



MEDICATION POLICY

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1. Introduction

- 1.1. This policy has been developed between the Severndale Specialist Academy's Senior Leadership Team, and Shropshire community Health NHS Trust School Nursing and Medicines Management Teams and is written in accordance with the Department for Education Guidance, 'Supporting Pupils at School with Medication Conditions' December 2015. It should be read in conjunction with the Special Education Needs and Disability (SEND) code of Practice.
- 1.2. Other supporting documents include:
 - 1.2.1. Medicines Policy (Shropshire Community Health Trust, 2018)
 - 1.2.2. Managing Medicines in Schools and Early Years Settings (Department of Health) March 2005
 - 1.2.3. Policy Guidelines and Code of Practice for the Administration of Medicines in Schools (September 2003, Amendments 2004)
 - 1.2.4. Supporting Pupils with Medical Needs (Department of Education and Employment). September 2006. Reviewed Annually
 - 1.2.5. Diabetes UK - Your responsibilities as a head teacher, school governor and other responsible bodies (accessed July 2020)
 - 1.2.6. Emergency asthma inhalers for use in schools (2014)
 - 1.2.7. Using emergency adrenaline auto-injectors in schools (2017)

2. Definitions

- 2.1. Within this policy administration refers to 'the giving of a medicine or treatment'.
- 2.2. A medicine is defined as a drug or other preparation for the prevention or treatment of disease, and is used in this policy to cover all prescribed drugs that are to be given to pupils.

3. Purpose

- 3.1. This policy outlines the roles and responsibilities of all personnel involved in the handling and administration of regular, emergency and short-term medicines within Severndale Specialist Academy.

4. Scope

- 4.1. This policy covers the administration of all prescribed medicines for individual pupils until the end of Year 14 that are expected to be administered in accordance with the signed parental request for medicines to be administered in school form.

5. Responsibilities

5.1. Parent /Carer

- 5.1.1. To ensure the parent/carer completes and send to the special school nursing (SSN) team the 'parental consent to administer medicines within school' form (Appendix 1) at the start of each new school year.
- 5.1.2. To ensure prescribed medicines that are to be administered to the pupil whilst in school are sent into school alongside the required form (Appendix 8).
- 5.1.3. To ensure the school nursing team are aware of any changes to the pupil's medication, or medical history in writing via home school book.
- 5.1.4. To ensure all medication paperwork that is received at home from SSN is completed and returned to school within 24 hours.
- 5.1.5. To ensure adequate supply of emergency/rescue medication held within school.
- 5.1.6. To inform the academy via the home/school link book if any emergency/rescue medication has been administered prior to the pupil coming into school that day, along with dose and time given.

5.2. Special School Nursing Team

- 5.2.1. To ensure the parental request for medicines to be administered in school form (Appendix 1) is issued to all pupils requiring regular medicines administration whilst in school.
- 5.2.2. To ensure all pupils requiring medication during the school day have a health care plan in place
- 5.2.3. To ensure timely requests of medication supplies from home using medicine request sheet (Appendix 8) so that the pupil does not run out of medication at school.

- 5.2.4. To ensure any medication related incidents that occur at school are communicated to the pupil's parents and carers as soon as the error was identified and reported in line with the Shropshire Community NHS Trust incident management process.
 - 5.2.5. To carry out a monthly stock check and expiry date check of all emergency/rescue medication held within school.
 - 5.2.6. To accurately complete pupil's medication administration records (MAR) (Appendix 2a, 2b) following the administration of any medication to a pupil, including a second signature from an appropriate witness
 - 5.2.7. To provide the Severndale Specialist Academy teaching team with pupil specific emergency medicine training on an annual basis and to ensure copies of training records are given to Severndale Specialist Academy Senior Leadership Team.
 - 5.2.8. To ensure any changes to medicine policies or procedures are shared with the teaching team and that the medicine specific information contained within the medicine policy remains accurate.
 - 5.2.9. To inform parents/carers if a pupil refuses to take prescribed medication.
- 5.3. Severndale Specialist Academy**
- 5.3.1. To ensure all teaching staff who will be involved in handling and administering medicines have been given access to appropriate training and/or Elearning, and complete all medicine paperwork fully and accurately.
 - 5.3.2. To maintain an accurate list of all teaching staff who are declared competent to handle and administer medicines, along with the type of medication training received, copies jointly held.
 - 5.3.3. To provide safe and secure storage for medicines within school.
 - 5.3.4. To ensure that the medicines policy is reviewed at least annually and remains accurate.
 - 5.3.5. To ensure any prescribed medicines brought into school with the pupil are given straight to the school nursing team.

6. Consent

- 6.1. Before any long term prescribed medication can be given to a pupil a 'parental request for medicines to be administered in school' form (Appendix 1) must be completed and given to the special school nursing team.
- 6.2. For acute/short term medication verbal consent will be required before the first dose is given, and then written consent received by the special school nursing team via an updated parental request form within 24 hours.
- 6.3. When a medication cannot be administered in the form in which it is supplied i.e. a capsule cannot be swallowed, written instruction on how to administer must be added to the parenteral request form, under special instructions. The special school nursing team will then use their clinical judgement as to whether it is safe to administer the medication under the special request, or seek specialist advice where necessary, and communicate any issues to the parent/carer.
- 6.4. The administration of gastrostomy feeds also requires a signed consent form and is managed within this policy as it is prescribed (Appendix 3)

7. Administration

- 7.1. Only medicines prescribed for individual pupils will be administered within school. Medicines bought over the counter that do not have a pharmacy dispensed label stating pupil name and dose will not be administered.
- 7.2. The prescribed medicine must be in a pharmacy labelled container bearing the following information:
 - 7.2.1. Name of patient
 - 7.2.2. Name, strength and form of medication
 - 7.2.3. Amount to be administered
 - 7.2.4. Time or frequency to be administered
 - 7.2.5. Storage requirements
 - 7.2.6. Date of dispensing
 - 7.2.7. Expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)
- 7.3. A dispensed label with a directions of 'as directed' should not be accepted as authority to administer and parents or carers will be asked to contact the prescriber to write a prescription

stating a specific dosage unless there is a signed specialist plan already in place that the special school nursing team is aware of.

- 7.4. Medication with limited stability once opened or reconstituted must have a 'date opened' or 'use by date' written on the medication. In the absence of these dates the dispensed label date will be used as 'date opened'.
- 7.5. In order to limit the number of medicines administered during school hours, only medication that is prescribed three or four times a day will be administered in school. These medicines will be given once during school hours, with parents and carers giving the remaining doses at home.
- 7.6. Medications that are prescribed on a once or twice daily basis, will not be given in school unless there is a medical need, which must be supported by a letter from the prescribing medical practitioner / independent prescriber.
- 7.7. If a pupil refuses to take their medicine they should not be forced to do so. Refusal should be documented, parents/carers informed and agreed protocols followed.
- 7.8. All medication is administered by the special school nursing team except in the following instances where the school teaching team will administer:
 - 7.8.1. During off site education visits / activities
 - 7.8.2. In an emergency
 - 7.8.3. If the pupil is deemed able to self-administer under supervision
- 7.9. The Severndale Specialist Academy teaching team who are involved with administration of medicines do so on a voluntary basis. The teaching team members will be permanent members of staff and will have completed safer handling of medicines training as arranged by the academy.
- 7.10. The Severndale Specialist Academy teaching team that require pupil specific medication training will have this provided by the special school nurses on an annual basis. A register of pupil specific trained staff will be maintained by the nurses and shared with Severndale Specialist Academy senior leadership team.
- 7.11. If a pupil is administered incorrect medication or dosage, medical advice must be obtained and the Principal, Vice Principal and special school nurses must be informed. All errors are to be reported in line with the Shropshire Community Health Trust incident management process. If the medication involved is a controlled drug then the Accountable Officer for Controlled Drugs (AOCD) for Shropshire Community Health NHS Trust should also be made aware.
- 7.12. A record will be held by the special school nursing team of all prescribed medication sent into and kept in school. A request for medication sheet (Appendix 8) will be sent home from the school nursing team via the home school link book when more medication is required, usually one week before medication is due to run out.
- 7.13. Administration of any new medicines or changes to doses of current medicines will not be actioned purely on parental instruction. A copy of a clinic letter, summary care record information or other approved authority to administer must be seen by the special school nursing team before a new dose is given. An updated parental request for medicines to be administered form will then need completing by parents/carers
- 7.14. **Long term (regular/daily) medication**
 - 7.14.1. Upon receipt of the signed parental request for medicines to be administered form, the special school nurses will confirm if a dose of medication can be given during school hours and then this arrangement will continue until the end of that current school year, or sooner if the school nurses are made aware of any medication changes. A new parental request form will need completing for the following school year, even if the medication and dose has not changed.
- 7.15. **Short term (seasonal / short courses) medication**
 - 7.15.1. If a pupil requires prescribed medication on a short term basis, such as antibiotics or paracetamol, parents and carers must contact the special school nursing team and give verbal consent over the phone and send the medication into the school.
 - 7.15.2. Parental request form for medicines to be administered in school form will then be sent home for completion and returning to the special school nursing team within 24 hours.
 - 7.15.3. Only one dose of short term medication will be given without written consent.
- 7.16. **Emergency medication**
 - 7.16.1. Emergency medication covers the use of buccal midazolam for epileptic seizures, adrenaline auto injectors for anaphylaxis, and bronchodilator inhalers for shortness of breath/asthma attacks.

- 7.16.2. Pupils who have emergency medication will have individual care plans relating to health conditions (i.e. epilepsy) and medication administration record (MAR) with the medication, along with the names of at least two members of teaching team who can administer the medication to the pupil.
- 7.16.3. In the event of a pupil requiring emergency medication, the staff member administering the medication will have had pupil specific medication training for that pupil. The staff member will adhere to the doctors' instructions and follow advice from the treatment plan. The procedure needs to be witnessed by another staff member.
- 7.16.4. The MAR sheet with the emergency medication will be completed and the administration of emergency rescue medication form (Appendix 7) which will be subsequently used to inform transport and parents or carers of the administration.
- 7.16.5. In an emergency the following also apply:
 - 7.16.5.1. Parents and carers will be contacted as soon as possible when an emergency arises.
 - 7.16.5.2. Ensure the pupil's privacy and dignity whilst administering emergency medication whilst acting promptly.
 - 7.16.5.3. The pupil may not automatically need sending home after receiving emergency rescue medication. Consider circumstances such as length of recovery period and time of seizure (e.g. end of school day and the child going home on transport). When it is clear that a child requires urgent medical attention, including difficulty administering the rescue medication, an ambulance will be called. The caller will give their name and provide the details of the school location to the ambulance service.
 - 7.16.5.4. If the emergency happens away from the academy site the academy office must be informed.
 - 7.16.5.5. If a pupil needs to be transferred to hospital then in the absence of a parent or carer a member of staff should travel with the pupil and remain with the pupil until a parent or carer arrives at hospital.
- 7.16.6. In the event of a pupil on the school site without access to their emergency medication, the School Nursing Team will escalate to the Senior Leadership Team immediately.

7.17. School trips / activities

- 7.17.1. During off site education visits / activities permanent members of the Severndale Specialist Academy teaching team who have had the pupil specific medication training can administer emergency medication. Academy teaching team that have completed the safer handling of medicine training and who are familiar with pupils' regular medication through updates from the special school nurses, or by reading the patient information leaflet of the medicine, can administer long term medication.
- 7.17.2. The permanent member of staff must book the medication out of the academy on the medication log form (Appendix 4) for emergency medication, or liaise with special school nursing team for regular medication, and is then responsible for the medication during the visit/activity.
- 7.17.3. The same member of staff who booked the medication out must sign the medication back into the academy, completing all paperwork in full.
- 7.17.4. The administration of medication must be witnessed by another member of staff who has completed the safer handling of medicine training and both teaching staff will sign the medicines administration record.

7.18. Epilepsy medication

- 7.18.1. Prior to admission to the school, parents and carers of those pupils that have been diagnosed with epilepsy should make the school aware of the diagnosis and be asked if their child has been prescribed Buccal Midazolam, Paraldehyde, Chloral Hydrate, or Triclofos in the event of a prolonged seizure. This would normally take place during the Child Centred Induction meetings, to which a special school nurse is expected to attend.
- 7.18.2. The special school nurses will maintain a list of pupils with a diagnosis epilepsy, which will be shared with school.
- 7.18.3. If Buccal Midazolam, Paraldehyde, Chloral Hydrate or Triclofos has been prescribed then an Epilepsy Patient Protocol form needs to be completed by the pupil's epilepsy specialist. The forms will vary depending on origin of the service, however the contents will be used towards the individual pupil specific training for school staff. The epilepsy protocol is only valid for one year and the special school nurses will be responsible for contacting the epilepsy specialist teams to request that the patient is reviewed and a new protocol issued if required.

- 7.18.4. Parents and carers need to complete epilepsy emergency treatment plan (Appendix 5), detailing the type(s) of seizures which will support staff to identify when the pupil has a seizure. These instructions need to be reviewed at the start of each school year when the parental request forms are renewed, or sooner if the pupil medical situation changes.
- 7.18.5. Emergency epilepsy medication can only be administered once the epilepsy protocol form is completed by the epilepsy specialists. In such cases where there is no epilepsy protocol then emergency procedure will be activated and an ambulance called if the seizure is prolonged
- 7.18.6. The parents and carers have a responsibility to inform the school of any anti-epileptic medication their child is taking even if the medication is not given in school time. This is so that the school has a record of each child in case of an emergency.
- 7.18.7. If a pupil has a seizure, first aid measures need to be taken to maintain the child's airway and protect their head. If the seizure is prolonged and Buccal Midazolam is not prescribed, an ambulance needs to be called and parents/carers should be informed promptly.
- 7.18.8. If a pupil is not known to have epilepsy and has a prolonged generalised seizure then an ambulance needs to be called and parents or carers contacted.
- 7.18.9. If at any time classroom staff are concerned that a pupil may be having an absence or a series of absences, this needs to be recorded with date and time of absence/seizure, length and description (Appendix 6). This can then be passed to the special school nurse who can liaise with the consultant paediatrician.

7.19. Asthma medication

- 7.19.1. Prior to admission to the academy, parents and carers of those pupils that have been diagnosed with asthma should make the school aware of the diagnosis and provide the special school nursing team with a copy of the pupils personalised asthma plan. If the pupil does not have a personalised asthma plan then parents/carers will need to speak to their GP/asthma nurse and request a review.
- 7.19.2. Inhalers may not be given without an asthma plan.
- 7.19.3. During an acute asthma attack follow the instructions on the pupils' personalised asthma plan). If a personalised asthma plan is not available then the Shropshire Community Health NHS Trust emergency bronchodilator Standard operating Procedure will be followed.
- 7.19.4. Severndale Specialist Academy does not hold a stock emergency salbutamol inhaler and so an ambulance will be called for anyone suspected of having an asthma attack without a prescribed bronchodilator inhaler in school, and first aid protocols activated.

7.20. Administration of anaphylaxis medication

- 7.20.1. A signed parental request form must be completed if a pupil has prescribed adrenaline auto-injectors for anaphylaxis.
- 7.20.2. The auto-injectors must be clearly labelled with patient name and dose, and two should be sent into school in line with anaphylaxis protocols.
- 7.20.3. Only special school nurses and teaching staff that have received pupil specific training can administer auto-injectors in an emergency. An ambulance should also be called and parents/carers informed as for emergency medication.
- 7.20.4. Severndale Specialist Academy does not hold stock of emergency adrenaline auto-injectors and so an ambulance will be called for anyone suspected of having anaphylactic reaction and first aid protocol's activated.

7.21. Administration of insulin

- 7.21.1. Parents and carers of pupils with a diagnosis of diabetes mellitus should inform school prior to admission. A parental request for medicines administration must be completed before insulin can be administered in school
- 7.21.2. Whilst self-management of long term conditions is encouraged, the special school nurses in conjunction with parents and carers will decide if this is appropriate for individual pupils and have this recorded on the parental consent form. The special school nurses will still oversee the administration of insulin.
- 7.21.3. Pupils with diabetes should have a hypoglycaemia kits, specific to them, within school. The Shropshire Community Health NHS Trust hypoglycaemia policy should be followed in the event of a hypoglycaemic event occurring in school, and parents and carers informed.
- 7.21.4. If blood glucose monitoring is required in school then this should be carried out within a clean private area with washing facilities. The pupil will need to provide their own

machine and testing strip and sharps bin, along with written instruction on when to test recorded on the parental request form.

7.22. Respite Medication

7.22.1. The Severndale Specialist Academy will not accept respite medication or respite bags onto the premises.

7.23. Mary Webb

7.23.1. All processes and procedures for medication will be followed as per this whole document, but will be administered by 2 members of academy staff following specific training.

7.24. Futures

7.24.1. All processes and procedures for medication will be followed as per this whole document, but will be administered by 2 members of academy staff following specific training.

7.25. Futures Post 19

7.25.1. All process and procedures for medication will be adopted as per this whole document in collaboration with Shrewsbury College.

8. Safe Storage of Medication

8.1. Access to all areas of the academy where medication is stored is restricted. Access is limited to permanent school staff, and special school nurses via electronic access against their identity card.

8.2. A list of all staff with access to medication areas will be held and maintained by Severndale Specialist Academy.

8.3. Within School

8.3.1. The drug cabinets for emergency medications are located in lower, middle and upper school and must always be securely locked. The keys are located in the key pad next to the drug cabinets.

8.3.2. When medication is taken out on educational visits it needs to be signed in and out of the room and stored in the bags provided.

8.3.3. Room temperature must be recorded on a daily basis in all areas where medicines are stored when the school is open. Any temperature recordings above 25°C must be reported to the special school nursing team who will follow Shropshire Community Health NHS Trust the temperature monitoring SOP.

8.3.4. The special school nursing team will do a monthly stock and date check of emergency medication areas.

8.4. Within medication administration room

8.4.1. Controlled drug (CD) medication will be stored within an approved CD cabinet that only special school nursing team have access too. All receipts and administration of CDs will be recorded in the CD register.

8.4.2. Room temperature will be recorded daily during term time and temperatures above 25°C will be investigated as stated in the temperature monitoring SOP. The school premises team will be informed in case building changes are needed.

8.4.3. Fridges containing pupil medication will be of medical grade standard and fridge temperature will be monitored daily when the school is open in line with SCHAT Cold Chain Policy. Any temperatures recorded out of range will be reported to Severndale Specialist Academy senior leadership team along with reporting to SCHAT medicines management team as stated in the cold chain policy

8.4.4. All prescribed medication will be locked away, out of sight and reach of other pupils and visitors to the room.

8.4.5. Access to the medication room is restricted to the school nursing team.

8.5. Transfer between school and home

8.5.1. All prescribed medication will be brought into the academy in the pupil's school bag via the bus escort or with parents or carers and given directly to a member of staff.

8.5.2. Controlled drug medication should be brought into school by parents and carers directly.

8.5.3. Teaching assistants are responsible for taking all patient medication to the school nursing team at the start of each day.

8.5.4. Unwanted / expired medication will be returned home with the pupil in their school bag, with a note in the home school link book as necessary, and at the end of the school year. No patient medication is kept in school over the six week summer holiday.

9. Misused medication or suspected theft

- 9.1. If medication cannot be accounted for then the academy's Senior Leadership Team need to be informed along with the School Nursing Team. An investigation will need to take place and reported following the academy's disciplinary and capability policies. The incident will also be recorded on Shropshire Community NHS Trust incident management system.
- 9.2. If medication misuse is suspected then the academy's Senior Leadership Team need to be informed along with the School Nursing Team and the academy's disciplinary and capability policies followed.
- 9.3. For all controlled drug medication incidents the Controlled Drug Accountable Officer for SCHAT must be contacted and reported on Shropshire Community NHS Trust incident management system. This will allow for trends to be monitored with supported improvement actions to be put in place using Trust and School governance procedures.

10. Disposal of Medication

- 10.1. All unwanted / expired prescribed medicines will be returned home with the pupil for destruction at a community pharmacy. The academy has no facilities for disposing of unwanted medication.

11. Training

- 11.1. Training is delivered to staff via Elearning or face to face sessions. All competency based learning must always be completed as a face to face session.
- 11.2. All staff, whether school or healthcare, should have sufficient training so that individuals are confident and competent in their ability to support pupils with short term, long term and permanent medical conditions.
- 11.3. Registered healthcare professionals also need to meet the requirements of their registered governing bodies along with any mandatory training required by their employer. It is the registered healthcare professional's responsibility to ensure that their revalidation and professional development are up to date.
- 11.4. Severndale Specialist Academy is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff, and ensuring adequate cover of trained staff throughout the school. The special school nurses are responsible for delivering pupil specific emergency medication training and updating those training records.
- 11.5. **School staff**
 - 11.5.1. Any member of academy staff involved in medication administration to a pupil will have received suitable training. **Staff must not administer medicines without appropriate training.**
 - 11.5.2. They will need an understanding of the nature of the medication that they are administering, their implications and risk factors. In some cases the written instruction for the parent or carer, or dispensed medication container from the Pharmacist, may be considered sufficient to meet the training needs. The patient information leaflet that comes with the medicine should always be read first.
 - 11.5.3. Request for pupil specific school medication training will be notified to the special school nursing team who will provide training so that at least two members of permanent academy teaching team are trained per pupil.
 - 11.5.4. A record of who delivered the training and who received the training, along with the date the next training is due, will be kept by school and a copy given to the special school nursing team at the beginning of each school year as a minimum.

11.6. Special School Nursing Team

- 11.6.1. School Nurses, as registered practitioners, are governed by the Nursing and Midwifery Council NMC and are required to complete their professional revalidation requirements in order to keep their registration.
- 11.6.2. In exercising professional accountability in the best interests of the pupil's, special school nurses will follow the Professional Guidance on Administration of Medicines in Healthcare Settings which replaced the NMC Standards for medicines management in 2019:
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20pr of%20guidance.pdf?ver=2019-01-23-145026-567>

- 11.6.3. Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- 11.6.4. Be certain of the identity of the patient to whom the medicine is to be administered

12. Record Keeping

12.1. The following records will be kept by school nursing team:

- 12.1.1. Individual pupil health care plans
- 12.1.2. Signed administration consent forms
- 12.1.3. Medication administered
- 12.1.4. Medication received into school
- 12.1.5. Medication taken out of school
- 12.1.6. School nursing team training records
- 12.1.7. Signatory list of all staff who can administer medicines (Appendix 10)

12.2. The following records will be kept within the academy:

- 12.2.1. Academy teaching team training records
- 12.2.2. Pupil specific teaching team support
- 12.2.3. Access to medication areas

13. Confidentiality

- 13.1. Whilst the academy will endeavour to maintain confidentiality and comply with GDPR regulations, sometimes it may be in the pupil's best interests to share information about their condition/treatment/medication to other staff within the academy. In these cases parent and carer consent will be sought.
- 13.2. Any NHS employed healthcare professional will be bound by the NHS code of confidentiality.
- 13.3. School nursing team treatment room only permits two pupils for medication administration at a time to maintain safety and confidentiality.

14. Complaints

- 14.1. If you are concerned about the support provided to pupils with medical conditions then make this known to the academy Senior Leadership Team who can then liaise with the Special School Nursing Team if appropriate.
- 14.2. If the concern is not resolved to your satisfaction then a formal complaint can be made following the Severndale Academy Specialist complaints procedure.

15. Monitoring and Review

- 15.1. The academy's Senior Leadership Team will ensure this policy is implemented, reviewed annually, and is made available to parents and carers, staff, and pupils.
- 15.2. Shropshire Community Health NHS Trust Medicines Management Team will conduct a medication audit annually, along with termly reviews of procedures with the special school nurses.
- 15.3. The forms within the policy are subject to change and it is the responsibility of the school nursing team to update and inform the academy and staff of changes to these forms.
- 15.4. The next scheduled review will be July 2021

Appendix 1 - Parental request for Medication to be Administered in school

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Medical conditions:		
GP details: <i>(Practice name, address and contact number)</i>		
Medication allergies		

Drug name, strength and form	Dose to be administered	Time to be administered	Length of course or long-term (Please specify)	Does this need to be available in case of an emergency?	Special administration instructions <i>(i.e. with/before/on food)</i>

Please read the notes on the reverse of this form carefully.

I have read and agree to the notes overleaf.

I hereby give consent for the above medication to be administered in school. I understand that on occasions these may be administered by teaching or non-teaching staff as necessary.

I hereby give consent to summary care records to be accessed by special school nursing team as felt appropriate.

Signature:
(Parent/Guardian) _____

Date: _____

NOTES

- 1** Any prescribed medication must be supplied to the school in the original container labelled by the pharmacist, with the name of the medication, full instructions for use and the name of the pupil. This should be sent into school in a sealed zip locked bag labelled with pupils name addressed to the school nursing team. The school may refuse to administer any medication supplied in inappropriate containers.
- 2** If your child is on methylphenidate, or other medicines classified as a schedule 2 or 3 controlled drug, this needs to be bought in by parents/carers and handed to the nursing team directly.
- 3** The school will not agree to administer any medication in school, without a written request using this form, having first been made.
- 4** The school will not agree to administer any medication in school that is to be administered once or twice a day.
- 5** For pupils on long-term medication, the request form will be renewed with each new school year or earlier as needed by school.
- 6** Parents are responsible for notifying the school nursing team immediately in writing of any subsequent changes in medicines, or if medication is discontinued. This should be in the form of a letter or medicine change letter signed by prescriber.
- 7** Parents are responsible for disposing of any unused or expired medicine returned home from nursing team
- 8** A record will be kept by the school of all medication administered for each pupil.
- 9** Where they feel it to be necessary, the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
- 10** Special request section should only be filled in by parents if there is any special requirements needed to assist their child in taking their medication. This may include crushing tablet, administering with food etc. The school nurses reserve the right to overrule any special administration requests if in their professional opinion they feel it is not in the pupil's best interests to do so. The parent/carer will be contacted.

Drug No.	Medication Details	Drugs Received				Drugs Returned				Drugs Destroyed				Comments
		Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	Date	Quantity	Expiry	Initials	
1														
2														
3														
4														

Appendix 2b - Medication Administration Record Sheet – Once Only Medication



Name:		Class:	
Date of Birth:		NHS Number:	
Allergies:			



No.	Medication & Special Instructions	Date:	Time:	Sign:				
1.	Drug name and form:							
	Dose:							
	Route:							
	Doses within 24H:							
	Transcribed by: Checked by: Indications:							
2.	Drug name and form:							
	Dose:							
	Route:							
	Doses within 24H:							
	Transcribed by: Checked by: Indications:							
3.	Drug name and form:							
	Dose:							
	Route:							
	Doses within 24H:							
	Transcribed by: Checked by: Indications:							



Appendix 3 - Parental Request for Ng Tube / Gastrostomy Feeds in School

First Name:		Photo
Last Name:		
Date of Birth:		
NHS Number:		
Class:		

Name of Feed	Type of feed (Bolus or pump)	Volume to be given	Time to be given	Rate of feed	Amount of water to be given as flush	Other Information

Signature:
(Parent/Guardian) _____

Date: _____

Please inform the school nursing team immediately of any changes made by the dietitian and please provide the feeding regime. With not all children being on prepackaged feeds and with preparations being made up at home could we please ask that all feeds are labelled with the child's name, date, type of feed and time of preparation (what the feed consists of. The flexiflow containers come with a label in the packaging).

Appendix 7 - Administration of Emergency Rescue Medication

Administration of Emergency Rescue Medication

Information for Transport

Name:	
Class:	
Name of Medication:	
Date & time medication was administered:	
Administered by (name):	
Signature:	

Please give a copy of this slip to transport when the pupil leaves school

Administration of Emergency Rescue Medication

Information for Parent/Carers

Name:	
Class:	
Name of Medication:	
Date & time medication was administered:	
Administered by (name):	
Signature:	

Please put this slip into the home to school book when the pupil leaves school

Appendix 8 – Medication Request Sheets

Dear Parent / Carer

RE: -----

Please can you send in more ----- medication into school.

In accordance with school guidelines and policies please ensure when medication is sent into school it is in a prescribed bottle or box specific to the child.

Please complete the form below and return with the medication within a zip locked bag.
Please put in your child's school bag and write a message in home school book to advise teacher to bring to school nursing team.

If your child is on methylphenidate medication this needs to be bought in by parents/carers and handed to the nursing team directly.

Regards

SPECIAL SCHOOL NURSING TEAM

.....

MEDICATION	AMOUNT	SIGNATURE

Appendix 9 – Buccal Midazolam Competency Work book

Child/Young person's name _____

Teaching Assistant's (TA) name _____ Date / /

Section 1

TA to be able to recognise the anatomy and physiology of the mouth

Where is the buccal space?

.....
.....

What would happen if it was swallowed accidentally?

.....
.....

Describe in simple terms what a seizure is?

.....
.....
.....

Section 2

TA to understand when buccal midazolam is appropriate.

Does have any warnings of his/her seizure?

Yes no

If so what signs or symptoms?

.....
.....

Does have any triggers? Yes no

If yes what are his/her triggers?

.....
.....

Where is protocol for the administration of buccal midazolam

Kept in school?

Is it accessible at all times? Yes no

In a short paragraph describe protocol?

.....
.....
.....
.....

What must the protocol include?

.....
.....

Is there a pattern toseizures? yes no

Is there anything you could do to try to avoid a seizure? Yes no

If yes what?

.....
.....

Section 3

TA to demonstrate awareness of safety issues.

NB to care for you must have a current first aid including paediatric CPR certificate.

Please show certificate to assessor and fill in details below.

Date of training.....

Venue of training.....

Trainers name.....

Describe how you would transport the medicine safely when going offsite.

.....
.....

What would you do if the childs breathing rate slowed down?

.....
.....
.....
.....

If you are concerned at any time what could you do to get emergency help?

What must you do throughout treatment to re-assure

.....

What must you do as well as caring for at the start of a seizure and at the end of a seizure?.....

Why is this important?.....

.....

Section 4

TA to demonstrate safe technique for administration of buccal midazolam.

List what equipment you would need to prepare prior to administration of buccal midazolam

-
-
-
-

List what you need to check on the medication (6 rights)

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....
- 6).....

List what you need to check on the protocol/prescription sheet/ emergency treatment care plan

- a).....
- b).....
- c).....

Describe the position thathead should be in to administer buccal midazolam

-
-

How should the dose be delivered?

-
-

How would you reassure throughout the seizure and the administration of the medicine?

-
-

Section 5

TA to identify potential problems of seizure and administration of buccal midazolam.

List 3 potential problems caused by seizure

- a).....
- b).....
- c).....

List 3 potential problems caused by administration of buccal midazolam

- a).....

- b).....
- c).....

Section 6

TA to understand and demonstrate actions to be taken after administration of buccal midazolam

In a short paragraph please describe what you would observe whilst is recovering from seizure.

.....
.....
.....
.....

Is it safe to leaveduring his/her recovery? Yes no

If medication has been given what procedure do you follow on return to school to ensure it is restocked?

.....
.....
.....

During a seizure who would you ask your helper to contact? (while offsite)

Parents school Special School Nurse GP ambulance
(Place in order of priority)

In a short paragraph list what you would document about a seizure.

.....
.....
.....
.....
.....

How would you dispose of used equipment when off site?

.....
.....

Section 7

Carer to demonstrate awareness of issues of privacy and dignity

In a short sentence explain what privacy and dignity means to you.

.....
.....

Inserting a syringe inmouth is an intimate procedure how can we try to protect dignity and protect them from other peoples curiosity?

- a).....
- b).....
- c).....

	Yes	No
Areas discussed		
Clarification of up to date first aid and CPR Training		
“What is epilepsy?” completed online training pack		
“Administration of buccal midazolam” completed online training		
Carer to demonstrate administration of buccal midazolam		
Individual workbook completed		

Questionnaire assessed by

_____ print

I certify I am currently registered with the

NMC _____ sign

I(TA) am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will only use this training in respect of the child specifically named on the front of this form and I will not carry any procedures, which are contrary to or not covered by this training.

I will seek further training if I have any concerns about my competency. Upon the date of expiry of this competency, if my training has not been renewed, or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek appropriate advice from a suitably qualified clinician and or my employer. In all other respects I will seek all necessary advice guidance and further training needed from time to time in order for me to continue to operate within these competencies.

Name;.....Signature;.....

NB. Your responses to the questions in this document are used to assist in the assessment of your competency to undertake the particular procedures detailed in the accompanying competency document and satisfactory completion of this document is only part of the overall competency assessment. You may NOT carry out a child or young person’s care independently

until the competency document has been signed by yourself and your assessor evidencing your competence.

AGREEMENT TO TRAINING FOR EMPLOYERS OF NON-NHS TRAINEES

As the employer of the named individual, I am happy to consent to the named member of staff to complete relevant training and updates in order to retain competency in the task specific the named child in this document

Employee's Name.....

Employer's Name:.....

Designation:.....

Signature:.....Date:.....

