

# The Beeches Independent Special School Policy on Administering Essential Medication in School

Medicines are strictly controlled in school, and for this reason, we have decided to adopt the guidance provided by Education Authority in their code of practice for administering medication.

## 1. Responsibilities

1.1 This policy has been prepared for the guidance of parents/cares and staff at The Beeches Independent Special School.

## 2. Directors

2.1 Directors will need to ensure that there is close liaison between their school, pupils and their parents/carers, relevant general medical practitioners.

2.2 Directors will need to ensure that suitable and secure arrangements are provided for the storage of medication, particularly where manufacturers' instructions require that medication is stored in a temperature controlled environment (eg, refrigerated).

2.3 The Local Authority recognises that circumstances may arise where the admission or continued attendance of a pupil may not be appropriate or may have to be deferred, if there is a particular requirement for medication that cannot be safely or satisfactorily met by the school, or if there is a change in the special care and administration of medication arrangements for a pupil.

2.4 In such circumstances matters will normally be expected to be resolved through local conciliation, involving parents/carers, Head of Education teacher, consultant community paediatrician and any other relevant specialist, as may be required under the particular circumstances of each case.

2.5 In situations where the conciliation arrangements described above do not result in a satisfactory outcome for the parents/carers then a referral to the Director of Education may be made.

## 3. Head of Education

3.1 Head teachers of schools providing for pupils with special care needs will need to ensure that the Local Authority's code of practice and the policy of the school's governing body relating to the administration of medication are implemented.

3.2 They must ensure that teachers and other school staff receive annual training to enable them to administer medication safely and competently.

- 3.3 The head of (or designated teachers nominated by the head teacher) will have sole authority, based on individual pupil medical information held on file, to sanction the administration of medication. Individual pupil medical information will consist of a combination of advice from the school's medical adviser and the pupil's parents/carers.
- 3.4 The basis for the information held on file will be the school's medical information and consent form which must be completed from information supplied by the parents/carers prior to the admission of the pupil to the school. Head teachers must plan any necessary staff training, if required, and take account of any other special requirements, prior to the admission of the pupil. Head teachers must be satisfied that the medication that they are being asked to administer has been specifically prescribed for that pupil, is correctly labelled, in date, with storage details attached and that staff have been trained appropriately in its administration.
- 3.5 The school's medical information and consent form must be signed by the responsible parent(s)/carer(s) and a copy given to them. All medical information held on file must be treated as confidential and only made available to teachers and other staff who have a need to know.
- 3.6 Head of Education will need to ensure that parents/carers understand their responsibility to inform the school of any changes to the pupil's care needs as soon as these occur.
- 3.7 Additionally, a regular review of the pupil's care needs will need to be instigated by the head teacher. Significant changes in the pupil's circumstances would indicate the need for an urgent review.
- 3.8 Where practicable, Head of Education should allow young people to be offered a carer of their own gender for all intimate special care, including the administration of medicines. Parents/carers will need to be advised of these procedures.
- 3.9 Head of Education may give permission for pupils to self-administer their medication. However, head teachers must advise parents/carers that the school cannot accept responsibility for pupils bringing medication into school for self-administration. Medication will be stored securely when necessary.
- 3.11 Head of Education must ensure that staff are aware when permission has been given for a pupil to self-administer their medication and are informed of the circumstances in which this will take place. Details of such approvals must be carefully recorded. A risk assessment will be completed for the young person to be able to do this safely.
- 3.12 Head of Education will need to inform the directors of any concerns they may have relating to the implementation of this code of practice, including concerns relating to individual pupils.

#### **4. School Staff**

- 4.1 Staff employed in will be familiar with this policy.
- 4.2 Members of staff will normally be expected to accept responsibility for administering medication. Those who accept responsibility must acknowledge any limitations in their competence for which the head teacher and directors will seek appropriate instruction and training. Members of staff will not be compelled to undertake the administration of medication.
- 4.3 Where a member of staff notices any significant emotional, medical, or physiological change to a pupil in their care, this should be communicated immediately to the Head of Education or a senior member of staff , to ensure that any appropriate action is taken. This observation and any action taken must be recorded on the individual pupil's medical file.
- 4.4 Where practicable, intimate special care, including the administration of medicines, should only be provided by a member of staff of the same gender as the pupil, unless specifically authorised by the head teacher, or the designated teacher. Parents will need to be advised of these procedures.
- 4.5 Staff may need to be aware of instances where the Head of Education has given permission for certain pupils to self-administer their own medication. In such instances, staff should be aware that the school cannot accept responsibility for its administration.

#### **5. Parents/Carers**

- 5.1 Parents/carers are responsible for providing medical information to enable the head teacher to complete the school's medical information and consent form, prior to the admission of the child to the school.
- 5.2 The school's medical information and consent form must be signed by the parents/carers who will receive a copy for their information. A copy will be held on the individual pupil's file. All information will be treated as confidential and only made available to teachers and other staff who have a need to know.
- 5.3 Parents/carers must be able to confirm that any necessary medication has been specifically prescribed for the pupil, is correctly labelled, in date, with storage details attached and that the school will be informed of any changes to the medication prescribed or its administration.
- 5.4 Parents/carers are responsible for sharing up-to-date medical advice about the pupil with the Head of Education, whenever they receive it.

5.5 Parents/carers should be aware that, where practicable, intimate care including the administration of medicines will only be provided by a member of staff of the same gender as the pupil, unless specifically authorised otherwise by the Head of Education, or the designated teacher.

5.6 Parents/carers must inform the head teacher when pupils bring medication into school for self-administration. In such instances parents/carers should be aware that the medication will need to be stored securely until it is needed.

## **6. Training**

6.1 All school staff who are involved in the handling and administration of medication shall be appropriately trained with regard to safety, security and administration. The training will be given by Lorrena Lane , who has completed the course 'Advanced practise in administrating medication'.

6.2 Such training shall include instruction in both Local Authority and locally agreed procedures to ensure an appropriate level of competence, as well as to define responsibility in relation to secure methods of handling medication, administration procedures, protective equipment and pupils' confidential files.

6.3 Staff must only undertake special care duties if they have received relevant training.

6.4 A record must be kept in the school of all staff training received, relating to the administration of medication. This record must show individual competences, responsibilities and authorisations.

## **7. STORAGE OF MEDICINES**

7.1 All medication must be stored in its original container, with the original dispensing label, as received from the pharmacy. The name of the child, dose, frequency and route of administration must be clearly visible on the prescription label.

7.2 All medication must be stored in a locked cabinet that is securely fixed to the wall and is used for medication storage only. The security of medicines must not be compromised by the cupboard being used for non-clinical purposes.

7.3 Only designated staff should hold the key for the cupboard.

7.4 The keys for the medicine cupboard should not be part of the master system for the home. Key security is integral to the security of the medicines therefore access should be restricted to designated members of staff.

7.5 Control drugs category A and B are signed in the controlled drugs book. Category C controlled drugs follow normal drugs procedures.

## 8. COLD STORAGE

- 8.1 The Beeches will provide a secure refrigerator, for the storage of medicines requiring cold storage when required. There is a fridge in a secure room which young people do not have access to which would be appropriate for storing such things as antibiotic medication. If there were long term medication such as insulin then a small fridge would be purchased and kept in the locked medication room. Medication will be stored in a container with the name of the young person, medication details and details of administering. The temperature of the medicines refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and recorded in the Meds Fridge Temp column of Fridge/Freezer temperatures log located in the staff office.

## 9. ADMINISTRATION AND RECORDING

- 9.1 Medicines supplied for an individual child are the property of that child and **The Medicines Act 1968** clearly states that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Therefore medicines obtained in this manner may not at any time be used for another child and must not be used for a purpose that is different from that which they were prescribed for.
- 9.2 Staff must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supply of medications. The original supply must be finished first.
- 9.3 It is the responsibility of the designated person to ensure that stock levels of medication are kept at an appropriate level. Named person is Lorrena Lane but it is a responsibility of all staff to monitor, prompt and re-order where appropriate.
- 9.4 Staff greeting young people who regularly take pain relief are to speak to parents each morning to clarify when the last medication was administered.
- 9.5 Form 3b must be completed by parents/carers before it can be administered. Form 4 will be completed by the Head of Education or a senior member of staff to allow staff to administer medication. Record of administration to student must be completed and witnessed when medication is given.

## 10. PREPARATION

- 10.1 Collect all the equipment required:  
A drink  
Spoons and syringes if needed  
Medication record charts and pen  
Medication
- 10.2 Wash hands thoroughly and explain the procedure to the child. Administer medication in the Medication room when appropriate, with the door shut, away

from distractions. Only administer medication to one child at a time and two staff are to sign immediately for administration and witness. Some young people may need to have their medication taken to them. Please see care plan for information.

- 10.3 Two members of staff should be present at all times, unless it is otherwise stated in the young person's risk assessment.  
Check correct names on container, correct medicine, dose and time.  
Check Medication Record Sheet and correct child.
- 10.4 Medication should never be secondary dispensed for someone to administer at a later time or date.

## 11. PROCESS OF ADMINISTRATION

- 11.1 Read the medication label for the six rights of administration

Right medication  
Right dose  
Right time  
Right route  
Right child  
Right to refuse

- 11.2 It is essential that the person administering the medication cross references the medication label with the consent form. Check that the medication has not already been administered.
- 11.3 Transfer tablets or capsules from the container into another receptacle, i.e. plastic medicine spoon or medicine cup. **Do not** touch by hand.
- 11.4 Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup at eye level when pouring liquids out
- 11.5 Give medication to child and observe that it is swallowed. When appropriate pain relief may be taken to the individual.
- 11.6 Record immediately on the sign sheet that the medicine has been taken by the child and the quantity of medicine dispensed. Sign in the space provided and lock the medicine away.

**Record also if a child refuses medication.**

**Record if medication is spilt or dropped and re-administer.**

**Record if medication is regurgitated but DO NOT re-administer without advice from the GP/NHS Direct.**

- 11.8 If the child refuses to take the medication inform a senior member of staff, who will inform parents and if necessary take advice from the GP/NHS Direct. Parents will be informed 30 minutes past the time for administration. If it is agreed with parents/carers to phone for advice from medical professionals, this will be done up to 1 hr past the time of administration; for example if a young person was due to take medication at 8pm and at 9pm the medication has not been taken then 9pm is when NHS or GP advice should be taken.
- 11.9 If a child has difficulty accepting medication, advice should be sought from parents/carers and if necessary health professional who knows the child; and a plan of action recorded on the child's file as to how best to deal with this.

## **12. MEDICATION ERRORS I.E. OVER DOSAGE OR MEDICATION GIVEN TO WRONG CHILD.**

- 12.1 Check the child is not suffering an adverse reaction. Contact the child's GP, a local pharmacist or NHS Direct for advice and Head of Education. Inform the Next of Kin of what has happened.
- 12.2 If the child is suffering an adverse reaction e.g. collapses, difficulty in breathing, summon an ambulance via 999. Provide first aid care. Inform and, where appropriate, the child's parents/carers.
- 12.3 The medication error must be documented in the child's records and on the medication record chart. The on call/Manager or Head of Education should be informed.
- 12.4 The person who administered the medication will need to record the incident.
- 12.5 Any staff member making 3 or more errors over a month period will be removed from being able to administer medication and will not be permitted to do so again until training has been undertaken, this may also lead to disciplinary action being taken at the discretion and decision of senior management.
- 12.6 Where staff have been booked onto refresher training and failed to attend they will not be permitted to administer medication until they have undertaken the refresher.

## **13. SELF ADMINISTRATION**

- 13.1 Some young people may wish to administer their own medication. Ideally this should be done after discussions have taken place between the young person and the Head of Education. Risk assessments must also be completed prior to self administration.
- 13.2 Wherever possible, consent to self-administer should come from someone with parental responsibility unless the young person is over 16 years old. Where this is

not possible, further discussions need to take place between the Head of Education, Social Worker and relevant Health professional.

- 13.3 A thorough assessment must be undertaken for any anyone potentially administering their own medication. Areas covered include:
- The young person understands their medical condition and the side effects of any misuse of medication.
  - The young person understands the importance of administering the medication at the correct time, correct method and correct dosage.
  - The Manager and staff are aware of the side effects of the medication and how to respond in an emergency.
- 13.4 The medication will need to be stored in a locked cupboard in the meds.
- 13.5 A written record of the name, strength, dosage and quantity of medication received into the home must be recorded on the medication chart and it should be identified on the young person's health plan and risk assessments that they are administering their own medication. Staff should monitor the need for repeat prescriptions and order it for the young person.
- 13.6 The young person will be required to sign a medication record for self-administration and staff will act as second person witnessing.
- 13.7 With regard to sexually transmitted infections (STIs), young people themselves should only apply their own prescribed cream, not staff. If any concerns arise about compliance then advice should be sought from the health professional who prescribed the medication

## **14. ADMINISTRATION AWAY FROM SCHOOL**

- 14.1 When a child is away from school on a day trip medication must be taken in its original container. Medicines must not be dispensed into unsuitable containers i.e. envelopes but dosette boxes may be used.
- 14.2 Appropriate entries in the medication records and the child's records must indicate that the child has been away from school and details of the amount of medication the child has taken with them should be made. The Beeches Independent Schools medication book for signing medication in and out of the building must also be completed.

## **15. DISPOSAL OF MEDICATION**

- 15.1 All medication that is not used, including: medication that is out of date, student is leaving, medication is not being prescribe any more, will be returned parents/carers.

## 16. CONTROLLED DRUGS

### 16.1 **Receipt of controlled drugs e.g. valium, morphine sulphate, methylphenidate**

As for section 6 but two members of staff must sign for receipt of controlled drugs. This must also be logged in The Beeches Controlled Drugs Book and signed by 2 staff and counted daily 3.30pm.

### 16.2 **Storage of controlled drugs – as for section 7**

Controlled drugs must be stored in a locked box within the locked medicine cupboard.

### 16.3 **Administration and recording- as for section 6**

Follow the preparation process and the six rights of administration as detailed in section 7, but there must be two members of staff to administer and witness the administration. The Independent schools record book must be signed immediately by both members of staff and the medication must be counted and signed for in the Controlled Drugs book by 2 staff.

### 16.4 **Disposal – as for section 15**

All medication will be returned to parents/carers when it is not needed, out of date and at the end of each term. xx

## 17. COVERT ADMINISTRATION OF MEDICATION

17.1 The covert administration of medicines is only likely to be necessary or appropriate in the case of children who actively refuse medication but who are judged not to have the capacity to understand the consequences of their refusal. A view needs to be taken between all involved in the care and support, parental/guardian agreement and permission, of the child. In such circumstances the following conditions should apply:

- The best interests and well being of the child must be considered paramount at all times.
- The medication must be considered essential for the child's health and well being.
- The decision to administer a medication covertly should not be considered routine, and should be a contingency measure.
- Planned and regular attempts should be made to encourage the child to take their medication in the conventional manner, so as not to prolong the use of covert administration.

## Summary

2. Medication will only be accepted in school if:
  - (a) it has been prescribed by a doctor;
  - (b) It is non-prescriptive medication accompanied by written consent from the child's parent/guardian.
3. Medication will not be accepted in school without complete written and signed instructions from the parent/guardian.
4. Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time).
5. Each item of medication must be delivered in its original container and handed directly to the office.
6. Where the child travels on school transport with an escort, the parents/guardian should ensure the escort is informed of any medication sent with the child, including medication for administration during respite care.
7. Each item of medication must be clearly labelled with the following information: Child's name;  
Name of medication;  
Dosage;  
Frequency of dosage;  
Date of dispensing;  
Storage requirements (if important);  
Expiry date.
8. The school will not accept items of medication that are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered in school will be kept in a medical cabinet.
10. If requested, the school will provide parents/guardians with details of when medication has been administered to their child.
11. The only form of medication that school allows a child to retain is an inhaler for asthma.
12. It is the responsibility of parents/guardian to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the child's need for medication.
13. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
14. The school will make every effort to continue the administration of medication to a child whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

This policy was updated September 2017 by Kathryn Black. It will be reviewed annually.

**MEDICAL INFORMATION AND CONSENT FORM**

Name of Child ..... Date of Birth .....

Name of Parents/Carers .....

Home Telephone ..... Work Telephone (1) .....

Work Telephone (2) .....

Name of GP ..... Telephone .....

Hospital Consultant .....

Hospital ..... Telephone ..... Ext .....

I consent to my child receiving the following medication in school:

a) .....

b) .....

c) .....

Dosage:..... Duration of course.....

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Authority code of practice.

Signed ..... Date .....  
(parent/carer)