

SPRINGFIELD SCHOOL ADMINISTRATION OF MEDICINES POLICY

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Policy for Administration of Medicines

Introduction

A high number of pupils that attend the partnership of Springfield School and the Meadows School will require a variety of medications, many of them needing to be administered during the school day. *Hence-forth Parents to be read as (parent, guardian) have prime responsibility for their child's health and it is their responsibility to provide the Academy with up-to-date information about their child's medical condition. It is the expectation of the schools that medication will be administered by Teaching Assistants with appropriate training and other staff that are suitably trained who volunteer to do so.

The schools will compile and update a record of training delivered as required and a list of personnel trained.

Staff will receive appropriate training that will be organised in consultation with the School Nurse.

The partnership of Springfield School and the Meadows school values all our pupils and will ensure that parents and pupils feel confident with the schools' ability to give effective support. All school staff must always treat medical information confidentially and ensure all students are treated with dignity, care and respect.

If information is withheld from staff, they should not be held responsible if they act incorrectly in giving medical assistance in good faith.

1 Emergency Procedures

The Health and Safety of the pupils is paramount and therefore if in doubt teaching/support staff should not hesitate in calling the emergency services. At this point parents would also be contacted and informed.

A pupil taken to hospital by ambulance should be accompanied by a member of staff, who should remain until the pupil's parent/guardian arrives.

Staff should never take a pupil to hospital in their own car unless accompanied by another member of staff and only then in extreme circumstances and have business user insurance, a current vehicle MOT and a valid driving licence.

Certain pupils may have an NHS Advanced or a Children's Emergency Care Plan with documented agreed levels of resuscitation. All M.A.T. staff to be made aware the plan is in place and handed to a paramedic in the event of an emergency situation.

All incidences where emergency services have been called are recorded via the SCC accident and reporting system

2 Roles and Responsibilities

(a) The Academy

It is the duty of the Headteacher to ensure that all staff are trained appropriately and should have read the current medication policy.

The Headteacher (or senior member of staff to whom this responsibility is delegated to) must ensure that staff have:-

- Been authorized to administer medication.
- Guardian consent is in place
- Full knowledge of the Medication Policy and that any local arrangements or procedures are followed.
- Received training where this is required.
- Attended refresher training as required.

A list must be maintained by the Headteacher of all the staff who have attended the annual medication update and, as such, are authorized to administer medication

The Parent

It is the schools' expectation that parents will ensure that the school is informed of any medication that a child may require at home and at school and that the schools are informed of any changes to that medication. It is also expected that any medication to be taken in school will be provided in the original pharmacy container, with up-to-date instructions for administration and be in date. Medication that is not prescribed by a relevant health professional will not be able to be administered in school. These expectations are set out on the annual school Medication Record Consent Form

Information will be sent home TWICE, failure to return it after this may result in a parent being asked to collect your child to ensure timely administration of medication at home.

- The Pupil

To ensure the student feels confident in the respective school's ability to deal effectively with their medical needs.

For the pupil to have medication administered in a sensitive manner, exercising dignity and respect throughout.

To keep the pupil informed at the time that medicine is being administered or any other medical procedures that may take place.

To listen to the pupil if he/she expresses any concern, worries in relation to their medical needs or medicines administered.

For pupils that may have hearing or sight impairment, the staff should try and use communication materials i.e. Makaton, communication books, pictures/photographs to aid understanding of what is to happen next.

For the Academy to acknowledge any cultural or religious needs, relating to the taking of medication, or any prohibitions that may apply to the pupil.

If the pupil has the mental capacity, they would be expected to be compliant with the member of staff who is administering medication, but staff must be aware of all of the above.

For the pupil to develop the ability to be as independent as possible, in taking and administering his/her own medication, if he/she has the skills and ability to do so.

The Partnership requires accurate information on the medication of each pupil. A form will be sent out to parents for them to list the medication required. The time, the dosage and method, special precautions, side effects and whether the drug will be self-administered under staff direction. On receipt of this information, where medication is required in school, the school nurse will develop a medication care plan, to be signed by parents/carers. The form will be signed by the parents if the pupil is below the age of 16 and either by the pupil or parent if he/she is over the age of 16. Careful consideration will be given for pupils over 16 who wish to self-medicate. (Note paragraph on self-management of medication).

Pupils that have specific medical needs, such as, Epilepsy, Diabetes, Asthma, enteral fed students and other complex/acute conditions will need to liaise with the school nurse to complete NHS approved plans of care as required.

No medication will be administered unless the above form is completed, signed and returned to school.

A record will be kept by the Teaching Assistant of all drugs administered on the **pupil medication administration record**. During administration, two people (one of whom has medication training) will be present with one providing a witness support to the person administering the medication. Each member of staff will sign relevant documentation.

If there is a problem with completing the relevant paperwork, please contact the respective school/Family Support Team for support.

(b) Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition, or specific training in administering a particular type of medicine, or in dealing with emergencies.

When assisting a pupil with medical needs, the academy should arrange appropriate training in collaboration with local health services if necessary.

In most circumstances Staff training involves initial training and twelve monthly updates.

On occasions, staff may need to undertake individual training as required.

Training in some cases may also involve a rolling program of assessment of competency i.e. enterally fed pupils, oxygen management.

Staff training will be led by the needs of the pupils in that academic year. The majority of training will be provided by the school nurse, but training for more specialised interventions and conditions will be sourced from specialist services i.e. students with insulin dependent diabetes or oxygen dependency.

Examples of training requirements may include:

- Hand-Washing, Hygiene and Infection Control.
- Epilepsy Awareness and administration of rescue medication
- The Safe Administration and Documentation of Medicines.
- Asthma Awareness
- Gastrostomy feeding
- Oxygen safe storage and administration
- Diabetes
- Anaphylaxis

(c) Hygiene/Infection Control

All staff should be made familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should use protective disposable gloves and aprons, when carefully dealing with spillage of blood, or other body fluids. When an area has been used where there is any possible risk of cross-infection, it must be rendered sterile again, before others use the same area.

3 Medication

- **Arrival of Medication at the Partnership Schools**

Ideally parents should bring medication to the site and personally hand it to the teaching/support responsible for that pupil. Owing to the size of the catchment areas for the partnership schools, however, this may not always be possible and parents may choose to send in the medication via the pupil's transport.

In such circumstances it will be emphasized to parents that they are fully responsible for arranging this with the transport personnel and for any incident which may transpire while the medication is in transit to the Academy. Parents should hand the medication to their child's escort, who should then hand the medication to the member of staff receiving the child into school. Receipt of medication should then be recorded by school staff in the Pupil's medical file (signing in/out sheet) at the Partnership schools.

Transporting Oxygen

Oxygen being transported between home and the Partnership schools must be arranged between the parent/guardian, the schools, the Council Transport team and the contracted taxi company. The contractors must be made aware of the requirements in order to arrange the most appropriate transport and provide training to drivers and escorts.

When on educational visits, oxygen must be transported in the specified manner and planned for on the risk assessment. In the event of a pupil requiring oxygen at either of the Partnership schools, a risk assessment should be completed in conjunction with relevant health professionals.

Receipt of Medicines

Medicines must always be provided in the original container as originally dispensed by the pharmacist. This should be clearly marked with the pupil's name, dose, route of administration and batch number, dispensing and expiry date, the name of the medication including the prescriber's instruction for administration.

The label on the container supplied by the pharmacist must not be altered under any circumstances and should be legible.

All medicines brought in to be administered must be recorded in the receipt of medications file.

The record must show:

- Name of person for whom medication is prescribed
- Name and strength of the medicine.
- Quantity received (if applicable)
- The dosage to be administered.
- Expiry date of medication
- Signature of the employees receiving the medication (witness signature required)

Storage of Medication

All medication is to be stored in its original container issued by the Pharmacist.

Medication must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate.

Where a pupil needs two or more prescribed medicines, each should be in a separate container.

Those pupils who administer their own medication under supervision should know where it is stored and who holds the key

All staff administering drugs should know the location of the keys for all medicine cabinets in case of emergency.

Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only.

Medicine cupboards/cabinets must be of suitable size to store all medication, and have a quality lock fitted.

Medicine cabinets are located in the following areas:

- Springfield

All classrooms in school (medical cabinets)

- Meadows
 - Class 6 Store room (ground floor)
 - High Dependency (ground floor)
 - Class NB (ground floor)
 - Medical Room (middle floor)
 - 6th Form Head's Office (top floor)

Some medicines need to be refrigerated when stored. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled.

When medication is within a week or 2 weeks of expiry the parent will be informed of their need to replace the medication. Request for medication form to be sent home via the child's home-school diary.

Administering medicines

- The pupil's privacy and dignity is paramount, so all medicines should always be administered, in an area where this will not be compromised.
- In all circumstances the medication administered, must be recorded on the Medication Record Sheets by 2 members of staff. All pupils have individual medication files
- Under no circumstances must prescribed medicines be given to anyone except the pupil for whom it was prescribed
- Medicines should be administered directly from the dispensed container, or in a small pot after removing it from the dispensed container, as a way of hygienically handing it to the pupil if necessary.
- Medication should never be dispensed for someone else to administer to the pupil at a later time or date.
- The Headteacher must ensure that staff, are appropriately trained and refresher training is provided at suitable intervals where this is required.
- The names and signatures of any staff responsible for the administration of medicines, must be included on the recording sheets.
- Medication that has been taken out of its original container as originally dispensed should not be accepted or administered in school.
- Occasionally, changes will be made to a child's prescription as a result of a consultation with their GP or consultant. In these cases, it is acceptable for the school nurse to obtain written confirmation of the changes made from the appropriate medical professional until such a point as appropriately labelled medication can be obtained from the child's pharmacy. A copy of the medical professional's written confirmation should be kept with the child's medication administration record.

Administration of Antipyretic Medication (known as paracetamol) in school

This policy clearly relays instructions related to parental consent and circumstances where a one off dose of liquid and tablet form paracetamol can be administered. Appropriate documents for recording of parental consent and administration are attached to the policy.

Staff must never give a student Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Discarded and Waste Medication

Spillage of liquid medication must be cleaned up and recorded, signed and witnessed.

Any wasted or damaged tablets are to be disposed of in a sharps box, which is stored securely in a locked cupboard in the medical room. Tablet waste is also to be recorded, witnessed and signed.

Intermittent Medication

Some pupils require medication to be administered in school on an intermittent basis, for example, Ventolin inhalers, anti-histamine medication and Buccolam. This medication is often needed in the event of an emergency, such as an asthma attack or allergy flare up. A medication plan, including parental consent and, if necessary, a more detailed care plan should be drawn up by the school nurse, with guidance of the circumstances in which intermittent medication is to be given.

All administration of intermittent medication should be recorded, witnessed and signed by appropriately trained school staff on the 'as required' medication chart. If staff notice an increase in administration of intermittent medication, they should contact parents/school nurse, as this may indicate that the child's condition requires review by a medical professional

Occasionally parents may request over the counter preparations i.e. Barrier creams. Staff will liaise with the School Nurse before administration.

Asthma

The Partnership encourages students with Asthma to be independent, enabling them to participate fully throughout the academic year.

It is recognised that asthma is an important condition and acknowledges the need for immediate access to inhalers.

Training will be given to all Teaching Assistants and will be updated annually by the School Nurse.

An asthma care plan will be written and reviewed annually by the school nurse. The plan will include triggers and action to be taken in the event of the child experiencing breathing difficulties. Consent from parents will be gained through agreement with the plan of care.

In the event of breathing difficulties/wheeze, staff will give emergency treatment, according to the child's care plan when necessary and inform the parents accordingly.

A record of incidents where inhalers have had to be used in emergency circumstances will be made.

When inhalers require replacing owing to their expiry date, or completion, the parent/guardian will be informed.

Pupils who are known to have asthma and have an asthma care plan in school will have access to an emergency inhaler in school, in the event that they are found not to have an inhaler in school or their school inhaler is out of date

Epilepsy

All pupils diagnosed with epilepsy must have relevant and up to date care plans, detailing the appropriate actions and interventions required, to support the pupil in the event of a seizure. Training on seizure awareness and emergency administration of rescue medication is given to appropriate staff. An up to date record of training will be kept.

A record should be kept of any child experiencing a seizure in school, detailing presentation of the seizure, duration of the seizure and any emergency intervention/medication required. If an increase or change in a child's seizure pattern is observed, parents/school nurse should be informed, so appropriate investigations can be undertaken with the child's consultant.

If a child requires rescue medication (buccal Midazolam) in school, this must be appropriately care planned. Regular checks should be undertaken to ensure the emergency medication is in date. If emergency medication is administered, record of administration should be completed.

Diabetes

pupils with Diabetes will require an individualised care plan hi-lighting their own specific symptoms. Staff will have awareness training on Diabetes and relevant treatment should a student suffer a hyper/hypo glycaemic attack. Some pupils may require a pre-loaded injection device in the Partnership schools as part of their treatment regime. This will be stored in a locked medical cabinet.

Anaphylaxis/Allergies

All pupils with identified allergies should have a care plan in place written by the school nurse, clearly identifying the child's allergy, how the allergy is known to present and what action/intervention to take in the event of an allergic reaction. If a child is prescribed antihistamine medication, and administration is required, this should be recorded, witnessed and signed on the 'as required' medication form

**ANAPHYLAXIS IS POTENTIALLY A LIFE THREATENING CONDITION
THEREFORE 999 MUST ALWAYS BE CALLED.**

In the event of a staff member being made aware that a pupil has a severe allergy requiring an Auto-injector (Epipen) of Adrenalin, a care plan will be completed by the School Nurse detailing procedures to follow in the event of an attack, agreed and signed by the Parent.

Staff should receive training on Anaphylaxis and the use of an Auto-injector if prescribed. If Auto-injector is used staff must complete a record of administration form attached to individual pupil's care plan. Staff and the pupil must have knowledge, of where the Auto-Injector is to be stored, which must be in the medical room in a locked cupboard.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.

Some of the drugs that may be prescribed as medication, for use as emergency medication are in a category where, the pharmacy registers the drug and what amounts are prescribed, so therefore may be deemed as a controlled drug.

i.e. Pethadine, Midazolam, Diazepam, Paraldehyde and Methylphenidate.

Where controlled drugs are administered in school, a tally should be maintained of medication administered and remaining medication in school. This should be checked on a daily basis and any discrepancies reported to the senior management team/school nurse.

Controlled drugs, including rescue medication for epilepsy should be double locked (i.e in a locked cabinet, within a locked room). For any excursions out of school when controlled drugs are taken, a record should be kept of the transfer of drugs in and out of school and medication should be taken in a container with a small lock.

4 Consent Arrangements

No medication should be given to a child without the written consent obtained from the individual with parental responsibility for that person.

In the event of life threatening emergencies or under parts of The Mental Health Act 1983 and 2007 consent for administration may not always be necessary, but accurate documentation must be completed. The pupils' parents must be informed if they have required any form of medication in an emergency while they are in the care of the Partnership schools.

Obtaining consent where the pupil's parent first language is not English may prove difficult and consideration should be given to the use of an interpreter. Where it is not possible to gain consent owing to communication difficulties, advice must be sought from the General Practitioner (GP).

For pupils with hearing or sight impairment it may be necessary to arrange for communication materials or advice specific to their needs.

Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not make assumptions because of their ethnicity or religion. It is important that the school and its employees ask pupils and their parents about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.

All information relating to the cultural or religious requirements of the student must be accurate and up to date as this may have an impact on how they wish to receive care.

This information must be recorded as part of a care plan or on the pupil's personal records.

Refusing Medicines

If a pupil refuses to take medication the staff will not force them to do so. They will inform the pupil's parents as a matter of urgency (this will also occur if the pupil is over 16) and it is the parent who has signed the consent form, (but will not occur if the student has signed the consent form themselves).

In the instance of refusal; a referral will be made to the school nurse, re advice and management.

Self– Management of medication

It is recognized by the academy as being good practice, to allow students who have the ability to do so, to manage their own medication. For those who will administer their own drugs with supervision, a full record of drugs taken will be recorded as with other pupils taking medication. It may be necessary for a risk assessment to be completed, with reasonable measures to enable a pupil to be as independent as possible with the management of their condition

On rare occasions it may be necessary for a multi-agency approach, which may include the pupil, parent, school nurse and Headteacher to complete a self-medication assessment document if pupil's capability is in doubt.

Outside school activities

On the day of any visits or outside school activities it will be the responsibility of the Teacher/Teaching Assistant in charge of the group to ensure that the pupil's medication is taken and administered on the trip or visit. The removal and replacement of medicines must be signed for by the staff responsible in the medicines book and stored accordingly. Medications will be stored in a lockable container and will be kept with a designated member of staff throughout the duration of the visit.

For visits lasting longer than the school day and for residential visits a separate form will be sent out, as additional medication may have to be administered.

Medical Equipment

Some pupils may be prescribed, as part of an ongoing medical treatment, the use of certain medical equipment. This could include a range of testing devices-such as blood / urine testing equipment and sharps, such as needles.

All equipment should be kept in its original container as far as possible.

It is important to keep a record in pupil's Care Plans.

Relevant training must be given to staff, with regards to the equipment and parents to inform the academy prior to use in order to facilitate. Medical procedures will only be undertaken by Partnership staff if the procedure in question is covered in line with the Partnership's insurance schedule and relevant training and competency assessment has been undertaken.

Disposal of Sharps

Where staff use syringes and needles, it is their responsibility to ensure the safe disposal of these items into a sharps box. Where students are self-administering insulin, or any other medication with a syringe, they must be assisted by staff in the proper disposal of sharps.

A sharps box will be provided, but kept safe by staff and locked away.

Management of Oxygen

The fundamental indication for the administration of oxygen is the presence of hypoxia. This could be for a number of reasons.

The pupil may have been prescribed oxygen as part of a treatment regime either by a Consultant or by their GP.

Staff must be authorised and trained to administer oxygen and are permitted to change cylinders, providing they have received instruction from the oxygen supplier.

Cylinders must be checked daily, and after each usage, to ensure that the level of oxygen is adequate. When a low level has been reached, the parent is informed for the need to change the cylinder with the supplier.

Oxygen may also be stored in school if prescribed by the consultant. The school/school nurse will liaise with appropriate providers in the event of stocks running low on an individual pupil's needs basis. It is the parent's responsibility to inform the school/school nurse of any changes in oxygen management. The school nurse will then liaise with the consultant and update the pupil's care plan.

A list must be kept by the Headteacher of all personnel who have been trained and authorized.

Classroom risk assessments for use and storage of oxygen will be updated annually or more frequently if required

5 Management of Errors/Incidents in Administration

In the event that medication has been administered incorrectly, the following procedure is to be implemented:-

- Ensure the safety of the person using First Aid procedures if required and checking pulse and respiration
- Telephone for an ambulance if the student's condition is a cause for concern (any other relevant documentation is to be handed a paramedic on arrival).
- Document any immediate adverse reactions.
- Notify the Executive Head and school nurse for advice and management.
- Contact the student's parent/GP/Pharmacist/NHS 111 for advice.
- Record the incident
- The Headteacher must complete the report form and investigate thoroughly and inform the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and student if they are self-medicating
Staffs County Council Medical Incident report form - HSF36 and, if injury results, the County Council Accident Investigation Report HSF40
- The medication administration sheet should reflect the error.
- Statements taken from the staff administering and the pupil.
- The person's parent/guardian to be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report errors to his/her Executive Head. The Partnership should encourage staff to report any incident or error in an open and honest way in order to prevent any potential harm or detriment to the young person. The Principal must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.

Reference:

Staffordshire County Council G11 CYPF-Health and Safety Guidance

Staffordshire County Council Medication Policy HR 109 version 3 Sept 2014

D.O.H. Managing Medicines in Schools and early Years Settings.

DFE. Supporting pupils at school with medical conditions 2014

D.O.H. Guidance of the use of Salbutamol Inhalers in schools Sept 2014

Medication Guidance for Children and Young People Sept 2014/version 3.0

Staffordshire County Council

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