



## Squirrel Hayes First School

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# Drugs & Medicines Policy

- <sup>1</sup> This school is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.

## Drugs & Medicines Policy Local Instructions

### 1. INTRODUCTION

At Squirrel Hayes First School we advise Parents/Carers through the school prospectus and letters that pupils who are unwell should not be sent to school. However, sometimes pupils may need to attend school whilst taking prescribed medicines. This may be due to the following circumstances:-

1. During a short term illness or condition, such as the requirement to take a course of antibiotics
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).

Governing bodies have a legal duty to 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. *(Please see our 'Supporting Pupils with Medical Conditions Policy for details)*

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 health care plan can help staff identify the necessary safety measures to support children with medical needs. Detailed advice on how to develop a health care plan is set out within the associated guidance.

**School staff have no legal obligation to administer medicines to pupils unless they have been specifically contracted to do so. At Squirrel Hayes First School it is generally accepted, and stated in LA policies, that all staff are acting voluntarily.** Staff may volunteer to assist in administering medicines to pupils but must be given training and guidance.

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 medication guidelines.

### 2. DEFINITIONS & GLOSSARY

- 2 This school is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.

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*NB: To be read in conjunction with 'Medication and Supporting Medical Needs Guidance for Children and Young People' (3) and HR 109 Medication Issue 4 April 2017*

**Manager** - Manager includes the Headteacher and other members of a school's Senior Leadership Team.

**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 persons 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 medicines 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** - pertaining to the cheek or to the mouth

**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.

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

**Dispense** - carers should only dispense tablets/liquids/capsules for young persons out of containers that have come from the community pharmacy and only at the point where a young person is going to take a medicine. If a carer needs to dispense a dose for a later administration it must be into a suitable container that can be left safely where no-one can tamper with it and they must be sure the young person understands when it is to be taken and is capable to taking it on their own.

**MAR** - Medication Administration Record

**PRN** - As necessary / when required

**Rectal** - Relating to the rectum

**OTC** - Over the counter (medication)

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### 3. RESPONSIBLE PERSONS AND SETTING STAFF

3.1 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 policy and these guidelines.

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 guidance and Local Instructions.

The Manager must ensure that staff have: -

- been authorised to administer medication by the Manager
- parental consent
- full knowledge of the Medication Policy, 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.

### 3.2 Minimising the need for medication in School hours

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.**

### 3.3 Early Years settings

There is a requirement in Early Years settings for children under 5 years of age or 5 before the 31<sup>st</sup> August for the setting to ensure any medication and or personal care needs are accommodated when required. Where the school does not have a sufficient amount of 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.

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### 3.4 Non-Prescription Medicines

At Squirrel Hayes First School it has been agreed that Staff will not administer non-prescribed medicine. Should parents wish their child to take non-prescribed medicine then they will need to come into school and administer this themselves.

An exception to this rule is if the child is participating in an off-site activity such as an Educational Visit. If the parent is unable to administer the medicine themselves due to their child being off-site they then may request that a member of staff administers the medicine by putting this in writing. The same forms and procedures must be followed as with the handling and administration of prescribed medicines. Medicines will only be accepted if they are in date and are in the original packaging.

**Staff must never give a child under 16 aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

### 3.5 Over the Counter (OTC) Medicines (Homely Remedies)

At Squirrel Hayes First School it has been agreed that Staff will not administer non-prescribed medicine. Should parents wish their child to take non-prescribed medicine then they will need to come into school and administer this themselves.

**If a GP prescribes an OTC remedy, it becomes a prescribed medicine and must be treated accordingly.** All OTC's should be checked to ensure that they have not expired.

## 4. LOCAL INSTRUCTIONS FOR THE MANAGEMENT OF MEDICINES

### 4.1 Receipt of Medicines by the school

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

All medicines brought in by the parents to be administered by the school, must be recorded.

**Parents must complete a written instructional medical form MR1 (available from the school office). Any changes or variation in dosage will require a new written instructional medical form to be completed.**

The record must show:

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- 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:

- Signature of the parent or carer.

**The School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

### 4.2 Administering Medicines - General Principles

□ The administration of medication via an enteral feeding device such as peg feed or gastrostomies may be undertaken where suitable training has been undertaken and the medicine has been assessed as suitable. .

□ Training is available on the correct administration of medications via an enteral feeding device. Training support can be provided to the school by the school nursing service for Special Schools.

- A young person's privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised.
- In all circumstances the medication administered must be recorded. Where a Pharmacy produced Medication Administration Record sheet (MAR) is available this should be used. If a Pharmacy produced Medication Administration Record sheet is not available the administration of medication should be recorded on the standard Medication Administration Record MR2
- 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.

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5. Check dosage

6. 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 dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.
- Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
- 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 (e.g. health practitioner such as a nurse) and recorded.
- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicines administration record.
- All written records relating to medication must be completed in ink (preferably black).
- Medication must not be given to young person covertly (e.g. hiding in food) without consultation with GP/Parents and the agreement documented.
- 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. GP 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.
- 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 feed or gastronomies may be undertaken where suitable training has been undertaken and the medicine has been assessed as suitable. .
- Training is available on the correct administration of medications via an enteral feeding device. Training support can be provided to the school by the school nursing service for

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Special Schools. School is to contact the LA Health & Safety Team for Advice and Guidance.

#### 4.3 "As Required" Medications (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.

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. When a PRN medication is administered a record of the administration must be made using the Medication Administration Record MR2.

#### 4.4 Consent Arrangements

No medication should be given to a young person without written consent obtained from the person with parental responsibility for the child. This will be in the form of:-

- A written instructional Medical Form (Parental Consent Form) available from the school office
- ; or;
- Included as part of a Care Plan regime.

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 in the LA Guidance) A young person's parent/carer should be informed if they have required any form of medication in an emergency whilst they are in the care of the school. Children and young people may request a chaperone.

#### 4.4a 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). The outcomes must be recorded on the young persons care plan if one is required. For someone with hearing or sight impairment it may be necessary to arrange for communication materials or advice

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specific to their needs or provide assistance in using different communication means such as sign language.

#### **4.4b 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 a care plan (if one is required) or in the child's personal records.

#### **4.5 Do Not Resuscitate Agreements (DNR) and Emergency Management Plans (EPM)**

*(Please see LA Medication and Supporting Medical Needs Guidance for Children and Young People May 207 V5.0 for advice and guidance)*

#### **4.6 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.**

##### **4.6a Carrying medication**

Pupils will not carry their medication on them but will have supervised access when required.

##### **4.6b 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

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could access controlled drugs for self-medication if it is agreed that it is appropriate. (See Controlled Drugs 4.11 of LA Guidance May 2017 V 5.0 )

#### **4.6c 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 an individual child's health care 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.

#### **4.7 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 e.g. methylphenidate.

#### **4.7a 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 a pharmacist).

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 also on a regular basis e.g. monthly. The book should be locked away when not in use.

#### **4.7b 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 which can be purchased from a pharmacist and on the Medication Administration Record sheet HSF 55.

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

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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 must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign 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.

### 4.7c Return or Discontinued Controlled Drugs

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).

## 5. LOCAL INSTRUCTIONS FOR THE STORAGE OF MEDICATION

**All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public access in the medicine cupboard within the staffroom.**

**A copy of the parents medicine request form must be kept in a file in the medicine cupboard alongside the medicine. Staff to complete the pupil's individual medical record sheet when administering the medicine. This sheet is also to be kept in the file in the medicine cupboard.**

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 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

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- 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 the Office Staff. This will be delegated as necessary, and access should be restricted to authorised members of staff only.

Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only.

### 5.1 Medication requiring storage by refrigeration

**Where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area, in a (if necessary) locked container labelled "medicines - authorised access only".**

In the event that medicines are stored outside the required range usually between 2-8°C, staff should contact the dispensing pharmacist for advice. The refrigerator should be cleaned and defrosted regularly.

### 5.2 Storage of Monitored Dosage Systems (MDS)

MDS will need special consideration with regard to storage. Adequate lockable storage must be provided at all times for medicines supplied in MDS containers.

### 5.3 Storage of Controlled Drugs

Controlled drugs must be stored behind **double lock and key**. 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 used for the treatment of Epilepsy are stored in line with advice and guidance given by the Epilepsy Nurse or Consultant. Such drugs may be kept in a secure lockable case within a secure cupboard to enable quick and easy access.

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 which can be purchased from the Pharmacist and on the Medication Administration Record sheet.

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#### **5.4 Storage of medication for young person 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 the school 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.

#### **5.4 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/urine 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.

### **6.0 LOCAL INSTRUCTIONS FOR TRANSPORTING MEDICATION**

#### **6.1 Transportation of medication on the school premises**

Learners often move around the school and will be supported in accessing their medication.

**Emergency medication such as inhalers will be available in the learners classroom at all times or in accordance with their individual care plans. When moving to another classroom or school hall, emergency medication will be transported in the 'Class Medication Box' along with the medication/care plan folder.**

#### **6.2 Transportation of medication outside of the school premises**

When medication is transported outside of the school premises, 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. The Medication Container must be kept out of public vision at all times.**

#### **6.3 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.**

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Where required, Staff will take charge of the medicines and return the remainder on return to school or to parents/carers as appropriate.

Where a young person is self medicating this should continue whilst on the 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.

#### **6.4 Individual Transport Healthcare Plans**

In some cases individual transport healthcare plans will be required (e.g. 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.

#### **6.5 Allergic Reactions**

Some children and young people are at risk of severe allergic reactions. At Squirrel Hayes First School we plan to reduce the likelihood of the risk of allergic reactions by ensuring that the children do not come into contact with the material or foodstuffs which may cause a reaction. All staff have received training on the use of adrenaline pens for emergencies where appropriate.

**These pens must only be used for those children for whom they are prescribed.**

### **7.0 LOCAL INSTRUCTIONS FOR SPECIALIST CLINICAL INTERVENTIONS?ACTIVITES (this includes invasive treatments)**

A wide range of specialist medication activities may at times be required within a school or setting. These activities are best carried out by medical professionals whenever possible.

In some circumstances specialist medication 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/carers etc. At this meeting the School Manager needs to develop a clear understanding of what is required to complete the specialist medication activity. The health professionals attending must determine that the medication activity/treatment is suitable to be completed by a non-medical professional (e.g. does it require an individual to make a

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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 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 medication process.
- Training requirements must be discussed with the health professionals and arranged to be delivered by a suitable health professional (in schools this will normally be the school nurse) and suitable competency frameworks made available to the school/setting. This training must be refreshed at least 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 medication 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 medication activity need 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 persons 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.

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- 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 competency are agreed with the health professionals.
- Recording arrangements to detail when the specialist medication procedure has been completed and communication parents/carers 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 Manager is responsible for monitoring staff resources to undertake the specialist medication and activities and must provide staff with the authorisation to carry out the specialist medication activities once they are satisfied that all aspect of this section have been completed. The authorisation to staff must be clear about the types of administration 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.

## **8.0 LOCAL INSTRUCTIONS FOR EMERGENCY PROVISION OF CARE**

As part of general risk management processes at Squirrel Hayes First School arrangements are in place for dealing with emergency situations. This forms part of the school's first aid policy and emergency plans. All staff should also know who is responsible for carrying out emergency procedures.

**Individual health care 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.**

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.

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Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

The existence of a EMP/DNR Agreement must also be taken into consideration when an emergency occurs. (See Appendix 2a)

## **8.0 LOCAL INSTRUCTIONS FOR DISPOSAL OF MEDICINES**

**Medication should not be disposed of by via the sink, toilet or dust bin, this is both illegal and unsafe.** Any unused medication must be returned to the parent/carer.

**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.**

### **8.1 Disposal of Sharps**

Where any staff on site (whether settings staff or community based colleagues e.g. 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 persons 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.

## **9.0 LOCAL INSTRUCTIONS FOR THE MANAGEMENT OF ERRORS/INCIDENTS INVOLVING**

In the event that 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 for an ambulance if the child's condition is a cause for concern.

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- Notify the Manager/Person in Charge.
- Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young persons file/Care Plan using the Medication Incident Report Form HSF36.
- The Settings Manager must complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- The Setting Manager 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 sheet 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.

### 9.1 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, dependant 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.

## 10.0 LOCAL INSTRUCTIONS FOR INDIVIDUAL/HEALTH CARE PLAN

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## **10.1 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 will 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 paediatrician 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/Paediatrician 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 e.g. Health Visitor/School nurse/Looked After Children's Nurse/Community Paediatric Nurse/Epilepsy 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.

## **10.2 Co-ordinating Information**

Mrs. Oakes has the role of co-ordinating and sharing information regarding individual Care Plans/Risk Assessments.

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### 10.3 Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. Individual Care Plans/Risk Assessments are read and signed by all relevant school staff ensuring information is shared clearly. Staff sign to signify that they have read the key information in the Care Plan/Risk Assessment and understand any control measures in place.

### 10.4 Confidentiality

The head teacher 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.

### 10.5 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 Policy and guidance as well as any local procedures.

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- Understand the healthcare plan and have a basic knowledge of the medication and its use before assisting or administering.
- Understand the safe procedures for handling medications and understand their responsibilities in the administration of medication
- Be able to administer medications safely and effectively
- Support service users who self-administer
- 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 needs 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.
- Appreciate the role of other professionals in relation to medication
- Have a good understanding of their role and responsibilities in relation to the safe storage, administration, disposal etc of medication.

### Training to carry out any Specialist Medication Activities

Only staff who are trained and deemed competent should perform any invasive medical procedures, such as those indicated in 7.0 above.

### 11.0 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.

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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 is able to 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 e.g. 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 so as 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

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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.

**Management of Oxygen (See Medication and supporting Medical Needs Guidance for Children and Young People May 2017 V5.0)**

### 12.0 SPECIFIC MEDICAL CONDITIONS GUIDANCE FROM LA POLICY

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

**(See Medication and supporting Medical Needs Guidance for Children and Young People 4.24, May 2017 V5.0)**

### 13.0 Health and Safety Issues

Staff should avoid direct contact with medicines. Where this is unavoidable staff should contact the dispensing pharmacist for advice, e.g. 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/>

#### 13.1 Patient information Leaflets

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

#### **14.0 LOCAL INSTRUCTIONS FOR MEDICINES FOR A STAFF MEMBERS OWN USE**

An employee may need to bring medicine into school 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. Staff will therefore be required to keep their own medicine in the secure staff lockers provided by the school.**

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.

#### **15.0 Specific Risk Situations**

##### **Alcohol or Other Substances**

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

#### **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.

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

#### **16.0 LOCAL INSTRUCTIONS FOR RECORD KEEPING**

##### **Storage of records**

- MR1(Parental medicine request) & MR2 (medicine administration record)forms to be kept with medicine in the medicine cupboard whilst in use.
- Both forms to be attached together and put in child's file when medicine administration is completed.

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- HSF form (Receipt of medication form) to be kept in file in secure cabinet in the Headteacher's office.

***Medication Records to be used at Squirrel Hayes***

MR1	Parental Request for the Administration of Medicine (Appendix 1)
HSF 34	Protocol for Administration of PRN Medication (Appendix 1a)
HSF 35	Receipt of Medication- Transport (Appendix 1b)
HSF 36	Medication Incident Report Form (Appendix 1c)
MR2	Medication Administration Record sheet (Appendix 1d)

**Trade Union National Policy Statements**

**UNISON Policy**

UNISON's National Policy is that its members should not undertake invasive medical procedures. This document does not seek to change that policy. UNISON members however may already carry out these procedures voluntarily or may in the future carry out such procedures. If UNISON members do volunteer to carry out invasive medical procedures then the guidelines in this document should be followed to ensure members are adequately covered by the Employer's insurance cover.

**NASUWT Policy**

There is no general contractual requirement for any teacher to administer medication to a pupil. NASUWT advises its members not to do so. Health and Safety Representatives should advise members who do nevertheless administer medication that they must be confident that they are properly trained and qualified to undertake the task. Where a member of staff chooses to administer medications on a voluntary basis, the following guidelines should always be strictly

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followed. Health and Safety Representatives working in a special school or unit where the administration of medicines is of a sizeable proportion, and where medically vulnerable children are in attendance, should press for the appointment of a qualified community nurse to the staff who would take responsibility for the administration of medication to the children.

## 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

Children who are missing education due to Health/Medical Reasons

## 17.0 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 persons 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 medicines 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** - pertaining to the cheek or to the mouth

**Prompt** - this may be by telling a young person its 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.

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

**Dispense** - carers should only dispense tablets/liquids/capsules for young persons out of containers that have come from the community pharmacy and only at the point where a young person is going to take a medicine. If a carer needs to dispense a dose for a later administration it must be into a

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suitable container that can be left safely where no-one can tamper with it and they must be sure the young person understands when it is to be taken and is capable to taking it on their own.

**MAR** - Medication Administration Record

**PRN** - As necessary / when required

**Rectal** - Relating to the rectum

**OTC** - Over the counter (medication)

### 18. References

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

Version No.	Date of review	Reviewer	Changes Made
01	June 2009	Erica Smith	Followed LA Guidance
02	June 2010	Erica Smith	Updated to include new proforma
03	May 2011	Erica Smith	Updated to include additional LA & national guidance and new forms for completion by parents and staff.
04	July 2011	Erica Smith	Included change log
05	May 2012	Erica Smith	Includes storage of staffs own medicine if required.
06	June 2013	Erica Smith & Nikki Stroud	Reviewed.
07	Sept 2014	Erica Smith	Changed layout and update in line with new Guidance. Local Instructions made clearer.
08	Oct 2014	Erica Smith	Made changes to the administration of non-prescribed medicines when learners are off-site.

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Version No.	Date of review	Reviewer	Changes Made
09	Nov 2015	Erica Smith	Updated in line with LA Medication Guidance for Children and Young People.
10	Oct 2016	Erica Pickford	Updated HR 109 - Included Trade Union Policy Statements
11	Nov 2017	Erica Pickford	Reviewed and updated against LA Guidance 'Medication and Supporting Medical Needs Guidance for Children and Young People May 2017 V5.0 Local Instructions made clear
12	October 2018	Erica Pickford	Reviewed against LA Guidance 'Medication and Supporting Medical Needs Guidance for Children and Young People (3) and HR 109 Medication Issue 4 April 2017
13	December 2019	Erica Pickford	Reviewed and included hyperlinks to supporting guidance.
14	Nov 2020	Erica Pickford	Reviewed Included reference to storage of Epilepsy (controlled medicine)
15	Nov 2021	Erica Pickford	Reviewed
16	Nov 2022	Erica Pickford	Reviewed with new links.
17	Nov 2023	Erica Pickford	Updated links to guidance

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**Staffordshire County Council  
General Risk Assessment Record Form**

1. **Section/Service/Team**..... 2. **Assessor(s)**.....

3. **Description of Task/Activity/Area/Premises etc.** .....**Oxygen (Administration and Storage)**

<b>What are the hazards?</b>	<b>Who might be harmed and how?</b>	<b>What are you already doing?</b> List the control measures already in place	<b>What is the risk rating - H, M, L?</b> See section 5	<b>What further action, if any, is necessary, if so what action is to be taken by whom and by when?</b>	<b>Action Completed</b> State the date completed and sign.	<b>What is the risk rating now - H, M, L?</b> See section 5
1. Transportation of oxygen cylinders.	Staff and service users, from fire explosion and contact with moving cylinders.	<ul style="list-style-type: none"> <li>• Green diamond safety sign is displayed on the vehicle</li> <li>• Cylinders are secured to prevent them from moving around.</li> <li>• 'Trem' card is carried on the vehicle.</li> <li>• Vehicle is stopped if administration is required.</li> <li>• Service users are only transported with portable oxygen cylinder. Appropriate fire extinguisher is on the vehicle</li> <li>• Strict 'No Smoking' rules enforced.</li> </ul>	Medium			

2. Administration of oxygen.	Staff, service users, from inappropriate handling, use.	<ul style="list-style-type: none"> <li>• Staff receive instruction/ training in the operation of the oxygen cylinders.</li> <li>• Oxygen is only used in a well-ventilated area, away from naked flames and heat.</li> <li>• Lubricants and tapes are not used on the cylinder.</li> <li>• All cylinders are regularly checked to ensure there is no damage to the cylinder, hose, pipes, and valves.</li> </ul>	Medium			
3. Manual handling	Staff, could suffer sprains and strain from moving oxygen cylinders	<ul style="list-style-type: none"> <li>• Manual handling policy in place and communicated to staff.</li> <li>• Staff receive appropriate moving and handling training.</li> <li>• Staff wear appropriate clothing and footwear</li> </ul>	Medium			

4.Fire or explosion	Staff, service users visitors, could be injured by fire or explosion from inappropriate storage/use	<ul style="list-style-type: none"> <li>• Staff receive instruction/ training in the operation of the oxygen cylinders.</li> <li>• The location of oxygen cylinders are identified on the fire plan</li> <li>• Oxygen cylinders are stored in an upright position and under cover to protect the valves from the changes in the weather.</li> <li>• The storage area is only used for oxygen cylinders.</li> <li>• Appropriate fire fighting equipment is near to storage area.</li> <li>• Storage areas are no smoking.</li> <li>• Quantities kept to a minimum.</li> <li>• The location of oxygen cylinders are identified by the use of a green diamond safety sign</li> </ul>	Medium			
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**4. Tick if any of the identified hazards relate to any of the following specific themes:**

Hazardous Substance	Manual Handling	Display Screen Equip	Fire	Work Equip / Machinery	Stress	Individual Person such as Young Person New/ Expectant Mother or Service User
✓	✓		✓			✓

If any are ticked a specific risk assessment form must be completed separately. For example a COSHH form must be completed if a hazardous substance is used.

**5. Risk Rating**

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

<b>Risk Rating</b>	<b>Description</b>	<b>Action Priority</b>
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

#### 6. Assessment

**Signature of Assessor(s):**

**Print Name:**

**Date Assessed:**

**Signature of Line Manager:**

**Print Name:**

**Review Date:**

#### 7. Communication and Review

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident



**Appendix 1 (MR1)**

**PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL**

To be completed by the parent/guardian of any child requesting drugs to be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

If you need help to complete this form, please contact the school office.

**Please complete in BLOCK letters.**

<b>Name of Child:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b>		<b>School Address:</b> Squirrel Hayes First School Springfield Road Biddulph S-O-T Staffordshire ST8 7DF	
<b>Doctors name &amp; Surgery:</b>		<b>Surgery telephone number:</b>	
<b>PRESCRIBED MEDICINE</b>			
The doctor has prescribed for my child (as follows):			
<b>Name &amp; Strength of drug/medicine:</b>		<b>Any Special storage arrangements:</b> <i>(e.g. in the fridge)</i>	
<b>When to be taken:</b> <i>(e.g. lunchtime, after food, when wheezy, before exercise)</i>		<b>How Much:</b> <i>(e.g. 5ml, 1 tablet, 2 drops)</i>	
<b>Route for administration:</b> <i>(e.g. by mouth, in ear)</i>		<b>Expiry date of medicine:</b>	
<b>Date course is due to start:</b>		<b>Period of the course:</b>	
<b>Does the medicine have to be used within so many days of opening:</b>			
Yes <input type="checkbox"/> please state:		No <input type="checkbox"/>	
<b>ADMINISTRATION REQUEST</b>			
<b>My child:</b> <i>(please tick from the list below indicating your request)</i>			
<b>Can administer his/her own medication</b>	<input type="checkbox"/>	<b>Requires Supervision to administer his/her own medication</b>	<input type="checkbox"/>
		<b>Requires assistance in administering his/her medicine</b>	<input type="checkbox"/>

**PLEASE TURN OVER**

I request that the treatment be given in accordance with the information provided by a named member of the school staff who has received the necessary training.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

**I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.**

**I accept that whilst my child is in the care of the school, the staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.**

I can be contacted at the following address/telephone number during school hours:

<b>Name:</b>	<b>Contact Address:</b>
<b>Contact Telephone Number:</b>	<b>Date:</b>
<b>Signed:</b>	<b>Print:</b>

**This form should be filed away securely on the pupil's file when the medication is completed or changed.**

**Appendix 1a HSF 34**

**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 1c HSF 36 Medication Incident Report Form**

Service User/Pupil	Date of Birth
Address	

<b>Details of Incident</b>	
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 <b>Yes/No</b> 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 \_\_\_\_\_



