



# Dronfield Junior School

## Administration of Medicines Policy

Revision No:	1
Date Issued:	September 2017
Committee:	Curriculum
Date Adopted:	25.9.2017
Minute No:	8.2
Review Date:	Sept 2020

Version History		
Version	Date	Detail
1.0	25.9.2017	Approved by Governors

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## 1 Assessing Needs and Managing Risks

Medicines, whilst not hazardous if used and administered in the correct manner, present a risk if not used and administered correctly. The main risks associated with Dronfield Junior School storing, managing and administering medicines are:

- Medicines given to wrong child;
- Medicines not given to child at appropriate time;
- Medicines not given at all;
- Wrong dose of medicine given to children;
- Medicines not available when required (particularly rescue medication);
- Medicines being lost;
- Medicines stored incorrectly;
- Medicines not in correct containers and not labelled correctly;
- Pupils giving medicines to other pupils;
- Needlestick injuries.

See our First Aid policy for a **general risk assessment** for the storage and administration of medicines indicating how the above risk is being controlled using this guidance to inform the control measures.

For pupils with complex medical needs who have an individual treatment plan, a separate risk assessment is not required as the **general risk assessment** will deal with issues such as storage and labelling of medicines and the **treatment plan** will provide detail on the administration of the medicines.

## 2 Children with Medical Needs

### **Children with short term medical needs**

Many pupils will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

- However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

### **Children with long term medical needs**

It is important that schools have sufficient information about the medical condition of any pupil with long-term medical needs. If a pupil's medical needs are inadequately supported this may have a significant impact on their experiences and the way they function in or out of school. The impact may be *direct* in that the condition could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The

impact could also be *indirect*, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a pupil and their family.

Dronfield Junior School need to know about any such needs before a pupil is admitted or when s/he first develops a medical need. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. For such pupils, it is often helpful to have a written individual treatment plan drawn up by relevant health professionals in consultation with the parents. This can include:

- details of a pupil's condition;
- special requirement e.g. dietary needs, pre-activity precautions;
- what constitutes an emergency:
  - what action to take;
  - what **not** to do;
  - who to contact – including when parents expect to be contacted.
- the role the staff can play.

**The overriding duty is to ensure good communication that will ensure a pupil receives the right medicine at the right time with the minimum risk of error.**

### **3 The Responsibilities of Dronfield Junior School & Parents**

The Headteacher will have a shared responsibility with parents to ensure good communication and information sharing to ensure a pupil receives the right medicine at the right time and, furthermore, that when a pupil is “handed over”, parents/carers and staff know what medicines have been given and when the next doses are due. They also have separate responsibilities.

#### **The Responsibilities of the Headteacher**

It is the responsibility of the Headteacher to ensure that Dronfield Junior School has a clear medicines policy which is understood and accepted by staff, parents and children. The policy is readily accessible on the school's website (paper copies can be obtained from our Admin office). The policy sets out clearly what is expected of parents and pupils, including how working together will ensure that pupils with medical needs are not disadvantaged.

- The Headteacher will not to allow children to bring medication into school except as covered by this document and the relevant codes of practice.
- The Headteacher will advise parents that schools do not keep any medication for distribution to children, e.g. paracetamol. They will, of course, have a first aid kit.
- The Headteacher has particular regard to the section dealing with consent below.

**This does not imply a duty on the Headteacher or staff to administer medication. The Local Authority wishes to point out to school staff, governors, parents that participation in the administration of medication is on a voluntary basis unless staff have accepted job descriptions that include duties in relation to the administration of medicines.**

- **Individual decisions on involvement must be respected.**

- **Punitive action must not be taken against those who choose not to consent.**

When employing care and support staff, Dronfield Junior School will consider including the management and administration of medicines and associated tasks within their job descriptions to ensure a sufficient number of staff are employed to carry out this role.

*All staff are advised to consult their trade union branch or regional officer or representative for further advice if needed.*

### **Notifiable Diseases**

The Headteacher is also be aware of the document “Guidance on infection control in schools and nurseries” available from the Health Protection Agency website. [www.hpa.org.uk/infections/topice-az/schools/default.htm](http://www.hpa.org.uk/infections/topice-az/schools/default.htm). If they are unsure of any issue relating to notifiable diseases they should seek advice from the Health Protection Team (0844 225 4524). Copies of this document are positioned in the staff room, Admin office and Headteacher’s office.

### **The Responsibilities of Parents**

The responsibility for ensuring that children with medication needs receive the correct “treatment” rests ultimately with their parents/guardians, or with a pupil capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child’s requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours. To help avoid unnecessary taking of medicines at school, parents should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;
- ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the pupil could return home for this, or the parent should come to school to administer the medicine. If this is not possible, the recommended procedure for administration of medicines will be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- It should be noted that duplicate containers may not be supplied free of charge – charges will be at the discretion of individual pharmacists.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

## Consent

Before administering medicine to a child, there needs to be written evidence of full consent. This must be given by a parent or person with parental responsibility. Parents need to fill out an indemnity form (copies are available from the Admin office, on the school website or at the end of this document).

## 4 Working in Partnership

### Introduction

When pupils are in school, parents need to know that arrangements are in place to provide for any health care need that might arise. This policy sets out the requirements for parents and others with parental responsibility, staff/carers and health professionals to work together to ensure that such arrangements are in place. Although the main emphasis is properly on parental consents, pupils of all ages should be engaged in the decision-making and older children capable of giving their own consents should be encouraged to do so.

- Whether or not the main focus is parental consent or a pupil's consent, the principles of working in partnership remain the same.

Working in partnership is about a shared duty of care and is the key to ensuring that all of a pupil's health care needs are met.

- Many pupils have no particular needs but may fall ill or have an accident whilst at school.
- Most pupils, at some point during their childhood, will have a temporary need.
- Some will have on-going needs requiring regular medication or procedures that must be followed and for which staff and carers must be trained.
- A small number may occasionally have urgent, including life-threatening, needs which must be met without delay.

Good planning and communication is fundamental to effective partnership working:

- this begins with a clear statement about a child's health needs and how they are to be met;
- it also includes essential information about any allergies or health conditions such as diabetes and any other information which staff/carers need to know about;
- it must ensure clarity about who needs to do what and when and provide a written record to confirm it has been carried out.

These are the building blocks that ensure the "five rights" are upheld - ***the right pupil, the right drug, the right dose, the right route, the right time.***

- The longer a child is away from home, the more comprehensive the arrangements will need to be.

### Regulation and inspection of schools

#### The basic information that is required

Most children do not have medical conditions that require specific care. However, there may be things that staff/carers need to know about, for example a child may:

- have an allergy to certain foods or other substances;
- be taking medication that needs to be administered when they are in school;
- have a condition that means routine or urgent medical treatment by a doctor or nurse could possibly be required, for example epilepsy

Staff/carers will want to discuss what needs to happen in these circumstances and will ask for written consent to provide both planned and routine care and seek urgent medical treatment should the need arise. They will also ask parents to give consent for staff/carers to have contact with health professionals and for those health professionals to share medical information with the staff/carers as necessary. They will also ask for contact details in order that a parent – or someone named by a parent - can be contacted in an emergency.

### **Extra help for children with additional health care needs**

Pupils who have additional needs arising from a medical condition, disability or illness will be under the care of their GP and perhaps also a Paediatrician and/or other health professional. They will have an individual treatment plan which is regularly reviewed and which needs to be implemented across all settings – home, school, short break care and in the community.

- Parents and workers/carers alike need to understand what the plan entails and what is required to comply with it.
- This needs to be written down so that it can be shared with all who have the care of a child and to minimise the risk of error.
- Parents will need to supply staff/carers with sufficient medication for the duration of the school day, or residential, where applicable.
  - This should be in its original container with the original pharmacy label – *this is the only way that staff/carers can evidence that they are acting in accordance with a medical practitioner's instructions.*
- Staff/carers need to keep records to show that they have complied with these requirements and returned any unused medication.

### **Specialised help for children requiring medical interventions or procedures**

Some pupils need their parents and staff/carers to carry out medical interventions or procedures for which specific training is required – for example, catheter care or gastrostomy care.

- The expectations of staff/carers are essentially the same as those made of the pupil's parents.
- Staff/carers need the same training they have received from health professionals

A service will only be provided where these conditions can be satisfied and where parental consent has been given for an essential procedure to be carried out by staff/carers and they have been trained to provide it.

## 5 Parental Responsibility and Consent

### Parental Responsibility

#### Who has parental responsibility?

A mother automatically has parental responsibility for her child from birth. However, the conditions for fathers gaining parental responsibility vary throughout the UK. In England and Wales, if the parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they both have parental responsibility.

- Parents do not lose parental responsibility if they divorce, and this applies to both the resident and the non-resident parent.

This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father however, has this responsibility only if he is married to the mother when the child is born or has acquired legal responsibility for his child through one of the following 3 routes:

- by jointly registering the birth of the child with the mother;
- by a parental responsibility agreement with the mother; or,
- by a parental responsibility order, made by a court

#### Orders under the Children Act 1989

Parental responsibility is also obtained through the making of a residence order, a special guardianship order and through the act of adoption.

- Where a child is the subject of a care order (Section 31) in favour of a Local Authority, it shares parental responsibility with the mother or both parents.
- Where a child is in care on the basis of a voluntary agreement with a parent (Section 20), parental responsibility remains with the parents.
- Persons who may have day to day responsibility for children such as teachers and childminders do not have parental responsibility but are under a duty of care to act as a reasonable parent would do to ensure the child's safety and in emergency circumstances may take reasonable steps to promote a child's welfare.

### Consent

#### What is "informed" consent?

It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific.

- A parent will be asked to give consent separately to each individual requirement of meeting a child's needs.
- Staff will also give parents the opportunity to ask for further information/clarification before they sign a consent form.



## What consents are needed?

The level of consent will vary with a pupil's needs and the length of time s/he is away from home. Staff/carers may need a parent's agreement to some or all of the following to allow them:

- to approach the family GP (or other health professional) for further advice and information about a child's health care needs;
- to share this with those who are planning for a child's education or care needs;
- to administer a medicine should this be necessary;
- to seek routine advice or treatment from a medical practitioner should the need arise;
- to seek urgent medical treatment should this be necessary;
- to contact a named person if they are not available.

## Consents to planned or urgent medical treatment

Staff/carers will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending Dronfield Junior School.

- What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought.

In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action.

- A doctor will always act in the best interests of a child's health, including in emergency situations.

## What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and on the basis of agreements. If the Dronfield Junior School feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the School will take further advice and try to resolve the dilemma without, in its opinion, compromising a pupil's wellbeing.

- Where s/he is competent, it is the consent of a competent older that will be sought – see below.
- The parent's views will be respected.
- This *may* mean that a service cannot be provided or *may* be restricted in some way.
- However, the consent of only one person with parental responsibility is required - this is true even where it is known that the other parent may not give his or her consent.

## Confidentiality

Similarly, in some circumstances, parents or a pupils may ask for sensitive information to be confidential.

- This should be respected so long as it does not place the pupil, or anyone else, at risk of significant harm - the “**need** to know” is a key consideration.

## Keeping up to date with changing needs

Whether a pupil is a frequent, or just an occasional user, of services, staff/carers need to know that the medication instructions are up to date. The individual treatment plan will be regularly reviewed and any new requirements must be communicated to all involved in the plan for the child.

- Parents must always provide current instructions – this means ensuring that the child’s GP, paediatrician or the pharmacist is aware of the need to pass on *written* instructions to Dronfield Junior School.

## **6 Core Principles of Safe and Appropriate Handling of Medicines**

### **1. Staff know which medicines each child has and the school keeps a complete account of medicines.**

Medicine records are essential in Dronfield Junior School. All staff should know which children need someone to administer, or oversee the self-administration of, medicines. Those who help pupils with their medicines should:

- know what the medicines are and how they should be taken and what conditions the medicines are intended to treat;
- be able to identify the medicines prescribed for each pupil and how much they have left;
- have access to a complete record of all medicines - what comes in, what is used, what goes out - the ‘audit trail’;
- Dronfield Junior School is dependent upon the cooperation of parents to enable them to meet this requirement.

### **2. Staff who help pupils with their medicines are competent**

The Headteacher will ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to pupils. The arrangements for inducting and supervising new staff will also identify the training and skills that each new staff member has and what training they will need in order to ensure that are adequately trained and knowledgeable to give medicines to pupils with specific medication needs identified within an individual treatment plan.

- Where specific training is needed to administer a medicine or carry out a procedure, only staff who have been given appropriate training *and* have demonstrated their competence, will be permitted to do this.

- The Headteacher is responsible for assessing a worker's competence to give medicines to the pupils for whom they care.
- Evidence of competence needs to be confirmed by a health professional.

### **3. Medicines are given safely and correctly, and staff preserve the dignity and privacy of individuals when they give medicines to them**

Safe administration of medicines means that they are given in a way that avoids causing harm to a child.

- They should only be given to the person for whom they were prescribed.
- Pupils should receive the right medicine at the right time and in the right way.
- Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking.
- It also means keeping personal medical information confidential, for example, a person's medicines administration record (MAR) should not be kept where everyone can see it.

### **4. Medicines are available when required and Dronfield Junior School makes sure that unwanted medicines are disposed of safely**

- Prescribed medicines must be available when needed and so continuity of supply of medicines for ongoing treatment is essential.
- Out-of-date, damaged or part-used medicines that are no longer required should be disposed of safely so that they cannot be taken accidentally by other people or stolen.

### **5. Medicines are stored safely**

Medicines need to be stored so that the products:

- are not damaged by heat or dampness;
- cannot be mixed up with other people's medicines;
- cannot be stolen;
- do not pose a risk to anyone else;

### **6. The school has access to advice from a pharmacist**

- Every school should ensure that it has the contact numbers for their local pharmacy readily available: Lloyds Pharmacy, Dronfield Medical Centre, High Street, Dronfield, S18 1PY Tel no: 01246 413159

### **7. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour**

- Prescribing medicines is the responsibility of healthcare professionals.
- Medicines should not be used unnecessarily for sedation or restraint.

## **7 Receipt, Storage and Disposal of Medicines**

## **Prescription medicines**

Medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

- Dronfield Junior School will only accept medicines that have been prescribed by a doctor or dentist (Prescription Only Medicine POM).

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- prescriber's consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children so that they can be taken outside school hours;
- prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration.

- They should also be accompanied by a fully completed parental consent form.

Dronfield Junior School will **not** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

- Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

## **Non-prescription medicines**

Non-prescription medicines are those which can readily be bought "over the counter" and children may take them to school for conditions such as hay-fever. Unless instructed otherwise, many will possibly keep and administer their own such medication of this type without reference to the school. This could lead to problems should a child be seen taking a tablet the school is. Dronfield Junior School has very clear rules in place regarding non-prescription medicines.

- Non-prescription medicines should be accompanied by an indemnity form.
- Only sufficient non-prescription medication for the duration of the school day will be allowed - this may need parents to remove some of the medication from the original container and keep it at home so that only one day's dose comes into school in its original container.
- Medication will only be allowed into school in original containers which clearly state what they are and maximum dose and dose frequency.

## Receipt of medicines

The handover of medicines should be between adults. Under no circumstances should a child be given medicines to keep on their person. Staff will have a record of the medicines they have received and what they will be required to administer. They must know and record:

- the pupil for whom the medicine – including ointments and creams - is intended;
- where the pupil is attending school or a short break activity, parents should be advised to send only the amount of medicine required
- Where a pupil will be cared for overnight or longer (as is the case on a school residential) a proper record of medicines received is required:
  - tablets should be counted (for hygiene reasons staff should wear rubber gloves where possible);
  - ointments/creams should be estimated (for example, half a tube);
  - liquids should be measured with a ruler (for example, 5 cms)

## Labelling of medicines

On the few occasions when medicines have to be brought into a school, the original or duplicate container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil; (as the medicine will only be administered to the named pupil – not siblings or other relatives)
- date of dispensing;
- dose and dose frequency (*This may read “as directed” or “as before” if this is what is on the prescription;*
- the maximum permissible daily dose;
- cautionary advice/special storage instructions;
- name of medicine;
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form.

- Where the information on the label is unclear, such as “*as directed*” or “*as before*” then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine will not be administered and the parents will be asked for clarification.

## Written instructions

All medicines that are to be **administered by staff** must be accompanied by written instructions from the parent and/or the GP/prescriber.

- Dronfield Junior School will allow non-prescription medicines in accordance with the guidance earlier in this document e.g. calpol – if accompanied by a parental consent form.

- Each time there is a variation (other than a new prescription) in the pattern of dosage, a new form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation.

### **Safe storage of medicines**

At Dronfield Junior School, medicines are stored in a lockable cupboard in the staffroom. The medicine cupboard is also used for the storage of non-prescription medicines but not first aid kits.

### **Non-emergency Medicines**

Staff will only store, supervise and administer medicine that has been prescribed for an individual pupil. Medicines will be stored strictly in accordance with product instructions and in the original container in which dispensed. Large volumes of medicines will not be stored.

- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- Medicines are only accepted in the container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.
- The Headteacher will be responsible for making sure that medicines are stored safely.
- Children should know where their own medicines are stored and who holds the key.
- Non-emergency medicines are kept in a secure place (a locked cupboard in the staffroom), not accessible to children.

### **Refrigerated Storage**

Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'.

- Staff will find out whether a medicine needs to be kept cool by reading the Patient Information Leaflet that is supplied with a medicine. This will state whether the medicines needs to be kept in a fridge.
- At Dronfield Junior School medicines requiring refrigeration are kept in a container in the staffroom fridge which is only accessed by members of school staff.

The refrigerator is cleaned and defrosted regularly and the temperature is monitored daily and the temperature recorded (when medicines are stored within it).

- A maximum/minimum thermometer is used for this. There should be a written procedure of action to take if the temperature is outside the normal range — usually between 2 and 8 degrees Celsius.
- If the fridge breaks down, it is important to identify the fault quickly, otherwise medicines may be wasted.

## **Emergency Medicines**

These are medicines which need to be readily available in an “emergency situation” and include medicines such as asthma inhalers and adrenaline pens - these should always be readily available to children as and when they need them.

Many children will have the capacity to keep and administer their own medication of this type and should be enabled to do so. Where pupils are deemed not to have this capacity then the medicines are stored in the teacher’s drawer or on his/her table (if they are inhalers) and taken with the class during PE lessons or other lessons out of the classroom to ensure they are available, or they (adrenaline pens) are pinned in a bag on the First Aid notice board in the staff room. A defibrillator is available in the staffroom.

## **Disposal of Medicines**

### **Medicines which have passed the expiry date must not be used**

Creams and lotions will have both a manufacturer’s expiry date which must be observed and should also be considered to have expired 28 days after having been opened. Pump dispensers have a longer life, usually about 3 months. Expired medicines need to be disposed of properly by arrangement with the pupil’s parents, either by return to, or collection by, the parents or return to the pharmacy for safe disposal.

- Parents should be made aware of their responsibilities via the school website.

Provision for safe disposal of used needles requires appropriate special measures, e.g. a “sharps box”, to avoid the possibility of injury to others.

- This “sharps box” is kept secure in the Admin office with no access for pupils or unauthorised persons. This is disposed of in a safe way using a specialist licensed contractor.

## **Hygiene and Infection Control**

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **NB Employee Medicines**

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them. Adequate safeguards will be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

- Staff medicines must not be stored in a cabinet intended for the use of pupil’s medicines.

### 1. ADMINISTRATION OF MEDICINES - GENERAL CONSIDERATIONS

There are three general situations which apply to the administration of medicines in schools. These are as follows.

#### **A The pupil self-administers their own medicine of which the school is aware**

Many pupils will have the capability to keep and administer their own medicine themselves. It is good practice to support and encourage pupils who are able, to take responsibility to manage their own medicines from a relatively early age and at Dronfield Junior School, we encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As pupils grow and develop they will be encouraged to participate in decisions about their medicines and to take responsibility. This should be borne in mind when making a decision about transferring responsibility to a pupil.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a pupil of any age to self-manage.

- Health professionals, in consultation with parents and children, need to assess the appropriate time to make this transition.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent (or staff/carer).
- In all instances where prescribed and non-prescribed medicines are brought into school, notification must be given on the parental consent form at the end of this document.

#### **B The child self-administers the medication under supervision**

Where the Headteacher or staff are willing to be involved voluntarily, the person in charge is responsible for ensuring that, as a minimum safeguard, self-administration of medicines that are safely stored, is supervised by an adult.

Where we supervise self-administration, measures are taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine.

This means:

- ensuring access to the medication at appropriate times;
- the medicine is identified as belonging to the named pupil
- it is within the expiry date;



- a record of medicine administration is kept noting that the session was supervised:
  - the child should sign the form, staff/carers should countersign and indicate that the medication was self-administered by the child under supervision.

### **C A named and trained consenting staff member administers the medicine**

Dronfield Junior School will, in this circumstance, store the medicines and will comply with all requirements on the storage of medicines. In order to ensure that medicines are administered safely, the procedure at Dronfield Junior School is as follows:

1. Parental consent form filled out in full prior to the first administration of the medicine as previously detailed.
  2. Forms are located in the Admin office or the staff room.
  3. A named member of staff administers or supervises self-administration and records the administration; recording: the name of the medicine, date / time and dosage, then signs the administration of medicine log.
  4. A list of staff willing to administer medicines is located in the staffroom and the Admin office.
- The names of the consenting staff willing voluntarily to administer medication will be kept up to date and be readily available at the storage point in cases of emergency.

We have staff on site who are trained in the administration of some medicines. We do periodically consider what the level of (future) demand is likely to be and whether or not voluntary arrangements will be appropriate and adequate.

- For some it may be appropriate to have some staff job descriptions that include responsibilities for the administration of medicines.

## **2. ADMINISTRATION OF MEDICINES BY STAFF**

All staff who participates in administering medication receive appropriate information and training for specified treatments in accordance with this guidance and the Codes of Practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

In Dronfield Junior School, the Headteacher is responsible for knowing which pupils are taking medication and who is responsible for administering it. The Headteachers will ensure that:

- all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication;

- this person should be routinely summoned in the event of a pupil on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the pupil's illness which may require emergency action;
- other trained staff who may be required, e.g. First Aider should be summoned as appropriate.
- If staff are required, or have consented, to help supervise or administer non-prescription medication due to a child's age or ability to be responsible for their own storage and administration of the medicine, then these procedures for administering medicines must be followed.

In order to give a medicine safely, Dronfield Junior School staff will:

- identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- identify the pupil correctly;
- know what the medicine is intended to do, for example, to help the person breathe more easily;
- know whether there are any special precautions, for example, give the medicine with food.

There is a simple easy-to-follow written procedure for giving medicines (detailed previously) which staff must be familiar with and follow carefully. Headteachers will also monitor periodically how well staff follow this procedure. Staff should only give medicines that they are competent to administer. They can give or assist children to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

### **Key responsibilities of staff:**

#### **Staff must always check:**

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual treatment plan where one exists;
- whether or not it is a controlled drug;
- any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (MAR) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular pupil, the issue

should be discussed with the parent, if appropriate, or with a health professional attached to the school.

- Dronfield Junior School keeps written records each time medicines are given.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.

**The Headteacher will routinely:**

- check the medicine administration records and countersign to evidence compliance with written guidance or identify and address any non-compliance

**Staff will never give:**

- a non-prescribed medicine to a pupil unless there is specific written permission from the parents on the appropriate form, and it is the medicine supplied by the parent;
- medicine to a pupil that does not belong to him or her – Dronfield Junior School does not keep stocks of non-prescription medicines to give to children;
- medicine that belongs to another child;
- a child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

**Staff will not** undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

**Each person who administers medication will:**

- receive a copy of these guidelines and Code of Practice;
- read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- confirm the dosage/frequency on each occasion and consult the medicine record for to ensure there will be no double dosing.
- be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- know the emergency action plan and ways of summoning help/assistance from the emergency services;
- check that the medication belongs to the named pupil and is within the expiry date;
- record all administration of medicines as soon as they are given to each individual;
- understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- ensure that all medicines are returned for safe storage;
- ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration

of medicine and must ensure that the Head teacher is aware of this lack of training/information.

### **3. REFUSAL TO TAKE MEDICINES**

Staff can only administer medicines with the agreement of the pupil. Any specific instructions to assist the administration of a medicine should be recorded in the pupil's individual treatment plan as should any instructions in the event of refusal.

- If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.
- Where there is no instruction in the pupil's plan, staff should follow the school's general policy.

The general policy includes the following:

- parents will be informed the same day;
- where refusal may result in an emergency, the school emergency procedures will be followed.

## **9 Record Keeping**

Records must include:

- an up-to-date list of current medicines prescribed for each pupil that has been confirmed in writing;
- what needs to be carried out, for whom and when;
- for pupils with ongoing or complex needs, a care plan that states whether the pupil needs support to look after and take some or all medicines or if care workers are responsible for giving them.

Staff will make a record straight after the medicine has been accepted and taken.

- The records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record.
- From the records, anyone will be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

## **10 The Individual Treatment Plan**

### **The purpose of an individual treatment plan**

The main purpose of an individual treatment plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents or a parental consent form may be all that is necessary.

- Individual treatment plans are generally required for children with specific medical needs requiring specialised or emergency medication.

An individual treatment plan clarifies for staff, parents and the pupil, the help that can be provided. It is important for staff to be guided by the pupil's GP or Paediatrician. Staff should agree with the lead health professional and the pupil's parents how often they should jointly review the individual treatment plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff should judge each pupil's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

- The plan should include action to be taken in an emergency.

Developing an individual treatment plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

The lead health professional will determine who needs to contribute to an individual treatment plan – they may include:

- the child's GP and Paediatrician;
- other health care professionals;
- the Headteacher;
- the parent or carer;
- the child (if appropriate);
- class teacher (primary schools);

### **Additional information and training**

An individual treatment 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. Staff will not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school will arrange appropriate training in collaboration with the school health services. Local health services will also be able to advise on further training needs.

Together with the parents, the Headteacher and the lead professional share responsibility for ensuring that staff who may need to deal with an emergency will need to know about a pupil's medical needs. The Head will make sure that Supply staff know about any medical needs.

### **Confidentiality**

Medical information will always be regarded as confidential by services and staff and personal data properly safeguarded.

- Records relating to the administration of medicines are health records and should be stored confidentially.
- Instructions should be shared on a "need to know" basis in order that a pupil's well-being is safeguarded and any individual treatment plan is implemented.
- Parents and older children will be engaged in "need to know" decisions which should be recorded.

Staff cannot be held to account if they fail to carry out key tasks, or do so incorrectly, because relevant information has not been shared with them. Similarly, services can only be provided where there is agreement to share relevant information.

## 11 Children With Complex Health Needs

### 1. WITH COMPLEX HEALTH NEEDS

As technology develops, growing numbers of children with complex health needs will receive their education in mainstream schools. This group of children may require additional support in order to:

- maintain optimal health during the day;
- access the curriculum to the maximum extent.

Some examples of care of health needs for which children might require additional support in schools are:

- restricted mobility *e.g. a child with physical impairments who uses a wheelchair;*
- difficulty in breathing *e.g. a child with a tracheostomy who requires regular airway suctioning during the day;*
- problems with eating and drinking *e.g. a child who requires a gastrostomy feed at lunch time.*
- continence problems *e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels*
- Susceptibility to infection *e.g. a child who is receiving steroid therapy.*

In supporting children with complex needs in schools, there are a growing number of clinical procedures which staff may be trained to undertake. In the main such training is undertaken by Children's Community Nurses, Specialist Nurses or School Community Nurses.

- A detailed Individual Health Plan should be completed as above

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment will be assessed for by a trained health professional; (Children's Occupational Therapist, Local Authority Moving and Handling Adviser, Physiotherapist or Community Nurse) and the appropriate Local Authority Moving and Handling Advisor or School Link Worker in accordance with the Derbyshire Inter Agency Group (DIAG) guidance document. The equipment will be adjusted to suit an individual pupil. On the rare occasion when one piece of equipment is used for more than one pupil, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to

promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a pupil's day rather than seen as 'therapy'.

### **Educational visits/outings**

Dronfield Junior School will actively promote the participation of pupils with medical needs in educational visits, outings, and community activities which may need to be safely managed. The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This will include reviewing and revising existing information, policies and procedures so that planning arrangements will include the necessary steps to include pupils with medical needs.

- It may also include risk assessments for such children.

Sometimes additional safety measures may need to be put in place. An additional supervisor, a parent or another consenting staff member might be needed to accompany a particular pupil. Arrangements for taking any necessary medicines will also need to be taken into consideration.

- Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures.
- A copy of any individual treatment plans will be taken on visits in the event of the information being needed in an emergency.

### **Sporting and leisure activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There will be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- Any restrictions on a pupil's ability to participate in PE will be recorded in their individual treatment plan.
- All staff will be aware of issues of privacy and dignity for pupils with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities will consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a visit, they will seek parental views and medical advice from the most appropriate person identified by the pupil's individual treatment plan.

- Pupils will not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents
- Concerned staff will contact the Health & Safety section for advice

## 12 Emergency Procedures

Where pupils have conditions which may require rapid intervention, parents must notify the Headteacher of the condition, symptoms and appropriate action following onset – advice will need to be sought on an appropriate response. They should also share any individual treatment plan. Dronfield Junior School has a risk management plan for such situations that covers all possible circumstances when the child is attending the school, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance. The Headteacher will make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- which children have individual treatment plans;
- possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- who is responsible for carrying out emergency procedures in the event of need;
- how to call the emergency services;
- what information from the individual treatment plan needs to be disclosed.

Other children will also know what to do in the event of an emergency, such as telling a member of staff.

### **When a child needs to go to hospital**

Staff should not normally take children to hospital in their own car - it is safer to call an ambulance.

- A member of staff will always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Training and practical advice on the recognition of the symptoms can usually be offered by a range of staff including Children in Care nurses, school nurses or community children's nurses who are employed by NHS Trusts.

Where an activity is planned where there is a known risk – however unlikely – that a pupil might need emergency health care, the risk assessment / individual treatment plan will address what should happen – exceptionally this may include a staff member using his or her own vehicle.



**All such arrangements will be agreed and recorded in the child's individual treatment plan and be referred to Risk and Insurance for approval before they are carried out.**

### **Unusual Occurrences, Serious Illness or Injury**

All parents will be informed of the school's policy concerning children who become unwell whilst in the care of the school. This will be contained within the school's prospectus. This will include home / mobile / work telephone numbers and other instructions e.g. relatives who can be contacted. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the Headteacher will, if necessary, call an ambulance to transport the child to hospital.

- If the pupil is on medication, whether self-administered, under supervision or administered by staff, details must be provided to the emergency service, e.g. details of the written parental consent form.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.

## **13 Staff Training**

All staff will be appropriately trained in the handling and use of medication, and have their competence assessed. All staff training should be documented for each staff member.

The minimum training requirements are:

- the supply, storage and disposal of medicines;
- safe administration of medicines;
- quality assurance and record-keeping;
- accountability, responsibility and confidentiality.

Three levels of training need to be delivered:

- induction training;
- basic training in safe handling of medicines;
- specialised training to give medicines.

### **1. INDUCTION TRAINING**

The school will identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the pupils in their care and their needs.

- Staff will not administer any medicines until the headteacher is satisfied that they are competent to do so.

- Induction training will focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines

## **2. BASIC TRAINING IN SAFE USE AND HANDLING OF MEDICINES**

Basic training is intended to ensure that staff are competent to undertake the following:

### **Administration**

Staff will be able to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

### **Recording**

Staff will also understand:

- the need for clear instructions and accurate record keeping;
- how to receive medicines and record instructions;
- the requirements for safe storage of medicines;
- how to record medicines administered;
- the arrangements for safe disposal/return of unused medicines;
- identify medicines and associated procedures for which specific training is required;
- understand when to seek advice.

On completion, there must be a formal assessment, devised by or on behalf of the service provider or manager.

- The aim is to make sure that staff can confidently and correctly give medicines prescribed for the children and young people in their care, or oversee correct self-administration.
- This can be achieved by accompanying the staff member when they give medicines and observing that they complete key tasks in line with policies and procedures.
- This level of training will not cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injection nor clinical procedures for which specific training should be provided.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the

administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions

### 3. SPECIALISED TRAINING TO GIVE MEDICINES

There may be occasions when staff are willing or required to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- it is part of a pupil's care plan;
- a risk assessment has been carried out;
- clear roles and responsibilities are agreed by the agencies and the people involved in providing care;
- appropriate consents have been obtained from the person with parental responsibility;
- appropriate training has been provided and a staff member's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider;
- their agreement to do so has been recorded (form 11/11a).

### 4. MANAGEMENT AUDITS/QUALITY ASSURANCE

In order that the Headteacher can ensure compliance with guidance and procedures, audits will be undertaken at agreed intervals that are commensurate with the level of medicines administered.

- Audit reports provide evidence not only to staff teams about their practice but assure School Governors and inspectors that responsibilities are taken seriously and actions taken to address any areas of deficit.

## 14 Action to be taken if a medicine administration error/ near miss incident is identified

The aim of all medication-related guidance is to minimise the risk of an administration error occurring. An error in medication administration is defined as **any deviation from the prescribed dose**.

Errors fall into three different categories (plus the temporary category of unresolved at the time):

- (a) **Major Error** - is an incident which results in major harm or death, admission to hospital for 24 hours or more or in the pupil being rendered unconscious.
- Major errors must be reported immediately to the Headteacher.
  - The Headteacher will contact the Health and Safety Section.
  - The Headteacher will report the incident to the HSE in line with CAYA Accident Reporting Guidance if it results in a fatality or the pupil / staff member going straight to hospital for treatment from the scene of the incident. This can be found at;  
[http://dnet/working\\_for\\_us/your\\_wellbeing/caya/caya\\_health\\_safety/policy\\_guidance/default.asp](http://dnet/working_for_us/your_wellbeing/caya/caya_health_safety/policy_guidance/default.asp)

- The Headteacher will obtain any witness statements immediately or as soon as possible after the event.
- A written report detailing the facts will be completed within 24 hours and sent to Health and Safety Section together with this form. A copy must also be filed at the workplace.
- The Headteacher and a Health and Safety Officer will then compile a detailed accident investigation report
- Services subject to inspection will also need to notify the regulatory body

**(b) Unresolved Error** - is an incident the outcome of which for the pupil / staff member is unknown at the time,

**(c) Minor Error** - is an incident which results in no significant harm to the pupil / staff member.

**(d) Near Miss Incident** - A near miss in medication administration is defined as an incident which might have resulted in an error if it had not been noted and rectified before the error occurred. There have been no consequences for the pupil / staff member.

In all circumstances where there has been a failure to comply with written instructions, whether resulting in an over or under administration:

- advice as to what action should be taken should immediately be sought from the person who has prescribed the medication;
- if this person is not available, advice from another medical practitioner or pharmacist will be sought;
- where none of these are available, the local hospital accident and emergency department will be contacted;
- a full record of the incident and action taken will be recorded
- the following should be informed:
  - Child's parents/carers
  - Health & Safety section at County Hall:  
Jerry Sanderson 01629 536499
  - Where the child is in care, the child's social worker and Richard Corker, Head of Quality Assurance, 01629 538906 to identify whether or not notification to OfSTED is required.

Finally:

- the incident will be discussed with the staff team to ensure that any lessons are learned and any changes to practice/procedure introduced to ensure there is no recurrence.

## 15 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed

as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in schools and other educational settings are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001. They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicine do so in accordance with the prescriber's instructions and these guidelines.

- A pupil who has been prescribed a controlled drug may legally have it in their possession to bring to school.
- Once the controlled drug comes into a school it will be stored securely in a locked container within a locked cabinet to which only named staff should have access.
  - A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people will normally be present - unless it has been agreed that one person may administer the drugs or that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One will administer the drug, the other witness the administration.
- In some circumstances a non-controlled drug will also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug will be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it to the pharmacy from which it was obtained or returning to the parent when no longer required to arrange for safe disposal
- If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **Off-site and in the Community**

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of pupils. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- where possible, a second person will witness the administration;
- the named person will carry the medicine with him/her at all times; or,

- a lockable/portable device such as a cash box should be used to prevent ready access by an unauthorised person
- only the amount of medicine needed whilst off-site will be taken – it will be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register will also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another pupil); alternatively a record kept and the register updated on return to school.

## **16 Disposal of Medicines**

Circumstances when medicines might need to be disposed of include:

- a pupil's treatment is changed or discontinued — the remaining supplies of it should be disposed of safely;
- the medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL);
- In the event of a pupil death, any medicines should be kept for seven days in case the Coroner's Office or a court asks for them.

In order to provide a full audit trail of medicines, a record is required to identify the removal of a child's medicines. This record should detail the following:

- date of disposal/return to pharmacy;
- name and strength of medicine;
- quantity removed;
- service user for whom medication was prescribed or purchased;
- signature of the member of staff who arranges disposal of the medicines.

All medicines should be returned with the pupil at the end of the course of treatment or, where the pupil has been cared for overnight, at the end of the stay.

- In exceptional circumstances unused medicines will remain with staff or carers and will need to be disposed of.
- This record is also necessary when medication is transferred to another service provider, for example from school to a foster home or short term break and vice versa.
- This procedure includes any transfer to an NHS hospital.

When a child transfers to another care service, they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed.

## 17 Useful Contacts

### Local Organisations

Children's Community Nurse Training Team (North County)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514563 Fax: 01246 512630
Children's Community Nurse Training Team (Countywide)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514511 Fax: 01246 514424

### National Organisations

#### **Allergy UK**

Allergy Help Line: (01322) 619898

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

#### **The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

#### **SHINE** (formerly Association for Spina Bifida and Hydrocephalus)

Tel: (01733) 555988 (9am to 5pm)

Website: [www.shinecharity.org.uk](http://www.shinecharity.org.uk)

#### **Asthma UK** (formerly the National Asthma Campaign)

Asthma UK Adviceline: 0800 121 62 44 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

#### **Council for Disabled Children**

Tel: (0207) 843 1900; [cdc@ncb.org.uk](mailto:cdc@ncb.org.uk)

Website: <http://www.councilfordisabledchildren.org.uk/>

#### **Contact a Family** for families with disabled children

Helpline: 0808 808 3555; [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk)

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

#### **Cystic Fibrosis Trust**

Helpline: 0300 373 1000

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

#### **Diabetes UK**

Supporter Services: 0845 123 2399, Monday to Friday 9am to 5pm.

[supporterservices@diabetes.org.uk](mailto:supporterservices@diabetes.org.uk)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

#### **Department for Education**

Telephone: 0370 000 2288

Typetalk: 18001 0370 000 2288

Fax: 01928 738248

Website: [www.education.gov.uk/](http://www.education.gov.uk/)

## **Department of Health**

Phone: 020 7210 4850 (Office opening hours 08:30-17:30 Mon-Fri)

Textphone: 020 7210 5025 (for people with impaired hearing)

Fax: 020 7210 5952

Online: [web contact form](#)

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

## **Equalities & Human Rights Commission (DRC)**

Equality and Human Rights Commission Helpline: 0845 604 6610

Monday - Friday 8am - 6pm

Textphone: 0845 604 6620

Fax: 0845 604 6630

Freepost RRL- GHUX-CTRX, Arndale House, Arndale Centre, Manchester , M4 3AQ

Email: [englandhelpline@equalityhumanrights.com](mailto:englandhelpline@equalityhumanrights.com)

Website: <http://www.equalityhumanrights.com/>

## **Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Mon – Thurs 9am to 4.30pm, Fri 9am to 4pm)

Fax: (01133) 910300 (UK)

Email: [epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## **Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

## **Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

## **Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

## **MENCAP**

Learning Disability Helpline: 0808 808 1111

Mencap Direct: 0300 333 1111

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

## **National Eczema Society**

Helpline: 0800 089 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

## **NHS Direct**

Helpline: 0845 4647

Website: [www.nhsdirect.nhs.uk/](http://www.nhsdirect.nhs.uk/)

## **Epilepsy Society**

Helpline: (01494) 601 400 (Mon-Fri 10am to 4pm)

Website: <http://www.epilepsysociety.org.uk/>

## **Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Fax (01604) 251621

Email: [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)



## APPENDICES USEFUL PROFORMAS

<b>Based on DfE Guidance for schools</b>	
Appendix 1	Individual treatment plan
Appendix 2	Parental Consent for Schools/Setting to Administer Medicine
Appendix 3	Head teacher to Administer Medicine
Appendix 4	Record of medicine administered to an individual child
Appendix 5	Record of Medicines Administered to all Children
Appendix 6	Request for child to carry his/her own medicine
Appendix 7	Staff training record – Administration of Medicines

Appendix 8	Checklist – individual safety plan for children with disabilities and/or health/medication needs
Appendix 9	Clinical procedure plan
Appendix 10	Clinical Procedures training record – team
Appendix 11	Health & medicines information sheet
Appendix 12	Temporary variation to medical instruction
Appendix 13	Medication administration record instructions and requirements
Appendix 14	Medication administration record administration record
Appendix 15	Medication administration record – observations and variation
Appendix 16	Body maps for use with creams and lotions
Appendix 17	Medication error/near miss incident report
Appendix 18	Administration of Medicines: Headteacher’s Audit
Appendix 19	Procedures that can be carried out by staff who have received specialist training and whose competency has been established



# DRONFIELD JUNIOR SCHOOL

## Appendix 1 – Individual treatment plan

Name of School

Child's name

Date of birth

Class

Child's Address

Medical diagnosis or condition

Date

Review Date

### **Family Contact Information – First Contact**

Name

Phone Number (work)

(home)

(mobile)

### **Family Contact Information – Second Contact**

Name

Phone Number (work)

(home)

(mobile)

### **Clinic/Hospital Contact**

Name

Phone Number

General Practitioner (G.P.)

Name

Phone Number

Describe medical needs and give details of child's symptoms

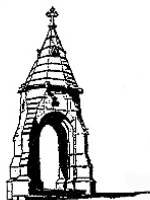

Daily care requirements (e.g. before sport/at lunchtime)


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


Follow up care


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


Form copies to

# DRONFIELD JUNIOR SCHOOL

## Appendix 2 - Parental Consent for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine, and staff consent to do this.

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

Name of School

Date

Child's name

Date of birth

Class

Medical condition or illness

### Medicine

Name/type of medicine/strength  
*(as described on the container)*

Date dispensed

Expiry date

Agreed review date to be initiated by  
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to School

Are there any side effects that the  
School?

Self administration

Procedures to take in an emergency

### Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Mrs Myers / Mrs Cooper or my child's class teacher.

**Contact Details – Second Contact**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Mrs Myers / Mrs Cooper or my child's class teacher.

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to the 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.

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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

For School Use

Reviewed by	Date	Signature	Print Name

**To be reviewed annually or if dose changes**



# DRONFIELD JUNIOR SCHOOL

## Appendix 3 - Head teacher Agreement to Administer Medicine

Name of School

Dronfield Junior School

It is agreed that (name of child) \_\_\_\_\_ will receive (quantity and name of medicine) \_\_\_\_\_ every date at (time medicine to be administered e.g. lunchtime or afternoon break) \_\_\_\_\_.

(Name of child) \_\_\_\_\_ will be given / supervised whilst he/she takes their medication by (Name of member of staff) \_\_\_\_\_

\_\_\_\_\_

This arrangement will continue until (either end date of course of medication or until instructed by parents)

\_\_\_\_\_.

Date \_\_\_\_\_

Signed \_\_\_\_\_

(The Headteacher / Deputy Headteacher)



# DRONFIELD JUNIOR SCHOOL

## Appendix 4 - Record of medicine administered to an individual child

Name of School

Child's name

Date of birth

Class

Date medicine provided by parent

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>





# DRONFIELD JUNIOR SCHOOL

## Appendix 5 - Record of Medicines Administered to all Children

Name of School

Dronfield Junior School

Date	Child's name	Time	Name of medicine	Dose given	Any reaction	Signature of staff	Print Name
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



# DRONFIELD JUNIOR SCHOOL

## Appendix 6 - Request for Child to Carry His/Her Own Medicine

This form must be completed by parents/guardian (delete as appropriate)

**If staff have any concerns discuss this request with healthcare professionals**

Name of School

Child's name

Date of birth

Class

Address

Name of medicines

Procedures to be taken in an emergency

### Contact Information

Name

Daytime phone number

Mobile Number

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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



# DRONFIELD JUNIOR SCHOOL

## Appendix 7 - Staff Training Record – Administration of Medicines

Name of School

Name

Types of training received

Date of training completed

Training provided by

Profession and title

I confirm that (name of member of staff) \_\_\_\_\_ has received the training details above, is competent and has agreed to carry out any necessary treatment. \*

*\* Use continuation sheet where more than one member of staff has been trained*

I recommend that the training is updated (please state how often) \_\_\_\_\_

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_





# DRONFIELD JUNIOR SCHOOL

<b>APPENDIX 8</b>		<b>CHECKLIST – INDIVIDUAL SAFETY PLAN FOR CHILDREN WITH DISABILITIES AND / OR HEALTH / MEDICATION NEEDS</b>	
<b>CHILD'S NAME</b>		<b>DOB</b>	

Please tick yes or no box to indicate whether or not a plan or a risk assessment is required. If you tick yes please state what document you have and where it can be found.

	Plan or Risk assessment required		LOCATION OF PLAN OR RISK ASSESSMENT  Where existing/new document will be kept
	Y	N	
Allergies			
Health Issues			
Medication			
Feeding Plan			
Moving & Handling			
Behaviour			
Child Protection Plan			
Home Visiting			
Travelling			
Personal evacuation plan			
Other			

<b>Completed by:</b>		<b>Date:</b>	
<b>To be reviewed in line with usual processes</b>			



# DRONFIELD JUNIOR SCHOOL

## APPENDIX 9 CLINICAL PROCEDURE PLAN

<b>CHILD'S NAME</b>		<b>DOB</b>	
---------------------	--	------------	--

<b>Type of procedure</b>	
--------------------------	--

<b>Is this a procedure covered by a Code of Practice?</b>	<b>Yes</b>		<b>No</b>	
---	------------	--	-----------	--

If **yes**, please cross reference with the relevant code of practice.

If **no**, there should be a meeting with the Headteacher, health & safety officer, clinicians, parent and others as necessary to consider alternative ways of meeting the needs and seeking to ensure that the health care needs do not become a barrier to service provision. The meeting should identify the following:

<b>Instructions to staff/carers</b>	
<b>Under what conditions or circumstance do they apply?</b>	

<b>Possible difficulties that can be anticipated</b>	<b>Agreed Response</b>

<b>Risk to the child if plan is not followed</b>	
--	--

**The service will not be provided until the minimum training requirements have been fulfilled**

<b>Training needs identified</b>	<b>To be provided by</b>

<b>Plan agreed by:</b>	<b>Name</b>	<b>Signature</b>
Parent/carer		
Worker		
Manager		



# DRONFIELD JUNIOR SCHOOL

**APPENDIX 10: CLINICAL PROCEDURE TRAINING RECORD – STAFF TEAM**

<b>Setting and Address:</b>	Dronfield Junior School School Lane Dronfield, Derbyshire, S18 1RY
-----------------------------	--

<b>Procedure:</b>	
-------------------	--

*To be completed at time the procedure is demonstrated/competencies checked*

<b>1.</b>	<b>MEDICAL PROFESSIONAL</b>	
I confirm that I have instructed those named below in the above protocol/procedure in respect of:		
<b>(Child's name):</b>		
<b>Signed, designation &amp; date:</b>		

<b>3.</b>	<b>PARENT</b>	
I confirm that following training I am happy for those named below to carry out the above protocol procedure for my child.		
<b>Signed &amp; date:</b>		

Name	Post:	Signed	Date

*I confirm that I have received medical instruction and training for the above protocol/procedure from a medical professional and agree to carry it out.*







# DRONFIELD JUNIOR SCHOOL

<b>APPENDIX 11</b>	<b>HEALTH &amp; MEDICINES INFORMATION SHEET</b>	<b>Date completed</b>	
<b>CHILD'S NAME</b>		<b>DOB</b>	

<b>Disability/ condition</b>									
<b>Summary of health care needs</b>									
<b>Allergies</b>									
<b>Medication including recovery medication</b>	Name	Form	Route	Purpose	Maximum dose in 24 hours	Time between doses	Effective for how long?	Equipment	Special instructions/ when medical advice should be sought

Equipment used/required	Provider	Training	By whom	Fitted by
Diet				
GP			Tel	
Address				
Consultant/ Community Nurse/ Other			Tel	
Address				
Optician			Tel	
Address				
Dentist			Tel	
Address				
Form completed by:			Date:	



# DRONFIELD JUNIOR SCHOOL

APPENDIX 12

TEMPORARY MINOR VARIATION TO MEDICAL INSTRUCTION

CHILD'S NAME

DOB

This form is to be used for *minor variations only* to medication given to a child whilst in short break care that does not require a health signature. (i.e. change of dose or non-prescription medication)

*If this change is to be a permanent one, a new medication form properly authorised will be required as soon as possible. Staff agreeing to a temporary variation must ensure parents/carers understand this.*

Date	New Instruction	Parent/Carer/ Person requesting change to medical instruction	Manager/worker accepting the request to change medical instruction	Medicine administered by



# DRONFIELD JUNIOR SCHOOL

APPENDIX 13

## MEDICATION ADMINISTRATION RECORD INSTRUCTIONS & REQUIREMENTS

<b>CHILD'S NAME:</b>		<b>DOB</b>	
<b>GP:</b>		<b>Tel:</b>	
<b>Address:</b>			

*All entries must be completed from a letter/report from a GP or Consultant & checked against the medicine label*

Medication: Name Strength Amount received Amount returned/disposed of	Dosage, route & time between doses	Maximum doses in 24 hours	Frequency & time 1	Frequency & time 2	Frequency & time 3	Frequency & time 4	Special instructions/ when medical advice should be sought
1.							
2.							
3.							
4.							



# DRONFIELD JUNIOR SCHOOL

## APPENDIX 14 MEDICATION ADMINISTRATION RECORD: ADMINISTRATION RECORD

*Record physical description of child here  
and/or attach photo*

Prior to child's arrival, were all medicines administered as required – if not give details

Medication: Name & strength	Dose & time	Day →						
		Date →						
1	1.							
	2.							
	3.							
	4.							
2	1.							
	2.							
	3.							
	4.							
3	1.							
	2.							
	3.							
	4.							
4	1.							
	2.							
	3.							
	4.							
5	1.							
	2.							
	3.							
	4.							



# DRONFIELD JUNIOR SCHOOL

## APPENDIX 15 MEDICATION ADMINISTRATION RECORD: OBSERVATIONS AND VARIATION

*This form is to be used to record any changed, missed or refused dosages or adverse reactions*

*If a medicine administration error/near miss incident is identified the incident form in the Code of Practice Section 8 should also be completed*

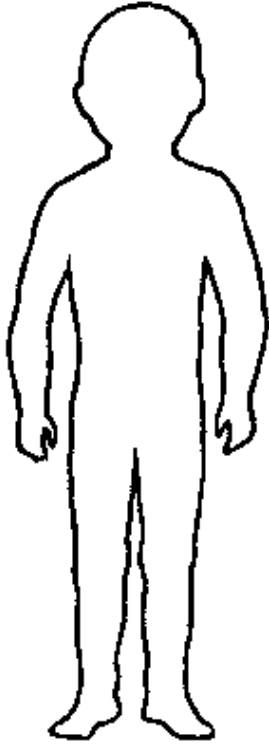
Medicine	Dose, date & time	Reason	Action taken	Worker	Manager



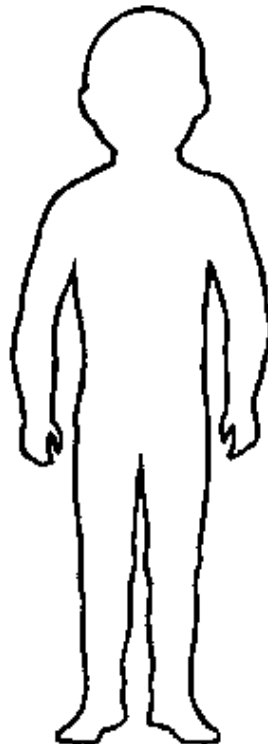
# DRONFIELD JUNIOR SCHOOL

APPENDIX 16

BODY MAPS FOR USE WITH CREAMS AND LOTIONS



Child Posterior  
(Back) View



Child Anterior  
(Front) View



# DRONFIELD JUNIOR SCHOOL

## APPENDIX 17 MEDICATION ERROR / NEAR MISS INCIDENT REPORT

1.	<b>Level of Error</b>			✓
	(a) Major Error	(Incident resulting in major harm or death)		
	(b) Unresolved Error	(The outcome at present unknown)		
	(c) Minor Error	(No serious harm suffered)		
	(d) Near Miss	(Error was avoided)		
2.	<b>Service details</b>			
	School name	Dronfield Junior School		
	Address	School Lane, Dronfield, Derbyshire, S18 1RY		
	Telephone	01246 413145		
	Headteacher	Mrs Nicola Thomson		
3.	<b>Person completing this form – sign and date at end of form</b>			
	Name			
	Job Title			
4.	<b>Person(s) involved in the incident</b>			
	Name 1			
	Job Title			
	Name 2			
	Job Title			
	Name 3			
	Job Title			
5.	<b>Details of the medication error or near miss</b>			
	Name of Child			
	Date and time error occurred			
	Date and time error discovered			
	Details of the error - attach separate report if necessary			
6.	<b>Health professionals involved with the child/young person</b>			
	GP			
	Consultant			
	Nurse			
	Pharmacist			
7.	<b>All others staff/persons involved in the incident</b>			
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	



<b>8.</b>	<b>Who was contacted for advice?</b>					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No		Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				
<b>9.</b>	<b>Advice and Action</b>					
	By whom - name and contact details			Time		
	Advice given					
	Action Taken					
	By Whom			Time		
	Advice given					
	Action Taken					
<b>10.</b>	<b>Who has been informed about the incident</b>					
					If no, give reasons	
	Child/young person	Yes	No			
	Parent/Person with PR	Yes	No			
	Other Carer	Yes	No			
	Manager	Yes	No			
	H&S Officer	Yes	No			
	Head of Quality Assurance	Yes	No		If child/young person is in care	
	Yes					
<b>11.</b>	<b>Type of incident</b>	<b>Detail</b>				<b>✓</b>
	Wrong service user					
	Wrong quantity given					
	Wrong strength of medicine administered					
	Wrong form of the medicine					
	Dose omitted					
	Wrong medicine given					
	Medicine out of date					
	Recording error					
	Medicine given at wrong time					
	Medicine refused/staff unable to administer					
	Other					

<b>12.</b>	<b>Cause of incident</b>	<b>Detail</b>	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service user name		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
	Other cause		
<b>13.</b>	<b>Immediate action to be taken</b>		✓
	Investigation by manager		
	Investigation by Health and Safety Officer		
	Investigation under complaints procedure		
	Investigation by external body		
<b>14.</b>	<b>Action to prevent a recurrence</b>		✓
	Workplace procedures/systems review		
	Workplace training		
	Wider procedures/systems review		
	Wider training		
<b>15.</b>	<b>Additional Notifications – Major Incident Only</b>		✓
	Health & Safety Officer		
	Health & Safety Executive		
	Senior Departmental Manager		
	OFSTED		
	CQC		
<b>Name</b>		<b>Position</b>	
<b>Signed</b>		<b>Date</b>	



# DRONFIELD JUNIOR SCHOOL

## APPENDIX 18 ADMINISTRATION OF MEDICINES: HEADTEACHER'S AUDIT

Date of last audit		Time		Undertaken by	
Outcome	Audit Satisfactory?		Yes		No
Actions required following audit					
Actions taken following audit					

Date of this audit		Day		Time	
Staff on duty					
Have staff been trained to carry out tasks that are/may be required	Yes		No		Comments

### CONSENTS, INSTRUCTIONS, RECEIPT OF MEDICINES

Number of children receiving a service		Number on medication	
Number of children with correct details of medicines		Number of children with correct medicine received/instructions	
Number of children with copies of complete and signed consents			
Findings			
Actions required following audit			
Actions taken following audit			

### ADMINISTRATION & RECORDING

Number of children whose medicine was administered correctly		Number of children whose record of administration is complete and correct	
Findings			
Actions required following audit			

Actions taken following audit	
-------------------------------	--

**STORAGE OF MEDICINES**

Are all medicines stored in a lockable cupboard ?	Yes		No	
Was the temperature below 25°C?	Yes		No	
Did any medicines require refrigeration?	Yes		No	
Were they correctly stored?	Yes		No	
Were there any controlled drugs on the premises?	Yes		No	
Were they stored correctly?	Yes		No	
Were there any emergency medicines?	Yes		No	
Were they readily accessible?	Yes		No	

Findings	
----------	--

Actions required following audit	
----------------------------------	--

Actions taken following audit	
-------------------------------	--

**NON-PRESCRIPTION MEDICINES**

Are all medicines stored in a lockable cupboard ?	Yes		No	
Was the temperature below 25°C?	Yes		No	
Were they kept apart from prescribed medicines?	Yes		No	
Were all medicines within the expiry dates?	Yes		No	
Were all medicines appropriate?	Yes		No	

Findings	
----------	--

Actions required following audit	
----------------------------------	--

Actions taken following audit	
-------------------------------	--

<b>OUTCOME OF AUDIT</b>	<b>Audit Satisfactory?</b>	<b>Yes</b>		<b>No</b>	
-------------------------	----------------------------	------------	--	-----------	--

Actions required following audit	
----------------------------------	--

Audit undertaken by:		Signed	
----------------------	--	--------	--

## APPENDIX 19

### PROCEDURES THAT CAN BE CARRIED OUT BY STAFF WHO HAVE RECEIVED SPECIALIST TRAINING AND WHOSE COMPETENCY HAS BEEN ESTABLISHED

Below is a table showing the procedures that are:

1. Approved to be undertaken with appropriate training.
2. Need approval to be undertaken and require the provision of specific documentary evidence.

The table has regard to guidance from the RCN (Royal College of Nursing) January 2008 Guidance on permitted tasks for non-health qualified staff. It will be overseen and updated on a quarterly basis by a group of health and local authority staff, including:

Jerry Sanderson, Adela Green, Alex Howlett  
Helen Parkes and Helen Burgess

Derbyshire County Council  
Health Providers

#### **Procedures that can be carried out without referral to Risk and Insurance:**

If the procedure is shown as not requiring the confirmation of the Risk and Insurance Manager it can be carried out subject to:

1. Any stated conditions in the "Insurer Conditions" column being complied with.
2. Appropriate documented training having been completed.
3. Any relevant care plans, parent consent forms and staff consent forms being in place before commencement.
4. Any other record forms recommended in this guidance document are in place.

Where any of these are not in place the Risk and Insurance Manager and/or Health and Safety Team should be contacted for further advice.

#### **Procedures that must be referred to Risk and Insurance**

If the procedure requires the confirmation of the Risk and Insurance Manager the following information and documentation must be provided to obtain approval for commencement of the procedure:

1. Copy of the Care Plan
2. Full details of the training undertaken and copy of the competency sign-off form the qualified trainer
3. Parental Consent Form
4. Staff Member Consent form – confirming agreement to undertake the task

The Authority's current insurance policy does not cover some of the listed procedures and this information is required to seek Insurer approval or to agree to accept the risk within the Council's Insurance Fund. To access specialist training, contact Helena Atkin or Amanda Young, Clinical Administrative Co-ordinators, Women & Children's Directorate, Chesterfield Royal Hospital NHS Foundation Trust:

[Helena.Atkin@chesterfieldroyal.nhs.uk](mailto:Helena.Atkin@chesterfieldroyal.nhs.uk) or [Amanda.Young@chesterfieldroyal.nhs.uk](mailto:Amanda.Young@chesterfieldroyal.nhs.uk)  
[Tel:01246 514511](tel:01246514511)

The following information is subject to regular review. The most current version is maintained in the electronic version on the Derbyshire County Council Intranet/Extranet:

Procedures can only be performed where staff are following written guidelines, have been trained and been judged to be competent to carry out a procedure

For advice on whether or not a procedure can be performed or for approval to be sought email the requirements to: [HealthandSafetyCAYA@derbyshire.gov.uk](mailto:HealthandSafetyCAYA@derbyshire.gov.uk)

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Anal Plugs	Yes	
Apnea monitoring	No	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	Yes	
Blood samples	No	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	No	Covered - following written guidelines
Bursting blisters	Yes	
Catheters (urinary) including mitrofanoff - clean/change of bag	No	Covered - following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.
Catheters (urinary) including mitrofanoff - insertion of tube	Yes	
Chest drainage exercise	No	
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	No	Covered - following written guidelines in respect of both cleaning and changing of bags

<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Defibrillators/First Aid only	<b>No</b>	Covered - following written instructions and appropriate documented training.
Dressing Care - Application & replacement	<b>No</b>	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	<b>No</b>	Covered - following written guidelines
Eye care/ Eye Drops	<b>No</b>	Covered - following written guidelines for persons unable to close eyes
Gastrostomy & Jejunostomy care • General Care • Administration of medicine • Bolus or continuous pump feed	<b>No</b>	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Gastrostomy & Jejunostomy tube - insertion/reinsertion	<b>Yes</b>	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	<b>No</b>	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	<b>No</b>	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	<b>No</b>	Covered but only for the administering of pre-packaged dosage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non pre-measured doses	<b>Yes</b>	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	<b>Yes</b>	

<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Manual Evacuation	<b>No</b>	
Mouth toilet	<b>No</b>	Covered
Naso-gastric/jejunal tube feeding	<b>No</b>	Covered - following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion which should be carried out by a medical practitioner
Naso-gastric/jejunal tube - reinsertion	<b>Yes</b>	
Oral prescribed medication	<b>No</b>	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc.
Oxygen administration - assistance	<b>No</b>	Covered but only in the respect of assisting user following written guidelines, i.e applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	<b>No</b>	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	<b>Yes</b>	
Pressure area care (bed sores etc)	<b>No</b>	
Pressure bandages	<b>No</b>	Covered - following written guidelines.
Physiotherapy	<b>Yes</b>	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed.



<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Rectal administration generally eg. morphine	<b>Yes</b>	
Rectal midazolam in pre- packaged dose	<b>No</b>	Covered - following written guidelines and two members of staff must be present.
Rectal diazepam in prepackaged dose	<b>No</b>	Covered - following written guidelines and two members of staff must present.
Rectal Paraldehyde	<b>Yes</b>	
Stoma care	<b>No</b>	Including maintenance of patency of stoma in an emergency
Suction Machine - Oral Suction Yanker Sucker	<b>Yes</b>	
Suppositories	<b>Yes</b>	Applies to suppositories other than pre-packed midazolam or diazepam (which are shown separately)
Syringe drivers - programming	<b>Yes</b>	
Swabs - External	<b>No</b>	Covered - following written guidelines.
Swabs - Internal	<b>Yes</b>	No - other than oral following written guidelines.
Topical Medication	<b>No</b>	
Tracheostomy - clean external	<b>No</b>	Cover is only available for cleaning around the edges of the tube following written guidelines.
Tracheostomy - removal and re-insertion	<b>Yes</b>	
Vagas Nerve Stimulator	<b>No</b>	As long as written care plan is in place.
Ventilators	<b>Yes</b>	Covered - following written guidelines.