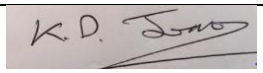
Walton Priory Middle School

Administration of Medication Policy

Date Of Approval	November 2023	**Next Review Date**	November 2024
Approved by	Governors	**Signed**	

POLICY FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

1. Introduction

This policy has been developed between the school's Senior Leadership team other name partners involved in the policy eg, NHS Trust School Nursing Teams and is written in accordance with the Department for Education (DfE) Statutory Guidance "Supporting pupils at school with medical conditions" December 2015.

Other supporting documents include:

- Supporting pupils with medical conditions (WPMS policy)
- Special educational needs and disability (SEND) code of practice.
- Equality Act 2010
- Medication Management Arrangements and Guidance (Staffordshire County Council), Appendix 1.

2. Definitions

Within this policy administration refers to "the giving of a medicine or treatment"

3. Purpose

This policy outlines the roles and responsibilities of everyone involved in the handling of regular, emergency, and short-term medicines within Walton Priory Middle School

There may be occasions when children need to take medication whilst in school. This is usually a temporary requirement until a course of treatment is complete. Sometimes this may be due to a longer-term medical condition which cannot adequately be controlled without the administration of medication during the school day. In some cases, without such assistance, a child's learning may be adversely affected and therefore, within reason, the school will support the needs of every child in this situation.

The School, where appropriate, follows the guidance contained in the SCC Health & Safety document Medication and Supporting Medical Needs Guidance for Children and Young People (appendix 1)

In all circumstances, both permanent and temporary, certain procedures need to be followed by all parents and staff in order to safeguard themselves and, above all, the children.

4. Scope

This policy covers the administration of all medicines for individual pupils until the end of Year 8 that are expected to be administered in school in accordance with the signed parental request form.

5. Responsibilities

5.1 The Governing Body will ensure that:

- This policy is reviewed regularly and is readily accessible to parents and school staff.
- The arrangements set out in this policy are implemented.
- There is a named person for the implementation of this policy.

5.2 School Staff

The Senior Leadership Team (SLT) is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff and ensuring adequate cover of trained staff throughout the school. SLT will ensure that:

- A person has been designated to lead on the implementation of this policy, this is Alison Wilson
- All staff involved in handling and administrating medicines have received the appropriate training
- An accurate list is maintained of all staff who are declared competent to handle and administer medicines along with the type of medication training they have received
- A list of all staff authorised to administer medication is maintained along with a sample of their signature and initials
- There is safe and secure storage for medicines within school
- This policy is reviewed at least annually

5.3 Healthcare Professionals

- School nurse.
- Informing the school when a pupil has been identified as having a medical condition that will require support in school.
- Support with on implementing a pupil's individual healthcare plan.
- Providing training for school staff.
- Providing advice and support.

5.4 Other professionals (Social Care, local authorities)

5.5 Parents must provide:

- Timely and up-to-date information about their child's medical needs. Especially any changes to medication.
- A completed consent form at the start of each new school year or when medication changes.
- The medicines to be administered in school. All medications sent into school must be in the original container and include a label stating pupil name, dose, frequency of administration and expiry date.
- An adequate supply of emergency/rescue medication held in school.
- Information via phone call or email if any emergency/rescue medication has been administered prior to the pupil attending school that day along with dose and time.

5.6 Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

6. Consent

Parents are required to confirm all arrangements in writing or by signature of the appropriate forms.

7. Communication

This policy is published on the School's website

8. Administration

The privacy and dignity of pupils is paramount, and medicines will always be administered in an area where this will not be compromised.

We will ask pupils and parents about any cultural or religious needs relating to the taking of medication or any prohibitions that apply. This information will be recorded as part of the pupil's healthcare plan or in the pupil's personal record.

To minimise the need for medication in school and where clinically appropriate parents are encouraged to ask the pharmacy or prescriber to prescribe medicines in dose frequencies that enable them to be taken outside of school hours. Medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime.

Only medicines prescribed for individual pupils will be administered within school. Medicines bought over the counter that do not have a label stating pupil name and dose will not be administered.

Instructions such as "when required" or "as necessary" are discouraged. The School will therefore only supervise the administration of medication prescribed by a GP or appropriate practitioner.

If a pupil refuses to take their medicine, they will not be forced to do so. Refusal will be documented, parents informed and agreed protocols followed.

9. Training

- School staff involved in the administration of medication to pupils will receive suitable training. **Staff must not administer medicines without appropriate training.**
- A record of who delivered the training and who received the training, along with the date the next training is due will be maintained by the school.
- At least two members of permanent staff will receive pupil specific medication training This training will be provided by the relevant healthcare professional.

10. Confidentiality

Whilst the school will strive to maintain confidentiality and comply with GDPR regulations, sometimes it may be in the pupil's best interests to share information about their condition/treatment/medication to other staff within the school and/or with other professionals. In these cases, parent consent will be sought.

11. Complaints

The School publishes its complaints policy on the school website

12. Monitoring and Review

- The school's designated lead for this policy will monitor the implementation of this policy and provide the SLT with information regularly (at weekly SLT meetings or immediately if urgent) on medication incidents.
- The school's SLT will review this policy biennially or when there is a significant incident or change in guidance.
- The next scheduled review is November 2025

THE ADMINISTRATION OF MEDICINES IN SCHOOL

Parents and staff in school need to agree arrangements before staff can supervise any child taking medication, form HSF30 will be completed by the parent/carer of the child (appendix 2).

All medicines must be provided by the parent/carer in an individual container/packet/bottle which is clearly labelled with the child's name and instructions for dosage. The receipt of medication form (HSF 35) will be completed (appendix 3).

Staff will only supervise the administration of medicines which can be taken orally or applied topically. They will only assist at the basic level such as checking that the child takes the correct medicine and dosage and by removing the child safety lid if required. The member of staff will record the date, name, time, medication and dosage in the school medication book.

The medicine must only be administered to the named child.

All medicines must be handed into the school office and thereby into the care of a member of staff. This will usually be a member of the administration team or a teacher.

All medicines will be kept in a secure place in the medical room in a locked or unlocked cupboard dependent on the type of medication.

Children must not leave medication in their bags or keep it on their person, with the exception of asthma inhalers.

It is the responsibility of the parent/carer to ensure that medicines held on behalf of their child are in date and, in the case of long-term medical conditions, an adequate supply is always available in school.

A record of medicines administered at school is completed on a daily basis by first aid staff and is kept in the medical room.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

All unwanted/expired medicines will be returned home with the pupil for destruction at a community pharmacy. This school has no facilities for disposing of unwanted medication

AS REQUIRED MEDICATION (PRN)

Instructions such as "when required" or "as necessary" must be discouraged, but when they appear on prescribed medication, advice from Parents/Carers and GPs with a knowledge of the young person should be documented in an "As required (PRN) Protocol.

The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so. A signed record must be kept of all advice and decisions made using HSF34 (appendix 4)

PRN medication must be dispensed with a standard label with the "as required" medication details. This alerts the person administering the medication that the preparation is PRN. The decision on whether the PRN medication is needed must be based on the individual's PRN protocol form. When a PRN medication is administered a record of the administration must be made using the school medication record book.

OVER THE COUNTER / NON PRESCRIBED MEDICATION

The School acknowledges that increasingly over the counter (OTC) medication is being recommended by medical professionals rather than prescriptions issued and that in some cases medication is purchased without a visit to a health professional. The use of OTC non-prescribed medication is not supported by school staff or the local authority (see Appendix 1). The School will allow parents/carers to attend site to assist their child to take their medication. In certain circumstances such as where a child is recovering from an operation/ broken bone and may need short term OTC/ non-prescribed medication for pain relief, the Headteacher may look at individual requirements but these will be on a case by case basis and she reserves the right to turn down a request for support if the School cannot manage this safely and effectively. The School will, in every approved case, require parents/carers to complete the HSF 30 form.

MEDICATION INCIDENTS

In the event of an incident relating to the administration of medicine such as an overdose or missed medication the school should complete the medication incident report form (HSF 36, appendix 5). Of course, the school should prioritise the pupil's health and wellbeing and follow its own first aid and emergency procedures if the incident requires it.

The SLT will be informed of:

- Any medication that cannot be accounted for
- Suspected or known misuse of medication

SLT will instigate an investigation and report the incident following the school's incident reporting systems and disciplinary and capability policies.

This will allow for trends to be monitored with supported improvement actions to be put in place.

Incidents relating to insulin use would also be recorded in the pupil diabetes diary.

INHALERS IN SCHOOL

Every child who requires an inhaler in school will have a healthcare plan

Where a child needs to have immediate access to an asthma inhaler then, providing the parent/carer gives their consent, the child should keep it in his/her possession. If it is not to be kept by the child the inhaler should be handed in to the school office where it will be stored in an unlocked cupboard in the medical room with clear instructions concerning its usage. Copies of documentation are kept in the Asthma File with the medication. It is the parent/carers responsibility to determine the child's access to their inhaler.

The School follows the contained in the SCC Health & Safety document Medication and Supporting Medical Needs Guidance for Children and Young People (appendix 1). The School does not hold emergency inhalers.

DIABETES / DISPOSAL OF SYRINGES

In the case of children with diabetes each child has a special individual health plan, written by the Diabetes Nurse, which stipulates specific detailed arrangements for each individual child and their individual medication. In these cases, the School would not complete form HSF30. Information is also recorded by the School in the child's personal diabetes diary.

Medication is always locked in a cupboard in the medical room.

The school works closely with the relevant diabetes nurse who visits the school regularly. All children requiring insulin injections or blood sugar testing are supervised by a person who has received Diabetes awareness training.

The School has an approved sharps box provided under contract with PHS Group Ltd who also collect and dispose of the box when required.

USE OF ADRENALINE AUTO-INJECTORS (Epi- Pens)

All children who require an AAI (Epi-pen) have a healthcare plan.

Key staff have received training in the use of Epi –Pens.

The School follows the contained in the SCC Health & Safety document Medication and Supporting Medical Needs Guidance for Children and Young People (appendix 1)

Epi-pens are labelled for each child and are stored unlocked in the medical room along with the Epi pen file containing key information. The School does not hold spare Epi-pens for emergency use.

THE ADMINISTRATION OF MEDICINES DURING SCHOOL VISITS (INCLUDING RESIDENTIAL VISITS)

Parents/carers need to ensure that sufficient medication for the child's time away is made available.

Medication should be clearly labelled with the child's name and instructions for the frequency and levels of dosage.

The medical form for participants attending a residential visit is completed and given to the trip leader.

Where a child has a particularly medical condition which requires specialist trained support an appropriately trained staff member will be present on the visit wherever reasonably possible.

All medication must be handed to a member of staff before the child leaves for the visit and accompanying staff must ensure that they are familiar with medication arrangements.

A daily record of medication administered whilst in a trip is also maintained.

INDIVIDUAL CARE PLANS

Not all children who have medical needs will require an individual plan. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed, who will carry out that support and how the setting with deal with any problems or emergencies. For all pupils who may require individual specialised treatment and/or frequent medication a care plan will be agreed with the parents/carers and health representatives. The procedure will be as follows:

a) Parents will need to inform the School/ Headteacher/Assistant Headteacher of the child's identified medical needs.
b) The school will endeavour to follow the County Council advice and only admit a child when an approved care plan has been drawn up.
c) The Headteacher/Assistant Headteacher will arrange a meeting with the named School Health Advisor/ School Nurse, the parents/carers of the child and any other persons involved in the care of the child.
d) A care plan to be jointly completed by the school and health representatives.
e) Parents/carers agree and sign the completed care plan (including emergency plan if relevant).
f) School and health representatives sign the care plan.
g) Staff should agree with parents how often they should review the healthcare plan. The care plan will normally be reviewed following:
    1) All hospital admissions
    2) After all appointments with the consultant.
    3) At least annually, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
h) The Headteacher/Assistant Headteacher will ensure that appropriate information and training is available from the School Health Advisor/School Nurse to support school staff.
i) Prior to an educational visit, particularly a residential visit, appropriate provision for the child's individual needs will be made jointly between the parents/carers, health representatives and the staff accompanying the child while he/she is away from school and home.

Under no circumstances will school provide any medical care or treatment relating to a specific need until a care plan has been agreed by the school.

The School maintains a list of all children who require a healthcare plan which is updated annually or when required.

APPENDIX 1

Health, Safety and Wellbeing Guidance

Core I Consider I Complex

Medication and Supporting Medical Needs Guidance for

Children and Young People

Contents

Guidance Version Control

Version	Date Approved	Changes	Reason for Alterations
Issue 1	October 2010	Replaces individual schools and Vulnerable Children Guidance	
Issue 2	September 2012	Additions to training provision for staff administering medication	Agreement between Health Trusts and Council
Issue 3	September 2014	Explanation of governors' duties and inclusion of asthma provision	Children and Families Act 2014
Issue 4	April 2017	Review of DNR and Emergency Management Plans	
Issue 5	November 2021	Review and update of information. Additional supporting document – Local Policy Template	

1. Application

This guidance document applies to all settings where children and young people are cared for by the County Council or on their behalf (eg, schools, early years, vulnerable children's settings).

2. Introduction

Settings where children, young people and families are cared for will frequently be required to manage medications and support medical conditions in respect of children and young people within their care. This guidance is to assist managers and staff to enable these to be achieved in a safe and professional manner, whilst maintaining the respect and dignity of children and young people.

Children may need support to manage medical conditions effectively and this may involve interventions including administration of medication. This may occur in the following circumstances:

1. During a short-term illness or condition, such as the requirement to take a course of antibiotics or medication purchased by parents such as painkillers.
2. For treatment of a long-term medical condition which may require regular medicines to keep them well.
3. Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
4. Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and potentially additional assistance during an asthma attack).

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with support.

Where it is required an individual healthcare plan can help staff identify the necessary safety measures to support children with medical needs. Detailed advice on how to develop an individual healthcare plan is set out in 4.20.

Governing bodies have a legal duty ensure that arrangements are in place to support pupils with medical conditions. Governors must ensure that such children can access and enjoy the same opportunities at school as any other child and must have regard to guidance issued by the Secretary of State regarding these matters. Guidance issued by the Secretary of State requires that all schools develop a policy for support pupils with a medical condition and have in place effective arrangements for implementation including development and monitoring of individual healthcare plans.

School staff have no legal obligation to undertake an intervention such as administering medicines to pupils unless they have been specifically contracted to do so. It is generally accepted, and stated in LA policies, that all staff are acting voluntarily. Staff may volunteer to assist in supporting clinical interventions such as administering medicines to pupils but must be given training. Staffordshire County Council supports the administration of medication by its staff where it is undertaken in accordance with its Medication Management Arrangements and this guidance.

In addition to this guidance document, national government and professional bodies have produced guidance on the Management of Medication in settings where children live or attend education. Managers are advised to refer to this specific guidance in addition to that which is available here.

The Council fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following County Council guidelines.

3. Definitions

Manager - Manager includes head teachers and other members of a school's senior leadership team or management of a residential setting.

Setting - Setting may refer to a school, residential home, foster care or any other establishment where children and young people may be likely to require support for medical needs including the administration of medication.

4. Guidance

4.1 Responsible person and settings staff

The Manager is designated the responsible person and must ensure that they have knowledge of the Council's Medication Policy HR 109, these guidelines and any national government or professional body guidance.

Where a registered nurse is on site and is employed as such, they shall undertake their responsibilities within the guidance of the Professional Body - NMC (Nursing and Midwifery Council), and the Trust's medical guidance, the council's Medication Management Arrangements and this guidance.

Schools and settings may have specific roles for support staff that build the administration of medicines into their core job description.

Where they decide that they will administer medication, schools and settings should ensure that they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

It is the responsibility of the Manager to ensure that all staff are trained appropriately and should have read and understood the current medication policy and this guidance document.

The Manager must ensure that staff have: -

- been authorised to administer medication by the settings Manager
- parental consent
- full knowledge of the Medication Policy and this guidance and any local arrangements or procedures.
- received training where this is required
- attended refresher training as required

Managers must create and maintain a list of all staff who have been authorised to administer medication and a sample of their signature and initials must be documented.

4.2 Local procedures for administering medication

All settings must have clear written procedures / arrangements for the management of drugs and medication appropriate to the setting and the children and young people within it. All staff should be familiar with these arrangements.

Local procedures must reflect any National Minimum Standards that apply to your workplace setting (Residential Establishments/Residential Schools).

In schools, these arrangements (or the school's policy defining the non-administration of medication) should be referred to in the arrangements section of each school's local health and safety policy and in the school prospectus.

Each setting's own local procedures and arrangements should include the following:

1. Arrangements and procedures for managing medicines:
    a. When on the premises
    b. On trips and outings
2. The medicines brought into school which have been purchased by parents.
3. A clear outline of the roles and responsibility of staff involved in administering medicines or supervising the administration of medicines
4. A clear statement on parental responsibilities in respect of their child's medical needs
5. The need for prior written consent from parents for any medicines to be given to a child (For early years settings prior permission is a mandatory requirement)
6. The school or setting policy on assisting children with long-term or complex medical needs
7. The school or setting policy on children carrying and taking their medicines themselves
8. Staff training requirements for dealing with administration of medicines
9. Record keeping arrangements
10. Safe storage of medicines
11. Access to the school's emergency procedures
12. Any applicable risk assessment and management procedures

A template Local Medication Policy has been developed for schools to adapt.

Minimising the need for medication in School hours
It is helpful, where clinically appropriate, if medicines can be taken wherever possible outside of school hours if appropriate to do so. Parents should be encouraged to ask the pharmacy or prescriber (if prescribed medication) about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Early Years settings
There is a requirement in Early Years settings for children under 5 years of age or 5 before the 31st August for the setting to ensure any medication and or personal care needs are accommodated when required.

Where settings do not have enough staff to volunteer to undertake these tasks, the school or Early Years management must take relevant action to ensure the children's / pupil's needs are met.

Residential or other care settings
In these settings medication is administered in line with County Council Policy and local procedures and arrangements.

4.3 Purchased by Parents Medicines
Staff should only give a non-prescribed medicine to a child where there is specific prior written permission from the parents/carers. In residential care this may be part of the care plan process.

In schools, where the school policy arrangements agree to administer medicines purchased by parents the arrangements must set out the circumstances under which staff may administer these medicines.

Criteria in the national standards for under 8s day care providers (child minding, day care, crèches, out of school care) make it clear that non-prescription medicines should not normally be administered. This is good practice for all ages.

Parents who obtain over the counter medicines can authorize their use in school where appropriate for their child. When medication is to be administered, existing policies should be followed. In all cases best practice should be followed:

- Obtain written parental consent.
- Medication labelled by parent with child's name and the school (not a pharmacy label).
- Instructions for administration (follow the age-related instructions pre-printed on the medication.
- Clear records are kept regarding the administration of medications; time and dose given to ensure that the daily dose is not exceeded.
- Prescribing of medicines for long term conditions such as asthma and epilepsy will be managed through the GP.

This is good practice for all ages including child minding, day care, creches and out of school care.

Where a non-prescribed medicine is administered to a child it should be recorded.

Staff must never give a child under 16 aspirin or medicines containing ibuprofen unless prescribed by a Health Care Professional.

4.4 Homely Remedies

Homely remedies are products that can be purchased over the counter from a pharmacy or retail outlet to manage a minor self-limiting condition such as paracetamol. This Homely Remedies section is applicable to residential or nursery settings, schools should follow section 4.3 Purchased by Parents Medicines except for Special Schools who may choose to use Homely Remedies for their pupils as required.

Homely remedies must be stored in the same way as prescribed medication if kept on the premises.

In residential or other childcare settings where homely remedies may need to be administered, young persons (or their Parents/carers) may provide their own homely remedies, or the Head of Care or the GP may recommend one. Authorised staff may then assist with administration or the self-administration within the guidance set out in 4.2. "Local procedures for administering medication." Advice should always be sought from the pharmacist about any potential interactions between the homely remedy and the child's regular medication.

Although the opportunity exists in residential care for a Head of Care to purchase a wide range of medicines for use within the setting as homely remedies, this must be subject to careful control. An agreed list should be compiled in conjunction with the child's general medical practitioner, the pharmacist, and the setting.

All homely remedies should be checked to ensure that they have not expired.
No more than two days of homely remedies medication are to be administered before seeking advice from a Healthcare Professional.

Self-Administration of homely remedies in non-school settings

If a child has the mental capacity to choose and wishes to buy their own remedies for minor ailments they should be supported in this decision.

Each setting must include the procedures to be followed where children are permitted to carry out self-medication. See also section 4.9 on Self-Management of Medication.

Schools and settings must never accept medicines that have been taken out of the container as originally dispensed or purchased and follow the directions on the label of the medication.

4.5 Receipt of Medicines by the school or setting

Medicines must always be provided in the original container **as originally supplied by the manufacturer or pharmacist**. This should be clearly marked with the young person's name, date of dispensing and the name of medication, and include instructions for administration. The label on the container must not be altered under any circumstances.

All medicines brought in to be administered by the setting, must be recorded. The record must show:

- Young Person for whom medication is prescribed or purchased.
- Date of receipt.
- Name and strength of the medicine.
- Quantity received (if applicable).
- The dosage required to be administered
- The time of the required dose
- Expiry date of medicines and any special warnings or precautions

- Signature of the employees receiving the medicines

Where consent from parents and carers is also being sought at the same time the record should also include the signature of the parent or carer.

Residential settings
In addition to the above, upon admission to a residential setting, written confirmation of the medicine a young person is taking must be obtained from an authoritative source eg, parent/social worker.

Employees must record requests for repeat prescriptions in order that they may be collected by a member of staff or accompany a young person to collect them.

Exceptionally, some children may prefer to collect the prescription themselves. In these situations, consideration must be made for the age, ability and maturity of the child and must be reflected in the individual risk assessment. The young person, having collected their medicines, must be encouraged to hand medications over to a staff member.

Children and young people may self manage and administer medication (see section 4.9) following a risk assessment which must be recorded in their individual healthcare plan.

At any given time, the setting must be able to identify the medicines prescribed for each individual young person.

4.6 Administering Medicines - General Principles

- A young person's privacy and dignity is paramount, and medicines should always be administered in an area where this will not be compromised.
- If there are numerous children and young people requiring medication administration, eg, residential special school, the use of a medicines trolley to transport medicines and associated paraphernalia should be considered as a last option.
- In all circumstances the medication administered must be recorded. Where a Medication Administration Record (MAR) is available this should be used. If a Medication Administration Record is not available, the administration of medication should be recorded on the standard Medication Administration Record HSF 55.
- Prior to any administration of medication, the following checks should be made:
    1. Right medication
    2. Correct route of administration
    3. Ensure correct time.
    4. Ensure correct child.
    5. Check dosage
    6. Check expiry date

Documentation
- It is recommended that two members of staff undertake the procedure for the administration of medication.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.

- Medicines should be administered directly from the container.
- The setting management must ensure that staff are appropriately trained and receive refresher training at suitable intervals where this is required.
- In some cases, training must be by a suitable provider and recorded.
- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicine's administration record.
- All written records relating to medication must be completed in ink (preferably black). All errors must be clearly crossed through, dated, and signed for audit purposes.
- In residential settings all medication should be reviewed by the registered GP Practice at least every 12 months.
- Medication must not be given to young persons covertly (eg, hiding in food) without consultation with GP/Parents and the agreement documented if deemed to be in the best interests of the child.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected. Approval for this procedure must be given from the pharmacist who dispensed the medication and parental approval must be sought and documented in the care plan and on a risk assessment to crush or dissolve medication.
- All records of requests for and administration of medicine must be in writing from the person requestor.
- All records of administration of medication to a young person must be retained in line with document retention schedules.
- Where temporary or relief staff required to administer medication the setting Manager must ensure they have received instruction/training and that they are assisted by a member of staff who is able to recognise each young person to whom medication is being dispensed.
- The administration of medication via an enteral feeding device such as peg device or gastrostomies may be undertaken where suitable training has been undertaken and the medicine has been assessed as suitable by the pharmacist dispensing the medication. The feeding tubes must be flushed before and after medication administration.
- Training is available on the correct administration of medications via an enteral feeding device. Training support can be provided by the company contracted to provide this service or by the special school nursing service if appropriate to do so for Special Schools.

4.7 "As Required" Medication (PRN)

Instructions such as "when required" or "as necessary" must be discouraged, but when they appear on prescribed medication, advice from Parents/Carers and GPs with a knowledge of the young person should be documented in an "As required (PRN) Protocol.

The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so. A signed record must be kept of all advice and decisions made using HSF34.

When a PRN medication is administered a record of the administration must be made using the Medication Administration Record (MARS) HSF 55.

4.8 Consent Arrangements

No medication should be given to a young person without written consent obtained from the person with parental responsibility for the child unless deemed to be Gillick competent and able to make their own decisions. Procedures must be in place to ensure that this consent is obtained, these may take the form of a:

- Parental Consent Form.
- Included as part of an individual healthcare plan regime.
- Is Gillick competent and able to make own decisions.

In the event of life-threatening emergencies or under parts of The Mental Capacity Act 2005, consent for administration may not be necessary, but accurate documentation must be completed (see section 4.8.1 on Emergencies below). A young person's parents/carer should be informed if they have required any form of medication in an emergency whilst they are in the care of any setting. Children and young people may request a chaperone.

Obtaining consent - communication and language difficulties

Where the young person/parent/carers first language is not English, consideration should be given to the use of an interpreter. Where it is not possible to gain consent due to communication/comprehension difficulties, advice must be sought from the General Practitioner (GP) Practice or advocacy services. The outcomes must be recorded on the young person's care plan if one is required.

For someone with hearing or sight impairment it may be necessary to arrange for communication materials or advice specific to their needs or, provide assistance in using different communication means such as sign language.

Cultural and Religious requirements

Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.

All information on relating to the cultural or religious requirements of a child or young person must be accurate and up to date as this may have an impact on how they wish to receive care.
This information must be recorded as part of an individual healthcare plan (if one is required) or in the child's personal records.

4.8.1. Child & Young Person's Advance Care Plan including Do Not Resuscitate Agreements (DNR) and Emergency Management Plans (EMP)

Where a child or young person with life limiting and life-threatening conditions is being supported it is necessary to obtain full support from health care providers to ensure up to date comprehensive care plans known as Child and Young Person's Advanced Care Plan are in place. The Care Plans include Emergency Management Plan (EMP) which may lead to the need to implement a Do Not Resuscitate Agreement (a DNR Agreement) in an emergency.

An EMP/DNR is implemented as a choice for some people to help preserve their dignity at the end stage of life. A DNR agreement may be in place for service users of any age originating from discussions with Health Professionals, carers or parents and in some cases the service user themselves.

The Child and Young Person's Advanced Care Plan ensures that there is a well discussed and agreed plan, which can be adhered to and implemented by **all** health practitioners and those providing care.

The plan must outline the detail of when the DNR Agreement may be invoked, and the circumstances which may arise. Staff must be fully aware of the care plan information of the service user and have been briefed on the signs and symptoms associated with a deterioration in the condition or health of the service user. Where a plan has been drawn up by other agencies the setting should avoid duplication but must ensure that consent has been given to use in different settings.

Staff awareness

Where an EMP/ DNR Agreement is in place for a child or young person ALL staff in the establishment, setting or service must be made aware through a formal documented procedure which protects the wishes of the service use and confidentiality. Ensure current copies of the EMP/DNR Agreement are available for **ALL** staff working within the setting(s).

Following the Emergency Management Plan Agreement

Should the situation arise where the Child and Young Person's Advanced Care Plan should be followed staff are advised to call the Emergency Services and fully explain the situation to them both over the telephone and upon arrival at the premises. The Child and Young Person's Advanced Care Plan MUST be handed to the emergency health professionals upon their arrival.

Basic care (comfort, care, support, reassurance) should still be provided by staff to keep the service user comfortable and to maintain their dignity whilst waiting for health professionals to arrive.

First Aid

There may be situations where first aid should be provided to a child or young person which does not invoke the Emergency Management Plan. Within all settings there are staff that will regularly undergo training to update their qualifications regarding First Aid and these staff must be made aware of when first aid may be required for a child or young person with a Child and Young Person's Advanced Care Plan.

Reviewing the Emergency Management Plan and DNR Agreement

Ensure that the DNR Agreement has been reviewed a minimum of annually or as necessary with representation from the appropriate setting(s), health, parents, or carers and if relevant the child or young person themselves.

Offsite activities

If a child or young person is being offered an activity away from the usual setting the Child and Young Person's Advanced Care Plan must be taken and handed to the appropriate health professionals as considered necessary. All staff working with a child or young person with a Child and Young Person's Advanced Care Plan on 'off site' activities **must** have access to a phone.

Transporting children or young person with Child and Young Person's Advanced Care Plan
All escorts and/or drivers transporting a child or young person with a Child and Young Person's Advanced Care Plan **must** be aware of the existence an EMP/ DNR Agreement and must follow procedure that has been agreed beforehand, for example this may include, stopping the vehicle and dialling 999, then handing the EMP/DNR Agreement over to the appropriate Health Professionals, upon arrival, within a sealed envelope clearly marked 'Private and Confidential.'

Note Health professionals involved in respect of **all** clinical procedures have the ultimate Duty of Care responsibilities for administering the Child and Young Person's Advanced Care Plan. Health colleagues will be considered as follows: The School Nurse, Ambulance Paramedics, Community Paediatricians, and qualified medical professionals to level 5 and above. Nurses employed by a Trust will follow the Trust's Resuscitation Policy.

4.9. Self-Management of medication
It is good practice to support and encourage children, who are able, to take responsibility for managing their own medicines from a relatively early age and schools and other settings should encourage this.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent or setting staff.

The age at which children are ready to take care of, and be responsible for, their own medicines, varies. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a child of any age to self-manage. Where this is agreed it must be added to the Parental Consent Form. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may still be required to supervise, and suitable storage arrangements must still be provided (see Storage of Medication 4.12).

4.9.1. Carrying medication
Local procedures and arrangements should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children in respect of the individual child.

4.9.2. Self-Management of Controlled Drugs
Where children have been prescribed controlled drugs, staff must be aware that these should be kept in safe custody. Controlled drugs have a "street value" and they must be accounted for particularly in relation to transporting them in and out of the setting. It is possible that children could access controlled drugs for self-medication if it is agreed that it is appropriate. (See Controlled Drugs 4.11)

4.10. Refusing Medicines
If a child refuses to take medicine, staff must not force them to do so, but should note this in the records and follow agreed procedures. The procedures to follow in this situation may be set out in the procedures or local arrangements or in an individual child's healthcare plan. Parents should be informed of the refusal as soon as practicable, and the refusal should be recorded on the Medication Administration Record sheet.

If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

4.11. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drugs drug please view the Home Office information. https://www.gov.uk/government/publications/controlled-drugs-list

Some controlled drugs may be prescribed as medication for use by children eg, methylphenidate.

Settings must consider the area of Controlled Drugs in their local procedures document and in some settings (eg, schools) a Drugs Policy may also need to be in place.

A child who has been prescribed a controlled drug may legally have it in their possession, although it is advisable for schools and settings to store a controlled drug in line with the guidance in section 4.12.3.

Controlled Drugs Register

It is essential practice for each setting to keep a separate record of controlled drugs to include the receipt, administration, and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages (This can be purchased from various outlets).

The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and on a regular basis eg, monthly. The book should be locked away when not in use and stored as controlled stationary.

Administration of Controlled Drugs

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register and on the Medication Administration Record.

Staff MUST NOT sign the record of administration unless they have been involved in the administration of the medication.

The recommended procedure for the administration of controlled drugs is as follows:

- Check the child's Confirmation Medication Details sheet HSF 30 for details of dosage required, etc.
- Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
- Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
- Both staff members must sign the Medication Administration Record and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken the remaining medication must be disposed of and the details recorded and signed to that effect.

If a dose of medication is refused or only partly taken, then the parents/carer or GP should be contacted for advice on any adverse reactions and risk to the young person.

Return or Discontinued Controlled Drugs

The government guidance for the disposal of controlled drugs and NICE guidance must be followed. A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

In residential settings the following procedure is to be implemented for the return of or discontinued controlled drugs:

- A controlled drug logbook should be used to record the receipt and return of controlled drugs.
- A separate page should be used for each young person.
- Two staff, one being the senior member of staff on duty must record and sign to show the amount of medication received or returned to the parent/carer or pharmacist.
- The parent/carer or pharmacist must sign the book to confirm their receipt or delivery of medication.
- All entries into the book must be signed and dated.

4.12. Storage of medication

All medication deemed for emergency use MUST not be locked away.

Medication must be stored in the original container and must be stored away from public areas, sources of heat, moisture, or direct sunlight, as these elements can cause the medicines to deteriorate. Stock should be rotated as it is received. Never mix the remains of partly used medication with a freshly supplied medication.

Medicine cupboard/cabinets must of a suitable size to store all medication and have a quality lock fitted where this is assessed as required.

The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use.

The medicine cupboard should be reserved for medicines, dressings, and reagents only and the following must be stored separately within the cupboard:

- External use only medicines
- Oral medicines
- Injectables, suppositories & pessaries
- Blood and urine testing reagents (either in a separate area or stored segregated in external medicines section)

The key to the medicine cupboard will be retained for the duration of the working day by an identified person. This will be delegated as necessary, and access should be restricted to authorised members of staff only.

Duplicate keys must always be kept in a locked cupboard or drawer, with access restricted to authorised members of staff only. It is recommended that a lost key action plan is in place.

4.12.1. Medication requiring storage by refrigeration

Regular Administration of Significant Quantities

Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. If medicines are stored outside the required range, usually between 2-8°C, the drug manufacturer must be contacted for advice. Food, milk, medical samples (eg, blood or urine) or non-pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

Small quantities

In settings where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination medicines must be stored separately in a locked container labelled "medicines - authorised access only".

4.12.2. Storage of Controlled Drugs

In all settings, controlled drugs must be stored behind **double lock and key** unless medication is for emergency treatment which must be available for the child to access as required. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.

Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the controlled drugs register and on the Medication Administration Record.

4.12.3. Storage of medication for young person's self-managing their medication

The storage of medication being self-managed by young persons must form part of a risk assessment and Care Plan if necessary.

In the case of a medical emergency school or setting staff must have access to any personal lockable containers, with the permission of the young person. This information should be communicated to young person's parent/carer and their written authorisation should be recorded.

Professionals (Designated Nurse for Looked After Children and Care Leavers or School Nurses) may be consulted for advice concerning transition to independence.

Self managing general medication

Where a young person is self-managing medication in a school or other setting, this must be agreed by all parties (and may be included in a care plan where required).

It is good practice to offer storage arrangements for all types of medication which is being self-managed by the young person as this approach offers effective safety and security for other young persons who could otherwise access the medication.

Self managing Controlled Drugs

Where children and young people have been prescribed controlled drugs and are self managing medication, staff must be aware of the storage requirements for controlled drugs and implement them. Controlled drugs must be stored behind a double lock and key eg, this may be a personal lockable

container/locker inside another lockable container to which the young person may have direct access to when required, if it is agreed that it is appropriate. Following a risk assessment, it may be deemed that for a child's personal care needs this medication may need to be readily available for their use.

Medical Equipment
Some children and young people may be prescribed, as part of ongoing medical treatment, the use of certain medical equipment. This could include range of testing devices – such as blood testing equipment and sharps, such as needles. All equipment should, as far as possible, be kept in its original container/packaging.

It is important to record on the young person's file the type of equipment being used, and any make or model numbers, and to date the record. All medical equipment will be kept locked away however a risk assessment needs to be undertaken for individual children regarding their ability to manage their condition and carry or access equipment themselves.

4.13. Transportation issues

4.13.1. Transporting medication
When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container during transportation. The Medication Container must always be kept out of public vision.

During community outings, trips and educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. It must be a container as detailed above and the vehicle must be locked.

4.13.2. Home to School Transport
Where the County Council arrange home to school transport, children must be safe during the journey. Most pupils with medical needs do not require supervision on school transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the child's parent/carers and health professionals as to whether supervision may be required

Drivers and escorts must know what to do in the case of a medical emergency. If the administration of medicines during home to school transport is likely and it is agreed that the driver or escort will administer (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. Where training has not taken place, drivers and escorts must phone the emergency services when an emergency occurs. Drivers and escorts must be clear about roles, responsibilities and liabilities with regard to the administration of medication. Where pupils have life limiting conditions, specific individual healthcare plans should be carried on vehicles.

Schools and parents must advise the Local Authority and its transport contractors of issues for individual children.

4.13.3 Holidays, Outings and Educational Visits
Where required, Staff will take charge of the medicines and return the remainder on return to the setting or to parents/carers as appropriate.

Where a young person is self-medicating, this should continue whilst on holiday or educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

4.13.4 Individual Transport Healthcare Plans

In some cases, individual transport healthcare plans will be required (eg, for children with more complex medical needs). These will require input from parents and the responsible medical practitioner for the child concerned. The care plans should specify the steps to be taken to support the normal care of the pupil during transport as well as the appropriate responses to emergency situations. Additionally, trained escorts may be required to support pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

4.13.5 Allergic Reactions

Some children and young people are at risk of severe allergic reactions. Settings must plan to reduce the likelihood of the risk of allergic reactions by ensuring that service users/children do not come into contact with the material or foodstuffs which may cause a reaction. For example, where allergies are known to be food related risks can be minimised by not allowing anyone to eat on vehicles.

Where it is necessary, escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate. **These pens must only be used for those children for whom they are prescribed.**

4.14 Specialist Clinical Interventions/ Activities (this includes invasive treatments)

A wide range of specialist clinical interventions/medication activities may at times be required within a school or setting. These activities are best carried out by individuals with appropriate training and deemed competent to do. Specialist clinical interventions should be reviewed to ensure that adequate and appropriate support is in place to ensure safety.

In circumstances where specialist clinical activities may be carried out by school or setting staff after the following checklist has been completed: -

Stage 1

- A multiagency group meeting including the young person's health professional, other health agencies, parents/carer etc. At this meeting the School/Setting Manager needs to develop a clear understanding of what is required to complete the specialist activity. The health professionals attending must determine that the activity/treatment is suitable to be completed by a nonmedical professional (eg, does it require an individual to make a medical assessment/judgment or have detailed medical knowledge/skills). The discussion and outcomes of this meeting must be accurately recorded. It is important that the decision reflect both health professionals' views and service/schools' views as to if the specialist medication activity is suitable to (and can safely) be completed in the setting/school environment.
- A risk assessment for the activity and control measures must be developed.
- The individuals care plan must be reviewed and amended where necessary to reflect the requirements of the clinical intervention.
- Training requirements must be discussed with the health professionals and arranged to be delivered by a suitable health professional (in schools this may be the school nurse) and suitable

competency frameworks made available to the school/setting. Any specialist training must be refreshed annually.

Discuss these requests with appropriate professionals and support services within the council including the Health, Safety and Wellbeing Service and Special Educational Needs Inspector, Legal Services, and Insurance Services.

The school or setting need to determine if they have the resources, suitable staff volunteers/staff with job descriptions covering such activities to undertake the medication activity.

The decision must not be taken in isolation, the school or setting will need to consider the impact of this activity on staffing resources based on other clinical needs presently being managed within the school/setting, to determine whether they can manage the adjustments required. It is also important that the school/settings ability to manage specialist medication activities is reviewed at regular intervals with input from health professionals.

If the specialist activity is to be completed by school/setting staff then it is important that the following actions are completed and suitable management arrangements are implemented: -

Stage 2

- Completion of an Individual Risk Assessment for the Service User/Pupil detailing the safe working practices to be followed. This document must be effectively communicated to all relevant parties.
- Individual Care Plan once developed must be signed by relevant parties including young person's medical/health professionals.
- Suitable training by a health professional. It is not appropriate for staff to be trained by parents/carers or other staff at the school.
- Upon completion of the training the staff required to complete the specialist medication activity must be confident in what is required and receive regular refresher training to ensure these skills are maintained.
- Training and refresher training must be recorded.
- Ensure that arrangements to monitor staff knowledge and/or competency are agreed with the health professionals.
- Recording arrangements to detail when the specialist clinical procedure has been completed and communication parents/careers must be put in place.
- Ensure care plan is reviewed with young person's medical/health professional at regular intervals and when any changes or concerns arise.

The School Headteacher/Setting Manager is responsible for monitoring staff resources to undertake the specialist clinical and activities and must provide staff with the authorisation to carry out the specialist clinical intervention once they are satisfied that all aspect of this section have been completed. The authorisation to staff must be clear about the types of clinical intervention they are authorised to perform and when they are authorised to perform these activities.

Where the decision is that the school/setting staff cannot accommodate completion of the specialist medication activity then Commissioner for Education and Wellbeing or their Deputies must be contacted, especially if this will impact on young person's access to education.

4.15 Emergency Provision of Care

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This should be part of the setting's first aid policy and emergency plans. All staff should also know who is responsible for carrying out emergency procedures.

Individual healthcare plans should include instructions as to how to manage a child in an emergency and identify the role and responsibilities of staff during the emergency. Where possible staff and other children should know what to do in the event of an emergency, and all staff should know how to call the emergency services. Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

The existence of a Child and Young Person's advanced Care Plan (see 4.8) must also be taken into consideration when an emergency occurs.

4.16 Disposal of Medicines

Medication should not be disposed of by via the sink, toilet, or dust bin, this is both illegal and unsafe.

Schools and Early Years Settings

School and early years settings must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer. Any other arrangements must be formally recorded and agreed by all parties.

Other settings

The medicines that are held in a setting at any given time should be appropriate to the current therapy of the child. Any surplus or unwanted medicines should be returned to the parent/carer/pharmacy as appropriate.

The manager responsible for medicines must check medicines held at the beginning of every week, to remove out of date or discontinued medicines. Discontinued medicines awaiting disposal should be kept segregated from medicines that are currently in use, i.e. in labeled bag in locked cupboard.

In special school or residential care settings, it may be necessary for small quantities of medication to be kept in the setting medication cupboard for longer periods such as weekends or short holidays.

When a child leaves the setting the medicines should be returned to the child's parents or carers unless they have positively consented to their safe disposal or passed to another authoritative source eg, Social Worker. In situations where medication may need to be returned to the pharmacy, a record should be made of the name, quantity of the medicine, reason, and the date of disposal, which should be certified by two staff members. The pharmacist should be asked to sign for all the returned medication.

A complete record of medicines leaving the setting must be kept.

In event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the Coroner's Office.

4.17 Disposal of Sharps

Where any staff on site (whether settings staff or community-based colleagues eg, nurses) use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box.

Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box.

Where regular use of needles is required, consideration should be given to the use of retractable needles. Young person's self-administering insulin or any other medication with a syringe must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff, and locked away if necessary.

Each setting should access local arrangements for the supply and disposal of sharps boxes using a registered contractor.

4.18 Management of Errors/Incidents in Administration of Medicines

If medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone 111 for advice or an ambulance if the child's condition is a cause for concern.
- Notify the Headteacher or person in charge.
- Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacy for advice if necessary.
- Document any immediate adverse reactions and record the incident in the young person's file/Care Plan using the Medication Incident Report Form HSF36.
- The Medication Incident Report Form HSF 36 must be completed and, if injury results, the details entered onto the Council's MyH&S system.
- The Headteacher or person in charge must commence an immediate investigation about the incident, inform the the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self medicating.
- The medication administration record should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her manager. Managers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. Managers must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.

Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.

4.19 Unaccounted for Drugs

If medications are unaccounted for this must be regarded as a serious situation and a potential disciplinary matter for staff. The Managers must decide on the action to be taken, dependent upon the circumstances. As a minimum a full internal investigation must be carried out by the setting manager/head teacher and the Health, Safety and Wellbeing Service must be informed.

The Manager may determine that the situation is sufficiently serious to warrant informing the police. In any case where **controlled drugs are unaccounted for, the police should be informed,** and a police investigation may take place.

In a school setting the Headteacher may wish to inform the Governing Body.

4.20 Individual Health Care Plan

4.20.1 Developing an Individual Healthcare Plan

Not all children who have medical needs will require an individual plan. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed, who will carry out that support and how the setting with deal with any problems or emergencies.

The individual healthcare plan may also include individual risk assessments which have taken place as decisions have been made about the child's medication or care. An individual health care plan clarifies for staff, parents, and the child the help that can be provided. It is important for staff to be guided by the child's GP or pediatrician as well as parents and carers.

Staff should agree with parents how often they should review the healthcare plan. This must happen at least annually, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. In addition to input from the child's GP/Pediatrician or other health care professionals (depending on the level of support the child needs).

Those who may need to contribute to a health care plan include:

- The head teacher or head of setting
- The parent or carer
- Healthcare professional eg, Health Visitor/School nurse/Looked After Children's Nurse/Community Pediatric Nurse as appropriate.
- The child (if appropriate)
- Early Years practitioner/class teacher (primary schools)/form tutor/head of year
- Care assistant or support staff (if applicable)
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

The content and format of individual healthcare plans will vary depending on what is most effective for the needs of each individual. Within school settings attention should be paid to the statutory guidance regarding supporting pupils at school with medical conditions.

4.20.2 Co-ordinating Information

Co-ordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. It should be decided which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies. It would be helpful if members of staff with this role attended training on managing medicines and drawing up policies on medicines.

Sharing information must comply with the Caldicott Principles and data protection.

4.20.3 Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. A procedure should be in place to ensure that all staff (including supply and temporary staff) are made aware of any medical needs.

4.20.4 Off-site Education or Work Experience

Where students have special medical needs, the school will need to ensure that the care plan and any risk assessments consider those needs when the young person is on work experience Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

4.20.5 Confidentiality

The head teacher/setting manager and staff should always treat medical information confidentially. Managers should agree with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child or young person.

When the medical status of a staff member or service user is known, either through recorded information or verbally, the indisputable "need to know" is the criteria for disclosure not "want to know."

If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

4.21 Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

The employer should arrange appropriate training in collaboration with local health services if necessary. All such training must be recorded. Training for nurses will be delivered by the Health Trust Medicines Management Department who will then train staff within a setting.

When staff agree to assist a child with medical needs, or to assist or administer medication, they should receive appropriate instruction and/or training. Where there is a need to maintain a training

record, this should be recorded using the form, and training records kept in an in-house training record. (An example of this form is County Council form HSF37)

Staff must:

- Be conversant with the County Council's Medication Management Arrangements and guidance as well as any local procedures.
- Understand the healthcare plan and have a basic knowledge of the medication/clinical intervention and its use before assisting or administering.
- Understand the safe procedures for handling medications/undertaking the clinical procedure and understand their responsibilities in the administration of medication/clinical procedure and know where to ask for help
- Be able to administer medications/undertake the clinical intervention safely and effectively
- Support service users who self-administer or support self-management of clinical intervention
- Ensure knowledge of emergency procedures in the event of an incident i.e. overdose, administration of wrong medication etc.
- Ensure that accurate records are maintained for administration.
- Ensure that all medication is clearly identified in an original container with recipient's name on.
- Complete any records as required.
- Possess a basic knowledge and understanding of the County Council Policy on Infection Control.
- Be aware of potential cultural, religious, language and communication need of children/young people in relation to health and medication.
- Be aware of needs of children/young people with disabilities, and the effects of such factors as sight, hearing, or physical dexterity in relation to medication and supporting clinical interventions.
- Appreciate the role of other professionals in relation to medication and clinical interventions
- Have a good understanding of their role and responsibilities in relation to the safe storage, administration, disposal etc, of medication or the clinical task which requires support.

Training to carry out any Specialist Medication Activities

Only staff who are trained and deemed competent should perform any invasive clinical interventions such as those indicated in 4.14 above.

4.22 Medication and Children in Foster Care

There are many reasons children and young people may be placed in a Foster Care setting. The ethos is very much to provide an environment which is family focused. To install strict medication management regimes may be both impracticable and inappropriate. However, the County Council has a duty of care to the children, young people and Foster Carers and the following management system is required.

1. All Foster Carers should have written information from the Authority indicating when they are allowed to give consent for medical treatment.
2. Foster Carers are to be given clear guidance about roles and responsibilities for consent to treatment.
3. Foster Carers have a right to a full description of the medical needs of the young person.

4. Foster Carers will have a written health record for the young person, Health Plan and where possible the Red Book/Parent Held Record, which will be sent with the young person as they move.
5. Unless the young person is of the appropriate age to consent to a health assessment being undertaken, their parent(s)/ guardians will be asked to sign the Consent to Health Assessment form, agreeing to the assessment being completed.
6. Children are entitled to seek medical treatment without the consent of their parent / guardian, foster carer, or social worker.
7. The young person can choose to attend the Health Assessment alone or with their parent/ guardian, foster carer, or social worker.
8. Failure to obtain consent from the young person's parents will not be allowed to override their need for health care.
9. Where written information is supplied, this may be made available in an appropriate language or format if required.
10. Foster Carers are to receive basic training on health issues, with particular attention given to issues around Hepatitis B, Hepatitis C and HIV infections. This can be provided through e learning or DVD upon request.
11. Foster Carers will ensure that medications are safely stored and appropriately labelled out of the reach of children and young people. However, where a young person can self-medicate, they must be able to access the medication as necessary and arrangements made to enable them to store it in an appropriate safe place.
12. All medication must be in a suitably labelled container as dispensed by the pharmacist.
13. Foster Carers will complete the relevant documentation for any medications eg, the Medication Administration Record.
14. The Foster Carer must sign and date the Medication Administration Record after each administration. Medication should be taken in front of the Foster Carer. This record will be checked every 3 months during the supervisory visit by the Fostering Social Worker.
15. If a mistake occurs, then IMMEDIATE medical assistance must be sought either through A&E or the young person's GP to prevent any harm to the young person and the incident reported to the social worker. A Medication Incident Form HSF 36 must be completed and sent to the Service Manager, Fostering Services. In the case of Family Short Breaks, the Medication Incident form must be forwarded to the Head of Services – Disability Resources.
16. All Foster Carers will be advised to seek immunisation against Hepatitis B through their own GP. If Foster Carers are unable to access immunisation through their GP, they should contact their Fostering Social Worker.
17. When completing the Placement Plan and Agreement, medication issues will be discussed with the parent / guardian and documented. The parents will generally maintain parental responsibility and will need to be consulted with prior to consent to receiving medication being given. Where Staffordshire County Council have joint parental responsibility, consent procedures will be clearly documented.

4.23 Management of Oxygen

Oxygen Use

The fundamental indication for the administration of oxygen is the presence of hypoxia. This could be for one of the following reasons: -

- Cyanosis of recent origin because of pulmonary disease

- Shock, severe haemorrhage, and coronary occlusion
- Chronic obstructive airway disease
- Heart failure
- Emphysema
- Lung cancer

Prescription and Supply of Oxygen and Equipment
A young person may be prescribed oxygen as part of their treatment programme either by a consultant or by the General Practitioner.
The oxygen supply service is contracted out to different suppliers by area. The GP sends the prescription directly to the supplier who then delivers the oxygen.
Staff must be **authorised and trained to administer oxygen** and are permitted to change cylinders providing they have received instruction from the oxygen supplier.

Within Community Settings: -
The changing of oxygen cylinders is generally a responsibility of the community nurse and advice, and guidance must be sought before any employees of the council undertake such activities in community settings. However, employees can, where identified in the individual care plan, assist a young person to self-medicate oxygen.

Within School and Early Years: -
Where a young person is attending or wishes to attend the setting, it is the Manager's responsibility to liaise with the young person's parent/carer to ensure that suitable oxygen cylinders are available for travelling between their home and the school/setting. Where this may be on County Council Transport the Transport Team and Contractors must also be made aware of the requirements to arrange the most appropriate transport and provide training to drivers and escorts as necessary.

Detailed advice on the Administration, Storage and Transport of Oxygen is provided in a separate guidance document available on the Health, Safety and Wellbeing Service intranet site. A General Risk Assessment must be completed for the Administration, Storage and Transportation of Oxygen (see example in the Appendices to this guidance).

4.24 Specific Medical conditions – guidance
The medical conditions in children that most commonly cause concern in schools

and settings are asthma, diabetes, epilepsy, and severe allergic reaction (anaphylaxis). This section provides some basic information about these conditions, but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children and young people are assessed on an individual basis.

ASTHMA

What is Asthma?
Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing, or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their

chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However, in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers, and preventers. Usually, a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do. Children who can use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities, and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting. From October 2014, schools have been able to provide emergency inhalers.

Emergency Inhalers in schools

From October 2014 schools have been able to provide emergency inhalers where a child's own inhaler is not available, and they appear to be experiencing an asthma attack.

Emergency salbutamol inhalers should only be used by children:

- who have been diagnosed with asthma and prescribed a reliever inhaler.
- OR who have been prescribed a reliever inhaler **AND** where written parental consent has been given for the use of the emergency inhaler. This information should be recorded in the child's individual healthcare plan**.**

A child may be prescribed another type of reliever medication, but a salbutamol inhaler can still be used if their inhaler is not accessible Emergency inhalers should be used with single use spacers.

Schools that choose to keep an emergency inhaler should include this in their medication policy and should have a protocol in place for their use. Guidance on the development of a suitable protocol is available in "Guidance on the use of emergency inhalers in schools" September 2014 from the Department of Health.

Symptoms of an asthma attack

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack, they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting. Children should have a reliever inhaler with them when they are in school or in a setting.

Children with asthma should participate in all aspects of the school or setting 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff, and the child. However, children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

All schools and settings should have an asthma policy that is an integral part of the whole school or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken (a model policy is available from Asthma UK). The school

environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

Consideration should be given to staff, particularly PE teachers, should have training or be provided with information about asthma. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

EPILEPSY

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children has epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the seizure pattern individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the pattern of an individual child's epilepsy. If a child experiences a seizure in a school or setting, details should be recorded and communicated to parents including: any factors which might possibly have acted as a trigger to the seizure – eg:

- visual/auditory stimulation, emotion (anxiety, upset)
- any unusual 'feelings' reported by the child prior to the seizure
- parts of the body demonstrating seizure activity eg, limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends on whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings.

They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure. In some cases, such seizures go on to affect all the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves

After a seizure a child may feel tired, be confused, have a headache, and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently, they could be a cause of deteriorating academic performance.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Such information should be an integral part of the school or setting's emergency procedures but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a pediatrician should provide guidance as to when to administer it and why.

Training in the administration epilepsy medication is needed and will be available from local health services. Staying with the child afterwards is important as medication may cause drowsiness.

Further advice and guidance on the emergency treatment of seizures including administration of rectal diazepam or midazolam as first aid measures is available in G51 Emergency Treatment of Seizures Procedures.

DIABETES

What is Diabetes?
Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs, or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. Most children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms, and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control
The diabetes of most children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime, and then insulin with breakfast, lunch, and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable

place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms, and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience **hyperglycemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the school or setting's emergency procedures but also relate specifically to the child's individual health care plan.

ANAPHYLAXIS

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

If a severe allergic reaction occurs the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt, it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, must be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur, they are mostly mild. The plan will need to be agreed by the child's parents, the school, and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures is needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A 'kitchen code of practice' could be put in place.

Parents often ask for the head to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except when they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

4.25 Emergency Treatment of Seizures

Managers must ensure that they have local procedures documenting the procedures to be followed by staff. Managers must be familiar with the Council's Guidance document on the Emergency Treatment of Seizures (G51) and where necessary local procedures must incorporate the principles detailed in this good practice guide.

These procedures must be followed in the event of a young person requiring the administration of buccal midazolam or rectal diazepam. It also includes guidance and information for managers and staff involved in the safe and appropriate administration of such medications.

In the event of a young person requiring the emergency administration of medication, a protocol must be drawn up detailing the circumstances and situations when it should be administered. The GP/Consultant and the relevant manager must sign the protocol and if appropriate the young person and parent/carer.

A record of administration must be completed whenever buccal midazolam or rectal diazepam is administered.
All staff administering medication for the Emergency Treatment of Seizures must have received training in accordance with the guidance document.

4.26 Health and Safety Issues

Staff should avoid direct contact with medicines. Where this is unavoidable staff should contact the dispensing pharmacy for advice, eg, when staff have to apply steroid creams **directly** to a child, non-latex gloves must be used.

Infection control principles must be followed by staff administering medication and staff must be familiar with effective hand washing principles. See the County Council Infection Control Policy (HR53) for more detail. An intranet-based training video and open learning booklet can be found on the Health and Safety Intranet site http://www.intra.staffordshire.gov.uk/hs/

4.27 Patient information Leaflets

A patient information leaflet (PIL) will be supplied by the pharmacy with each medicine (including those supplied in monitored dosage systems) and these should be made available to the child if requested.

4.28 Medicines for a staff members own use

An employee may need to bring medicine into school /setting for their own use. All staff have a responsibility to ensure that these medicines are kept securely, and that young people will not have access to them, eg, locked desk drawer or staff room.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

4.29 Specific Risk Situations

Alcohol or Other Substances

If in any doubt about whether it is appropriate or safe to give a medicine (eg, if the young person is under the influence of alcohol or other substance), advice should be sought from the Community Pharmacist/GP/NHS Direct.

Pregnancy

If staff become aware that a young person is pregnant, staff must **check immediately** with GP/NHS 111/Community Pharmacy, that any medication is not contraindicated during pregnancy and if any action is required. It is generally advised that non-prescribed medication should not be taken during pregnancy without advice from a health professional.

4.30 Equal Opportunities Statement

The County Council is fully committed to ensuring equality in the delivery of this guidance to all young people, regardless of their gender, ethnicity, sexuality and ability.

This document has been prepared in consultation with representatives from all service and school settings from within the organisation.

4.31 Medication Records/Standard Forms

HSF 30	Confirmation of Medication Details
HSF 31	Service User Self Medication Assessment
HSF 32	GP Consent Form – Self Medication
HSF 33	GP Consent Form – Purchased by Parents/Homely Remedies
HSF 34	Protocol for Administration of PRN Medication
HSF 35	Receipt of Medication- Transport
HSF 36	Medication Incident Report Form
HSF 37	Medication Policy and Procedures In-house Training Record
HSF 55	Medication Administration Record sheet

5. Glossary of Terms

Administer - supporting young persons to 'administer their medicines' can include reminding someone to take or use their medicines, removing the medicine from the container and putting in young person's hand or in a container, helping a young person to actually take a medicine by supporting their hands, opening a medicine container or reading the labels on a medicine's container.

Assist - this can include helping young persons to read labels, reach containers that are stored securely, removing lids from containers, removing tablets and capsules from their foil packaging, reminding young persons to take their medicines, or physically helping them use their hands to get medicines into their mouths or creams, etc. to parts of their body where they are needed.

Buccal – Should be placed against the sides of the gums and cheek so that the medicine is absorbed directly into the bloodstream. This is known as the buccal or oromucosal route. If the medicine is swallowed accidentally, it might not work as quickly.

Prompt - this may be by telling a young person it's time to take their medicines, by handing a young person a medicine container at the time to take their medicines or by setting an alarm to go off when it is the correct time to take their medicines.

Purchased by Parents Medicines – Medicines readily available to be purchased and used to treat minor/self-limiting conditions.

Observe - this may be watching over a young person while they take or use their medicines and only helping such as removing lids from containers if the young person is struggling.

MAR – Medication Administration Record

PRN – As necessary / when required

Rectal – Relating to the rectum

6. References

Supporting pupils at school with medical conditions Department for Education
"Guidance on the use of emergency inhalers in schools" September 2014 from the Department of Health

Appendix 2 HSF 30

Dear

CONFIRMATION OF MEDICATION DETAILS YOU REQUIRE TO BE ADMINISTERED BY:

Pupil Name	Date of Birth	Telephone Number
Address		
GP Name	GP Telephone Number	
Details of any allergies or other special instructions (Take in to account any cultural, religious or communication needs)		

Name of Medication	Strength of Dosage	Amount of Medication & Time when given	Date Treatment to End

If the details above are correct, please sign and return

…… Signed (Parent/Carer) Date: ……..

<u>Important Note</u>

Should there be any amendment to the following: -

1. Medication or dosage 2. Address or telephone number 3. Doctor or Doctor's telephone number

Please inform the Establishment, in writing, immediately.

Appendix 3 **Receipt of Medication – Transport** HSF 35

All medication must be checked as they are received to ensure that the member of staff takes custody of the medication, in an appropriate container. A signature must be obtained from the parent/carer/school upon receipt of the medication. Upon arrival at the establishment the medication accompanied by this form must be placed in a suitable secure area, for validation and appropriate action. This process is to be repeated when returning any medication.

Week Commencing_____

Name	**Details** (Package, Bottles)	**Collection**		**Return**		**Comments Special instructions**
		Signature of Parent/Carer/School	Signature of Member of Staff	Signature of Parent/Carer/School	Signature of Member of Staff	

APPENDIX 4 HSF34

Protocol for the Administration of Prescribed PRN Medication

PRN medication must only be administered by an employee who has received relevant training. PRN medication must only be administered in strict accordance with the following protocol.

Service User/Pupil		Date of Birth	
Address			
GP			
Address			
Prescribed PRN Medication			
Dosage			
Conditions under which the use of PRN medication is recommended			
Any known triggers			
Any warning signs			
Time expected for the medication to take effect			
Action required if effect does not occur as expected			

GP		Parent /Carer	
Name		Name	
Signature		Signature	

On each occasion PRN Medication is administered, this should be clearly recorded on the Service Users medication sheet.

Appendix 5 HSF 36

Medication Incident Report Form

Service User/Pupil	Date of Birth
Address	
Details of Incident	
Date of Incident–	Time of Incident-
Member of Staff Reporting Incident-	
Detail of Incident-	
Reason for Incident (Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -	
Detail of any injuries/ill health effects-	
Detail of any Treatment Given-	
Admission to Hospital **Yes/No** If yes what was the outcome-	
Who has been informed of the incident (Carers, Pharmacist, GP, NHS Direct, CSCI) –	
Any Additional Information	
Statement Taken from relevant Parties – Detail whom and attach a copy.	
Corrective/Remedial Action Taken-	

This incident must be reported to the Headteacher/Service Manager/Group Manager immediately, and a copy of the report forwarded.

Signature Reporting Officer_____ Date _____