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**Medicines Guidance for Solent Academies Trust (Mary Rose Academy)**

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Purpose of Policy	To provide information for School Staff to enable them to support schools in the Solent Academies Trust with medicines management.
Name of Approving Committees/Groups	Medicines Management and Safety Committee
Operational Date	1 <sup>st</sup> September 2016
Policy Review Date	July 2019
Member of staff responsible for implementing policy	Jo Petch, Head of School Mary Rose
Document developed in consultation with	Solent NHS, School nurse, Senior Leaders at Mary Rose
Website Location	Policies section

With thanks to Birmingham Community Healthcare NHS Trust for the use of their Medication Guidance for Birmingham Schools document 2015.

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### 1.0 Introduction

- 1.1 The supervising or giving of medication to a pupil is a parental responsibility but teachers, school nurses and other staff may be asked to perform this task to facilitate a child's ongoing education. Staff administer medicines voluntarily after receiving appropriate training and in accordance with these Guidelines.
- 1.2 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- 1.3 The school is responsible for developing and regularly reviewing its the medication policy and related policies and procedures, copies of which should be available to school staff and parents / carers. School nurses, however, employed by Solent NHS Trust, will be governed by Trust policies and procedures. School and Trust documents should work in tandem with each other and not be a source of confusion.
- 1.4 Unless pupils are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take or be given medication during school hours. The policy and procedures developed by the school should be primarily designed for the benefit of the pupil but should also maintain the safety of staff and other pupils.
- 1.5 Some pupils with medical needs may require emergency treatment. They should have an individual Health Care Plan developed in partnership with parents, school staff, school nurses and other health and social care professionals. Staff will require appropriate training.
- 1.6 Pupils, where appropriate, should be taught about illness and disability and should be encouraged to respect medication. Fostering such an attitude may help to avoid possible problems of misuse of medication.
- 1.7 This guidance is for all staff working for the Trust which includes 3 special schools.
- 1.8 This guidance must be read in conjunction with the Trust's Medicines Policy and the SOP for Administering Medicines in Special Schools which have been adopted by The Solent Academies Trust.
- 1.9 Throughout this document the term "parent/carer" indicates a person with legal parental responsibility.

## **2.0 General Principles**

- 2.1 The head teacher and all school staff and Solent NHS Trust staff must treat all medical information as confidential.
- 2.2 On a pupil's admission to the school the parent/carer must be asked to complete an admission form giving full details of medical conditions, any regular and emergency medication required, name of GP, emergency contact numbers, details of hospital

consultants, allergies, special dietary requirements and any other relevant information. This information must be renewed and re-signed at least annually.

- 2.3 Schools should normally only agree to administer prescribed medication. However in some circumstances non-prescribed medication may be administered, for example paracetamol for pain relief with parent/carer permission and adrenaline in cases of anaphylactic reaction.
- 2.4 Parents/carers should be encouraged to ask the pupil's clinician to prescribe medication which can be administered outside of school hours wherever possible, for example, asthma *preventer* inhalers, anticonvulsant medication and antibiotics.
- 2.5 There must be clear procedure for the safe receipt, storage, administration, return and disposal of medication.
- 2.6 There must be appropriate access to, and privacy for, the use of medication.
- 2.7 If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/or a healthcare professional, documenting any action taken.
- 2.8 The names and contact details of the school nurse must be available to appropriate school staff in each school in the trust.

### **3.0 Responsibilities**

- 3.1 The school governing body is responsible for developing and regularly reviewing this medication policy and related policies and procedures and for ensuring their implementation. Copies of the school medication policy should be available to all staff and parents/carers.
- 3.2 Solent NHS Trust is responsible for ensuring that their staff involved in the administration of medication in schools receive support and training appropriate for the tasks they undertake. Staff should receive occupational health advice when appropriate. They should know the action to be taken in the event of an incident involving medication, including how to report the incident. They should also know the action to be taken in the event of a needle stick injury.
- 3.3 When it is agreed that medication is to be administered during the school day, parents/carers must provide a written request detailing all appropriate information. This must be kept by the staff member who is to be responsible for administering the medication. Verbal instructions are not acceptable.

- 3.4 Medication brought into school must be handed over by the parent/carer to a named member of staff unless it has been previously agreed that the pupil can carry their own medication e.g. reliever inhaler.
- 3.5 It is the parent's/carer's responsibility to provide the school with the medication required. The medication must be as dispensed and be provided in the original container and must be clearly labelled with:
- name of pupil
  - name and form of medication
  - strength of medication
  - how much to give i.e. dose
  - when it should be given
  - length of treatment/finish date, where appropriate
  - any other instructions
  - expiry date or where there is no expiry date the medication must have been dispensed within the last 6 months. Note that while all liquid medicines will have a manufacturer's expiry date some may state that the contents must be used within a set number of days of first opening. In such cases the date opened and the calculated expiry date must be added to the label.

**NB:** The label "To be taken as directed" does not provide sufficient information. Precise information is required.

- 3.6 Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.
- 3.7 If medication and/or its dosage needs to be changed or discontinued, the school must be informed in writing by the parent/carer or the pupil's doctor. See also section 6.6.
- 3.8 It is the parents / carers responsibility to make sure that medication is replenished when needed. The school will liaise with parents/carers to ensure an appropriate balance between having sufficient medication to maintain treatment and having too much which may be wasteful.
- 3.9 The school must work in partnership with parents/carers to ensure that all medical information is current and medication is still fit to use.
- 3.10 Parents/carers must ensure that their child understands their responsibility if they carry their own medication. See section 4.

#### **4. Self-Management of Medicines**

- 4.1 The point at which pupils are ready to take care of and be responsible for their own medication varies. Pupils in school should be encouraged to participate in decisions about their medication and be supported to take responsibility for their own medication whenever possible. Following risk assessment they may either keep medication securely on themselves or in lockable facilities where they may be allowed supervised access to their own supply in order to self-medicate.

- 4.2 Decisions about the level of supervision required and the custody of medication must be documented and receive parental consent. The nurse will need to assess a pupil if medication is to be self-administered. The risk assessment must take into account the safety of other pupils.
- 4.3 With the exception of emergency medication all other medication will be kept in lockable, non-portable, facilities.

## **5. Storage of Medicines**

- 5.1 Medicines, when not in use, must be stored in a safe and secure place. This will normally be a locked medicine cupboard, controlled drug cabinet or locked medicine refrigerator. The medication must be accessible to the appropriate members of staff. However there are some important exceptions:
- All emergency medication must be stored safely but must be readily available to staff at all times. It should not usually be stored in a locked cupboard unless a risk assessment shows this to be necessary e.g. epilepsy rescue medication.
  - Asthma “reliever” inhalers must be readily available at all times, including prior to and during exercise. Whenever possible pupils should be responsible for their own inhalers, but when this is not possible the inhaler should be kept in an easily accessible place. The need for a pupil to have ready access to their inhaler should override any concerns about misuse by others.
  - Special arrangements need to be made for out of school activities
- 5.2 The keys to all medicine storage must be kept by the senior registered nurse at all times unless another registered nurse is using the keys to access medicines for a pupil. A record must be kept of all named staff who are authorised to have access to medication.
- 5.3 A registered nurse must check all medicine cupboards, CD cabinets and medicine refrigerators at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required must be returned to the pupil’s parents/carers or disposed of in accordance with the Trust Waste Management Policy.

## **6. Administration of Medicines**

- 6.1 Staff agreeing to administer medicines must have received training appropriate to the tasks they are asked to perform.
- 6.2 Facilities must be available to enable staff to wash their hands before and after administering medicines and to clean any equipment used.
- 6.3 Ideally, medicines administration should take place in the same room where the medicines are kept. All the necessary paperwork should be available at the time of administering medication. This will include the written consent and school medication administration

records. At Mary Rose Academy a system using a lockable trolley has been agreed for use across the school. See appendices 1 and 2.

- 6.4 Medicines must only be administered to one pupil at a time.
- 6.5 There must be a mechanism in place which enables staff administering medication to positively identify the pupil at the time of administration e.g. by confirming with the pupil where possible their name, date of birth and/or comparing with a recent photo attached to the Medicines Administration Record. When a pupil photograph is not available and the pupil cannot give his or her details, then a second check with a member of staff who does know the pupil or some other way of checking identity should be implemented. Parental consent will be needed for photographs taken to go on medicine records.
- 6.6 Before administering medicines the member of staff must check
- the pupil's identity
  - that there is written consent from a parent/carer
  - that the medication name, form, strength and dose instructions match the details on the consent form
  - that the name on the medication label is that of the pupil being given the medication
  - that the medication to be given is in date
  - that the pupil has not already been given the medication
- 6.7 If staff have any concerns related to the administration of a medicines they must **not administer the medicines** but check with the parent/carer or other health professional, documenting any action taken.
- 6.8 Immediately after administering, or supervising the administration of medicines, written records must be completed and signed.
- 6.9 When a medicine cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medicine must be provided by the parent/carer, following advice from a healthcare professional.
- 6.10 If a pupil refuses to take a medicine they should not be forced to do so. Refusal must be documented and agreed procedures followed. Parents/carers must be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the Trust's emergency procedures must be followed.

## 7. Record Keeping

- 7.1 A parental consent form must be completed each time there is a request for medicines to be administered. See appendix 1. All relevant information must be supplied including:
- pupil's name
  - pupil's date of birth
  - name, strength and form of medicines to be administered
  - clear concise dosage instructions
  - emergency contact names and telephone numbers
  - parent/carer signature

- 7.2 A record of all medicines received from and returned to parents/carers must be kept (see appendix 3) that includes the following:
- the name of the pupil
  - pupil's date of birth
  - the name, form and strength of each medicine received or returned
  - quantity of each medicine received or returned
  - on receipt, confirmation that the medicine is within its expiry date
  - on receipt, confirmation that the label instructions on the medicine match the Medicines Administration Record for the pupil.
- 7.3 A record of the administration of medicines must be kept (see appendix 2) that includes the following:
- the name of the pupil
  - pupil's date of birth
  - the name, form and strength of each medicine
  - dose given
  - route of administration e.g. by mouth
  - the date and time of administration
  - the signature of the person responsible for the administration
- 7.4 Reasons for any non-administration of medicines must be recorded and the parent/carer informed as soon as possible. Wasted doses (e.g. tablet dropped on floor) must also be recorded.
- 7.5 When a pupil is self-administering there must be a written request which states whether or not the self-administration needs to be supervised. If it is supervised a record of when a pupil takes medication must be kept on the Medicines Administration Record as above.
- 7.6 Changes to instructions can only be accepted when received in writing. A fresh supply of correctly labelled medicine must be obtained as soon as possible. All actions must be documented.

## **8. Out of School Activities**

- 8.1 If a medicine is required during a school trip it should be carried by the pupil if this is normal practice e.g. asthma inhalers. If not, then medicines must be carried by a member of staff who would be responsible for administering the medication, or the parent/carer if present. If a pupil requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container.
- 8.2 Safe storage and accessibility of medication must form part of the risk assessment for all out of school activities.
- 8.3 If residential trips are being considered, parents/carers may need to seek advice from the pupil's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy.
- 8.4 Information on the carriage of medication including specific advice about the carriage of Controlled Drugs is obtained from the Trust's Medicines Management Team.

8.5 It is essential to inform all members of staff who may have responsibility for the pupil during the day about the need for medication and what to do should a medical emergency arise. The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal school staff responsible for the supervision or administration of medication e.g. in breakfast / after school clubs or during sports events.

## **9. Pain Relief**

9.1 Sometimes pupils may require pain relief at school. If regular or as required pain relief has been prescribed for the pupil then this would be included within the consent to administer medicines process and appropriately labelled medicines provided by the parent/carer.

9.2 If pain relief is not prescribed for a pupil, the registered nurse may give paracetamol for relief of pain, providing that:

- consent for the administration of paracetamol for relief of pain has been obtained from the parent/carer
- paracetamol has been added to the Medicines Administration Record
- the nurse can confirm that a dose of paracetamol has not been given to the pupil within the last 4 to 6 hours.

9.3 A full record of the checks made, administration of paracetamol and the dose given must be made in the usual way and the parent/ carer informed on the same day, indicating when the dose was given and when a further dose may safely be given if required.

9.4 If a pupil suffers from pain regularly the parents/carers should be encouraged to seek medical advice.

## **10. Medical Emergencies**

10.1 Solent NHS Trust staff must refer to the Trust's Management of Resuscitation Policy and School's emergency aid policy. All staff must know who is responsible for carrying out emergency procedures:

- calling for an ambulance
- where emergency medication is stored
- who should administer the medication
- who should stay with the pupil
- supervision of other pupils nearby

10.2 Emergency medication must always be readily accessible. See also 5.1. A copy of the pupil's individual management plan/authorisation form must be kept with the medication and must include clear precise details of the action to be taken in an emergency.

10.3 Whenever an ambulance has been called an incident form must be completed after the event.

10.4 If registered nurses agree to administer emergency medicines, specific specialised training is required which includes the circumstances when the emergency medicine should be given

and the particulars of actual administration of the emergency medicine. Training must be updated annually and records must be kept of all training received.

- 10.5 Where pupils are prescribed adrenaline auto-injectors (e.g. EpiPen/Jext) for emergency treatment of anaphylaxis, if possible, these are best carried by the pupil with a spare auto-injector device stored in school. Alternatively, the adrenaline must be kept in a secure place which is easily accessible in case of emergency. There must be clear written dated instructions specifying dose, when to give and further action to be taken. These instructions must be kept with the medication with a spare copy kept by the school. Parents / carers must be asked to ensure that dosage requirements are regularly updated and new, dated instructions are issued to the school whenever a change is made to the instructions.
- 10.6 Pupils who are at risk of prolonged seizures may be prescribed emergency rescue medication e.g. buccal Midazolam or rectal Diazepam. Ideally there should be two members of staff present when emergency rescue medication is being administered. When rectal Diazepam is administered one member of staff should preferably be the same gender as the pupil.
- 10.7 Pupils who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most pupils will also have a concentrated glucose gel preparation e.g. Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.
- 10.8 Pupils who are known to have asthma must have a reliever inhaler available at all times in school. Whenever possible pupils should carry their own reliever inhaler and ideally a spare reliever inhaler should be kept in school.

## **11. Food Supplements and Alternative Medications (e.g. Homeopathic and Herbal Remedies)**

- 11.1 Staff will only agree to administer food supplements and alternative medications which have been prescribed or supported in writing by the child's clinician.

## **12. Attention Deficit Hyperactivity Disorder (ADHD)**

- 12.1 When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural conditions. A lunch time dose of medication may be required to control the pupil's symptoms during the afternoon, allowing effective learning to take place.
- 12.2 Methylphenidate (e.g. Ritalin, Concerta XL, Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Methylphenidate is legally categorised as a Controlled Drug, and must be stored in a controlled drugs cabinet when received from parents/carers.

## **13. Return of Medication**

- 13.1 Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal. Medicines must be returned to the pupil's parent/ carer:
- when the course of treatment is complete
  - when labels become detached or unreadable
  - when instructions are changed
  - when the expiry date has been reached
  - at the end of each term (or half term if necessary)
- 13.2 At the end of every term a check of all medication storage areas must be made. Any medicines not collected by parents/carers and no longer required must be disposed of safely in accordance with the Trust's Waste Management Policy.
- 13.3 All medication returned or disposed of must be recorded and signed for.
- 13.4 **No medication should be disposed of into the sewage system or into the refuse.**
- 13.5 Empty medicine containers must have the name of the pupil removed or obliterated before disposal as part of information governance procedures.
- 14. Misuse of Medicines**
- 14.1 Loss or suspected theft of any medicines must be reported as an incident in accordance with the Trust's Incident Reporting procedures. Further advice can be obtained from the Medicines Management Team.
- 14.2 For pupils suspected of abusing or misusing medicines or other substances, staff must in the first instance discuss their concerns with the pupil's clinician.

### **Appendices**

1. School Medication Consent Form
2. School Medicines Administration Record Chart
3. Record of Medicines Received from and Returned to Parents/Carers
4. Equality Impact Assessment