



Excellence for All

ADMINISTRATION OF MEDICATION POLICY

Rationale

An increasing number of the students who attend Manor Green School are likely to require prescribed medication during the school day and this policy takes into account the DfE guidance: Supporting Students at School with Medical Conditions December 2015.

Medication in School

A number of students in attendance at Manor Green School require prescribed medication in the course of the school day. The staff are responsible for the safe, legal and secure storage and administration of these medications.

ALL medication coming into school should either be delivered by parents in person, or in the case of students travelling on transport, handed directly to the driver/escort to be given to staff on arrival at school. **It is essential that medication is not placed in a student's bag where it can be accessed by others.**

This policy adheres to the Gillick Competency and Fraser Guidelines:

<https://www.nspcc.org.uk/preventing-abuse/Student-protection-system/legal-definition-Student-rights-law/gillick-competency-fraser-guidelines/>

Aims

- Prescribed medication will be administered to all students requiring them in accordance with the doctor's instructions on the label.
- Appropriate records of administration will be kept.
- Training of staff will be kept up to date if they are required to administer medication.
- All queries regarding medication will be followed up by the therapies' co-ordinator to ensure the health, safety and wellbeing of students.

Guidelines for Prescribed Medication

Supply

These guidelines are part of training for personnel who are to dispense medication.

1. The parents are responsible for supplying the necessary medication in the original container, clearly labelled as dispensed by the chemist.
2. Parents are required to complete and sign a Request for the School to give Medication form at the beginning of each September Term (and at any point when dosage or other changes to the medication occur) requesting that medication be given in school. This includes pain and fever relief (sometimes referred to as 'over the counter' medicines) and emergency epilepsy treatment.
3. Staff will regularly check for expiry dates and give parents at least one week's notice for further supplies of medicines.

4. If staff are experiencing any difficulty in the implementation of these guidelines, they should inform the therapies' co-ordinator.

Guidelines for non-prescribed medication

Supply

1. All parents/carers should complete and sign a Request for the School to give Medication form in order for paracetamol to be administered. School staff will contact parents/carers before giving the medicine. If the student has been given medication during the day the relevant information should be recorded in the communication book, with a telephone call home to advise the parents/carers.
2. If parents are unavailable, paracetamol will not be given before 1pm, as that would be a sufficient time lapse if they have had some at home. The dose administered will be according to guidelines on the bottle.
3. Maximum treatment times will be in line with what is recommended by the manufacturers.

NOTE – Students (and/or staff) who are deemed to be too ill to remain in school will be kept in isolation accompanied by staff, until parents / carers / partners can attend school, please see the Serious Illness Outbreak Policy for further guidance.

Storage of Medication

1. All medication should be stored securely in the designated locked cupboard located in class bases, or, if required, in a lockable refrigerator.
2. Separate locked storage is provided for controlled drugs.
3. Medicine cupboards/cabinets are not to be used for any other purpose, e. g. money storage.
4. All cupboards are to be kept locked; relevant information will be provided during induction training.

Records

1. All medication received into school will be recorded in the duplicate book held in each class base. A receipt will be given to the bearer of the medication, which should be signed by both parties.
2. All medicines received should be recorded on each student's Medication Administration Record sheet.
3. Any medication returned to parents, or disposed of by staff, should be recorded in the duplicate book held in the class base.
4. Records of receipt, administration and disposal of medication must be kept in each student's medical file.
5. Any spilt/wasted medicines should be signed for and recorded on the student's medicine sheet (see also section: Disposal of Medicines, point 4).
6. Completed receipt books, Medication Administration Record sheets and Request for the School to give Medication sheets will be archived at the end of each academic year.
7. Records must be kept for eight years after students leave, or death. (Ref DMSS circular 80 (7)).

Guidelines for recording and administration of Medication

Recording

1. Medication will only be administered upon receipt of a Request for the School to give Medication form, which has been completed and signed by parent/carer.
2. The Request for the School to give Medication form should be checked and signed by a cluster leader/therapies' co-ordinator before the medication is administered. A copy

of this form should be stored together with the Medication Administration Record sheet; the original form will be given in to the school office.

3. A Medication Administration Record sheet must be kept for each individual medication. It should include:
 - name and date of birth of the student
 - generic name of medication and strength of medication
 - dose of medicine
 - route of administration
 - commencement and termination dates
 - times of administration
 - Any special requirements e.g. crushed (only under specific instruction by a medical practitioner) before food, etc.
4. All entries should be written clearly in ink, and correct names should be used (not trade names)
5. Dosages should be written in milligrams, or as prescribed on the package.
6. When medicine is discontinued or the dose altered, a new medication sheet should be completed stating the new dose and any other relevant information.

Administration

1. All medication to be administered with two staff present.
2. Administration for prescribed medication should be carried out in accordance with the written instructions on the prescription label and signed for by both staff.
3. Administration for non-prescribed medication should be carried out in accordance with the dosage guidelines on the packaging and signed for by both staff.
4. Prescribed medication is only given to the student for whom it was prescribed in accordance with the prescription or instruction from the pharmacy.
5. General medicines must only be administered to the named student as advised by the parents/carers, and should NOT be used for any other student.
6. Students to be identified by photograph in Records of Administration of Medication file.
7. Medicines must be administered from original containers.
8. The Medication Administration Record form must be completed at the time the medicine is administered.
9. Refusals to take medication - if medication is refused wait and try again later. If still refused - record on medical sheet and inform parents as soon as practicable.
10. If a drug error occurs the Drug Error Protocol Guidelines should be followed.
11. If medicine is required on school outings, managers must ensure that a trained member of staff is appointed to administer the medication and follow protocols, e.g. signing in and out of medication. All medicines which need to be kept refrigerated will be stored in appropriate conditions, e.g. cool box.

Diabetes

1. Individual care plans will be followed for students'; these will be provided by their Diabetes' nurse.
2. Gloves must be worn for testing blood sugar levels and for the administration of the injection
3. Training will be provided by the Diabetes' nurse, who will also sign off staff after supervising the administration of medication.
4. Sharps to be disposed of in a secure sharps' box provided by the parents/Diabetes' nurse.
5. Parents/carers will be expected to provide a Hypo box and they will be responsible for keeping it topped up and up to date.
6. If Needle stick Injury occurs please follow plan attached.

Disposal of Medication

1. Medication should be returned to parents using the receipt book system, with an appropriate record made on the Medication Administration Record sheet.

2. Medication should be disposed of when:
 - The expiry date is reached
 - They are in a poor condition
 - Course of treatment is finished
 - Student leaves the School
 - The Student dies. In this case, they have to be kept for 7 days, in case required by the coroner.
3. Creams and ointments may be expelled from tubes into a plastic bag and placed in the yellow clinical waste bags. Needles, syringes and broken glass should be placed in the sharps' bin.
4. Any spilt/spoiled medicines need to be signed for and logged in the Medication Administration Record sheet.
5. Any medication left in cabinets at the end of the summer term should be signed over to the therapies' co-ordinator, who will dispose of them.

Guidelines for medication for onward transfer to respite facilities

Supply

1. All parents/carers are required to sign a request form asking the school to **store a package containing medication** for their student's use at their respite facility.
2. The package must be delivered personally by the parent/carer or by the transport escort and handed directly to classroom staff.
3. **The package must not be placed undeclared in a student's bag or overnight case.**

Storage

1. The **package containing medication** will be stored in the locked cupboard, within the Medical Room, designated for Respite Medication in Transit and **will not be taken to the class base.**
2. No details of individual medicines contained within the package will be recorded.
3. The package will be stored **unopened** and no responsibility will be taken by the school for the contents of the package, as **the medication is not for use in school.**
4. This cupboard is not to be used for any other purpose, e.g. money storage.
5. Only staff with a student in their class group, who needs to use this service, will have access to the inner storage cupboard.

Records

1. All packages containing medication received in school for onward transfer to respite facilities will be recorded in individual student receipt books, held in the locked cupboard within the Medical Room.
2. The receipt books will identify the student by name and photograph, and will contain date, time and signature details of packages received and delivered for that student.

NOTE – This is not a service which the school is obliged to offer.

References

UKCC Guidelines for Administration of Medicines
 Legislation applying to drugs and medicines include
 Medicines Act 1968
 Misuse of Drugs Act 1971
 Misuse of Drugs Regulations 1985, SI 1985/2066
 Misuse of Drugs (Safe Custody) Regulations 1973

Supporting students at Manor Green School with medical conditions

Students at Manor Green School will not be disadvantaged because of their diagnosis or medical condition and all practical arrangements will be made to ensure that they can continue to access learning and be supported in school.

The school will work with the community nurse and parents to ensure appropriate care plans are in place, where necessary. The community nurse, with parents, will decide upon where it is appropriate for students to have Medical Care Plans. Where the Medical Care Plan is not in place due to it not being returned, or signed, or where the medication is not in school, in the event of a seizure an ambulance will be called immediately.

Medical Care Plans will be copied and available in the school's Red Care Plan book, which is held for each student in school. Student's names will be redacted in accordance with GDPR.

In the event of a student needing to enter hospital for a period of time the school will liaise with health professionals and be guided by them as to when it is appropriate to begin providing school work.

The school will make the necessary arrangements for transition back into school, on a part time basis, if necessary. The school will risk assess, through consultation with health professionals, on how best to return the student to the school environment.

Each student's Medical Care Plan will be evaluated on an individual basis and shared with parents and, where appropriate, students will be consulted on their needs. These Medical Care Plans will be reviewed annually; however, if medical needs change they will be reviewed as necessary. Each Medical Care Plan will include, where necessary, emergency procedures for staff to follow when needed.

Written request from parents and the relevant Operational Leadership will be needed before medication can be administered by a member of staff in school.

Training will be given to all staff on the administration and delivery of medication in school. The community nurse will provide training on the administration of specific medication in school i.e. the administration of medication for Epilepsy, Diabetes, etc. on an annual basis.

It will be the responsibility of the therapies' co-ordinator to ensure that staff are trained and that the relevant staff are aware of the medical needs of students.

Risk assessments for off-site visits are the responsibility of the organiser of the visit and are to include the safe carrying of medication. The Educational Visit Leader will be responsible for the designation of who will be responsible for medication and where medications are to be administered, recognising the sensitivities of having to take medication in a public place.

Student managing their own medical needs

Students who are competent should be encouraged to take responsibility for their own medication. Parents will be consulted on the suitability of each student to be responsible.

Should a student need to go to hospital, a decision will be made as to whether a member of staff will stay with the student until the parent/carer or guardian is able to take over, or if necessary, accompany the student to the hospital by ambulance.

Raising Awareness of this Policy

We will raise awareness of this policy via:

- the Staff Handbook
- the school website
- The School Bus Compliance Manager

Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any student and it helps to promote equality at this school.

Review of procedure

This procedure shall be subject to periodic review and may be changed from time to time.

The Governing Board approved this policy on date: 6th December 2018



Signed:

Chair of Governors

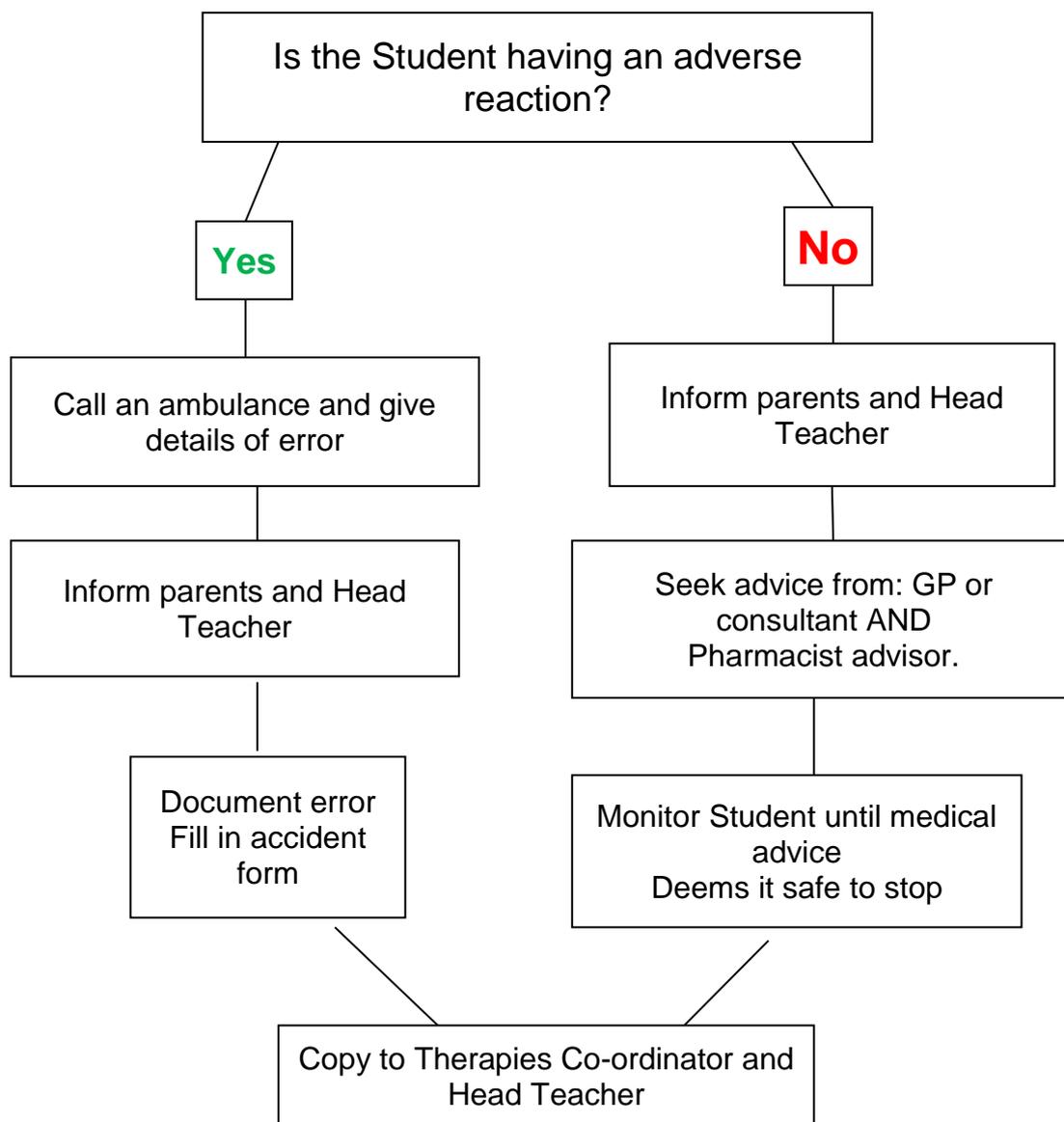


Signed:

Head teacher

N.B: ASPIRIN SHOULD NEVER BE GIVEN TO A STUDENT UNDER 12 YEARS OF AGE WITHOUT A PRESCRIPTION

If A Drug Error Occurs



Needle stick Injury: follow plan below.

Needle stick/Sharp injury – Epinephrine Auto-injector (Epipen), Needles, diabetic lances, etc.



Stop all procedures



Encourage the area to bleed for a few minutes (do not suck the area). Clean the area with running warm water (**preferably soapy water**) and **pat dry. Irrigate exposed mucous membrane continuously with water**



Attend the Accident and Emergency/Minor Injuries' unit of the local hospital for an assessment and blood test and post exposure prophylaxis, if indicated – applies to high risk individuals. Make sure as much information as possible is available to the medical attendant



Report injury in the accident book



Refer to Occupational Health



Report requested from GP /A&E Department (with consent)



Details of treatment including prophylaxis administered and tests undertaken evaluated

Any other relevant information

Consideration given to any required follow up treatment

Discussion with Virologist /OHP as required. Diarised in immunisation database



Request information at appropriate intervals (up to 6 months)

Considerations

Counselling

Communications



Avoidance of mood deterioration

Sexual transmission

Side effects of medication

Details



Baseline review 2 years

6 weeks HbsAgHCV RNA LFTs, Anti-HIV

12 weeks HbsAg.HCV RNA Anti-HCV, Anti-HIV

24 weeks Hbs.Ag, Anti-HCV, Anti-HIV



Reports to management

Epinephrine Auto-injector (Epipen) injury. Ambulance must be called and Epipen must be kept and given to ambulance staff

Note:
Generally Risk is very Low

Remember
There is very little risk of infection by HIV (The virus that can lead to AIDS).
There may be a risk of Hepatitis, Tetanus or other blood borne infections.