DURANTS SCHOOL – POLICY DOCUMENT

Durants Management and Administration of Medications

November 2024

Reviewed & updated: November 2024 (Rachel Carli)
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Purpose

The purpose of this policy is to ensure that medication be prescribed for administration during school hours only when this is **absolutely necessary**. Medicines will only be administered at school if prescribed by a medical practitioner and parental permission has been given and it forms part of the child's Care Plan.

Aims of this policy

- To have clear guidelines for managing prescribed medicines which may need to be taken during the school day.
- To explain our procedures for managing prescribed medicines on school trips
- To outline the roles and responsibilities for the administration of prescribed medicines.

Legal requirements

There is NO legal duty that requires any member of school staff to administer medicines. However, in the event of an emergency, school staff are expected to act as any reasonable parent would in the best interest of the pupil.

The following safeguards should be observed when the school agrees to accept responsibility for the administration of medicines to children**:**

Prescribed Medicines

- Medicines should only be taken to school when essential and identified in the child's Care Plan; where it would be detrimental to a child's health if the medicine was not administered during the school day. Identified staff will only administer medicines prescribed by a doctor or nurse**.**

- Medicines will only be accepted if in date, in the original container, clearly showing instructions of how to administer, including:

    - Specific times
    - The quantity of medication to be administered
    - The period for administration of the medication

- It should be noted that most medication is prescribed to be given throughout the day and should be administered before school, after school and at bedtime where possible.

- The authorised person should not accept instructions for administering medication on the authority of parents without specific instructions from the child's GP.

- Where possible, the medication should be checked by a second adult to ensure that the medication is administered correctly

- If there are exceptional circumstances where medication must be given at school, which has not already been identified in the Care Plan, then a request must be made in writing by the parents to the Headteacher for the medication to be delivered at school. This should be accompanied by a letter from the child's GP stating that it is necessary for the child to take medication during school hours.

- A form requesting parental consent must be held by the school and reviewed regularly in the form of a risk assessment. If a pupil brings any medication to school for which the Headteacher has not agreed/ received written notification, the staff at the school will not be held responsible for that medication.

- **Non prescribed medicines will not be administered in school.**

Medication Prescribing

All medication to be administered to children attending Special Schools should be prescribed by a registered doctor or non-medical registered prescriber.
Evidence of the prescription can be obtained from:
The dispensing label on the medication packaging
Written letters from GP or Consultant Paediatrician & team, Consultant Psychiatrists
Discharge letter or summary from hospital
FP10 prescription
Copy of the repeat prescription request (from FP10)
A co-operation (co-op) card signed by a doctor
A faxed or emailed prescription or direction from a doctor
Evidence of any one of these is sufficient, but more than one source may be used.
It is essential that any changes to medication doses are communicated by the prescriber, in writing to Special School Nurses and that Special School Nurses communicate with medical staff and parents/carers to ensure medication can be administered safely as prescribed.
Special School Nurses must obtain written documentation of a prescribed dose change.

A care plan will be available for all children requiring *emergency* medication identifying:

- The child's diagnosis
- Detail of the name of the medication, dose and route, frequency
- Side effects
- Special considerations e.g. dietary needs, pre activity precautions
- Details of emergency parameters and actions
- Medication times should avoid the need for administration at school whenever possible.
    - For example if a medicine is required three times a day, it may be possible to adjust administration times so that doses can be given before school, after school and at bedtime, where this does not conflict with the treatment.
    - Medication that is required twice daily can usually be administered outside of school times.
    - Any request to administer daily, twice daily or three times daily medication should be discussed with the Head Teacher, Special School Nurse and Social Care where appropriate to consider the benefits and risks associated with administering any doses at school. This should take place prior to any agreement with parents or professionals.
    - Medication that needs to be given four times a day, e.g. short term antibiotics, will necessitate at least one dose being given in school.
    - All prescriptions and care plans should be reviewed at least annually by the Special School Nurse

All parents should complete a consent form e.g. Parental Agreement to Administer Medication' to allow medication to be administered within school setting (example can be found in DfES Managing Medicines in Schools & Early Years Settings (2005) (Appendix 2).

Staff will not give medication unless a consent form is completed.

All **emergency** medication should be prescribed in the same way with agreed documented care plans giving parameters for each emergency requiring the administration of medication.

Medication transcribing

- Medication should be transcribed onto an approved medication chart as soon as possible.
- All Special School Nurses will complete the transcribing medication training.
- All Special School Nurses will be familiar with the Trust Transcribing Policy.
- Non registered health care practitioners i.e. teaching assistants (TA's), school staff and others will not be responsible for transcribing.
- Where a new medication has been provided to school and is required before details can be transcribed to the care plan
- Contact the Special School Nurse Team Leader and /or Children's Nurse Consultant or guidance and to inform of need for transcription.
- Confirm with the Special School Nurse Team Leader and /or Children's Nurse
- Consultant the requirement for medication as received from the parent/carer.
- Confirmation between Special School Nurse Team Leader and / or Children's Nurse Consultant detail on medication label regarding medication name, dose, route, amount and time to be administered.
- If the Special School Nurse Team Leader and /or Children's Nurse Consultant advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication not transcribed form (Appendix 3).
- Special School Nurse Team Leader and/or Children's Nurse Consultant to arrange for transcription as soon as possible.

  - **All medication MUST be transcribed as soon as possible including emergency medication and as required (prn) medication. At Durants, we DO NOT administer medication intended to control behaviour in an emergency (PRN).**

Medication Storage

- All routine medication brought into school must be stored in a locked wall mounted cupboard in the original packaging with the dispensary label intact.
- Medication should be segregated according to child, either by storage on a different shelf, drawer or storage box within the drug cupboard/trolley. If there are a large number of named children's medications, they should be stored in a clear logical order e.g. alphabetically or clearly labelled with name or class group in order to minimise risk of administration of the wrong medicine.
- Any medication that needs to be stored in a refrigerator should be stored in a locked refrigerator dedicated to medicines storage (i.e. not for food use).
- Only designated staff should have access to the medicines cupboard & medicines refrigerator. This will be the Special School Nurse and designated school staff allocated by the Head Teacher.
- Inhalers should be stored in a safe accessible place, agreed with school staff and documented in the child's care plan (Asthma UK 2006).

- Spacer devices should be cleaned according to manufacturer's instructions but should always be labelled with child's name to protect from cross infection. They should be stored in a clean dust free environment (closed container or bag).
- Original packaging should be intact and must include the child's name, dispensing date, expiry date, instructions for use and dose.
- All **emergency** medication should be stored securely, in a locked cupboard but in a location that is readily accessible by appropriate staff.

Controlled Drugs (CD's)

- CD's will be stored as all other drugs in school.

Medication administration

- Medication will not be administered by school staff until the medication has been checked by a registered medical professional. Staff will be shown by the medical professional how to check the medication against the drug administration document and the prescription label on the original medication packaging. A written agreement will be signed by the school staff and the medical professional acknowledging that staff have been given adequate training to check and administer the medication. Any future prescriptions will need to be checked by a medical professional and a repeat of the training and written agreement must be undertaken.
- Medication can be checked by a single registered nurse checker according to NMC Standards for Medicines Management (2010).

Checklist before Administering Medication.

The identity of the child **must** be confirmed prior to administration. If administered by a registered nurse it may be necessary to refer to school staff to confirm identity.

- When administering a medicine, the school staff members must check:
- The child's name against the medication chart
- The child's name against the name on the dispensing label
- The name of the medicine against the administration chart
- Administration details on the dispensing label match the instructions on the administration chart
- The medication is in date and fit for use.

Where a new medication has been provided to school staff and is required before details can be transcribed to the medication chart:

- Contact the Special School Nurse Team Leader and /or Children's Nurse Consultant for guidance and to inform of need for transcription.
- Confirm with the Special School Nurse Team Leader and /or Children's Nurse
- Consultant the requirement for medication as received from the parent/carer.
- Confirmation between school staff, Special School Nurse Team Leader and /or
- Children's Nurse Consultant detail on medication label regarding medication name, dose, route, amount and time to be administered
- If the Special School Nurse team Leader and /or Children's Nurse Consultant advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication Not Transcribed Form (Appendix 3).
- Special School Nurse Team Leader and/or Children's Nurse Consultant to arrange for transcription as soon as possible.
- Emergency medicines require the same rigorous checks prior to administration, as any other medicines. The only situations where staff can administer emergency medication without the required checks are in life threatening situations such as; Epi-pen, epilepsy rescue medication, asthma pumps.

Non-prescribed medication

- Any medication that is not prescribed will only be given by medically trained staff if covered by the Enfield Simple Medicines Policy, e.g. paracetamol.
- Medication that has been prescribed but not transcribed due to no School nurse being available must be clearly documented on the Document of Medication NOT transcribed for (Appendix 3)

Disposal of medicines

- Part used, or expired/out of date medicines, will be sent home for parents to dispose of.
- Any stock items that are out of date should be returned to hospital. This will be responsibility of the school nurse.
- All medication will be returned home by school staff with the relevant child at the end of each school year.
- Pharmacy can be contacted for further advice.

Record Keeping

- Approved care plan & medication chart
- Omissions and refusals must also be recorded on this document. Parents & the prescriber, if appropriate, should also be informed.
- Documentation supporting administration of medication in Special Schools should be updated at least annually, usually at the start of the new school year.
- Trust policy on record keeping must be followed (use of pen that can be reliably photocopied, ideally black pen etc.).

Monitoring implementation

a. Monitoring implementation, compliance and effectiveness of this policy will be carried out via observation of practice by the special school nursing team. Any incidents relevant to this policy will be recorded via NHS Trust approved incident reporting systems. Lessons learned will be shared across relevant clinical areas.
b. Communication with Head Teachers and parents/carers will be paramount in the event of any drug error or incident affecting children within school.
c. Compliance with documentation will be monitored as part of on-going clinical audit of records by the special school nursing team.
d. Use of the audit tool outlined in Enfield Medication Transcribing Policy.
e. Monitoring of training and competency assessment within each school setting will be conducted annually as agreed with Head Teachers

Children with Asthma

Children who have inhalers should have them available at all times at an agreed place in the classroom and in the event of off site visits, must be carried in a secure first aid box. Inhalers must be labelled with the child's name and include guidelines on administration.

It is the responsibility of parents to check the condition of the inhalers and ensure that they are working and not completely discharged.

Children with Epilepsy and those who carry an Epi-Pen

Long-term illnesses, such as epilepsy should be recorded on the child's Care Plan, together with appropriate instructions given by the school doctor or nurse.
A number of staff have volunteered to administer Buccal Midazolam and Epi-Pens in the event of an emergency. The list of staff is available in the school office and staff room. The school

nurse carries out training and staff have refresher training on an annual basis. Local Authority Transport Escorts are invited to this training if it applies to any pupil on their bus.

Refusal to take medication

If a pupil refuses to take their prescribed medicine, staff should not force them to do so, but should note this in their records, home school book and inform a member of SMT immediately. Contact should be made with the parent/s on the same day, as soon as possible after the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Storage of medication

Prescribed medications have to be labelled and are stored in the locked medicines cabinet in the school staff room or class cupboards. Asthma inhalers are labelled and kept within the child's class in a place where the pupil and staff agree is appropriate so immediate access to the inhaler is available. Staff have to be mindful of all pupils' safety when agreeing a place for the inhaler to be.

Educational Visits – For guidance on the use of medication on educational visits, please see the "Durants Educational Visits Policy

Training

Staff training is carried out annually or as and when necessary for staff to support students with health care needs.
It includes:

- Comprehensive first aid training
- Recommended procedures for administration of oral medication such as Buccal Midazolam.
- Training in the administration of medication for common ailments such as asthma
- The side effects of particular medications
- Epi-Pen training

  - Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person will be given appropriate training guidance and support from health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures will be kept both by the school and the member of staff.

- In all cases where, following the administration of medication, there are concerns regarding the condition of the child, medical advice will be sought immediately.
- The school will keep a written record each time medicines are administered and staff must complete and sign this record. The school is committed to the well-being of the child and record keeping demonstrates that staff have followed the agreed procedures.

Appendix 1

SAFE ADMINISTRATION OF MEDICINES TO

CHILDREN AND YOUNG PEOPLE

COMPETENCY ASSESSMENT TOOL

Safe administration of medicines competency

This competency is for either:
A specific carer/teaching assistant OR
A specific child if child's medications deemed to be complex by Special school nurse
This competency certifies_____ (carer/teaching staff)
OR pertains to _____ (child)
THIS COMPETENCY EXPIRES ON_____

E – Initial training
P – Practical Training
L (a) – Competent to practice
L (b) – Competent and experienced
D – Competent to teach

AREA OF CONCERN	REQUIRED SKILLS AND KNOWLEDGE(Q = questioning, D = demonstration)	LEVEL REACHED				
		E	P	L (a)	L (b)	D
1) Carer/teaching staff will be able to discuss and demonstrate the safe administration of medicines including:	• Understand why child is having that medicine.Q • Correct doses and methods of administration. D • Demonstrate safe administation (5 R's) D • Checking of correct doses.D • Storage of medicines. D • Checking of expiry dates. D • Knowledge of possible side effects and/or where to find this information (medicine folder).D • What to do if a side effect/reaction occurs. Q • Use of prescription chart (if used). D • Documentation of medicines administration. D • Reasons why a medicine might not be given.Q • Understanding and safe demonstration of use of inhalers and spacers (if applicable). • Understand what is a controlled drug and use of second checker.Q • Aware 'DfES Managing medicines in schools'					
2) Carer/teaching staff to show awareness of importance of documentation.	• Accurate appropriate documentation. D • When to contact parent, school nurse, paediatrician, GP or headteacher. Q					
3) Carer/teaching staff to demonstrate awareness of issues of privacy and dignity.	• Carer to be aware of the child/young person's wishes and how they express them. D Carer to be aware of other people's curiosity and effect on child. Q					

Guidance notes:

1 Understand reason child requires specific medicines and demonstrates an awareness of:

- Why child is having medicine Q
- Correct dose Q
- Potential side-effects Q
- Safe storage Q
- Reasons why medicine might be omitted Q
- What to do if medicine error occurs
- Checking for parental consent Q
- Aware of legislation that relates to storage and administration of medicines and aware of 'DfES managing medicines in schools document Q

2 Safe administration (5 R's):

- Right child
- Right medicine
- Right dose
- Right route
- Right time (NB: Check medicine has not already been given in school or at home within recommended time span)
- Safe hand washing technique. D
- Storage of medicines (fridge/locked cupboard). D
- How long can medicine be stored once opened? Q
- Check medicine is in appropriately **labelled container** with child's name, from pharmacy
- Check medicine has not already been given D
- Medicine checked against a prescription D
- Medicine given as prescribed D
- Correct positioning of child during administration. D
- Clean environment for administration and demonstrate knowledge of cleaning and storing equipment used for administration. D/Q
- Observe safe administration D
- Sign medicine chart to confirm medicine has been given. D
- Observe for any side effects and report to health care professional appropriately Q
- Do not return any decanted medicine back into bottle – Q/D

  NB: If medicine to be given via gastrostomy, Carer must be trained and competent in gastrostomy care. (E.g. check tube position prior to administration.)

  Check pH 5.5 or below and flush in between medicines. D

3 Awareness of controlled drug in school (if applicable)

- Understanding of Misuse of Drugs Act 1971- **Controlled drugs** of addiction.
- Safe storage, in lockable non-transferable cupboard and 2 staff to check.
- Keep running balance (stock level check) and know what to do if medicine goes missing

Individual levels assessed by:	NAME	INITIAL	SIGNATURE
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I certify that the person named, as carer on this document is competent to carry out the procedure detailed above and that I have current N.M.C. registration.

Overall competency:	NAME	INITIAL	SIGNATURE
	_____	_____	_____

Date: _____

I, the above named carer certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. Where this form relates to a specific child, I will only use this training in respect of the child named on the front of this form. I will not carry out procedures, which are contrary to or not covered by this training.

I will seek further training if I have any concerns about my competency and in any event six weeks before the expiry date on the front of this form renew my training. Upon the date of expiry of this competency, if my training has not been renewed, or if I have concerns about my competency at any time, I will discontinue undertaking the procedure detailed in this document and seek appropriate advice from a suitably qualified clinician and or my employer. In all other respects I will seek all necessary advice guidance and further training needed from time to time in order for me to continue to operate within these competencies.

NAME _____ SIGNATURE _____ DATE _____

Appendix 2

Parental agreement for school/setting to administer medicine
The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting	
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by *[name of 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent /carer Signature_____ Print Name:_____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 3

Documentation of Medication NOT Transcribed Form
(May also be used for medication administered in the absence of a Medication Chart i.e. where no transcription, or for emergency administration of adrenaline)

Childs Name	
Date of Birth	
MEDICATION NAME:	
DOSE GIVEN:	
AMOUNT GIVEN:	
ROUTE:	
DATE ADMINISTERED:	
TIME ADMINISTERED:	
SIGNATURE:	

CONSENT FROM PARENT / MAIN CARER RECEIVED BY: _____

FROM: _____

CONTACT WITH SPECIAL SCHOOL NURSING SERVICE: _____

Detail of message left:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: Message left by: _____

Date Transcription completed: _____