stock with the shortest expiry date is used first.

All medication should be kept in the original container in which it was dispensed. Where a learner has capacity and it is deemed safe for them to hold their own medication whilst at college, they must be supplied with a lockable Medlock bag so that they can store their medicine securely. Staff can only access the Medlock bag in an emergency or with permission from the learner. Such access must be recorded.

Where a learner does not have capacity and it is not safe for a learner to hold their own medicine (i.e. there is a risk of overdose), the medicine must be securely stored in the college medication cabinet or in an emergency medication bag that is always carried by the staff.

Secure, cabinets, cupboards, and refrigerators, designated for storing medication must not be used for the storage of food, valuables, or other non-medical related items.

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Where staff members require emergency Medication for themselves, they must inform their line manager. This medication can be stored securely by the college. Any medication required by a staff member must be securely locked away and clearly labelled with the details of the individual. It is the staff members responsibility to declare any known medical conditions that are life threatening and require medication. A risk assessment will be necessary if medication is required to be carried by a staff member.

Emergency medicines and devices

Emergency medicines and devices, such as buccal midazolam (epilepsy), adrenaline auto injectors (anaphylaxis), and asthma inhalers, should always be immediately available to learners and not locked away and inaccessible. All emergency medicines at college are stored in the *emergency medication cupboard*, adjacent to medical treatment room, on the first floor of the main building.

Where it has been risk assessed that a learner is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person.

Controlled drugs (CDs)

There are stricter statutory controls on the dispensing and storage of controlled drugs (CDs) in hospital and care home settings. The college follows guidance in the St John's medication policy and NICE guidelines for [Managing medicines in care homes \(nice.org.uk\) https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765](https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765) for the safe dispensing and storage of CDs.

CDs can be carried by a learner if competent to do so, (a risk assessment is required).

19. Disposal of medication

Medication should be disposed when:

- It has expired
- The course of treatment is complete
- The learner leaves St John's college
- The learner dies (not until seven days after in case the medication is required by the coroner)
- There is a refrigerator failure
- The dose of a medicine is removed from the original container but not taken

Where the learner has mental capacity, consent should be sought from them before their medication is disposed of.

In the case of a full set of medication (not a spoiled dose), the designated co-ordinator must send the medication home with the learner to be disposed of by those with parental responsibility.

In the case of a spoiled dose, the medication needs to be put in a 'spoiled drugs' envelope, correctly labelled with the date of the 'spoil', the name of the learner, and the drug name and dose, and quantity for disposal. The disposal of medicines form should also be completed with the details of, the name of the learner, and the drug name and dose, and quantity for disposal. The envelope should then be placed in the pharmaceutical waste bin (Medical room, Pavillion building), supplied by the PHS Group, who will routinely collect medicines for

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disposal. Controlled drugs will be disposed of using a drug denaturing (destruction) kit, which renders the medication unusable. The used denaturing kit is then disposed of via the pharmaceutical waste bin. The controlled drugs log must be completed to record that the drug has been disposed of. The Lead Nurse will coordinate the safe disposal of medicines in college.

Medicines must not be discarded or disposed of into waste bins or via the water system (toilets or sinks).

A record of all medicines returned to a learner, or those with parental responsibility, or disposed of must be kept by St John's. This record must include the name of the medicine, and the quantity disposed. Empty boxes, strips, sachets of medication with no traces of medicine can be disposed of in the bin or recycled. Designated staff members need to ensure that all prescription labels are removed and shredded in line with GDPR requirements. This excludes Inhalers and empty bottles which are required to be disposed via the pharmaceutical waste bin.

Medicines involving sharps (needles) are required to be disposed of safely into the sharps bin.

20. Theft of medication

In accordance with the Medicines Act (1968), theft of medication is a serious criminal offence and will be treated as fraud and in breach of safeguarding policies and procedures.

Any member of staff who has reason to believe that medication has been taken without authority has a duty to report their concerns to the Lead Nurse, Senior Learning Support Coordinator, and Designated Safeguarding Lead.

Reasonable steps must be taken to ensure that the medication is in fact missing, e.g. Investigate if there is an error in stock total recording, or check the medicine has not been stored incorrectly in another cabinet or cupboard. If Lead Nurse, Senior Learning Support Coordinator, Designated Safeguarding Lead are unable to find the medication, they must report their suspicion to the head of the college at the earliest opportunity. Where it is required, an investigation will be undertaken in accordance with Ambitious about Autism's safeguarding procedures. This may involve notifying the police.

21. Controlled drugs

When staff receive a new drug for a learner, they should check whether it is a controlled drug. This information can be found on the medication box (CD), controlled drugs list or by contacting a local pharmacist for advice.

Controlled drugs may only be supplied for individually named learners. The learner who has been prescribed a controlled drug, legally has the right to possess the medication.

Controlled drugs must be kept separately from other medicines in the controlled drugs cabinet that is locked and secured as specified by the Misuse of Drugs (Safe Custody) Regulations (1973).

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Where the controlled drug requires refrigeration and there is not a separate controlled drugs fridge, then it can be locked in a locked box inside a lockable medication fridge.

Controlled drugs should only be administered with two members of staff who have also prepared the medication and checked it against the MAR chart.

Separate records should be maintained for controlled drugs at each administration in a bound and paginated controlled drugs book. This must be maintained and checked by the Lead Nurse and Senior Learning Support Coordinator responsible for the medication audit.

22. Emergency (PRN) medical bags

Emergency medical bags have been created to allow staff to carry PRN medication for the learner they are supporting.

Emergency medicines such as buccal midazolam, Salbutamol (asthma) inhalers, and adrenaline autoinjectors must be immediately available to a learner, should treatment be required.

A learners' medical bag will contain their PRN medication, a copy of their Individual Healthcare Plan, and a copy of their emergency medication protocol. Any device needed to deliver the medication will also be included, where necessary, e.g. an asthma inhaler spacer device.

Medical bags containing psychotropic medicines (Lorazepam, Diazepam etc.) can remain in the emergency medication cupboard until needed but should accompany the learner if they leave the college site for community access.

Staff should be aware PRN medicines can cause harm if ingested by those it is not intended for or can be misused to cause harm to others, e.g. buccal midazolam is a controlled drug that causes sedation, which could be misused by others to spike a drink to cause confusion, lower inhibitions, and induce sleepiness, making a victim vulnerable to harm and abuse.

Outside of college hours, emergency medical bags must be returned to and securely locked away in the emergency medication cupboard, located adjacent to the medical treatment room, in the main building. Medical bags must not be stored or left unattended in classrooms

Staff must follow the guidance below to ensure emergency medication is kept safe and out of the reach of learners or other people:

- Emergency medical bags must be signed out from the emergency medication cupboard (opposite the medical room) each morning and signed back into the cupboard at the earliest opportunity after the learner has left the college at the end of the day
- The member of staff allocated to work with the learner prescribed PRN medication will collect the emergency medical bag in the morning. The member of staff must sign the PRN Emergency medication bag monitoring sheet, see appendix 15, to confirm that they have collected the emergency medical bag from the emergency medication cupboard

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- Staff supporting a learner with an emergency medical bag at the end of the college day is responsible for returning the bag to the emergency medication cupboard immediately after the learner has gone home. The member of staff must sign the monitoring form to confirm that the emergency medication bag has been returned to the emergency medication cupboard
- Staff must always wear the emergency medication bags around the waist, across the shoulder, or on the back, depending on the type of bag
- Emergency medication bags must not be left unattended at any time. The bag must not be left unattended on surfaces or hung up on coat hooks etc.
- The emergency medication bag must be immediately available to the learner, should treatment be required
- Staff must be aware of the medical condition that PRN medication has been prescribed to treat and be confident on how to administer the medication. If they are unsure, they should contact the Lead Nurse or Senior Learning Support Coordinator
- Medical bags contain the prescribed medication, an individual healthcare plan, a protocol for administration, and may also include PPE (medical gloves)
- On collecting an emergency medication bag, or if a bag is handed over from a colleague, staff must check the contents of the bag to ensure that everything is in place and in order. Check that the medication is not missing, damaged or out of date (expiry date). Check that the Individual Health Care Plan and PRN protocol is available
- All emergency PRN medicines should accompany learners when they access the community
- At the end of the college day, the designated person, Lead Nurse, Senior Learning Support Coordinator, or Learning Support Coordinators, must check that all the medication bags have been returned to the emergency medication cupboard, and check the bags to establish that the medication is not missing, has not been damaged, has not expired, and that the Individual Healthcare Plan and PRN protocol is in place. Once this has been confirmed, the Emergency medication monitoring sheet should be completed.

23. PRN (Pro Re Nata) medicines

PRN (as required) medication must be prescribed with a clear and specific dose, tailored to the individual and their medical need. The indication for use must be clearly outlined and include:

- The dose
- Frequency (e.g. once, twice, three times a day, etc.)
- Dosage intervals (e.g., allow 6 hours between doses)
- The maximum daily dose (e.g., *2 x 1mg tablets in 24 hours*)

All instructions must be accurately transcribed onto the learner's PRN chart.

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PRN medication must be administered per the prescribed instruction and PRN protocol guidance. When PRN medication is administered:

- Staff must record the exact amount given
- The PRN chart must be signed at the time of administration
- A rationale for administration must be documented in the learner's Medical notes on Databridge.

The rationale must align precisely with the guidelines in the PRN protocol, which is approved by those with parental responsibility and the prescriber.

If PRN medication is administered and the PRN chart is either incomplete or inconsistent with the agreed guidelines, this must be reported immediately to the Lead Nurse and Senior Learning Support Coordinator. Such incidents may be subject to investigation and could result in disciplinary action.

Staff must follow the guidance of the prescriber and the PRN protocol when administering PRN medication. A clear protocol for the administration of PRN medicines should be developed by the prescriber and St John's, within a multi-disciplinary process.

Staff must never make independent decisions regarding the administration of PRN medication to treat medical conditions. This responsibility lies solely with a qualified medical professional.

A clear and detailed protocol for PRN medication administration must be developed through a multi-disciplinary approach, and should be:

- Documented within the learner's PRN protocol
- Reviewed regularly
- Followed precisely by all staff involved in medication administration

Where necessary, it is essential to contact the prescribing medical practitioner to seek advice and guidance around the use and effectiveness of the PRN medication and to report any concerns with treatment, including potential side effects of the medicine.

Those with parental responsibility must be informed in writing when PRN medication has been administered. A verbal handover can also be given.

24. Homely remedies (Over the Counter treatments)

A homely remedy is an over the counter product that can be purchased without a prescription from a pharmacies, supermarkets and other retail outlets.

The DfE Supporting Learners at College with Medical Conditions guidance states that Colleges should set out circumstances in which non-prescription medicines should be administered.

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Homely remedies medicines come in various forms including tablets, capsules, liquids, eye drops, creams, ointments and nasal sprays.

Homely remedies do not need to be prescribed or authorised by a GP or other medical clinician to be administered at St John's. However, homely remedies must not be administered unless written consent has been obtained from those with parental responsibility, via the Medication and First Aid consent form, see appendix 16, (unless the young adult has capacity to make decisions on their care needs)

St John's college will administer homely remedies that have been purchased from an approved supplier. Homely remedies offered by St John's include, but are not limited to, pain relief, cold symptom treatments, indigestion remedies, and antihistamines

Those with parental responsibility who supply homely remedies for their young person for St John's to administer must ensure that the product supplied in the original packaging, with clear instructions for use, and is in date. If not, then St John's will not administer the homely remedy.

It is the responsibility of those with parental responsibility to ensure that any homely remedy supplied does not impact on any other medications taken by the learner and will not cause an allergic reaction.

Homely remedies should only be administered following a comprehensive assessment of the learner's illness, injury or ailment. The assessment process and rationale for treatment must be recorded in learners' medical notes (Databridge).

Administration of a homely remedy is recorded in learners PRN chart.

A written communication (email) should be sent to the parents/carer of the learner, by the end of the college day, to advise that a homely remedy has been administered, and the rationale for this.

Note: even when an agreement has been made with those with parental responsibility for St John's to administer OTC treatments, a phone call may still be necessary to establish when an OTC medication was last administered, e.g. paracetamol within 4 hours, Ibuprofen within 6 hours. If this cannot be established then the OTC medicine should not be administered, as this risks causing an overdose.

25. Confidentiality and information sharing

Medical information about a learner must only be shared with staff on a strictly need-to-know basis to ensure appropriate care and support.

Confidentiality must always be maintained when managing and administering medication. Any intentional breach of confidentiality will be treated as a serious disciplinary matter.

If a learner requests that their medical condition remain confidential, their wishes must be respected, unless doing so would conflict with the safeguarding and protection of adults at risk policy and the legal duty to share information to protect them or others from harm.

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All medical records must be:

- Accurately completed
- Stored securely
- Handled in accordance with the General Data Protection Regulation (GDPR) 2018

Staff are responsible for ensuring the confidentiality of all information contained within these records. For further guidance, refer to Ambitious about Autism's GDPR Policy.

References:

NICE guidelines for managing medicines in care homes (2014). Social Care guideline (SC1)

[Managing medicines in care homes \(nice.org.uk\)](https://www.nice.org.uk/guidance/sgg1)

Department for Education (2015) Supporting learners at college with medical conditions statutory guidance for governing bodies of maintained colleges and proprietors of academies in England.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-learners-at-college-with-medical-conditions.pdf

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Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in colleges.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_colleges.pdf

Department of Health (2017) Guidance on the use of adrenaline auto-injectors in colleges.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_colleges.pdf

Anaphylaxis UK (2023)

[MHRA issues clarification on use of spare pens in colleges | Anaphylaxis UK.](#)

MHRA Clarification of AAI guidance for colleges in relation to Regulation 238 of the Human Medicines Regulations 2012 (in response to queries received) (2023)

[AAI HMR238 Clarification Dr P Turner.pdf \(publishing.service.gov.uk\)](#)

MHRA guidance on the use of life saving adrenaline auto-injectors (2023)

[MHRA issues new guidance on the use of life saving adrenaline auto-injectors - GOV.UK \(www.gov.uk\)](#)

Epilepsies in children, young people and adults (2022). NICE guideline (NG217)

[7 Treating status epilepticus, repeated or cluster seizures, and prolonged seizures | Epilepsies in children, young people and adults | Guidance | NICE](#)

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Appendix 1. Medication Administration Chart (MAR)

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Appendix 3. Single Person Administration form (for offsite administration)



Single person administration of medicines

Medicines at St John's must be dispensed and administered by two trained members of staff. However, on occasions, there may be circumstances that a medicine may need to be dispensed and administered by one member of staff, e.g. medication if to be given off-site.

The Lead Nurse, Senior Learning Support Coordinator or Learner Support Coordinators must be notified in advance with a rationale as to why there is to be a single person administration and discuss potential risks or issues with the member of staff. A record of the rationale must be recorded on below.

EXAMPLE

Name of Learner	Name & strength of medication	Dose of medication	Date & time to be administered	Name of staff to support administration	Signed off by (Lead Nurse, SLSC, or LSC)
Ahmed Abbas	Risperidone 1mg	1 tablet	06.08.2025, 12:00	John Smith, LSW	Stuart Townsend, Lead Nurse

Reason/rationale for single person administration:

Ahmed is being supported to visit Brighton & Hove Library and will not return to college in time for his lunchtime dose of Risperidone.

John is aware that he must always keep Ahmed's medicine on his person and that a suitable, safe place is found to support Ahmed with administration, ensuring that his privacy and dignity are always respected.

Name of Learner	Name & strength of medication	Dose of medication	Date & time to be administered	Name of staff to support administration	Signed off by (Lead Nurse, SLSC, or LSC)

Reason/rationale for single person administration:

On completion of form, file in the *Single person administration of medicines folder*.

Single person administration of medicines form August 2025

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Appendix 4. Medication Sign In / Sign out sheet (received from & sent home to individuals with parental responsibility for a learner)



Medication Sign In /Sign Out form

All medicines received by the college and sent home to parent/carers must be recorded on the *Medication Sign In / Sign Out* chart. Medicines received must also be added to the MAR chart, with the stock total added or adjusted accordingly. **Medicines must be signed in and signed out by two trained members of staff, one of whom should be the Lead Nurse, Senior Learner Support Coordinator or Learner Support Coordinator.**


Learner: _____

Date & time	Drug name & strength	Expiry date (Month/Year)	Quantity RECEIVED	Tablets / mls / bottle	Staff signature	Quantity RETURNED	Tablets / mls / bottle	Staff signature

Medication Sign In / Sign Out form August 2025

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Appendix 5. Learner Medicines Administration Profile




My Medicines Care Plan

Insert photo here:	Name:	DOB:
	What type of support do I need with my medicines?	
	Who will order/collect my medicines?	
How do I communicate with you?		
Do I have any personal preferences with how I take my medicines? (e.g. liquids via an oral syringe, tablets via a spoon, my hand, a plate etc., swallowing difficulties?):		
Am I allergic to any medicines? (Record this on my medicines chart as well).		
Where do I store my medicines?		
Are there any particular foods or drinks I shouldn't have with my medicines?		
Do I have any 'time critical medicines'? Record them below. Write down their time range.		
Do I need any tests when taking any of my medicines? If yes, which medicines and how often?		
Are there any serious side effects that would need you to contact a health professional? If so record them below and record what action to take		
If I decline a dose, how long should my support worker wait before notifying the prescriber?		
Am I taking any 'when required' (PRN) medicines? (Yes/No) If yes, please read the individual medicines protocol(s)		

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Appendix 6. Weekly medication audit check sheet



Weekly medicines stock audit

Learner name: _____

Medication	Expiry date	Stock balance (start of week)	+	Quantity received	=	Total	-	Quantity administered	Quantity destroyed / disposed of	=	Total	Staff signature	
			+		=		-			=			
			+		=		-			=			
			+		=		-			=			
			+		=		-			=			
			+		=		-			=			

Stock check completed by: _____

Date: _____

Discrepancies:

Appendix 7. Weekly medication audit check audit record

Weekly medication audit record			
<p>Weekly medication audit record is to be completed following each medication audit and stored in a Medication Audit Folder (by Lead Nurse or SLSC). If no issues are identified or actions required a NIL RETURN should be entered in the box below</p> <p>The Designated Safeguarding Lead must be informed following the audit, either if discrepancies or issues of concern have been identified, or if a NIL RETURN has been recorded.</p> <p>Date of audit:</p>			
Issues arising from audit	Action taken immediately following audit	Follow up action required	Conclusion/Outcomes
Total amount of administration:		Total amount of errors or discrepancies:	
<p>Audit completed by:</p> <p>Date:</p>			

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Appendix 8.

Current stickers

Name: _____		Name: _____		Name: _____	
Date Opened:	Stock Number	Date Opened:	Stock Number	Date Opened:	Stock Number
Use by Date:		Use by Date:		Use by Date:	
CURRENT		CURRENT		CURRENT	
Name: _____		Name: _____		Name: _____	
Date Opened:	Stock Number	Date Opened:	Stock Number	Date Opened:	Stock Number
Use by Date:		Use by Date:		Use by Date:	
CURRENT		CURRENT		CURRENT	
Name: _____		Name: _____		Name: _____	


Stock stickers

Name: _____		Name: _____		Name: _____	
DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number	DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number	DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number
Name: _____		Name: _____		Name: _____	
DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number	DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number	DO NOT USE UNTIL CURRENT STOCK IS COMPLETED	Stock Number
Name: _____		Name: _____		Name: _____	

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Appendix 9. Daily Medication Administration tracker (tick sheet)

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Daily medication administration tracker

Date: _____

Time	Name	Medication	Medication administered (tick)

Please note down below any PRN / Over the counter medication administered

Time	Name	Medication	Medication administered (tick)

Appendix 10. Offsite medication Sign In / Sign Out form

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Offsite Medication Sign In /Sign Out form

This form needs to be completed when medication is removed from the college site when it is due to be administered in the community. The MAR chart must be taken with the medication offsite to support administration. A learner may need to take their regular medication offsite or may require emergency PRN medication.

Note: If medication is administered offsite, the total quantity signed 'IN' (i.e. returned to college) should be the quantity signed 'OUT' minus the amount administered offsite.

Learner name: _____

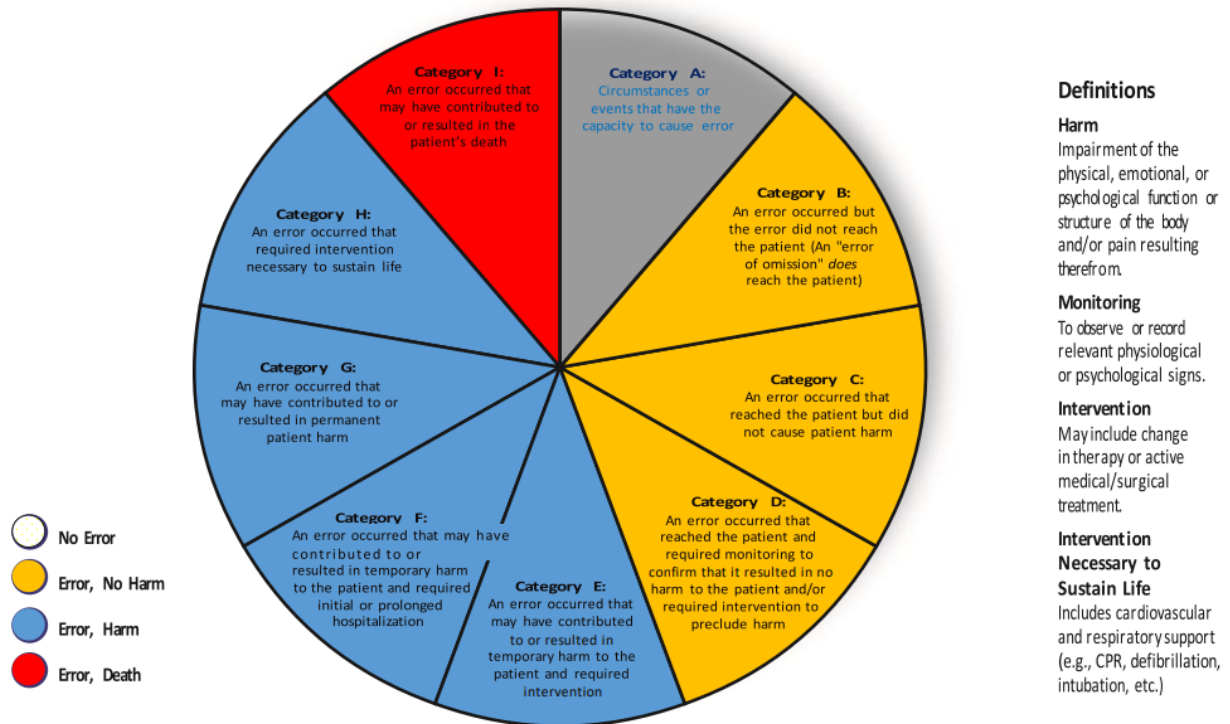
Date & time	Drug name, strength, & form	Expiry date (Month/Year)	Quantity OUT	Staff name	Quantity IN	Staff name / signature
Example 07 August 2025, 10:30	Risperidone, 1mg, tablets	08/2026	28	Stuart Townsend	27	Stuart Townsend

Offsite Medication Sign In / Sign Out form August 2025

Appendix 11. NCC MERP index for categorising medication errors

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NCC MERP Index for Categorizing Medication Errors



Definitions

Harm

Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring

To observe or record relevant physiological or psychological signs.

Intervention

May include change in therapy or active medical/surgical treatment.

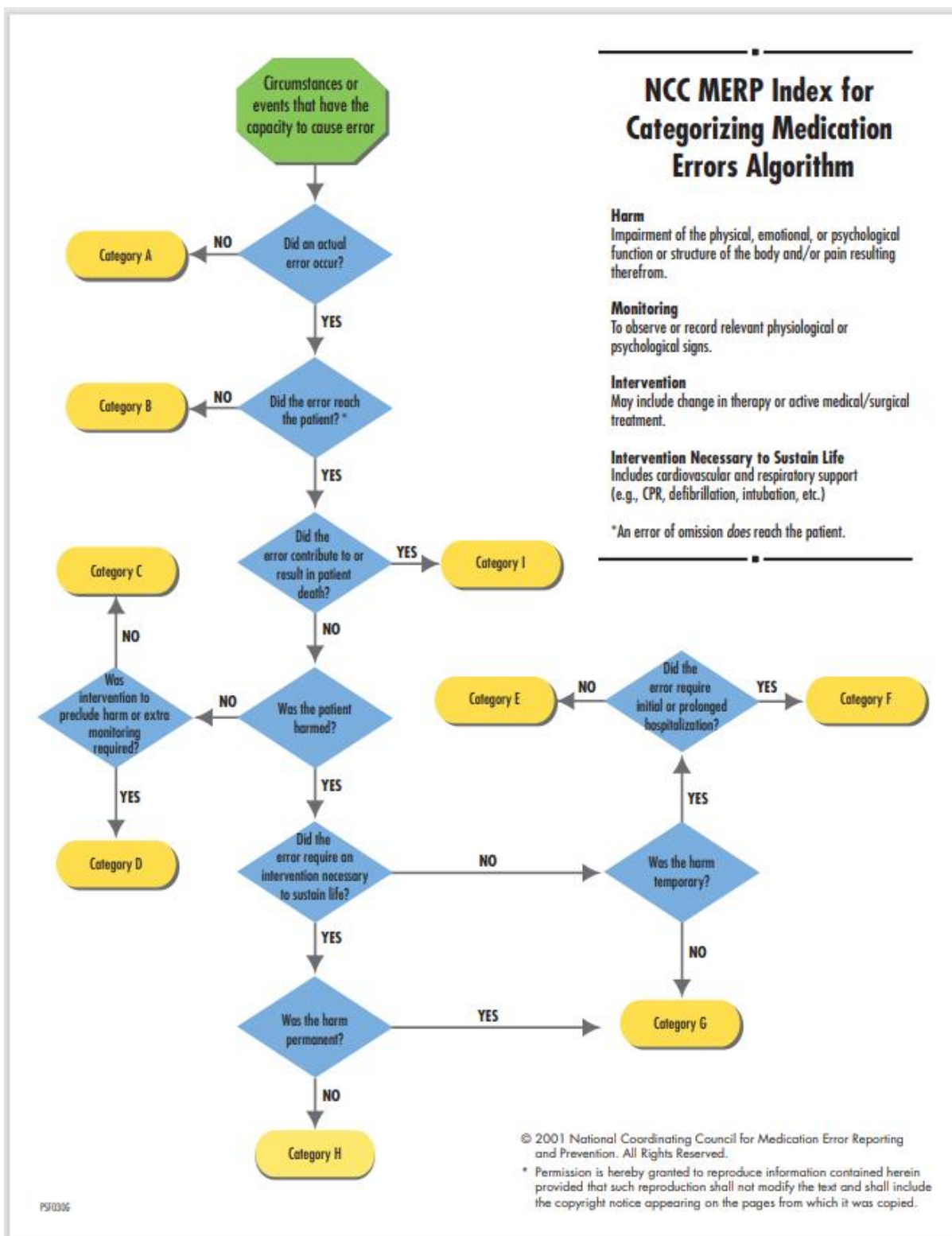
Intervention Necessary to Sustain Life

Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

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Appendix 12. NCC MERP Index for categorising medication errors algorithm



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Appendix 13. Medication error investigation form

Medication Error Investigation Form

Details

Name of learner (if anyone affected)		Date of Birth	
Date of occurrence		Time	
Date of investigation			
Name and role of staff member who made error			
Name and role of person completing investigation			
Medication error report number			
Define the error(s) clearly and precisely			
What was the level of harm? <i>(Please highlight appropriate category)</i>	<p>Category A – Circumstances or events that have the capacity to cause error (e.g. error in stock counting, incorrect information on MAR chart)</p> <p>Category B – An error occurred but did not reach the learner (e.g. error in signing, an omission does reach the learner)</p> <p>Category C – The error did reach the <u>learner</u> but it did not cause harm, but the learner required monitoring.</p> <p>Category D – An error occurred that reached the learner and required monitoring to confirm that it resulted in no harm to the learner and/or required intervention to preclude harm, (contact GP, Pharmacy, or NHS 111 for guidance)</p> <p>Category E – The error may have contributed to or resulted in temporary harm and required intervention (e.g. needing to see GP or medical professional, increased seizures)</p> <p>Category F – The error may have contributed to or resulted in temporary harm, required initial or prolonged hospitalisation</p> <p>Category G – The error may have contributed to or resulted in permanent harm</p> <p>Category H – The error required intervention necessary to sustain life</p> <p>Category I – The error contributed to or resulted in death</p>		
If harm was caused record exactly what the harm was.			

Medication error investigation form (v2) 22.01.2024.

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Appendix 14. Medication cabinet & fridge temperature charts

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Medication Cabinet Temperature Monitoring

Location:	
Month:	
Year:	



Temperature should be recorded daily if the temperature is above 25c then report to Maintenance Reporting CAFM

Date	Actual Temp	Min Temp	Max Temp	Taken By	Max/Min Reset	Comments
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
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Appendix 14. Medication cabinet & fridge temperature charts

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Fridge Temperature Monitoring

Location:

Month:

Year:




Temperatures should be between 2°C and 8°C if the temperature is below 2°C or above 8°C report to maintenance via CAFM.

Date	Actual Temp	Min Temp	Max Temp	Taken By	Max/Min Reset	Comments
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
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Appendix 15. PRN emergency medication bags monitoring sheet

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Appendix 16. Medication and First Aid consent form



St John's College Medication & First aid consent form

Name of Learner:

Regular prescribed medication

I agree to the regular prescribed medication, listed on Page 3, to be given to my young person, as required.

As require, homely medications and treatments

I agree to the following homely medications and treatments being given to my young person, if required.

Paracetamol to relieve mild to moderate pain and fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen to relieve mild to moderate pain and fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Strepsil lozenge to relieve sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cough medicine to soothe tickly coughs and sore throats	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Olbas oil as an inhalant decongestant, 2-3 drops on a tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vaseline to treat dry cracked lips	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gaviscon (liquid or tablets) to relieve indigestion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antihistamine tablet or oral suspension to treat hay fever & other allergic reactions. If yes, please indicate which antihistamine, Loratadine <input type="checkbox"/> or Cetirizine <input type="checkbox"/> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antihistamine cream/spray to relieve pain and/or itchiness from stings, bites or mild allergic rashes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arnica cream to treat bruises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gaviscon liquid or tablets to treat indigestion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oral pain reliving gels to treat mouth ulcers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Moisturising cream for dry skin conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sun cream/block for protection from sun burn and sun damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plasters and dressings to treat cuts and minor wounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List any **allergies** that your young person has. If none, please state 'none'.

I give permission for first aid to be administered, when required. I understand that if further emergency treatment is required at hospital every attempt will be made to call parent/carers, but that emergency treatment may have to be given prior to contact, if necessary. This decision will be made in the best interests of the young person, in consultation with the hospital clinicians.

First Aid treatment for minor injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administration of Emergency Salbutamol Inhaler, (if prescribed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer to Accident & Emergency/hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If completing this form on behalf of the learner, please complete and sign the boxes below.

Signed:		Date:	
Name:		Relationship to learner:	

Please note that this consent form will be sent to parents/carers at the start of each academic year for them to complete and return to St John's. This to ensure that our information is up to date and accurate. If the new consent form is not returned, St John's will continue to follow the guidance from the existing consent form held, unless instructed otherwise by parent/carers. Thank you.

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Appendix 17. Handover of medication sheet (Residential care)



Handover of medication

Learner name:

Date:

Medication name	Strength	Form	Quantity

I confirm that I have received the medication for the above learner.

Signed.....

Parent / Carer / Escort.....(please circle, as applicable)

Date.....

Managing illness and injuries

Purpose and scope

St John's is committed to ensuring the health and safety of all learners by maintaining a safe and supportive environment. This policy sets out St John's approach to managing illness and isolation, with a clear focus on preventing the spread of infectious conditions. It applies to all learners, staff, and visitors, ensuring that anyone who is unwell receives the necessary care, support, and guidance. The policy supports a consistent and proactive response to illness, helping to safeguard the wellbeing of the college community.

Guidance on the isolation and exclusion of learners' who are ill is designed to manage the spread of illness, safeguard the college community, and support the recovery of individuals who are unwell.

1. General principles:

- Learner welfare: The welfare of our all learners is a priority. If a learner is unwell and cannot fully participate in college activities, they will be supported in line with this guidance
- Infection Prevention: In cases of contagious illnesses, the college will follow the appropriate public health guidelines to minimise the risk of infection to others
- Parental/carer communication: Parents or carers will be contacted if a learner is unwell and requires isolation or needs to go home.

2. Circumstances for isolation and sending learners' home:

A learner should be isolated and sent home from college under the following circumstances:

a) Infectious diseases:

- If a learner is diagnosed with, or suspected of having, a contagious illness (e.g., severe respiratory infection (influenza, COVID-19), norovirus, chickenpox etc. they should be isolated immediately from other learners to prevent the spread of the illness
- The college will follow guidance from UK Health Security Agency (UKHSA) and other relevant authorities regarding the management and isolation periods for specific infectious diseases.

[Managing specific infectious diseases: A to Z - GOV.UK](#)

Infections in children and young people - [What infections are, how they are transmitted and those at higher risk of infection - GOV.UK](#)

Public health exclusions - [Children and young people settings: tools and resources - GOV.UK](#)

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Special educational needs, additional support needs and disabilities - [Specific settings and populations: additional health protection considerations - GOV.UK](#)
[Managing outbreaks and incidents - GOV.UK](#)

b) High fever or severe illness:

- A learner with a high fever (above 38°C) or symptoms of severe illness (vomiting, diarrhoea, extreme fatigue, or pain) should be sent home to recover, or supported in college until a time that they can return home
- Learners must remain at home until they are symptom free for 24 – 48 hours, depending on their illness, or until a healthcare professional authorises a return to college

c) Risk of spreading infection:

- Learners with conditions that are easily spread (e.g., diarrhoea and vomiting, impetigo, or scabies) should be isolated from other learners and sent home for appropriate treatment. They may return to college once the condition is treated or no longer contagious
- St John's will follow specific advice regarding exclusion from college as set out in UKHSA guidance.

3. Procedures for isolation:

- Learners should be taken to an identified rest space to isolate, where necessary
- The windows of the rest space should be opened to ensure good ventilation to help reduce the spread of germs by diluting and removing airborne particles, which can carry viruses and bacteria
PPE (Personal Protective Equipment) - medical gloves, aprons, face masks - are available to staff supporting someone with an infectious illness. Staff should wear medical gloves as a minimum when dealing with bodily fluids, including blood, faeces and urine.
- A social story may be needed for learners, to explain why staff may be wearing PPE (especially a mask)
- The individual(s) with parental responsibility for a learner should be contacted and informed that their young person is unwell with an infectious illness/condition, and they need to be collected from college to return home
Learners must be monitored and supported by staff until they are collected from college by the person with parental responsibility. They will ensure the pupil is comfortable and that first aid is provided, if necessary
- A first aider will support with the assessment of a learners' illness. They will also oversee the management of supporting staff to look after the learner concerned.

4. Return to college:

- Learners can return to college when they are no longer contagious, as determined by the illness or condition. Specific exclusions periods will be in line with the guidance provided by the UKHSA

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- The individual(s) with parental responsibility for a learner may be required to provide a doctor's note or similar confirmation that the learner is fit to return to college following an illness.

Managing injuries

Injuries sustained by learners should be assessed promptly by a qualified first aider, and appropriate treatment provided in line with the individual's needs. Minor injuries will be treated on site by a trained first aider. All first aid procedures must be carried out with dignity and respect, considering each learner's communication style, sensory needs, and personal preferences. Clear, accessible, and supportive communication should be used to help learners understand what is happening during assessment and treatment. Learners must be reassured, and supported emotionally, especially if they are feeling anxious, distressed, or overwhelmed.

If a serious injury is sustained, the learner should be supported to receive further assessment and treatment at the Urgent Treatment Centre/A&E at the Royal Sussex County hospital, Brighton or the Urgent Treatment Centre at Lewes Victoria hospital.

[Accident & Emergency, Brighton \(A&E\) - University Hospitals Sussex NHS Foundation Trust](#)

[Urgent Treatment Centre - Lewes Victoria Hospital](#)

The individual(s) with parental responsibility for the learner should be informed at the earliest opportunity if their young person attends hospital for assessment and treatment. Staff must stay with the learner until a parent/carer arrives at the hospital.

See Ambitious about Autism First Aid policy, which includes guidance on first aiders, head injuries, incident/accident reporting, infection prevention and control, and calling an ambulance protocol.

Accidents and injuries must be recorded on Databridge within 24 hours of the incident occurring. Parent, carers, and care homes must be informed of the accident/injury at the earliest opportunity, with details of treatment given, including medication administered, if given.

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Intimate & Personal care support

Purpose and Scope

This policy provides guidelines on the delivery of intimate and personal care support to learners in St John's College.

This should be read in conjunction with:

- Ambitious About Autism Safeguarding Vulnerable Adults Policy
- Ambitious About Autism Safeguarding Children Policy
- Keeping Children safe in Education
- EDI Policy

1. Intimate Support

Intimate support is defined as personal care tasks of an intimate nature, associated with bodily functions, body products, medication and personal hygiene which need direct or indirect contact with or exposure of the learner's body.

All staff must understand that the delivery of personal and intimate support requires a professional and sensitive approach to preserve the dignity of learners and to always safeguard their wellbeing. Many learners have sensitivities about their bodies and bodily functions; about dressing and undressing; and find personal hygiene routines challenging.

All staff responsible for intimate support will have received clearance through an enhanced Disclosure and Barring Service (DBS) check.

St John' will support learners by offering the highest possible level of privacy, choice and control, as determined by the individuals' personal needs and/or degree of independence.

Personal care is provided in the least intrusive manner possible while ensuring the learner's needs are fully met. At St John's, learners are encouraged and supported to carry out as much of their own intimate care as they are able. Staff will always follow the learner's preferences and support plans when providing assistance, actively listening to understand their needs and wishes.

Learners are encouraged to be as independent as possible during toileting routines. Staff will typically be present to oversee safety, however if a learner is known to be able to use the toilet independently this will be encouraged. St John's staff are expected to respect the privacy and personal space of all learners and will offer the least intrusive support needed during toilet times to encourage the independence and dignity of the learner. Staff are encouraged to maintain regular communication about toileting and intimate support with

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parents and/or other primary care givers, having daily opportunities to share information through regular handovers.

2. Intimate Care Procedures

Considerations when supporting with intimate care procedures:

- Staff must use appropriate means of communication when supporting learners throughout any care routine, e.g. using verbal communication, using visual aids, signed communication etc. This will support the learner to understand what will be happening and why, and encourage them to express their views on the routine to be carried out, e.g. identify preferences, likes, dislikes, etc.
- Staff should obtain consent from learners
- Learners must be given the highest possible level of autonomy during intimate support routines; the aim is always to teach them to be able to carry out their own care where possible and appropriate
- If a learner has a toileting accident, this will be dealt with the highest degree of sensitivity and no blame apportioned
- Staff who carry out intimate support routines for learners will have training as part of their induction and in individualised learner training and will be aware of best practice
- Staff must always remain mindful of professional boundaries to ensure that over familiar relationships between staff and learners do not develop
- New members of staff will not be asked to lead on personal care routines until trust developed and completion of individualised learner training successfully completed.
- If, through delivering intimate support, staff observe any health/safeguarding issues, staff will follow the appropriate safeguarding procedure
- Staff must ensure, when supporting learners in the community, that they identify which learners may need support with intimate care and have appropriate equipment (including Personal Protective Equipment) to deliver this support, where needed
- Staff must ensure regular communication with the individual(s) with parental responsibility for the learner to ensure they are kept aware of all intimate support arrangements and are partners in discussions about supporting their young person with intimate care at St John's
- Administration of prescribed medication, as part of an intimate care routine, can only be administered by trained St John's staff in line with the Administration of Medication Policy
- Staff should always take cultural and religious sensitivities of learners into consideration when delivering personal care. This may for example include staff gender preference for personal care which should always be respected.

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- Where staff have cultural or religious sensitivities which prevent them from delivering personal care, this will be treated on an individual basis.

3. Understanding and responding to sexualised behaviours

At St John's, we recognise that personal behaviours, including touching private body parts, are a natural part of human development. For many young people with autism and other special educational needs, understanding social norms, including when and where such behaviours are appropriate, can present additional challenges.

Staff are trained to support learners in understanding appropriate boundaries in a way that is respectful, non-judgemental, and aligned with their developmental needs and cognitive understanding. This includes promoting privacy, consent, and safe behaviours, in line with each learner's individual support needs.

If a learner displays sexualised behaviour in an inappropriate context or environment, and there are no immediate safeguarding concerns, staff will:

- Refer to strategies in the individuals Positive Behaviour Support Plan
- Calmly redirect the learner to a more appropriate environment
- Support learning around privacy and boundaries in a consistent and age appropriate manner
- Work with the learner's wider team (e.g., therapists, families, behaviour specialists) if behaviours persist, to ensure support strategies are consistent and effective

At no point will a learner be treated negatively for displaying sexualised behaviour. All responses will be supportive, respectful, and designed to help the learner understand social expectations safely. However, St John's is aware that a sudden or unexplained increase in sexualised behaviours may occasionally be an indicator of sexual abuse. Therefore:

- Any significant changes in behaviour will be monitored, recorded, and reported in line with safeguarding procedures
- Staff will escalate concerns through the Designated Safeguarding Lead (DSL) and St John's Safeguarding team, where appropriate
- All staff will follow the Ambitious about Autism Safeguarding Policy and receive regular training on recognising and responding to safeguarding concerns, including those related to sexualised behaviour

4. Nutrition, hydration, and mealtime support

St John's College is committed to promoting the health, wellbeing, and independence for all learners through safe and supportive practices around nutrition and hydration.

Staff will ensure that drinks and snacks are readily available and accessible to learners, in line with their dietary needs, health conditions, and individual support plans. Learners' choices, preferences, and cultural requirements must always be respected.

In some cases, a learner's medical condition (e.g. diabetes, constipation, allergies, intolerances, dysphagia), may require close monitoring of their food and drink intake. In these instances, staff must follow clinical guidelines, risk assessments, and the learner's care plan, and liaise with the Lead Nurse and relevant health professionals.

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St John's recognises that some learners may experience feeding or sensory difficulties related to food. These factors must be considered during menu planning, food presentation, and mealtime support. Where these difficulties have an impact on a learner's health or nutritional intake:

- A risk assessment should be carried out
- A collaborative, multidisciplinary approach must be adopted, which may include support from:
 - A Dietician
 - Speech and Language Therapist (e.g. for feeding assessments and support plans)
 - An Occupational Therapist (e.g. for sensory integration or sensory diet planning)
 - Nursing staff, if medical input is required

Staff will actively promote independence in all food and drink related tasks, including making choices, preparing snacks or meals, and learning about nutrition. Support must always be person-centred, balancing safety, dignity, and skill development.

Staff must:

- Follow each learner's care plans and risk assessments
- Support learners to make healthy food choices where appropriate
- Embed nutrition education within the curriculum to develop learners' understanding of healthy lifestyles.

This approach ensures that learners are supported to develop positive, safe, and independent relationships with food, tailored to their individual needs and rights.

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Infection prevention and control

Purpose and scope

This policy outlines the infection prevention and control procedures in place at St John's College.

St John's is committed to protecting the health and wellbeing of learners, staff, and visitors through robust infection control measures. All practices must comply with the Health & Social Care Act 2008: Code of Practice on the prevention and control of infections. This ensures every employee is aware of and accountable for their responsibilities regarding infection control.

We also follow guidance from related policies and documentation, including:

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Information, advice and guidance provided on the use of PPE in colleges and colleges during the Covid 19 pandemic.

1. Infection control guidance for managers and staff

St John's college recognises the importance of infection control in maintaining a safe and healthy environment. Infection prevention must be part of daily practices and routines and consistently applied by everyone.

All staff, visitors, and contractors, must comply with this policy to prevent and control the risk from infection.

2. Understanding infection and cross-infection

Infection occurs when harmful micro-organisms (e.g. bacteria, viruses, fungi, parasites) enter the body. These can spread from person to person directly or indirectly, a process known as cross-infection.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, it is not feasible or ethical to identify infection carriers or how infection may be spread in the

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workplace. Therefore, it is the policy of St John's on promoting good practice to mitigate risk and create a safe environment.

3. Supporting vulnerable individuals

When there is a known infection risk, line managers must assess if any staff members are clinically vulnerable, such as:

- Staff who are pregnant
- Staff with weakened immune systems (e.g., due to cancer, leukaemia)

In these cases, a person specific risk assessment must be conducted, alongside medical advice from GPs or specialists if needed.

The risks to a vulnerable person may be far greater than someone with a robust immune system, and therefore, common infections such as chicken pox and rubella must be assessed alongside potentially life-threatening conditions such as Hepatitis B.

4. Routes of infection transmission

Micro-organisms can be transmitted through:

- Airborne droplets, from coughing, sneezing, that are inhaled
- Oral transmission (ingestion) spread from hand to mouth, e.g., unwashed hands contaminating food or touching contaminated surfaces
- Direct contact transmission, from bodily fluids contacting broken skin
- Puncture wounds, from needle-stick injuries, or cuts from contaminated sharps

5. Infection control measures

It is vital that effective work practices and procedures are established and consistently followed by all staff. Every staff member must have completed Infection Control training within the past three years. These procedures should be based on control measures identified through a thorough risk assessment. The following sections outline appropriate control measures.

Hand Hygiene

Regular handwashing is crucial. Hands should be cleaned with soap and water for at least 20 seconds:

- After direct contact with bodily fluids
- Before and after wearing gloves when coming in to contact with bodily fluids (first aid and intimate care)
- After cleaning or touching contaminated surfaces
- Before handling food
- Before and after handling medication
- After touching household waste
- After touching contaminated dressings
- After using the toilet, coughing, sneezing
- After glove removal or handling wounds
- When hands look dirty.

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Antibacterial hand gels may be used when soap and water are unavailable but are not a substitute.

Personal hygiene practices:

Staff identified as at risk from infection when providing intimate and personal care should observe the following guidelines:

- Keep nails short and clean
- Avoid wearing and false nails
- Avoid wearing jewellery, such as watches, bracelets and particularly rings with ridges or stones
- Cover cuts with waterproof dressings

Personal Protective Equipment (PPE)

Staff must be provided with and trained to use appropriate PPE to protect themselves and learners during personal care and clinical tasks.

Disposable non-latex gloves (e.g. vinyl or nitrile) must be used to avoid allergic reactions; latex gloves are strictly prohibited.

Single-use aprons are required when there's a risk of splashing, and masks and goggles must be worn if barrier protection is advised for a specific learner.

Appropriate PPE must be used during personal care and clinical tasks:

- Use non-latex disposable gloves (vinyl or nitrile)
- Single-use aprons when splashing is likely
- Masks and goggles, as required for 'barrier care'

When using PPE:

- Change PPE between supporting each learner or each task
- Never use your teeth to put on or remove gloves.
- Remove gloves inside-out to avoid exposure to contamination
- Remove used PPE immediately when the task has finished and dispose of it into a yellow clinical waste bin.

Immunisation

Those at higher risk of infection from hepatitis B, tetanus, and tuberculosis include staff who work with people that bite or scratch, those who work with soil or animal waste, and those who work with people living in extreme poverty.

Staff identified as at risk of infection in risk assessments are strongly advised to get a vaccination, which should be available free of charge from local GPs. If an employee's GP charges for immunisations, they should inform their line manager prior to vaccination, and they will arrange for the cost to be paid or reimbursed by St John's.

Decontamination

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It is important that the environment, contaminated surfaces, furniture and equipment, are adequately and appropriately cleaned when they have been exposed to any potentially infectious substances, such as bodily fluids, including blood, urine, and faeces.

When dealing with bodily fluids:

- Wear (non latex) disposable gloves and aprons
- For wet spillages, sodium hypochlorite granules should be applied. Once the granules have absorbed the liquid, then they should be removed using a disposable cloth or scoop and put carefully into a yellow clinical waste bag. Then clean the contaminated surface with neutral detergent and warm water. Then dry the surface
- Where the spillage is of dried material, use a sodium hypochlorite solution
- Place the solution over the spill and where possible, leave it for 15 to 30 minutes before wiping it up
- Where blood or body fluids are in carpets or soft furnishings the spill should be mopped up using warm water and detergent (sodium hypochlorite will discolour items) and paper towels. The item should then be steam cleaned or wet or dry vacuumed after the spillage has been dealt with
- Different coloured mops and buckets should be used for different areas and colour coded to avoid confusion or cross contamination
- Discard Personal Protective Equipment (PPE) as clinical waste and wash hands

Laundry

Infected or soiled items should be washed separately at high temperatures to kill micro-organisms:

- Carefully put soiled items into a red, soluble laundry bag
- Separate soiled items from other items to be washed
- Place red bag in washing machine and wash on a hot water cycle at 60°C or higher, depending on the items being washed.
- For delicate items, use 40°C with added detergent
- Use appropriate PPE when handling soiled laundry

Waste management

Appropriate waste management procedures must be adhered to, to mitigate the risk of spreading infection. The Controlled Waste Regulations 1992 refers to clinical waste as, any waste that consists wholly or partly of: human or animal tissue, blood or bodily fluids, or excretions. Staff must ensure contaminated waste items are placed into a yellow clinical waste bag or bin. These are emptied by an approved supplier and should not be disposed of in the general waste. Contaminated waste must not be disposed of into general household waste (black waste bag).

Sharps and Injuries

Health & Safety (Sharp Instruments in Healthcare) Regulations 2013, state that St John's must implement control measures to manage risks from sharps; items like needles, knives, or broken glass that can puncture or cut the skin. Where possible, the use or exposure to sharps should be avoided.

To limit the possibility of exposure to other sharps in the work environment staff should remain vigilant. Where a sharp is discovered, staff should place it in a secure sharps box, if

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they have been trained how to do this safely. If they have not been trained, or there are additional complicating factors, a specialist contractor (approved by the local authority) will need to be commissioned; in the interim the area would need to be made safe.

Any member of staff sustaining a sharps injury will need to report this using the usual accident & incident procedure. If there is reason to believe that the injury may have exposed them to a blood-borne virus, they will need to seek medical attention as soon as possible so that a post exposure prophylaxis may be administered.

Where learners use their own sharps (for example, people with diabetes), appropriate information and training should be given so that they are aware of safer designs that include protection mechanisms and are able to use and dispose of their sharps safely.

In line with the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013:

- Use retractable needles, where possible
- Never recap needles
- Dispose of sharps immediately in sharps boxes
- Dispose of a needle or sharps into a secure sharps box

In case of sharps injuries:

- Follow the Accident & Incident procedure
- Seek urgent medical attention (A&E) to assess risk from blood-borne virus exposure

6. Potential work-related infectious diseases

Covid 19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

It is essential that staff follow good infection control procedures.

Blood-Borne Viruses

Blood-borne viruses (BBVs) are viruses that people carry in their blood which can cause severe disease in some people and few or no symptoms in others. The virus can spread to another person regardless of whether the carrier of the virus is ill.

The main BBVs of concern are:

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- Hepatitis B virus (HBV), hepatitis C virus (HCV) and hepatitis D virus (HDV) which cause a disease of the liver
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), in which the immune system begins to fail.

These viruses can be found in body fluids such as semen, vaginal secretions and breast milk. In addition, hepatitis can spread in body fluids such as faeces and vomit which are not infected with blood. Body fluids such as urine, saliva, sweat and tears carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should always be taken with body fluids as the presence of blood is not always obvious. If a member of staff contracts hepatitis whilst working at St John's, this must be reported to the Health & Safety Executive under RIDDOR.

How can BBVs be spread in the workplace?

It is highly unlikely that staff will become infected through everyday contact with another person who has a BBV. BBVs are primarily transmitted through sexual contact. In the workplace, they are most likely to be transmitted through puncture wounds from needles and other sharp items contaminated with infected blood or bodily fluids. Direct exposure may also spread Hepatitis B, C and D through accidental contamination of open wounds, skin abrasions, skin damaged from conditions such as weeping eczema, being scratched or bitten, leading to broken skin.

Action to take after possible infection with a BBV

If you become contaminated with blood or body fluids, you should take the following action immediately:

- If your skin is contaminated, wash it with soap and running water
- If your skin is broken, encourage the wound to bleed, do not suck the wound, rinse thoroughly under running water
- If your eyes are contaminated, wash them using tap water or an eye wash bottle and wash your nose or mouth with plenty of tap water, do not swallow the water
- Record the source of contamination
- Report the incident following the accident/incident reporting procedure
- Inform your line manager.

Prompt medical advice is very important. Treatment might be required following a BBV infection, but to be effective, it must be start quickly. If you think you may have been infected with BBV, you should go to the nearest hospital Accident & Emergency department.

Staff responsibility

Staff with a BBV should be able to work normally unless they become ill and are no longer fit to do their job. If they become ill, they should be treated in the same way as anyone else with a long term illness. There is no legal obligation for staff to disclose they have a BBV or to take a medical test. If a member of staff is known to have a BBV, this information is strictly confidential and must not be passed on to anyone else without the person's permission.

7. Other potential work related diseases

The following diseases are often associated with work environments:

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Methicillin-Resistant Staphylococcus Aureus (MRSA)

MRSA bacteria are usually found in the throat or nose or on the skin of healthy people. It is harmless until it enters the body through broken skin, abrasions, cuts, wounds or surgical incisions. Those facing the greatest risk include the elderly, those in intensive care, those with weakened immune systems, and young children and babies.

It is possible to become infected with MRSA in the following ways:

- A person can spread the bacteria from one part of their body to another by touching open wounds
- It can be transferred by contact with an infected person's skin
- Skin scales may contaminate surfaces if they become airborne, such as during tasks like bed making.

MRSA can normally be treated with an injection of antibiotics, but it is extremely resistant to them and so a high dosage over a long period of time may be necessary.

Tetanus

Tetanus is caused by clostridium tetani bacteria, which are found in soil and animal waste. Even a minor cut can provide an entry point for the bacteria, potentially leading to this serious and sometimes fatal illness. Tetanus can be prevented through vaccination, which is typically first given during childhood and then boosted every 5 to 10 years.

Tuberculosis (TB)

TB is a highly infectious disease which can affect any part of the body but will normally affect the lungs or the lymph glands.

TB is spread by tiny droplets of saliva from the coughs and sneezes of an infected person being inhaled. The chance of developing TB is raised for those who are in the following categories:

- Those in regular, close contact with an infected person
- Those who have resided in places or countries where TB is common
- People who experience poor health through lifestyle factors such as living in damp, overcrowded conditions or alcoholism and drug abuse
- Young children and the elderly.

Although TB is debilitating and life threatening, it is also a curable disease and is treatable with antibiotics.

8. Summary

St John's is committed to maintaining a safe, hygienic environment for all. Infection control is everyone's responsibility and must be practiced consistently to prevent harm and ensure wellbeing across the college community.

All staff must:

- Stay informed and be trained
- Use PPE correctly

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- Follow hygiene and waste disposal protocols
- Report exposures or concerns promptly

By working together and adhering to these standards, we can minimise risk and protect our community.

Food and allergen guidelines

1. Purpose and Scope

The purpose of this guidance is to keep all learners and staff safe from potential hazards through the consumption or contamination of food when working in a specialist environment such as St John's.

There are learners and staff in the college who have food allergies or intolerances. In addition to this some learners engage in certain behaviours involving food which, if not managed effectively, could result in a potentially fatal outcome.

It is important to note that food is not allowed to be used as a reinforcer in the college.

There are several procedural guidelines that all learners and staff are required to follow. These apply to food and drinks, excluding water, which should always be readily accessible.

St John's college cannot guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

In recognition of this and of the impact of nut allergies, nuts and any food containing nuts including biproducts (e.g. peanut butter, nut milk) are not permitted on the college site.

Other related policies:

- Code of Conduct Policy
- Risk Assessment Policy
- KCSIE and Adult and Child Safeguarding Policy
- Medication policy

2. Who is involved in the process and associated guidelines

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- All staff in college are responsible for ensuring that any food provided for learners, staff or visitors with a food allergy is appropriate for their needs
- Staff working with learners who have an allergy must ensure they have read all learner documentation and follow the guidance laid out in these plans
- Learners and staff must not consume food in the college corridors when they are moving between classes and/or activities.
- The Senior Learning Support Coordinator, Learning Support Coordinators, Lecturers, and all staff must work together to ensure that stock ingredients available to learners in cooking and food preparation sessions are appropriate, and to offer suitable alternatives for learners with allergies, intolerances and coeliac disease, where necessary
- All staff must be vigilant that allergen information is listed on all food they are storing in the college. This includes when food items are purchased outside of the college environments and brought onto site
- Lunchtime: staff allocated to supervise learners at lunchtime are responsible understanding the dietary requirements and support needs of learners they are supporting, and to read care plans, where necessary.
- Snacks: Lecturers and support staff are responsible for removing food from classrooms at the end of snack breaks during their lessons.

3. Staff Training

Those working with learners who have severe allergies must complete training in anaphylaxis and how to administer an Epi pen. All training records will be maintained on the Ambitious Learning Platform and will be renewed regularly in line with compliance frameworks.

There must always be access to first aiders on the college site. All staff must be trained in the signs and symptoms of an allergic reaction and emergency response procedures.

Those learners who are known to be at risk from anaphylaxis because of food allergens will have individualised protocols and plans that the team will be required to follow in the event of an emergency.

4. Support to learners

Food Storage

Food must be stored away as soon as possible after entering the building. Staff must store their food in the staff room kitchens, where fridges are provided. It is not permitted to store food in classrooms, lockers, or other accessible areas in the college.

All open packs of food must be labelled on the day of opening and stored in the fridge only for the recommended time, after which day must be discarded. All fridges should be emptied out at the end of the week, when all open food will be discarded. Staff are responsible for removing their own food and drinks at the end of the week.

Food Preparation

All dishes cooked or prepared with learners in the college will be from standard ingredients that have been checked for allergen contents.

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When cooking food, all staff and learners must wash their hands before and in between preparation tasks.

All work surfaces will be sanitised before being used to prepare food and at the end of the session or task.

Staff and learners must use aprons when preparing and cooking food. Separate identifiable, industry standard, chopping boards must be available to prepare food.

Equipment/utensils used in the preparation of food for people with a food allergy are to be cleaned thoroughly in the dishwashers provided.

All food produced for people with food allergies or intolerances will be placed away from other food and covered in cling film. It will then be clearly marked with the learner's name and state the diet e.g. 'vegetarian' or 'gluten free' etc.

Learners with food allergies and intolerances

It is the responsibility of staff supporting learners to be aware of any food allergies or intolerances for the learners they are supporting and ensure that they have access to food that is safe for them to consume.

Staff supporting learners with food allergies, who could potentially require medical assistance (e.g. Epi-Pen), must have access to the treatment and be aware of the learner's medical support plan, emergency protocol, and have completed necessary anaphylaxis training.

Staff supporting learners with food allergies must ensure that they are always carrying the necessary emergency medication in the emergency medication bag (e.g. EpiPen) along with their Individual protocol guidance (see medication section above in the Health Care Policy).

Staff are aware to keep cooking apparatus and serving utensils separate to avoid cross contamination. All tables must be cleaned with an appropriate solution after eating.

Failure to support learners according to their individual needs may result into a Disciplinary Action.

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Treating an allergic reaction at St John's

Policy Owner	Executive Headteacher	Review Date:	January 2027
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<p>Mild/moderate allergic reaction:</p> <ul style="list-style-type: none"> • Swollen lips, face or eyes • Itchy/tingling mouth • Hives or itchy skin rash • Abdominal pain or vomiting • Sudden change in behaviour 	<p>Action:</p> <ul style="list-style-type: none"> • Stay with the child, call for help if necessary • Locate adrenaline autoinjector(s) • Give antihistamine: • Phone parent/emergency contact • If vomited, can repeat dose
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Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)


Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**


<p>AIRWAY</p> <p>Persistent cough, hoarse voice, difficulty swallowing, swollen tongue</p>	<p>BREATHING</p> <p>Difficult or noisy breathing, wheeze or persistent cough</p>	<p>CONSCIOUSNESS</p> <p>Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious</p>
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised** (if breathing is difficult, allow child to sit)







- Use Adrenaline autoinjector without delay**
- Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
 Medical observation in hospital is recommended after anaphylaxis.

[Treating an allergic reaction in college | Spare Pens in Colleges](#)

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