

St Albans Mencap

Charity number: 210073

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Medication Policy

SAM Charity is committed to ensuring that all children, young people and adults with learning disabilities receive safe, person-centred support when medication is required.

Document control:

Version:	Date approved:	By:	Review due:
1.0			

Summary of changes:

Version:	Changes:
1.0	Drafted January 2026

1. Policy Statement

SAM Charity is committed to ensuring that all children, young people and adults with learning disabilities receive safe, person-centred support when medication is required. This policy ensures compliance with:

- **Children Act 1989 & 2004**
- **Care Act 2014**
- **Mental Capacity Act 2005 (MCA) & Code of Practice**
- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- **Human Medicines Regulations 2012**
- **NICE Guidance (SC1, NG67, CG137 etc.)**
- **Charity Commission expectations for safeguarding and risk management**

SAM will always promote dignity, autonomy, safety, and the rights of individuals, including those who may not have capacity to make decisions about their medication.

2. Purpose Of This Policy

This policy aims to:

- Ensure safe and lawful administration, storage and recording of medication.
- Support individuals to manage their own medication wherever possible.
- Ensure appropriate procedures when individuals lack capacity.
- Ensure staff follow health-professional-led plans, including **Epilepsy Care Plans**.
- Minimise medication-related errors and safeguard all service users.

3. Scope

This policy covers:

- Prescription medication
- Non-prescription medication
- Emergency medication (including buccal midazolam)
- Controlled drugs
- Short-term medication needs
- Routine and PRN medication
- Topical treatments, creams, inhalers, lotions
- Medication needed during community activities, holidays, or transport

4. Principles



Person-centred Support that promotes independence and dignity



Least Restrictive Practice - Following the Mental Capacity Act



Health-led decision making - SAM staff do NOT prescribe or diagnose



Clear Communication with families, carers, health professionals and emergency services



Zero-tolerance for unsafe practice or medication misuse.



Full compliance with safeguarding duties for children and adults

5. Roles & Responsibilities

Trustees & Senior Leadership

- Ensure policies meet statutory requirements and are reviewed regularly.
- Ensure adequate training, staffing and governance.

Service Managers

- Implement this policy at all sites.
- Maintain training compliance records.
- Investigate incidents and ensure learning is shared.

Staff & Volunteers

- Administer medication only if trained and assessed as competent.
- Follow individual health plans and risk assessments.
- Record all medication events accurately and immediately.
- Report errors or concerns without delay.

6. Training Requirements

All staff administering medication must receive:

- Core medication training (induction + refresh every 2 years)
- Practical competency assessment
- MCA and best-interest decision training
- **Epilepsy and rescue-medication training** for relevant staff
- Emergency first aid training

No staff member may administer medication until deemed competent.

7. Mental Capacity, Consent & Best-Interest Decision Making

7.1 Presumption of Capacity

Under the **Mental Capacity Act 2005**, all adults are presumed to have capacity unless assessed otherwise. Capacity is time- and decision-specific.

7.2 Obtaining Consent

Staff must obtain:

- **Informed consent** from individuals who have capacity.
- **Parental consent** for children.
- **Health-professional-led plans** where required (e.g., epilepsy, gastrostomy feeding, rescue medication).

7.3 If an Individual Lacks Capacity

Staff must ensure that decisions regarding medication for individuals who may lack capacity are made through a multiprofessional process. This involves carrying out a capacity assessment for medication decisions, which should be undertaken by appropriately trained professionals. If SAM staff are asked to be part of this process, they will participate as required; however, it is important to note that SAM staff are not trained to conduct capacity assessments themselves. Should a situation arise where a capacity assessment is needed, SAM staff will seek external assistance and support from qualified personnel.

Best-interest processes should be followed, engaging the individual as much as possible, alongside family members, carers and relevant professionals to ensure a well-rounded decision. All decisions must be clearly documented, with careful attention to applying the least restrictive option suitable for the circumstances.

Covert medication should only be considered after GP or pharmacy approval, a best-interest decision under the Mental Capacity Act, and the establishment of a

written plan that is regularly reviewed. SAM staff will only be involved in this process if specifically requested and will always defer to professionals qualified to carry out capacity assessments and related tasks.

8. Medication Storage, Security & Transport

8.1 Storage

- Medication stored in a locked cupboard or locked refrigerator (if required).
- Controlled drugs stored in a controlled-drug cabinet.
- Keys held by trained staff only.

8.2 Temperature Monitoring

- Daily checks and recording for refrigerated medicines.
- Room temperature recorded if needed.

8.3 Transport

When medication is taken off-site, staff must carry:

- Original packaging with pharmacy label
- Individual Medication Administration Record (MAR)
- Emergency medication kits where required
- A copy of Epilepsy or health plans (if applicable)

9. Administration Of Medication

9.1 General Principles

- Follow the **5 Rights**:



- Staff must check MAR charts, packaging, expiry dates and instructions.
- Two-person checks for controlled drugs, rescue medication and high-risk medicines.

9.2 Refusal of Medication

- **Respect** the individual's right to refuse.
- **Offer** again later if appropriate.
- **Record refusal and inform** families/health professionals if clinically necessary.
- **Explore potential causes** (sensory issues, anxiety, pain, taste).

9.3 Errors or Near Misses

Any error must be reported immediately to:

1. Service Manager
2. Parent/carer (if relevant)
3. GP/111/999 depending on severity
4. Safeguarding lead if there is risk of harm
Incident forms must be completed the same day.

10. Record Keeping

Accurate records include:

- MAR sheets, if applicable (daily administration recording)
- Controlled drug registers
- Incident/accident forms
- Health/epilepsy plans
- Consent and capacity assessments (external)
- Body maps for topical medicines
- PRN protocols
- Transport logs (for off-site administration)

Records must be legible, timely and stored securely.

11. Over-The-Counter (OTC) Medication

OTC medication may only be given when:

- Permission is obtained from parents/carers (children)
- A GP or pharmacist has confirmed it will not interact with existing prescriptions
- It is recorded on the MAR
- It is provided in original packaging

SAM staff must **never** give medication without written permission.

12. Controlled Drugs

Controlled drugs must be stored securely in a controlled-drug cabinet. Administration of these medicines requires the involvement of two trained staff members, and each administration must be thoroughly documented in a bound controlled-drug register. At every administration, the drugs should be counted and signed for to ensure accurate record keeping. Disposal of controlled drugs must follow pharmacy guidance and is the responsibility of parents or carers, rather than SAM staff.

13. Emergency Medication

Emergency medication (e.g., buccal midazolam, EpiPen, asthma inhalers):

- Must be easily accessible but secure
- Must be taken off-site on trips
- Must only be administered by staff trained in that specific medication
- Must follow personalised care plans

14. Section Specific To Epilepsy

SAM Charity supports children and adults with epilepsy, including those who may require daily anti-epileptic medication or emergency rescue medication.

14.1 Individual Epilepsy Care Plans

Every person with epilepsy must have an up-to-date **Epilepsy Care Plan** written by a health professional (e.g., epilepsy nurse, paediatrician, neurologist).

Plans must include:

- Seizure type(s) and description
- Usual triggers
- Frequency and baseline presentation
- Daily anti-epileptic medication routine
- Rescue medication instructions (e.g., buccal midazolam)
- When to call 999
- Post-seizure care requirements
- Any known risks (e.g., SUDEP discussion where appropriate)

Staff must follow these plans exactly.

Copies must be kept:

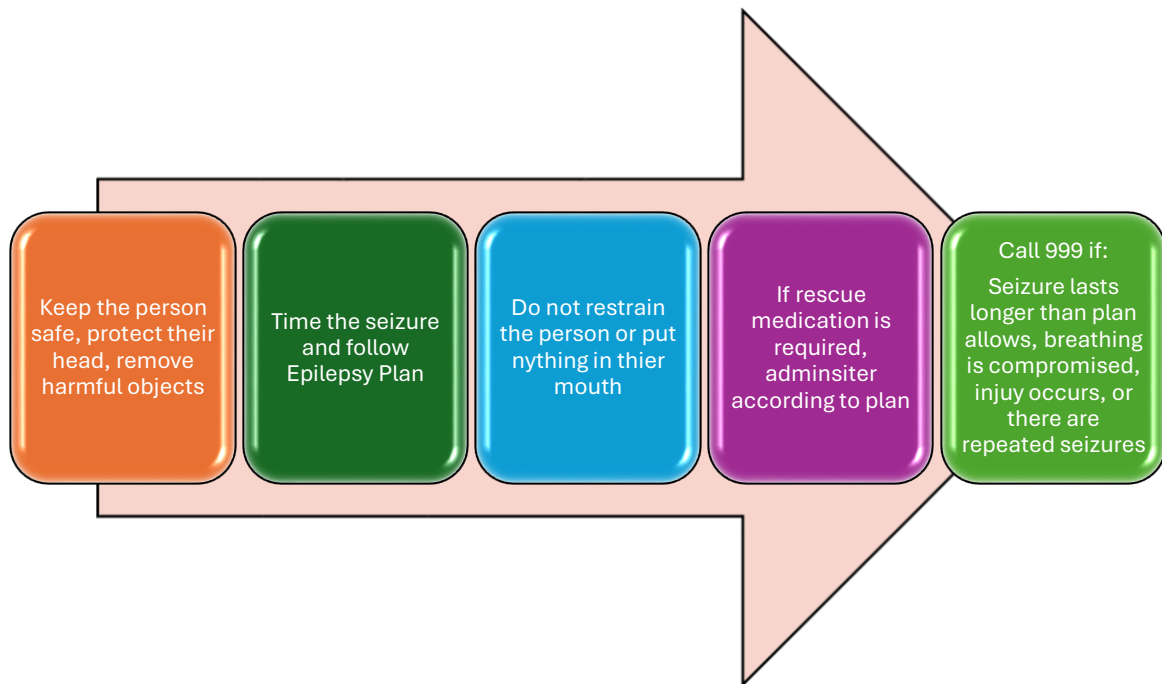
- In the individual's file
- With emergency medication kits
- In transport bags (if applicable)

14.2 Administration of Rescue Medication

Only staff who have received appropriate training and have been assessed as competent are permitted to administer buccal midazolam or other rescue medication. The administration process requires verification by two members of staff. Every instance of administration must be fully documented, and parents or carers must be informed accordingly.

14.3 Seizure Response Procedure

When a seizure occurs:



Following a seizure, it is important to provide after-care by ensuring the individual is kept warm, reassured, and carefully monitored.

All events should be recorded, and the family must be promptly informed.

14.4 Activities, Swimming, Community Trips

Risk assessments must be in place for:

- Water activities
- High-risk physical activities
- Overnight trips
- Transport

Staff must know the person's triggers and baseline seizure pattern.

15. Disposal Of Medication

Medication must be returned to pharmacies in the following circumstances by family or carers: when it has expired, is no longer required, when the individual changes medication, or if the person leaves the service. All returned items must be properly documented by SAM staff before handing them over to families/carers.

16. Working In Partnership

SAM will work collaboratively with a range of partners, including parents and carers, GPs, pharmacists, specialist nurses, schools, social workers, local authority teams, community health professionals and emergency services.

17. Audit, Quality Assurance & Governance

SAM will complete an annual medication audit, conduct spot checks and observe practice, review MAR sheets, carry out incident analysis and implement improvement actions, as well as undertake a full review following any significant medication incident.

Learning will be shared across services.

18. Policy Review

The policy will be reviewed every two years, or following changes in legislation, or in response to any serious medication-related incident.