



WELLFIELD MIDDLE SCHOOL

ADMINISTRATION OF MEDICATION

POLICY 2017

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Background to the Policy:

Parents/guardians/carers have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, in accordance with the procedures detailed within this policy, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.
- Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours; however this should only be when essential. Where clinically appropriate, medicines can be prescribed in dose frequencies which enable it to be taken outside of school hours. Parents/guardians/carers should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.
- Written agreement from parent/guardian/carer is required prior to administering any medication (form A).
- Written confirmation of instructions from a health practitioner is required prior to administering prescribed medication.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/guardian/carer.
- The school will have a system of record keeping. Records of all administration and disposal of medications will be kept.

This policy applies to all pupils attending Wellfield Middle School and its purpose is to provide clear guidelines and procedures for school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

General Points:

1. All medication must be in the original container.
2. All medication must be clearly labelled with:
 - the child's name
 - the name and strength of the medication
 - the dosage and when the medication should be given
 - the expiry date
3. All prescribed medication (including homeopathic medicines) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.
4. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/guardian/carer.
5. If two medications are required, these should be in separate, clearly and appropriately labelled containers and two separate records kept or clearly shown where appropriate.
6. On arrival at school, all medication is to be handed to the designated member of staff by the parent/guardian/carer, unless there is prior agreement between parent/guardian/carer and school for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

Storage of Medication in school

1. Medication will be stored in a locked cabinet with the key stored in an accessible place known to the designated members of staff.
2. If refrigerated storage is required this will be in a designated area of the school, not accessible to pupils
3. Once removed from the cabinet, medication will be administered immediately and never left unattended.

Documentation

VERBAL AND TEXT MESSAGES ARE NOT ACCEPTABLE and appropriate documentation must be used. Copies of relevant forms are included in the appendices.

Each pupil receiving medication will have the following documentation:

- Written request and permission by parent/guardian/carer for school to administer medication (Form A - appendices)
- Written confirmation of administration from a health practitioner for prescribed medicines. This can be the written dispensing label where this is clear and not damaged with no signs of forgery.
- Pupil record of medication administered. (Form B - appendices)
- Parental/guardian/carer consent for school trips

In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C – Appendices).

Administration of Medication

Employees who undertaken within their role the administration of medication and health care:

- Shall receive training and advice from the appropriate health practitioner through the Local Authority
- Training will be updated appropriately and recorded (form E - appendices).
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure. No untrained staff will be allowed to perform this function.
- Medicine should be administered in an appropriate room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered and countersign the administration record
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration (Form B - appendices).
- A child should never be forced to accept medication and where medication is refused the child's parent/guardian/carer will be informed as soon as is reasonably practicable and a telephone call/text message will be sent and recorded.

Self-Administration of Medication

Parent/guardian/carer must complete a written request form for a child to self-administer medication. (Examples of medication include; Insulin or asthma medication). This will only be permitted where a child has been trained and is competent to administer their own medication. (Form D - appendices)

Record Keeping

1. A system of record keeping will include:

- Records of parental/guardian/carer consent and /or health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
 - Record of administration of medication including amount administered and amount remaining (running total) is to be recorded.
 - Record of medication returned to the parent/guardian/carer wherever possible.
 - Record of medication disposed of and the form of this disposal
2. A parent/guardian/carer request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
 3. The request form must include:
 - Child's name, class, date of birth
 - Reason for request
 - Name of medication, timing of administration and dosage of medication
 - Emergency contact names and telephone numbers
 - Name and details of Doctor and/or health practitioner
 4. Reasons for not administering regular medication (e.g. refusal by pupil) must be recorded and parent/guardian/carer informed as soon as possible.
 5. The school will keep records of administration of medication in the storage cabinet.

Emergency Medication

6. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed consent and written Individual Care Plan (form C - appendices).

7. This type of medication will be readily available.
8. Consent and Care Plan to be kept with the medication.
9. The Care Plan must be checked and reviewed termly.
10. It is the parents/guardians/carers responsibility to notify school of any change in medication or administration.
11. Procedures in the Care Plan should identify:
 - Where the medication is stored
 - Who should collect it in an emergency
 - Who should stay with the child
 - Who will telephone for an ambulance/medical support
 - Contact arrangements for parent/guardian/carer
 - Supervision of other pupils
 - Support for pupils witnessing the event

Monitoring of Impact:

The Head teacher will monitor the policy internally to check procedures are being followed and that they are robust.

The Governor with responsibility for Health and Safety will monitor the policy on behalf of the Governing Body.

The designated members of staff responsible for the day to day administration of medication are Mrs Susan Pattinson and Mrs Beverley Henderson from the Learning Support Department.

Attached appendices relating to this policy

Appendix 1 - Forms

- Form A Agreement to administer medicine
- Form B Record of Medicine/s Administered
- Form C Health Care Plan (Managing Medicines)
- Form D Request for child/young person to carry own medicine
- Form E Staff training record

Appendix 2 – Clinical procedures that may be delegated to staff

Form A – Agreement to Administer Medicine

Note: Medicines must be in the original container as dispensed by the Pharmacy

Date for review	
Name of school	WELLFIELD MIDDLE SCHOOL
Name of child	
Date of birth	
Form class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Designated Member of Staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Form B – Record of Medicine/s Administered

Name of School: WELLFIELD MIDDLE SCHOOL

Child's Name: _____

Quantity received No. of Doses/Volume: _____
Date received: _____
Quantity returned: _____
Date returned: _____

Date	Time	Name and strength of Medicine	Dose given	Doses/quantity Remaining	Comments	Signature of Staff Administering Medicine	Witnessed & checked by

Form completed by Member of Staff

Form C - Health Care Plan (Managing Medicines)

Name of School	WELLFIELD MIDDLE SCHOOL
Child's Name	
Form Class	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Form completed by Member of Staff with Parent/Guardian/Carer

Section 2 - Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Name of School	WELLFIELD MIDDLE SCHOOL
Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: _____ Date: _____

Parent/guardian/carer Signature _____ Date: _____

Form completed by Parent/Guardian/Carer

Section 3 – Individual Epilepsy Plan

To be completed where there is a known history of epilepsy

Name of School	WELLFIELD MIDDLE SCHOOL
Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone No.	

Are there any triggers or warnings prior to a seizure?

Description of usual seizures:

Frequency of seizures –
Please specify

Usual Care during a seizure

- Observe time at start of seizure
 - Stay with (name)_____ and reassure them
 - Summon help
 - Protect head from injury
 - Maintained privacy & dignity through removing other students from the area
 - Other care
-
-

Emergency care/medication:
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

Post Seizure
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy

Form D – request for child/young person to carry his/her own medicine

Note: This form must be completed by the parent/guardian/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school	WELLFIELD MIDDLE SCHOOL
Name of Child	
Form Class	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I would like the medicine to be kept in a secure location for use by my Son/Daughter as necessary.

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

Signature Of Parent/Guardian/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.

Form E – Staff training record

Name of school	WELFIELD MIDDLE SCHOOL
Name	
Type of training received	
Date training completed	
Training provided by	
Profession & title	

I confirm that _____ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: _____ Date: _____

Update of training: _____

I confirm that I have received the training detailed above

Staff signature: _____ Date: _____

Suggested review date: _____

Appendix 2 - Clinical procedures that may be delegated to staff

It is often the case that families and school staff can be trained and supported by health professionals to provide support. However, in some cases this may not be possible without direct health support.

The specific examples included below are an extract from 'managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues' Royal College of Nursing, updated September 2012. As such, the list below may be delegated to non-medical staff, provided they have been given appropriate training.

- The following advisory list of clinical procedures may be safely taught and delegated to unregistered health and non-health qualified staff following a child-specific assessment of clinical risk:
 - Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.
 - Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).
 - Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
 - Rectal medication with a pre-packaged dose i.e. rectal diazepam
 - Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician
 - Administration of buccal or intra-nasal Midazolam and Hypostat or GlucoGel.
 - Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist
 - Assistance with inhalers, cartridges and nebulisers
 - Emergency treatments covered in basic first aid training including airway management
 - Tracheostomy care including suction using a suction catheter
 - Emergency change of tracheostomy tube
 - Oral suction with a yanker sucker
 - Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
 - Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
 - Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.
 - Bolus or continuous feeds via a nasogastric tube
 - Bolus or continuous feeds using a pump via a gastrostomy tube
 - Bolus or continuous feeds using a pump via a jejunostomy tube
 - Intermittent catheterisation and catheter care
 - Care of Mitrofanoff
 - Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter where the stoma has been established for less than 6 months
- Replacement of gastrostomy button devices in non-urgent and urgent situations once stoma has been well established for more than 6 months and there have been no problems with the stoma

This policy was last reviewed in November 2017

This policy to be reviewed on _____

Signed _____ Head teacher

Date _____

Signed _____ Chair of Governors

Date _____