

Responsibilities and Legal Framework

1. Primary responsibility for the health and wellbeing of children and the administration of medication lies with parents.
2. Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. It only requires one parent to agree or to request that medicines are administered. Where parents disagree over medical support, the disagreement must be resolved by the courts: the school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescription, unless and until a court decides otherwise.
3. Parents should provide the school with the necessary information about their child's medical condition. For example, parents should ensure that a copy of the health care plan provided by the child's GP or relevant professional is made available to the school and must ensure that the school is informed of any change in condition, prescription or staff training need.
4. Further details regarding parental responsibility may be found in Chapter 2 (Roles and Responsibilities) of the DfES/DH guidance booklet.
5. The school is responsible for the health and safety of children while in their care; in undertaking this duty of care, they are dependent on the accurate information from and cooperation of parents, as well as the support of health professionals.
6. No member of staff should be compelled to give medical treatment to a pupil (see page 6, paragraph 16 and page 35, paragraph 6 of the DfES/DH guidance booklet); however, teachers have a general legal duty to act in loco parentis. All those caring for children, including teachers and other school staff, have a common law duty of care to act like any reasonably prudent parent. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.
7. School staff may, with appropriate training, assist with the administration of medication provided by parents and health professionals; however, staff (i.e. staff who are not health professionals themselves) should not prescribe medicines.
8. It is hoped that through a combination of parental cooperation, the support of PACE and the School Health Service, staff will see the management of medicines as part of their pastoral role.
9. The School is under a duty to increase access and should be aware of the circumstances in which children with medical needs are protected under the Disability Discrimination Act (DDA) 1995. The general guidance on inclusion, as outlined in the National Curriculum Inclusion Statement 2000, refers to the key principles of responding to children's diverse needs and overcoming potential barriers to learning (see page 5, paragraphs 8-12 of the DfES/DH guidance booklet).

10. Legislation and regulations relevant to schools and settings in dealing with children's medical needs, include:

- Medicines Act 1968
- Misuse of Drugs Act 1971 and associated regulations
- Health and Safety at Work etc Act 1974
- Education Act 1996
- Management of Health and Safety at Work Regulations 1999
- The Education (School Premises) Regulations 1999
- SEN and Disability Act (SENDA) 2001
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Meeting Health Needs in Educational and other Community Settings: A guide for nurses caring for Children and Young People (RCN) 2018

General Guidance on the Storage and Administration of Medicines

11. Children with medical needs and requiring medicines may be identified as falling into one of three categories: there will be some pupils capable of self-administering treatment e.g. paracetamol for period pains, while some will require a certain level of supervision and others will need the medicine to be administered to them. Staff, with advice from the medical services if required, may note into which of these three categories each pupil will fall, as this could be helpful when dealing with a health care plan, an agreement to administer medicines or any forms recording medicines administered.

12. In consideration of a pupil's physical well being and in order to maintain this for the period during which they attend PACE, medical intervention is sometimes necessary.

- e.g.
- In the administration of tube feeds (gastrostomy feeds)
 - In the emergency administration of anti-convulsant drugs.
 - In the emergency administration of adrenaline
 - In the administration of antibiotic drugs.
 - In the administration of analgesia
 - In the management of ileostomy or colostomy care

N.B. In the case of the administration of anti-convulsant drugs and adrenaline, the direction of the child's G.P. or Paediatrician must be obtained.

13. Medicines must be prescribed by a registered medical practitioner and should not be given unless parents have requested their use and signed the consent form. The general rule is that students should not bring non-prescribed medicines to school.

14. The practice of parents giving children small quantities of proprietary medicines to cope with minor ailments when away from home, as well as occasions when parents are convinced that homeopathic remedies are helpful to their children, may require further discussion with parents. Although these situations are unlikely to be potentially life-threatening or harmful, where proprietary medicines or homeopathic

remedies are taken, it is still essential that parents sign the consent form and provide all the necessary information.

15. Medicines should only be taken to a school or setting when essential; it is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable them to be taken outside school hours. The medicines Standard of the National Service Framework (NSF) for Children recommends that:
 - prescribers consider the use of medicines which need to be administered only once or twice a day so that they can be taken outside school hours
 - prescribers consider providing two prescriptions for a child's medicine; one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines: an example of this might also be reliever inhalers for asthma. (NB Providing two prescriptions would be inappropriate in the case of antibiotics.) If repackaging occurs, parents must ensure that medicines are clearly labelled with a pharmacy label including dosage and other essential instructions, and provided in the minimum quantity for the school or setting day.
16. Staff taking possession of medication from parents should check that medicines are 'in date' and clearly labelled with the child's name and the recommended dosage. If medicines become out of date, parents should dispose of them in an approved way: any medicines not collected by parents should be taken to a local pharmacy for safe disposal. If prescribed it should have a prescription label.
17. If a child is on regular medication it may be necessary for two sets of similar medicines to be kept; one at home and one at school. The child's GP or paediatrician should be willing to prescribe this, at parental request.
18. All medicines, unless managed by individual students themselves, will be stored in separate containers in a lockable medical cabinet in the medical room. The medical room will be locked when unattended.
19. Medications requiring refrigeration will be stored in a locked fridge in the medical room.
20. Controlled drugs, defined as, dangerous or otherwise harmful substances, which are designated a controlled drug under the Misuse of Drugs Act 1971 and its subsequent regulations and amendments, should be stored securely in accordance with the Safe Custody Regulations.
 - These Regulations state that such Controlled Drugs must be stored in a cabinet or safe, locked with a key. It should be made of metal, with suitable hinges and fixed to a wall or the floor with rag bolts that are not accessible from outside the cabinet. The security of the location of the cupboard also needs careful consideration
 - The keys to the Controlled Drugs cupboard should only be held by an authorised person.

- A record of Controlled Drugs (CDR) will be maintained in a bound book (not loose-leaf pages), and should contain separate pages for each pupil's medicines.
- The CDR will be used to record the receipt, administration and disposal of controlled drugs whilst they are stored at the school. Each drug, for each pupil, should be recorded on a separate page, with the name of the pupil, and the name, dose and strength of the drug written clearly at the top of the page. There should be a column for recording running balances in order to maintain effective control and identify any discrepancies.
- When transferring the drug record to a new page in the CDR, the amount remaining should be identified with 'brought forward from page x' written clearly on the new page.
- Routine checks of all Controlled Drugs held, and the recorded running balances should be carried out by the School Nurse, or the person responsible for the day-to-day management of the service (Deputy Head) and one other member of staff, on a weekly basis, and a record kept.
- Where a discrepancy is found, it should be reported immediately to the Head Teacher who should investigate promptly.
- If the discrepancy cannot be resolved parents should be informed the advice of the local pharmacist should be sought.
- If the discrepancy is found to be due to an error of subtraction or addition in the calculation of stock balance, the figure in the balance column should not be changed or covered. A new entry should be made under the last entry, giving details of the discrepancy:-
 - The error in subtraction/addition (indicated with an asterisk)
 - The correct balance
 - The date
 - The signature of the member of staff and the witnessing member of staff.
- If the cause of the discrepancy cannot be identified, the family of the pupil should be contacted to establish whether there were any unrecorded returns of Controlled Drugs.
- If any unrecorded returns are confirmed by the family, full details of such returns should be entered into the CDR, together with the signature of the person who returned the drugs and that of the pharmacist who received them. The correct date and the words 'entered in retrospect' should also be added.
- If the reason for the discrepancy cannot be found, and the Controlled Drugs appear to have gone missing, then all relevant people, including the police and local Safeguarding should be notified.

21. Further details of prescribed medicines, controlled drugs and non-prescription medicines may be found in Chapter 1 (Developing Medicines Policies) of the DfES/DH guidance booklet.
22. Emergency medicines such as asthma inhalers and adrenaline pens should not be locked away and should be readily available to children requiring them. Such medications will be kept in a designated safe area in the child's classroom known to all staff based in that area and if appropriate the child him or herself.
23. When adrenaline pens are prescribed (normally by the child's paediatrician) the school should be informed and suitable training for staff will be sort via the School Nurse.

Specific Guidance on the Administration of Medication

24. NO medical intervention or administration of medication is permitted WITHOUT CURRENT WRITTEN PARENTAL CONSENT AND DIRECTION (Form 2).
25. For medication to be given on a regular daily basis, and for EMERGENCY medication. Arrangements are as follows:

- Parents complete a Parental agreement for school to administer (Form 2) at the beginning of each academic year. A copy is attached to the Essential Information pack. Should any details change, a new form MUST be completed and signed.

Each medication requires a separate consent form.

- Administering medication as directed by the medication consent form in conjunction with the prescription label, the following procedure should be followed: (Form 10)
 - Unless detailed in the pupil's Health Care Plan all medication will be administered in the pupil's classroom
 - Two members of staff, to include the Assistant to Nurses (*who has undertaken the assessment and training*) and a member of staff .
 - In the event the Assistant to Nurses is not available two members of staff one of whom has completed the assessment of Safe Administration of medication will check the medication using the Medication Administration Record Sheet (MARS)(Form 3). They will check against the MARS chart and prescription label on the medication bottle.

- Administration form completed and signed by both staff members. Copy to be retained at school and note in child's home liaison book that day.
- a) For any other medication e.g. course of antibiotics, analgesia (including Capol), a separate medication consent form should be completed by the parent / guardian as required for the course of the medication. Directions for the administration must be comprehensive and clear. If these are not understood by the staff, further written directions must be sought prior to administration.
 - b) N.B. In the case of administering anti-convulsant drugs e.g. Buccolam/Buccal Midazolam or PR Diazepam or Adrenaline ONLY TRAINED INDIVIDUALS are permitted to do so, and must be accompanied at all times by another staff member.
26. If required, sharps boxes, which must always be used for the disposal of needles, should be provided by parents, who may obtain boxes on prescription from the child's GP or paediatrician and should collect boxes for disposal. Schools and early years settings should be aware of the need to maintain security of sharps boxes, which are potential targets for theft. It is also important to remember that any individual suffering a needle-stick injury should go straight to Accident and Emergency.
27. To ensure the safe administration of oral medication to the pupils classified as a red feeder at PACE, all oral medication must be administered by a red trained feeder, Registered Children's Nurse, Assistant to Nurses, or alternatively, a specifically trained member of staff who has been signed off as competent to administer oral medications to red feeders by a Dysphagia Speech and Language Therapist.

Taking Medication Off Site

Medication must be taken off site in the original packaging detailing the name of the pupil and the required dosage. Under no circumstances should medication be decanted into an alternative container. If Medication is drawn up prior to taking off site, it must be clearly labelled with the child's name, what medication it is, dose, date and route of administration. Always take the child's MAR sheet(Form 3).

Before the pupil leaves the site the responsible person must:

- Sign out the Medication on the 'Medication off site check sheet' (Form 7)

On return to school the responsible person should:

- Sign the Medication back in on the 'Medication off site check sheet' (Form 7)
- Report any errors or discrepancies to a senior manager immediately

The administration of medication off-site should be as follows: (Form10)

- Two members of staff should be present when the medication is given both confirming dosage directed and given.
- MAR sheet completed and signed by both staff members. One copy to be retained and one copy to be sent home with child's home liaison book that evening.

N.B: Controlled medication must be taken off-site in a hard, lockable container.

Training

28. Training on the general administration of medication will be provided for all staff via the School Nursing Service.
29. Specific training will be provided with regard to asthma, diabetes, epilepsy, severe allergic reaction (anaphylaxis), adrenaline administration ileostomy/colostomy care on an as needs basis via the School Nursing Service.
30. First aid training for school or setting staff will cover aspects of the administration of medicines which could present a risk, in order that contingency plans can be prepared for the event of an accident or emergency.
31. Training should cover the need for confidentiality.

Health and Safety Responsibilities

32. This document is in line with the Local Authority's Health and Safety Policy and Guidelines. The Health and Safety Executive takes the view that providing management and staff act in accordance with the Health and Safety Policy and Guidelines, asking for advice if in doubt, there should be no difficulty in meeting health and safety obligations, within the protection of the Local Authority's insurance policies.

Date: September 2021
Review Date: September 2022
To be reviewed by: Karen Wood/Samantha Gomm

Appendix A : FORMS

1. Emergency planning – request for an ambulance
2. Parental agreement for school/setting to administer medicines
3. Record of medicines administered to children
4. Request for children to carry their own medicines
5. Staff training/CPD record – administration of medicines
6. Emergency Seizure Management / Medication Plan
7. Medication off-site check sheet
8. Medical error and incident form
9. Medication Check-In Sheet & Daily/Weekly Medication Check-In-Out Sheet
10. Giving Medications Protocol
11. Audit forms

FORM 1 – Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Form 2

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine

Name of School/Setting	
Name of Child:	
Date of Birth:	
Group/Class/Form:	
Reason for medication	

Medicine

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed(on prescription label):	
Expiry date(on bottle/box):	
Dosage and method(oral/gastro/NG/rectal):	
Timing(when it should be administered):	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	Yes/No (delete as appropriate)

Parent/Guardian Contact Details

Name:	
Daytime Telephone No:	
Mobile No:	
Relationship to Child:	

I understand that I accept that this is a service that the school/setting is not obliged to undertake, unless the medication has a prescription label with child's name and dose

I understand that I must notify the school/setting of any changes in writing.

Date:	
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Signature(s):	
Relationship to child:	

Form 3

Record of Administration of Medication to Children attending Special Schools in Buckinghamshire

Name Date of Birth Any Known Allergies
 School...Pace -

Name of Medication, Dosage, Strength and Route	Time Due	Dose due and where Information obtained from or prescribed by:	DATE			DATE			DATE			DATE					
			Time Give n	X 2 Initial s		Time Give n	X 2 Initial s		Time Give n	X 2 Initial s		Time Give n	X 2 Initial s				

SIGNED..... DATE.....

CHECKED BY.....

DATE.....

ARP Sept 2014

FORM 4

Request for a child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY THE CHILD'S PARENTS/GUARDIAN

Medicines are not allowed in educational establishments unless they are considered absolutely necessary in the opinion of health professionals and agreed by the appropriate schools or early years settings staff.

In making this request for a child to carry medicines, it is expected that parents will have sought the advice of a health professional and are certain that the medicines are necessary. School and setting staff are not health professional and are unable to prescribe or give medicines themselves.

(If staff have any concerns the request should be discussed with school healthcare professionals)

Name of School/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

Contact Information

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 5

Assessment of Administrating Medication

Name of School Staff Member:

Name of nurse:

GOAL:

Carer will be able to administer prescribed medication safely and will know:

GOAL	DISCUSS	PRACTICE	COMPETENT
1. How to wash hands effectively.			
2. How to prepare for the procedure.			
3. Knowledgeable of what medication is for			
4. Be competent in checking medication against prescription/ treatment sheets. Checking:			
a) Valid prescription			
b) Name of child			
c) Name/ strength of medication			
d) Medication expiry date			
e) Correct dose			
f) Correct time			
g) Correct Route			
5. Draw up/ measure prescribed dose of medication.			
6. Administer dose competently			
7. Record on chart/ treatment sheet.			
8. Correct cleaning and disposal of equipment			
9. What to do in the event if reaction/ anaphylaxis.			

I confirm that has been assessed to administer medication and has demonstrated best practice.

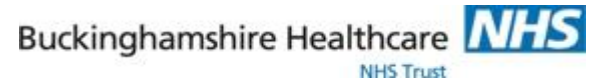
I recommend that this training is reviewed at least annually.

Assessor's signature..... Print name:

Position: Special School Nurse Date.....

I confirm that I have received the training/ been assessed to administer prescribed medication in line with the underpinning policies/ guidelines. I now feel confident and competent in administering medication at school. I understand what problems may arise and what to do if they occur.

Carer's Signature..... Print nameDate.....



Guidelines for administration of Emergency Epilepsy Medication
Child's Individual Epilepsy/Seizure Care Plan

Form 6

Child's Name..... DOB.....

Triggers for Seizures:
Warning Signs that seizures might be about to happen:
Description of typical seizures:
Action to be taken during and after seizure:
Parents to be informed following a seizure:

Buccal Midazolam / Buccolam Treatment Plan	
To be administered after certain length of time/number of seizures?	
How much should be given?	
What is the child's usual reaction?	

Can a second dose be given? If yes after how long and how much should be given?	
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Regular Medication for the treatment of epilepsy		
Name of Medicine & strength	Dose	Times given

This Epilepsy/Seizure Care Plan has been agreed by the following people

Sign & Print & Designation:	Date:	Review Date:
Parent/Carer:	Date:	

Form 8

MEDICATION ERROR AND INCIDENT REPORT

Student:		Date of error:		Time of error:				
Name of Medication								
Type of Medication (please P)	Tablet/Capsule	Liquid	Ointment /Cream	Other				
MEDICATION ADMINISTRATION ERROR / INCIDENT - please P								
<i>(A) Wrong Dose</i>	<i>(B) Wrong Medication Given</i>	<i>(C) Wrong route into the body</i>	<i>(D) Wrong Time</i>	<i>(E) Wrong Service User</i>	<i>(F) Missed Medication</i>	<i>(G) Missed Signature</i>	<i>(H) Unidentified medicines found</i>	<i>(I) Adverse reaction to medicine</i>
<i>Description of incident - describe fully the circumstances surrounding the incident.</i>								
<u>Action Taken</u>								
Was the GP or NHS 24/ NHS Direct called ? Yes / No (if no why not?)								
Name, job title & signature of person completing report:							Date:	Time:
The section below is to be completed by the Lead Person or a member of the SLT								

Summarise the findings of investigation and action required to prevent occurrence:		
Has a Safeguarding referral been made? Yes/No <i>(if no why not?)</i>	Was the Commissioning Authority or OFSTED informed? Yes/No <i>(if no why not?)</i>	
Lead Person	Sign:	Date:
Head of School	Sign:	Date:

Daily/Weekly Medication Check-In-Out Sheet

Name:.....

Class:.....

Date of Birth:.....

DATE	MEDICATION, STRENGTH, BN CODE & EXPIRY DATE	AMOUNT RECIEVED	DATE RETURNED	COMMENTS
<i><u>EXAMPLE</u></i> 13/06/2018	<i>Baclofen 5mg/5ml BN: T60078 Expiry Date: 07/2020</i>	<i>Bottle in use between home and school</i>	<i>13/06/2018</i>	<i>Taken from bag, put back in bag to go home.</i>
		Bottle in use between home and school		
		Bottle in use between home and school		
		Bottle in use between home and school		
		Bottle in use between home		

		and school		
		Bottle in use between home and school		
		Bottle in use between home and school		

Form 10

GIVING MEDICATIONS PROTOCOL

- Two members of staff to check medication in the medical room or in a quiet area **undisturbed** (one must have undertaken assessment of giving medication)

- Wash hands

CHECK (on medication chart and then medication packaging)

- ✓ Child's name
- ✓ Name of drug and strength
- ✓ Dose

- ✓ Route (oral, gastrostomy)
- ✓ Date opened
- ✓ Expiry date

➤ When everything checked administer medication (person who has undertaken assessment of giving medication) and both record on medication chart.

Liquid medication has a shelf life of 3 months unless otherwise stated on the bottle.

Form 11

Monthly Medication Check Sheets – Children who have PRN Medication

Child's Name						
<i>Date & Sign when checked</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>
(Check against Medication Chart)						
Have all medicines been given, as prescribed and signed for?						

If medicines were refused or not given is this recorded?						
Have any changes to the prescription been made this month? Has this been recorded?						
Storage & Stock Checks						
Have any medicines been received or returned this month? Has this been recorded? (Check meds sign in/out sheet)						
Are all medicines in date and stored as per instructed?						
Have temperature checks been done and within min/max limits?						
Does amount of stock held balance with records? (Check meds sign in/out sheet)						

Is there sufficient stock for next month?						
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If any answers are no please note in the box next to the question explaining why and any action required.

Child's Name						
<i>Date & Sign when checked</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>
Medication errors/incidents Has a medicine error/ incident occurred? Has it been reported to the school nurses and recorded.						

Monthly Medication Check Sheets – Children on *Regular Medication*

Child's Name						
<i>Date & Sign when checked</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>
(Check against Medication Chart)						
Have all medicines been given, as prescribed and signed for?						
If medicines were refused or not given is this recorded?						
Have any changes to the prescription been made this month? Has this been recorded?						
Storage & Stock Checks						
Have any medicines been received or returned this month? Has this been recorded? (Check meds sign in/out						

sheet)						
Are all medicines in date and stored as per instructed?						
Have temperature checks been done and within min/max limits?						
Does amount of stock held balance with records? (Check meds sign in/out sheet)						
Is there sufficient stock for next month?						

If any answers are no please note in the box next to the question explaining why and any action required.

Child's Name						
<i>Date & Sign when checked</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>	<i>Date:</i> <i>Sign:</i>
Medication errors/incidents Has a medicine error/ incident occurred? Has it						

been reported to the school nurses and recorded.						
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Additional checks to be undertaken by the Lead Person each half term	
Have all the weekly checks been completed?	
Are all the records required for the medication file complete and held on file?	
Are As Required/PRN protocols up to date?	
Are As required/PRN protocols with medication and in class	
How many times in the past Half Term has AR Required/ PRN medication been administered?	
How many meds errors / adverse incidents /near misses have occurred in the past month?	
Has an investigation been completed for any meds error reports?	
Have all actions arising from meds errors investigations been	

implemented?		
Notes and action required:		
Name:	Signature:	Date: