

Supporting Pupils with Medical Conditions, Medication Administration Policy & Processes

Created by	Elisa Witts & Gemma Talbot
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Part A

1. Vision and Aims

Our vision is to create a community where everyone achieves and thrives, so that all our students succeed through their education years and beyond. Everyone is valued within a safe and nurturing environment. All our students have full and equal access to an ambitious curriculum, rich learning experiences and high-quality personalised support.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

This policy applies to all Linwood Campus', Link + and Extended Services (After school clubs and Holiday clubs).

This policy specifically relates to physical health conditions. For policy & guidance on supporting pupils' mental health and wellbeing please also see the Regulation & Engagement Policy & the Positive Mental Health Policy.

2. Legislation

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions \(2015\)](#)

3. Roles & Responsibilities

3.1 The Governing Board

The governing board has responsibility to ensure the safety and welfare of all students is prioritised. Through the learning & achievement committee the governing board will ensure and have oversight that there are effective arrangements in place for staff to be properly trained and supported in school.

3.2 The Executive Headteacher

The Executive Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Care Plans (CPs), including in contingency and emergency situations
- Take overall responsibility for the development and monitoring of CPs.

3.3 The Deputy Headteacher/ Phase Leader will:

- Make staff aware of pupil's condition, where appropriate
- Make sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils.

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Initial assessment to be completed by the phase leader to identify medical needs and staff training required before starting school. Phase leaders will identify if this is required using information from the EHCP & liaise with clinical colleagues as necessary. (See form list at the end of this document).

3.4 Staff

Any member of staff may be asked to provide support to pupils with medical conditions, providing they are given the appropriate training. This includes the administration of medicines. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of pupils with medical conditions that they teach and they will ensure that CP's are up to date and accessible in class for staff to read and understand. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

There may be circumstances, for specific students, that staff will receive training before a student is admitted to the school or transitions between classes within the school.

Staff may also advocate for students with regards to information when updating Care Plans.

3.5 Parents

Parents will:

Provide the school with sufficient and up-to-date information about their child's medical needs

Be involved in the development and review of their child's CP and may be involved in its drafting

Carry out any action they have agreed to as part of the implementation of the EHCP or CP e.g. provide medicines and equipment (section 5 part 2).

If a child or young person is visiting Linwood or Extended Services parents will complete a Medical Advisory Form, (See form list at the end of this document).

Where possible send in unopened bottles or full packets of medication, all of which will have a pharmacy label with clear directions on each item.

Consent forms for each item of medication will be provided with clear instructions and signed.

If, when a pupil transitions into the school there are insufficient staff trained to support the medical needs of the pupil, the school will liaise with parents and parents may provide practical support within the school setting for their child/young person until sufficient staff are trained and competent.

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their CPs. They are also expected to comply with their CPs.

3.7 School nurses and other healthcare professionals

Registered nurses (known as School Based Nurses) employed by the Commissioned Service, Diverse Abilities, will audit, monitor and provide advice, support and training regarding the administration of medicines and key clinical procedures at Linwood School as requested and agreed with school management. Administration of medicines remains the responsibility of the school management.

For new pupils to the school, Phase Leaders liaise with School Based Nurses, who have contact with other healthcare professionals, such as GPs and paediatricians.

NHS School Nursing Service support Linwood by providing specific training and advice.

Other health care professional, such as, community nurses, hearing and vision support services provide advice, information and training in relation to specific pupils.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and remove barriers that may prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Individual care plans (CP's)

Care Plans will be reviewed at least annually, being checked during the annual EHCP review process or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an CP. It will be agreed with a healthcare professional and the parents when an CP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. CPs will be linked to, or become part of the Education health and care (EHC) plan. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher, will consider the following when deciding what information to record on CPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required

- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Part B

Linwood School Medicine Policy

1. Introduction

- 1.1. Linwood School provides support to pupils with a wide range of special educational needs. Some of the pupils will require medicines to be administered during the school day.
- 1.2. When the word “staff” is written in this document it is referring people employed by Linwood School. “School” or “Linwood School” refers to the services based at the different campuses that come under the Linwood umbrella: Linwood Campus, Littlewood Campus, Springwood Campus, Summerwood Campus, Woodford Campus CHI training and includes Link+ and Extended Services (after school and holiday clubs).
- 1.3. Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so. When possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

2. The aims of this policy are:

- 2.1. To enable the children and young people school support to take or receive necessary medicines safely and in the correct way.
- 2.2. As far as possible to enable the children and young people school support and others acting on their behalf to understand their medicines and the reason they are required.
- 2.3. To provide staff with the skills to handle and store medicines safely, securely and appropriately.
- 2.4. To ensure that staff follow published guidance about how to use medicines safely.
- 2.5. To provide a framework for managing adverse incidents related to medicines.

3. Roles and Responsibilities

- 3.1. All Staff Members:
 - 3.1.1. All staff should be aware of and act in accordance with these policies and procedures. A copy of the policy should be easily accessible for all to access or refer to when required.
- 3.2. Staff who are trained to administer medicines:
 - 3.2.1. When administering medicines, individual staff are accountable for their actions.
 - 3.2.2. Where relevant, staff should act in accordance with their professional regulator.
 - 3.2.3. Staff should only provide advice and information within their professional role and are accountable for advice or information provided. This must be recorded in a person’s individual records, signed and dated.
- 3.3. Executive Head Teacher:
 - 3.3.1. The Executive Head Teacher has overall responsibility for medicine management in all of Linwood school campuses, including training, monitoring and investigating any errors. This responsibility may be delegated to the managers of each campus.
- 3.4. Parent/ Carer:

- 3.4.1. Those with responsibility for decision-making for the children and young adults we support should ensure all details of medicines required are given to Linwood School and that changes are communicated promptly. They will also be responsible for ensuring an adequate quantity of medicine is available.
- 3.4.2. Where possible send in unopened bottles or full packets of medication, all of which will have a pharmacy label with clear directions on each item. If this is not possible then a note of when the bottle was opened should be written on the bottle and shared with the class team.
- 3.4.3. Consent forms for each item of medication will be provided with clear instructions and signed.
- 3.5. Commissioned Health Service:
 - 3.5.1. Registered nurses (known as School Based Nurses) employed by the Commissioned Service, Diverse Abilities, will audit, monitor and provide advice, support and training regarding the administration of medicines at Linwood School as requested and agreed with school management. Administration of medicines remains the responsibility of the school management.

4. Liability

- 4.1. Linwood School insurance covers the legal liability of staff working with medicines and related tasks. Linwood School also indemnifies staff whilst carrying out official duties, in respect of the consequences of negligent acts or omissions committed in the course of their duties resulting in personal injury and/or property damage to third parties. The indemnity does not apply where staff act outside their contract of employment or authorised duties (e.g. by ignoring instructions or this policy), or where there is fraud, dishonesty, criminal or unlawful acts.
- 4.2. Diverse Abilities insurance covers the legal liability of employees working with medicines and related tasks. Diverse Abilities also indemnifies employees whilst carrying out official duties, in respect of the consequences of negligent acts or omissions committed in the course of their duties resulting in personal injury and/or property damage to third parties. The indemnity does not apply where employees act outside their contract of employment or authorised duties (e.g. by ignoring instructions or this policy), or where there is fraud, dishonesty, criminal or unlawful acts.

5. Documentation

- 5.1. Each child or young person attending Linwood School will have written consent provided by the adult with parental responsibility (See form list at the end of this document), for each medicine required, indicating the dose and the time or circumstances under which they are required, method of administration (route) and the level of support required.

The consent form can be obtained from school reception offices or can be downloaded from the school website.

Parents/carers are asked to return the form together with the medication via their passenger transport assistant or directly to their campus reception office.

- 5.2. The administration of a medicine will be documented on a medicine administration record (**MAR**). This should be the Linwood School MAR, typed or written on to an agreed format (See form list at the end of this document), by a staff member who has been assessed as competent to manage medicines. The MAR must be checked by a second staff member who has also been assessed as competent to manage medicines (see 10.2.2). The staff who

produce and check the MAR are accountable for the information they transcribe on to the MAR and must sign each form.

- 5.3. Verbal orders to change medicines cannot be acted upon. If a person's health would be put at risk by not changing the medicine immediately, the child should either go home, parent/Carer can attend school to administer or to hospital as appropriate.
- 5.4. A record will be kept on MARs of all medicines brought into a Linwood School (See form list at the end of this document), and the pharmacy label checked against consent forms on all labelled medicines. If a discrepancy is discovered then the Parent/carers should be contacted. Labels should never be altered.
- 5.6. Similarly, a dated record should be kept of all medicines sent out of school. Medicines that are wasted should be document on the MARs, in order to provide a complete audit trail.
- 5.7. **Controlled drugs (CDs)** will also be recorded on MARs forms as well as in a separate, bound book kept for this purpose. One page should be allocated for each CD preparation per person supported. As well as detailing the exact amount of the medicine that is brought into Linwood, used and a current balance after each administration, a weekly stock check of these medicines will also be carried out. Two members of staff, both of whom have basic medicine training, should witness all entries in a CD book. If there is a balance error this should be treated as a medicine incident – see section 9. A list of controlled drugs in the UK is available from <https://www.gov.uk/government/publications/controlled-drugs-list--2>
- 5.8. Cytotoxic and cytostatic medicines (See form list at the end of this document), should be indicated on the MAR sheet as these can be harmful to pregnant women. (Staff who are pregnant or trying to become pregnant should consult a senior manager from their service so that their work can be risk assessed and altered if necessary. If in any doubt, a pharmacist should be contacted for advice.
- 5.9. If any new medicines are started for a person, the member of staff writing the MAR should check for properties that may pose a risk to any staff members and need for special storage facilities. This can be done on the following website: www.medicines.org.uk

6. Storage of medicines

- 6.1. Medicines are the property of the person for whom they are prescribed and should be treated as such. Medicines will only be used for the person for whom they are prescribed. We will always follow manufacturer and health and safety guidance for storing specific medicines (such as Controlled Drugs, Oxygen, or items that require refrigeration) – some of which are detailed below and in Part C.

Part C

Linwood School Medicine Processes & Documentation

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6. Storage of medicines

- 6.1. In Linwood School medicines should be stored in a designated, locked cupboard at the correct temperature (room temperature should be less than 25c). Those medicines that require refrigeration will be stored in a lockable refrigerator in an area not accessible by children and young people school support. The temperature must be maintained between 2-8c, maximum/minimum temperatures monitored daily and recorded on the temperature log (See form list at the end of this document). This contains instructions for actions to take if the temperature is outside these limits. There is also a form to complete in the event of any medicines needing to be kept in the fridge, the Fridge contents sheet. This is to be kept in the blue medical fridge folder near the fridge and the form is listed at the end of this document.
- 6.2. In Linwood School controlled drugs (CDs) will be stored in a separate locked official Controlled Medicines Cabinet, this will be positioned with in a locked room where, pupils do not have access. The key for each controlled medication cabinet will be kept in a specific key safe or campus safe. This is also where the bound book for that drug will be kept.
- 6.3. Oxygen can be stored on site at Linwood campus, it needs to be kept in an upright position away from any flammable material. The oxygen is only to be use for the person it is prescribed. The storage room and classroom risk assessment will be in place for the individual pupil. The quantity of oxygen will be monitored daily using an Oxygen Storage Record Sheet (see document list at the end of the policy).
- 6.4. An exception to the above policy will occur when medicines for emergency use need to be carried with a child or young person school support. This should be documented in the care plan and medicines carried in an emergency medicine (red) ‘bum bag’. The ‘bum bag’ will accompany the supported person wherever they are. A plan detailing the precise circumstances under which this medicine should be given will be carried in this same bag as well as in the care plan.
- 6.5. Inhalers that have been prescribed for individual use should always be accessible for pupils and carried near or with them at all times. Any pupil who has a diagnosis of asthma should have a care plan supplied by their nurse at the GP surgery.
- 6.6. Staff who administer medicines should check that a school has sufficient stock of a medicine for at least the duration of a person’s attendance of school for at least a week. If there is insufficient stock, the person’s next of kin should be asked to obtain more supplies.
- 6.7. If a medicine label becomes illegible it should be returned to the parent (or young person if appropriate).

- 6.8. Keys to any place where medicines are stored must be kept secure at all times, either locked away in a key safe near to the medicines cabinet, or campus site main safe.
- 6.9. Staff who carry their own medicines are responsible for ensuring the safety of those medicines. Medicines must be kept out of sight and locked away in a staff locker or office. It is advisable for any members of staff who may require medicines urgently (e.g. “EpiPens” or inhaled drugs for acute asthma) to advise their line manager and colleagues of the location of medicine and to share any emergency plans with their line manager. Any medical condition that may affect their work must be disclosed to their line manager.
- 6.10. If medicines need to be transported between campuses or outside of the School environment they will normally be carried in a named, easily identifiable bag. If this is not possible (e.g. due to volume of medicines to be transported) they should be in an easily identifiable, labelled bag, separate to other equipment/luggage. A member of staff should be designated to be responsible for medicines during transit.
- 6.11. If a medicine is needed for a student on transport, then the student’s bag must be locked away where no students have access.
- 6.12. If a young person is in Linwood’s Post 16 groups located at Summerwood and CHI and they are deemed to have capacity (as identified in the definitions section listed at the end of the policy) then it is acceptable for them to keep their own medication on them at all times including medication such as pain relief & inhalers for treating asthma. All pupils at Summerwood have access to personal lockers to keep their bags. If any young person is mentally unwell or not have capacity then a risk assessment will be carried out as to their fitness to look after their own medication. A consent form is required when there is a new medication or a change to an existing medication. It is to be make clear to them that they are not to share this medication or take more than they are allowed as per the direction on the medication. (Examples of this are Paracetamol for pain relief and emergency Buccal Midazolam for when they are working in the community independently). In this case these will not be recorded as this is not practical. If, however, Buccal Midazolam is required on a Linwood site it would be recorded as per policy.
- 6.12.1. If the drug is a Controlled Drug then this is to be stored in accordance with CD storage measures (see 6.2). When located on a Linwood site, any other medication will be stored in a locked medication cabinet and will require consent and MARs forms when administering.
- 6.12.2. Post 16 and Post 19 groups at Linwood campus will follow standard storage and administration procedures, of consent, MARs form and two trained* staff to administer the medication (see 10.2.6)
- 6.13. When medicines are returned to the person responsible for the child or young person school support they should be signed out on the MAR to maintain audit trails. Medicines will be returned at the end of the school year.
- 6.14. Each individual’s MARs and Consent forms will be archived by uploading them onto Arbor.
- 6.15. Other organisations using buildings owned by Linwood School are entirely responsible for medicines used in their proceedings. No medicines used by other organisations will be stored in Linwood School facilities.

7 Process of administering medicines

- 7.1. The normal procedure for administering medicines is outlined in the flowchart document. The process of administering medicines should not be solely a mechanistic task to be performed automatically but requires the exercise of thought and reasonable judgement within the role of the member of staff.
- 7.2. Medicines must only be administered to one person at a time. The whole procedure of administering a medicine to an individual should be carried out by staff without being distracted by other tasks until the procedure has ended.
- 7.3. Medicines must be taken directly from the original container, as supplied and labelled by a pharmacist.
- 7.4. Medicines should only be prepared for administration (e.g. by drawing into a syringe) immediately prior to use.
- 7.5. Staff members must never administer a medicine that has been prepared by another, including next of kin, unless they have witnessed the whole procedure.
- 7.6. Normal hand washing should be carried out before and after each medicine administration session to an individual child or young person and therefore between providing care for each child or young person school support.
- 7.7. Medicines will not be altered in any way (e.g. Tablets will not be crushed or capsules opened or liquids diluted) unless agreed by prescriber and pharmacist and documented on the MAR. (See form list at the end of this document, for covert administering of medications letter).
- 7.8. Gloves should be worn by all staff when preparing tablets/capsules for administration by crushing or splitting them and when administering medicines with carcinogenic/mutagenic potential (See form list at the end of this document). The gloves should be disposed of after each administration.
- 7.9. Medicine administration will be carried out by a member of staff who has read the policy and received appropriate training. A second* trained member of staff must check each stage of the process and countersign the MAR. *Ideally be fully trained to administer medication.
- 7.10. The dignity of the child or young person school support will be maintained throughout the procedure of administering medicines.
- 7.11. A child or young person should be involved in the administration of their medicines as much as possible. The co-operation of that child or young person, according to their ability, will be gained before each administration of a medicine. In exceptional circumstances it may be regarded as in a person's best interests to administer medicine "covertly". This decision will be reached by a group of people including an adult with parental responsibility, the prescriber/specialist practitioner and a school representative, and will be documented in the care plan. This decision will be reviewed regularly and at least annually. (See form list at the end of this document).
- 7.12. If a regular medicine is not administered, the reason should be documented on the MAR.
- 7.13. If a medicine is administered orally or enterally and the child or young person school support vomits within an hour this should be recorded on the MAR. Likewise if a medicine is administered rectally and a child or young person has a bowel action within 60 minutes this should be recorded on the MAR.

- 7.14. If a person's next of kin is present and administers a medicine, this is at their sole discretion and Linwood School assume no responsibility for this action. No record need be kept of this unless it is a medicine normally administered by Linwood School staff, in which case the MAR should be used to record the administration by next of kin.
- 7.15. If a controlled drug is administered, this should be recorded in the controlled drugs book at School as well as on the MAR sheet.
- 7.16. As and when required medicines (PRN medicines) and variable doses:
- 7.16.1. Certain medicines will be required only in specific circumstances, rather than on a regular basis. Likewise, some medicines may be prescribed with a variable dose depending on circumstances. Information from a registered prescriber/specialist and next of kin will be obtained for the administration of such medicines in the same way as for regular medicines. In addition, instructions on the circumstances under which the medicine should be administered will be clearly documented on the MAR, along with instructions regarding frequency, minimum and maximum doses and maximum allowed in a 24 hour period.
- 7.16.2. If a medicine prescribed for PRN use is administered frequently, or if the medicine does not have the expected effect, school staff should ask the person with parental responsibility to seek further advice.
- 7.16.3. The exact time of administration and the amount given must be recorded on the MAR sheet. Both individuals involved in checking and administering the medicine should sign the MAR.
- 7.17. Over the Counter (OTC) medicines:
- 7.17.1. Over the counter topical barrier creams will only be administered with the agreement of parents. These should be supplied by the parent/carer. Due to the complex health needs of many of the children and young people school support, within Linwood School all medicines including topical barrier creams must be authorised in the same way as prescription only medicines (consent form) to avoid problems of interactions and adverse effects. Prescription labels, while ideal, may not be present on over the counter paracetamol. Consent must always be obtained as per section 5.3.
- 7.17.2. Linwood School staff will not offer advice or make recommendations to students or parents, regarding over the counter medicines, homeopathic or complementary therapies. They are not to be administered unless they are an over the counter (OTC) medicines or prescribed by a doctor.
- 7.17.3 OTC medicines (see form list at the end of this document) should only be administered by a staff member trained to administer medicines. If the purpose is of a medical nature (such as a rash or pain relief) then a MAR sheet should be filled in, then stored locked in a medical cabinet. If it is for personal care reasons (barrier cream or moisturiser) then, make a note of administration and in the home school book / email, in this instance creams should be stored out of reach of students. For all OTC medicines a consent form must be completed.

8. Disposal of medicines

- 8.1. Medicines that are no longer required by a child or young person must be disposed of in the correct way. This includes medicines that are discontinued, medicines that are beyond their expiry date, medicines that have been spoilt in some way and excess quantities of medicines.
- 8.1.1. This will usually be the responsibility of the person with parental responsibility in which case the medicine should be returned to them. If this is not possible the medicine should be taken

to a pharmacy for disposal. The amount disposed of and the current balance left in stock should be recorded on the MAR.

- 8.1.2. Single doses of medicines (e.g. a tablet that has fallen on the floor or a dose of liquid that has been drawn up in error) other than controlled drugs, that need to be discarded may be disposed of in a yellow clinical waste bin and recorded on the MAR form.
- 8.1.3. Single doses of controlled drugs must be disposed of as 8.1.1. The amount discarded and the current balance in stock must be recorded in the controlled drugs book.
- 8.1.4. Cytotoxic drugs such as methotrexate must be disposed of in a separate yellow bin, clearly labelled for "cytotoxic" waste. These bins can be obtained from either the Children's Community Nurses or from a pharmacy/GP. Care should be taken not to overfill yellow bins above the filling line.

9. Errors and adverse events

- 9.1. It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines. It is important to distinguish between adverse incidents which are not the result of direct action by staff, mistakes that are made due to causes such as pressure of work and malpractice where the incident is a result of reckless or incompetent work or is concealed.
- 9.2. In the event of an error or adverse incident, the senior manager and/or safeguarding lead on site should be made aware of the incident. This should take place as soon as possible. They should then make their first priority the immediate safety of the child or young person school support. The person affected by the error or incident should be checked and appropriate measures taken to reduce the impact of the error. This will be likely to include contacting an appropriate registered prescriber, pharmacist or advice service ("111") and implementing any advice given.
- 9.3. Pupil's parents/carers should be informed of the error, the immediate steps that have been taken and assured that the incident will be investigated. If not already involved, a member of the senior management team will be informed of the incident. The incident and immediate action taken should be recorded in 'My Concern' as soon as possible and certainly on the same day as the incident took place.
- 9.4. If the person affected by the error is supported by social services and/or has a lead professional (health or social care) then the lead professional should be informed of the incident as soon as possible.
- 9.5. If the incident involves a controlled drug the above policy will be followed, but in addition it must be borne in mind that a criminal offence may have been committed (e.g. if controlled drugs are missing). The senior management team should be informed in the case of any adverse incident involving controlled drugs and a decision should then be taken as to whether police involvement is necessary.
- 9.6. When these actions have taken place the member of staff who made the error and/or noticed the incident will be asked to complete a medicine incident report to record the circumstances and attached to the report in 'My Concern' (See form list at the end of this document).
- 9.7. Errors that have had an impact or potentially had an impact on a person we support must be reported to the commissioning service, local authority or social services as appropriate.

- 9.8. A thorough investigation should be conducted by the senior member of staff taking into account:
 - 9.8.1. Environmental factors.
 - 9.8.2. Pressures of work.
 - 9.8.3. System failures.
 - 9.8.4. History of similar incidents with the same or different member of staff.
 - 9.8.5. Attitudes of the member(s) of staff concerned to the incident.
- 9.9. Adverse incidents (such as recognising poor practice by another organisation or a family member) that are not the result of the actions of staff should not be treated as errors. Staff who highlight unsafe practice are safeguarding the people we support and will be encouraged to discuss concerns in an open and supportive environment.
- 9.10. The actions to follow after such an investigation are at the discretion of the manager concerned, but it should not be an automatic course of action to take disciplinary measures against a member of staff who has made a medicine error that is a genuine mistake. Actions should be consistent across Linwood Schools campuses.
- 9.11. Actions may include:
 - 9.11.1. Informal discussion with a member of staff.
 - 9.11.2. Review of policies, procedures and documentation.
 - 9.11.3. Suspension of a member of staff from administering medicines until specified criteria has been met (e.g. further training).
 - 9.11.4. Requiring a member of staff to be supervised in medicine administration until specified criteria has been met
 - 9.11.5. Disciplinary proceedings instigated.
- 9.12. The actions taken should be recorded on the medicine incident report and on “my Concern”.
- 9.13. Medicine incident reports should be collated, summarised and stored by the Designated Safeguarding Lead for each campus. These forms should be reviewed by each campus on a regular basis to detect patterns of incidents. If a pattern of errors/incidents is noticed concerning one staff member, disciplinary action may be necessary. A copy of each incident report that relates to a member of staff in any way will be sent to the HR department.
- 9.14. Patterns of incidents concerning systems, documentation or pressure of work should be shared across the organisation in order to continually improve working practices.
- 9.15. The incident should not appear on the employment record of a member of staff unless the incident is judged to be a disciplinary matter or the staff member is suspended from administering medicines.
- 9.16. Managing a medicine error or incident can be a distressing experience for all people involved. Appropriate support should be provided for all those concerned to ensure that the children and young people school support are kept safe and that we learn from mistakes and adverse incidents.

10. Training

10.1. General Awareness of Medicines in School:

10.1.1. All staff who work directly with the children and young people school support will be informed of the Medicine Policy and where to locate this as part of their induction programme. Staff will not be involved with the medicine administration process until further training has been satisfactorily completed.

10.2. Medicines training:

10.2.1. Medicine administration training is delivered in a 3-hour intensive session, this includes a comprehensive assessment, which is followed up by the assessors to ensure that staff members are competent to administer medication.

10.2.2. If a member of staff does not pass the assessment, they will need to go through the training process again. They cannot administer medication until they have successfully completed the training and assessment.

10.2.3. Staff will be asked to confirm annually that have read the medicine policy, (Annual agreement). Staff are welcome to ask for additional training and support at any time. This should be raised with line managers. Staff are encouraged to record their own training log as part of their appraisal process.

10.2.4. Bespoke medical needs support is given on a class basis and all training is recorded.

10.2.5. Best practice will be for the second checker to be medicine trained, however there may have exceptions to this due to staffing issues. If this is to occur then the training need is to be highlighted to the staffing manager.

10.3. Assessors:

10.3.1. Competent assessors will include registered nurses.

10.3.2. Assessors are responsible for keeping up to date with current knowledge by continuing professional development that will include communicating with appropriate health care professionals, attending appropriate study days, checking latest advice from the Medicine and Healthcare Regulatory Authority and being alert to new national and local policies and guidelines.

10.3.3. All assessors should attend training in competency assessment at least every three years.

10.4. Training in administering medicines by specialist techniques

10.4.1. Basic medicine training as detailed above covers giving medicine by mouth, application to the skin, installation of eye, nose or ear drops and inhaled medicine.

10.4.2. Any clinical procedure that is delegated to a member of Linwood School staff should be assessed for safety and appropriateness by the School Based Nurses or other health professional and Senior Leadership Team, who should obtain advice from relevant professionals as appropriate.

10.4.3. Training to administer medicines by a specialist technique, including as part of emergency procedures, should be provided by a registered health care professional. The training will include theory, practical skills and assessment, but tailored to the individual situation. Reference to individual care plans will be made throughout the training process with due regard to the need for confidentiality and accountability.

- 10.4.4. The health care professional providing the training should have an appropriate nursing/medical or therapy qualification and have current registered with the appropriate governing body for their profession. Their training will be governed by their employing organisation.
- 10.5. Certain medicine administration, such as the administration of buccal midazolam, is covered by specific local or national training guidelines which will be followed by Linwood School and registered nurses.

Policy and forms can be found in Docs – Policies -Medicines Policy – new policy items

List of items mentioned in the Medical conditions and administration of medicines policy & processes

- **Signature form**
- **Initial Assessment Form**
- **Medical Advisory Form**
- **Medication Consent Form**
- **MAR – Medicine Administration Record**
- **Cytotoxic and Cytostatic Medicines list**
- **Fridge Temperature recording form**
- **Fridge contents form**
- **Covert Administering of Medications Letter**
- **Over the Counter (OTC) list**
- **Oxygen Storage Record Sheet**
- **Medicine Incident Report**
- **Definitions and abbreviations**
- **Flow charts of the process of medicine administration**
- **Administering medicines during visits outside the school environment**
- **List of relevant local and national guidelines that apply to medicine administration**

Initial Care Needs Assessment

Name of Young Person:

DOB:

NHS number:

Recent clinic letter? Yes No

Name of consultant?

Date last seen?

Name of Community nurse?

Name of Hospital & Number?

Diagnosis:

Health Need	Care plan	Who are they under? (Consultant/ service)	Training requirements	Training responsibility (Who is delivering)	Who can undertake the care on a daily basis?		Other information

Gastrostomy, NG feeds, Diabetes, Jejunostomy, VNS, Epilepsy, Hypoglycaemia, SVT, Mitrofanoff, Intermittent catheterisation, Hearing, Vision, Hydrocephalus, Dsyplasia, Dsyphagia, Cochlear Implant.

Direct Access in an emergency to:

At Linwood School, Poole nearest paediatrics

Wheelchair user? Yes No

Supplied by:

Maintenance by:

What medications currently on?

Medication that would need to be given in school?

Communication Needs? AAC?

Other agencies involved? E.g. continence service

I give consent to communicate with Diverse abilities health and therapy team. Yes No

All the information above is correct to the best of my knowledge.

Relationship with Young Person:

Name:

Signed:

Date:

Form complete by:

Name:

Signed:

Date:

Medicines Administration Form (MAR) Chart

Name of student:	Date medication brought into school:	Quantity received:	Form completed by:	Sheet number: Of		
Date of birth:	MAR sheet start date:	Quantity and date returned:	Form checked by:	Expiration date of medication:		
Class Name:	Codes - R – Refused, V - Vomited, A - Absent from school, W - Wasted. (P.T.O. to give more information)					
Medication name:	Date:	Time:	Dose given:	Code:	Giving staff Initials:	Checked by Initials:
Strength of medication:						
Dose to be administered:						
Time to be given:						
Route of administration:						
Allergies:						
Consent form signed Y / N						
Note:						

MEDICAL ADVISORY FORM

Student Name		Date of Birth	
School Attended			
School DSL (name and email)			
Social Worker			
Allergies and Intolerances:			
Diagnosis/Medical Conditions:			
Brief Medical History:			
DOCTOR'S DETAILS			
Doctor's Name			
Address			
Telephone Number			
Does your child have open access to hospital?	Yes / No		
EMERGENCY CONTACT DETAILS			
	Emergency Contact 1	Emergency Contact 2	
Name			
Relationship to young person			
Home phone			
Mobile phone			
Email			
Address			

ROUTINE MEDICATIONS

Name of medication & strength	Times of administration	Dose	How taken

EPILEPSY PROTOCOL

If your child has epilepsy please complete this section.

What type of epilepsy does your young person have?	
What medication is taken to control it?	
How often do seizures occur?	
How long do they last?	
How do the seizures present?	
How do you describe the seizures?	
Is there anything which might trigger a seizure?	
Does your young person have emergency medication?	
At what point should emergency medication be administered?	
What dose should be administered?	
Does your young person rest following a seizure?	

Please ensure you send in an accompanying epilepsy protocol for your child.

CONSENT FORM

Student Name

Date of Birth

SUN CREAM CONSENT

With your permission, we are able to re-apply sun cream for your child.

Suitable clothing should be worn for activities attended.

Sun cream should be applied before you drop off your child.

I give permission for staff to apply sun cream and confirm my child has no known allergies.

I **do not** wish for my child to have sun cream applied.

Signature of Parent/Carer

Date

Print Name

PHOTO CONSENT

We would like to take photos of the young people enjoying the activities to use in future publications, reports and to promote events.

I give permission for photos of my child to be used for this purpose.

I **do not** give permission for photos of my child to be used.

Signature of Parent/Carer

Date

Print Name

FIRST AID

With your permission, we are able to administer First Aid to your child.

With your permission, we are able to call 999 for your child.

I give permission for First Aid to be administered to my child.

I give permission for 999 to be called.

I **do not** give permission for First Aid to be administered to my child.

I **do not** give permission for 999 to be called.

Please give reason why:

Signature of Parent/Carer

Date

Print Name

Does your child have open access to hospital?

Yes / No

Please state which Hospital & Ward

Please ensure that a copy of the relevant paperwork (listed below) is attached with this form and that all records are kept up to date.

EHCP

Care Plans (e.g. Personal Care, Behaviour)

Personal Evacuation Emergency Plan

Medical Plans (e.g. Epilepsy, Oxygen)

Medication Consent Form

Full Name of Child:		
Date of Birth:		
Any Known Allergies:		
Name and address and telephone number of GP:		
Name of Medication to be given in school:		
To your knowledge is this a controlled drug?		
Dose of medication:		
Strength of medication:		
Time to be given in school:		
Reason for medication:		
Is this a new medication? Y/N		
How long to be given for: (Short-term or Long-Term?)		
Expiry date on packet/bottle:		
Date packet/ bottle opened:		
Method of administration (Route)	By mouth (oral) Eye drops Nasal Via gastrostomy Topical (applied to skin) Inhaler/Nebuliser Other	Please provide any further information here:
Any Known side effects staff should be aware of?		



<p>Please List here ALL Medication that is taken at Home for information only. (If you have recently completed this on another medication form and there are no changes please state here which one)</p>	

Medication must be given directly to the class staff or transport escort
Medication must come into school in its original packet with a pharmacy prescription label. We require signed consent for ALL medication.
It is parent's responsibility to inform school of any changes to medication as soon as possible.
Please ensure all emergency contact details are up to date
All unused or out of date medication will be sent home for disposal.
I consent for medication to be administered by an employee of Linwood School.
Please ensure school has up to date information regarding all your child's medical needs, treatments and therapies.
Print Name:
Signed: (Parent/Carer) Date:
School Use Only:
Form received by (Name of staff member): Date :
MARS form completed or amended: YES/NO
Date form archived:

Definitions and abbreviations:

Accountable

To be accountable means to be personally responsible for, and able to justify, the decisions you make.

Administer

To give a medicine directly to a person.

Anatomy

The study of the structure of the body.

Aspirate

To move liquid into or from a body space. This word is commonly used in two ways:

To aspirate into the lungs means that fluid is inhaled into the lungs (during feeding, vomiting or sometimes salivating).

Aspirating can also mean removing liquid from the body by applying negative pressure, for example suctioning secretions from someone's mouth or using a syringe to remove fluid/gas via a gastrostomy device from the stomach.

Buccal

Referring to the space in the mouth between the cheek and the teeth. It is a very vascular area (meaning there are lots of little blood vessels near the surface). Medicines may be administered into this space to be absorbed into the blood supply.

Capacity

The Mental Capacity Act (2005) sets out a legal framework for making decisions on behalf of people who may lack ability or be perceived to lack the ability to do this for themselves. Whether you can legally act on someone's behalf hinges on an assessment of their 'capacity' to make a decision for themselves.

A person is said to have capacity (legal term) to make a decision if they can;

- Understand information that is given to them
- Think about the decision
- Show that they understand the consequences of making the decision (e.g. by explaining the positives and negatives)
- Communicate that decision

There are five principles set out in the Act which relate to this assessment of capacity

1. The assumption is that everyone has capacity to make decisions about themselves, unless the capacity assessment outlined above shows that they do not.

2. All reasonable steps must be taken to communicate the decision and information relating to it in a way that will maximise the person's ability to understand, e.g. Written documents created in an accessible format for someone with a learning disability, or BSL signed discussion with someone who is deaf.
3. People with capacity have the right to make 'unwise choices' for themselves. Just because people around them may not agree that it is the best course of action, they are still entitled to make that choice.
4. If a person does not meet the assessment of capacity, then any decision made on their behalf by others must be in their "best interests". Often this is done by holding a Best Interests meeting where a person's circle of support and other involved people can meet and discuss the decision to reach consensus about what should be done.
5. Any decision made on a person's behalf by others should be the option which is 'least restrictive' of their individual rights and freedoms.

It is important to note that persons capacity to make decisions may vary on a daily or weekly basis, or depend on the decision being made so their capacity should never be assumed. Also, because someone may not have capacity to make 'big' decisions such as managing their medication, reordering prescriptions, it does not mean that they should be excluded from making everyday decisions on all aspects of their health and medication.

Care plan/Person centred plan

This is the document that sets out when and how support for all aspects of a person's life should be carried out. There will be a section outlining health needs and how these should be met. It should also show what the expected outcomes (benefits to the person) will be from that support.

Central venous line (also called central line; central venous catheter)

A thin tube that is passed through the skin and into a major vein, so that the end of the tube sits in a vein near or in the heart. This can be used to administer intravenous medicines on a long term basis. It creates risks of infection and bleeding for the individual.

Controlled Drugs (CDs)

Some drugs are controlled under the Misuse of Drugs legislation. This is to prevent them being misused, taken illegally or causing harm. The controls may dictate how these drugs must be stored, produced, supplied and prescribed.

Dispense

To label from stock and supply a medicine to a person against a written prescription.

Gastrostomy

An artificial, surgically created opening, through the abdominal wall into the stomach. (Gastro = stomach; -stomy = surgical hole). The term gastrostomy refers to the actual hole; there is usually a "gastrostomy device" such as a tube in the hole to keep it open and allow access. Medicines can be administered through a gastrostomy device into the stomach.

Generalised

In the context of medicine, something that affects the whole body rather than just one section.

Independent Prescriber

An independent prescriber is someone who is able to prescribe medicines on their own initiative from the British National Formulary (BNF). Examples of independent prescribers are Doctors, independent nurse prescribers and independent pharmacist prescribers.

Informed consent

A person is said to be able to give 'informed consent' if they meet the test of capacity. Particularly where a person may have difficulty communicating or have an intellectual impairment it is ESSENTIAL that support with the decision-making process is given to enable the person to be as fully involved as possible, and be really sure that the person has been given every opportunity to make that decision themselves before a decision is made on their behalf. If this is not done then the person may have given consent, but it would not be *informed* consent because they did not really understand the decision and its implications.

Inhaled

Medicines may be administered in a way that enables the person to breathe in the medicine so it travels directly to the lungs. This may be achieved using a spacer device.

Injection

Introduce a substance into the body, usually through a syringe and hypodermic needle.

Instillation

To place drops in a body cavity – usually the ears, eyes or nose.

Intramuscular

Administering a medicine into a muscle, by injection.

Intravenous

Administering a medicine directly into the blood stream through a vein.

Jejunostomy

An artificial, surgically created opening, through the abdominal wall into the middle section of the small intestine (bowel). (Jejun = referring to the jejunum; -stomy = surgically created hole). The term jejunostomy refers to the actual hole; there is usually a "jejunal device" such as a tube in the hole to keep it open and allow access. Medicines can be administered through a jejunostomy device into the small intestine. See also "Trans-gastric jejunal device".

Licensed/Unlicensed

A medicine usually must be authorised (licensed) by the Medicine and Healthcare Regulatory Authority (MHRA) or the European Medicines Agency (EMA) before it can be prescribed or sold. This confirms the medicine has met standards for safety, quality and efficacy. However, there are certain exemptions from licensing including relevant medicinal products prescribed on an individual patient basis. If a medicine is unlicensed the manufacturer may not have liability for any harm that ensues – instead the person who prescribes and dispenses/supplies the medicine carry liability. Registered health care professionals have a duty to be satisfied that they have enough information to administer an unlicensed medicine safely and that, wherever possible, there is acceptable published evidence for the use of that product.

Local

Referring to one particular part of the body rather than the whole. (opposite of systemic or general)

Low profile device

A form of gastrostomy device that sits against the skin rather than being a longer tube resting on the abdomen. Commonly called “buttons” by children and carers. Examples include Mic-Key and Mini gastrostomy devices.

MAR

Medicine Administration Record, also known as medicine chart or drug chart. This is NOT a prescription, but is a direction for staff to follow in order to administer medicine correctly.

Medicine

A substance or preparation used for treating or preventing disease.

Nasal

Of or relating to the nose. Administering a medicine via the nasal route means that the person receives their medicine through a nostril, into the nasal cavity.

Naso-gastric tube (ng tube)

A thin tube that is passed through the nostrils, through the oesophagus to the stomach. It can be used to administer feed and medicines into the stomach. It carries increased risk of aspiration into the lungs if it becomes displaced.

Nebuliser

A specialised mask that causes liquid to be vapourised so that it can be inhaled easily over the course of several minutes. It may be powered by air pressure produced by a machine or by oxygen being delivered through the mask.

Next of Kin/Deputy/Representative of best interest group

The next of kin is your closest blood relative and may be a spouse, parent or sibling. Normally the next of kin for a child will be one or both parents.

Parental responsibility includes the legal right and responsibility to agree to medical treatment for a child. A mother will automatically have parental responsibility for their child from birth as will most fathers (if they are married to the mother at the birth of a child or are named on the birth certificate). Parental responsibility can be taken away or granted by a court. Adoptive parents have parental responsibility. Social services may have parental responsibility for some children.

If a person lacks the capacity to make decisions then a person can apply through the courts for legal Deputyship so that they can routinely make decisions on the person's behalf, without recourse to a Best Interests meeting all the time. People can apply to be a Welfare Deputy or Financial Deputy, or both.

A person with mental capacity may grant someone else "lasting power of attorney" (LPA) to make decisions on their behalf should there ever come a time when they lose mental capacity through illness such as brain injury.

A Best Interest group can comprise of anyone who is involved in the life of the person about whom the decision is being made, e.g. Family member, parent, representative from services the person attends such as day centre or social group, advocate, G.P. community nurse or hospital specialist, friend, partner, occupational therapist, social worker, support provider. Any one of the group may act as a representative of the group, but must act in accordance with the group decisions.

Where any one of these terms is used in the medicine policy it should be taken to mean a person with the legal right and responsibility to make decisions about medical treatment on behalf of the person we support.

Oral

Of or relating to the mouth. Administering a medicine via the oral route means that the person receives their medicine by mouth, to swallow it.

Over the counter (OTC)

Medicines which can be brought at petrol stations, supermarkets (general sales) or purchased within a community pharmacy where a pharmacist supervises the sale (pharmacy only).

Percutaneous Endoscopic Gastrostomy (PEG)

This is commonly used surgical procedure to create a gastrostomy involving (under general anaesthetic) a small camera being passed through the mouth to the stomach while the surgeon creates the gastrostomy. Many people refer to the resulting opening in the stomach as a PEG, or more commonly to a tube or other device that is kept in the hole as a PEG, but strictly speaking the term only refers to the initial procedure. The hole is the "gastrostomy" and any tube or other appliance in the hole should be referred to as a "gastrostomy device".

Physiology

The study of the function of the body.

Prepare

To make the medicine ready for administering, for example by drawing up into a syringe, dissolving soluble tablets, placing medicine in a nebuliser mask.

Prescription Only Medicine (POM)

These medicines can only be obtained by presenting a written prescription, which has been signed by an authorised prescriber.

PRN

A shortened form of the Latin phrase *pro re nata*, which translates roughly as "as the thing is needed". PRN, therefore, means a medication that should be taken only as needed.

Records

Record is any written document, usually explaining what needs to be done, or what has been done with regard to an individual.

Registered health care professional

A person who is qualified in some aspect of identifying, preventing or treating illness or disability and is registered with a professional body, e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC). Many job titles are protected in law, meaning that a person cannot call themselves a physiotherapist for example, unless they are registered with the HCPC. Registrants must continue to meet certain standards of training, skills and behaviour to continue on the register.

Rectal

Relating to the rectum, the last part of the large bowel. Medicines may be administered through the anus into the rectum to be absorbed by the blood supply.

Route

The way a medicine gets inside the human body. Examples of different routes are oral, nasal, rectal, topical.

Spacer device

A plastic container with a mouthpiece or mask at one end. At the other end a cannister can be attached to administer medicine. This allows a person to breathe in the medicine.

Supply

In the context of medicines, this usually means to take from a stock of medicine and provide it for a particular person.

Systemic

Referring to the whole body system, rather than one specific (local) area.

Topical

Applying a medicine externally to a particular (local) part of the body, for example a cream or ointment. Not to be confused with transdermal.

Transdermal

Medicine may be applied to the skin in order that it can be absorbed in the blood stream to act systemically.

Trans-gastric jejunal device

(Trans = through; gastric = stomach; jejunal = referring to the jejunum, the middle section of the small intestine). A trans-gastric jejunal device is a specialised piece of equipment including a tube that travels through a gastrostomy, through the stomach and the first section of the small intestine (duodenum) into the jejunum. Usually there will be an opening in the tube at the level of the stomach, allowing for administration of feed and medicines into the stomach or aspiration of stomach contents, as well as an opening into the jejunum, allowing administration of feed and medicines into the small intestine.

Vaginal

Relating to the vagina. Medicines may be administered into the vaginal space to treat conditions affecting this area.

Abbreviations

Abbreviations that may be used in medicine management:

(Ideally abbreviations must not be used. Where used they must appear exactly as written below.)

Abbreviation	Definition
am	in the morning (before noon)
BD	twice a day
g	gram
hr	hour
IM	intramuscular injection
Inh	inhaler
IV	intravenous injection
Jej	jejunal
mg	milligram
min	minute
mls	millilitres
Neb	nebuliser
NG	nasogastric tube
NJ	nasojejunal tube
No.	number
O ₂	oxygen
OD	once daily
PEG	by gastrostomy
pm	in the afternoon
PO	by mouth
PR	by rectum
PRN	as and when required
PV	by vagina
QDS	four times a day
SaO ₂	oxygen saturation
SC	subcutaneous injection
SL	sublingual (under the tongue)
TDS	three times a day

The following should not be abbreviated

- Any drug names
- Micrograms
- Units
- Nanograms

Decimal points should be avoided if possible, for example write 500mg rather than 0.5g. If they are necessary there should always be a 0 in front of the figure, e.g. "0.5-1mg" rather than ".5-1mg"

Flow chart of the process of medicine administration

Pupil has a care plan which includes administering medicine
Pupil is due medicine administration.



Refer to MAR and check that you are happy with and understand the medicine dose that needs to be given, the amount of medicine that is available and any instructions on the MAR. Check it has not been given.



Ideally, take the medicine and MAR to the person who needs the medicine.



Read out loud to a second person if available:

- Name of pupil
- Medicine Name
 - Dose
 - Strength
 - Time due
- Route of administration
- Any notes/instructions



Read out loud the equivalent information on the prescription label of the medicine.



Prepare the medicine appropriately (e.g. draw into syringe or put tablets in a small container). Do not allow the medicine to touch your own skin.



Show the second person the prepared medicine and confirm the dose/amount out loud.



Either: take the MAR to the person, administer the medicine and sign the MAR immediately.

OR

Fill in the MAR sheet appropriately and sign. This ensures that no-one else will re-administer the medicine accidentally.

Go directly to the person who requires the medicine and administer. Do not allow anyone to distract you unless it is a potentially life-threatening emergency.



Remain with the person until the medicine is taken/ingested/given fully and there are no immediate ill effects (e.g. vomiting, choking, pain).



If anything occurs to prevent you administering the medicine, immediately go back to the MAR sheet and document this.



Finally check:

- The person is safe
- The medicine is stored correctly
- The MAR is filled in

At ALL stages of medicine administration, concentrate solely on the task in hand. Do not allow anything to distract you unless it is a life-threatening emergency.

1

- Pupil is due medicine administration.
- Check that the medicine has not already been administered.

2

- Read MAR.
- Do you understand what is required?

3

- Read out loud from MAR :
 - Name; Medicine; Dose, Strength; Route; Time due.

4

- Are there any notes/instructions?

5

- Read out loud from prescription label:
 - Name; Medicine; Dose; Expiry date; Instructions.

6

- Prepare the medicine correctly. Do not touch the medicine.

7

- Confirm the dose out loud.

8

- Fill in the MAR sheet so that no-one re-administers the medicine.

9

- Explain to the person you are supporting what is happening using appropriate communication.

10

- Administer the medicine.
- Stay with the person to check for immediate ill effects.

FINALLY!

- Check the person is safe.
- Check the medicine is stored correctly.
- Check the MAR is filled in.

Visits outside the normal environment

Linwood School may sometimes take pupils on visits outside the normal educational environment in order to enrich their learning experience. This may increase the risks surrounding medicine administration, therefore particular care should be taken to prepare for such visits thoroughly.

Before visit, confirm any regular medicines that will be required during the time out of the normal environment. Remember to plan for unexpected delays in returning to the normal environment. Remember to take any PRN medicines that may be required.



Before the visit it is useful to write a timetable of when medicines (and any other treatments/therapies/interventions that are necessary) are due for the course of the visit, particularly if a group of people we support are going on the visit.



Medicines **must be taken out in the original packaging and not dispensed or prepared prior to the visit.** For example, take a box of tablets or a bottle of liquid medicine.



Record on the MAR that the amount of medicine has been taken out of the service.



The member of staff with responsibility for administering the medicine should take the MAR on the visit so that it can be signed when the medicine is administered.



Ensure the medicines are transported safely, according to the medicine policy. Use cool bags with ice packs for medicines that should be refrigerated. Use clearly identified bags/boxes for all medicines.



Remember to take appropriate measuring devices, (e.g. syringes or spoon) and any other equipment that may be required to administer the medicine (e.g. gastrostomy tube and water). Ensure that a drink (and food) will be available if required.



At the correct time, administer the medicine according to the process in appendix C.



On return from the visit to the normal service environment record on the MAR the amount of medicine returned to storage.

Over the counter medicines/creams that may be used without prescription

The following barrier creams may be used without prescription (a **consent form** is required as per the medicine policy).

Aqueous cream

Cavilon barrier cream or spray

Cetraben

E45 cream

Emulsifying ointment

Diprobase

Medihoney barrier cream

Metanium

Sorbaderm cream or spray

Sudocrem

Zinc and castor oil barrier cream

“Own brand” baby nappy creams

Sun protection creams or lotions

Insect repellent

List of Cytotoxic and cytostatic medicines

List of cytotoxic drugs and cytostatic drugs that you may see (some may be used for non-oncology indications)

(Definition = toxic to cells and work by killing certain cells):

ALL the following medicines require safe handling procedures (wear personal protective equipment) by all staff handling them:

ACITRETIN	MERCAPTOPYRINE (6MP)
AZATHIOPRINE	METHOTREXATE
BUSULFAN	MITOTANE
CHLORAMBUCIL	MYCOPHENOLATE
CHLORAMPHENICOL injection	MYCOPHENOLATE MOFETIL
CICLOSPORIN	NELFINAVIR
CIDOFOVIR	OXYTOCIN
COAL TAR containing products	PENTAMIDINE
COLISTIMETHATE SODIUM	PODOPHYLLYN
CYCLOPHOSPHAMIDE	PROCARBAZINE
DANAZOL	RIBAVARIN
DITHRANOL containing products	SIROLIMUS
ETOPOSIDE	TACROLIMUS
EVEROLIMUS	THALIDOMIDE
FLUDARABINE	TIOGUANINE (THIOGUANINE)
GANCICLOVIR	TRETINOIN (ATRA)
IMATINIB	VALGANCICLOVIR
ISOTRETINOIN	ZIDOVUDINE

Other cytostatic drugs that you may see (Definition – do not kill cancer cells but stop them from multiplying so stop cancers growing that way). Women who are pregnant or planning a pregnancy should wear gloves or consider not handling these medicines.

- | | |
|--------------------------------|----------------------------------|
| ALDESLEUKIN | GOSERELIN |
| ALEMTUZUMAB | INTERFERON (ALFA, BETA & GAMMA) |
| ANASTROZOLE | INFLIXIMAB |
| BCG | LEFLUNOMIDE |
| BEVACIZUMAB | LEUPRORELIN ACETATE |
| BICALUTAMIDE | MEDROXYPROGESTERONE |
| CHLORAMPHENICOL eye drops | NORETHISTERONE |
| CICLOSPORIN | OESTROGEN containing products |
| COLCHICINE | OXANDROLONE |
| CYPROTERONE | OXYMETHOLONE |
| DIETHYLSTILBESTROL | PROGESTERONE containing products |
| DINOPROSTONE | RITUXIMAB |
| ESTRADIOL | SIROLIMUS |
| ETHINYLESTRADIOL | TESTOSTERONE |
| FLUTAMIDE | TOREMIFENE |
| GONADOTROPHIN, CHORIONIC (HCG) | TRIPTORELIN |
| GONDORELIN | |

These lists are not exhaustive and may not include all very new, unlicensed or trial medicines. Please refer to a senior member of staff if you are unsure at any time which waste bin to use.

Relevant local and national guidelines that apply to medicine administration

Council for Disabled Children (2005) Including Me: Managing complex Health Needs in Schools and Early Years Settings.

Available from:

http://www3.hants.gov.uk/including_me.pdf

Department for Education (2015) Supporting pupils at school with medical conditions. Published by Department for Education.

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health/Department for Education and Skills (2004) National service framework for children, young people and maternity services: Medicines for children and young people.

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199958/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Medicines_for_Children_and_Young_People.pdf

Moore K. (2017) Adult Social Care: Medicines Management Policy. Published by Borough of Poole. Available from:

<http://archive.poole.gov.uk/your-council/how-the-council-works/strategies-plans-and-policies/medicine-policy/>

Moore K. (2017) Adult Social Care: Medicines Management Guidance. Published by Borough of Poole. Available from:

<http://archive.poole.gov.uk/your-council/how-the-council-works/strategies-plans-and-policies/medicine-policy/>

National Institute for Health and Care Excellence (2014) Managing medicines in care homes. Published by NICE.

Available from:

<https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>

Nursing and Midwifery Council (2007) Standards for Medicines Management.

Available from:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

Royal College of Nursing (2017) Managing Children with health care needs: delegation of clinical procedures, training and accountability

issues. Published by RCN. Available from:

<https://www.rcn.org.uk/professional-development/publications/pdf-006634>

Royal Pharmaceutical Society of Great Britain (2007) The Handling of Medicines in Social Care.

Available from:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

Royal Pharmaceutical Society (2018) Professional guidance on the Safe and Secure Handling of Medicines in all Care Settings: an updated draft for consultation February 2018.

Available from:

<https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines>

University of Leeds (2016) Administration of medicines in care homes (with nursing) for older people by care assistants. Published by Department of Health. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/518298/Medicines_in_care_homes_A.pdf

Websites where staff can find more information regarding medicines:

Medicines and Healthcare Products Regulatory Agency

<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

Medicines for Children

<https://www.medicinesforchildren.org.uk/>

NHS choices

<https://www.nhs.uk>

Patient.co.uk

<https://patient.info/symptom-checker>

Health professionals may also use:

British National Formulary (BNF) available as an app

British National Formulary for Children (BNFC) available as an app

White, R. and Bradnam, V. (2015) *Handbook of Drug Administration via Enteral Feeding Tubes*, Third Edition. Published by Pharmaceutical Press.

Electronic Medicines Compendium <https://www.medicines.org.uk/emc>

MEDICINE FRIDGE TEMPERATURE LOG

- Please record the date and time of the recording.
- The temperature as you see it at the time of recording.
- Press the Min button and record, the Max button and record.
- Then press reset.
- Initial on the form.
- If there is anything other than medication in the fridge please remove it.

If there is a problem with any of the fridges please alert the Linwood nurses or a member of SLT.

Other fridges can be found:

Linwood – Between Squirrels and Chipmunks

Linwood – Extended services room

Linwood – Steve Brown Building

Springwood – Staff room

Littlewood – Staff room

Woodford – Office

MEDICINE INCIDENT REPORT FORM

Date:	Time:
Person for whom medication was for:	
Person who is involved:	
Nature of the incident (<i>i.e. missed, wrong dose, wrong time, wrong person</i>)	
Action taken at the time Advice taken from GP <input type="checkbox"/> Pharmacy <input type="checkbox"/> NHS Direct <input type="checkbox"/> Parents <input type="checkbox"/>	
Who highlighted the incident and when?	
Reason for the above	
Who has been notified? Name ; (Mon-Fri - 9-5) <input type="checkbox"/> On-call (Out of hours) <input type="checkbox"/> Other.....	

Follow up

Informal discussion

date

Review of documents - date;

Further training

yes/ No

Suspended from medication until.....

Performance targets set (supervision)

Date of observed administration.....

Formal note on personnel record

Yes/ NO

Disciplinary

Yes / NO

Notes

Person completing this form;

Date:

Covert Medicine Administration

Name of student:		
Date of birth:		
Medication:		
Dose:		
Strength:		
Purpose of use:		
Does the student have the capacity to consent to this medication?	Yes	No
How would medication be administered?		
Has an alternative been considered?		
Are there implications for the effectiveness of this medication if administered in this way?		
GP name:	GP signature:	Date:
GP practice:	GP practice address:	
Parent/ carer Name:	Parent/ carer Signature:	Date:
Received by:	Date:	

EW 5/12/22