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## **Administration of Prescribed Medicines Policy**

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Pathfield School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

This policy will support, promote and be applied with due regard to the requirements of the

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# **Integrated Children’s Services Devon Standard Operating Procedure for the Administration of Medicines**

The purpose of this document is to provide a framework for the safe and appropriate administration of medication for children and young people supported by Integrated Children’s Services staff.

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## **1. Background**

- 1.1 Pathfield School supports children and young people with additional needs.
- 1.2 As part of the care of these children and young people, the administration of medication will be undertaken by registered and non-registered staff and this task will be initially delegated by the parents and may be further delegated by registered staff.
- 1.3 Registered Nurses provide advice, information, training and support for any aspect of medication administration to non-registered members of the team as appropriate.
- 1.4 All non-registered staff must have been assessed as competent to undertake any aspect of the medication management including the administration process. Training needs will be identified by the staff member and the line manager. Non-registered team members assessed as competent to understand any aspect of the medication administration process are accountable for the standard of their performance. Training will be carried out by the Special School Nursing Team on an annual basis.
- 1.5 When the child or young person requires medication whilst being supported by staff, parents/guardians will supply the medication and a completed medication authorisation form.
- 1.6 Staff employed by other organisations e.g. Devon County Council will be asked to work within this Standard Operating Procedure. Staff employed by Integrated Children's Services must work within their organisational policies, protocols and standard operating procedures relevant to medication administration (this includes the Special School Nurses employed by Children and Family Health Devon).
- 1.7 Where appropriate within schools each medication may be discussed with parents/carers and the licensed prescriber to determine if there is a requirement for administration during the school day.
- 1.8 There is a separate SOP for the Administration of Buccal Midazolam for the control of epileptic seizures.

## **2. Authorisation to Administer Medication**

- 2.1 The authorisation sheet must be completed by the parent prior to the episode of care / support session/ school day when the medication is to be administered. For schools it is preferable if the authorisation form is received prior to the child attending school, unless the medication is prescribed immediately prior to coming to school. In this instance the form should be brought in with the child and medication.
- 2.2 Where the child has regular medication the authorisation sheet may be sent out to the parents by the staff. Where staff are aware of what medication the child is taking the authorisation sheet can be printed with the name of the medication and then sent to the parents to complete the dose, route and time of administration. The form can also be emailed to parent/carers as a blank document.
- 2.3 The authorisation sheet must be updated on an annual basis or before if there are any changes in the medication. In the case of any changes this will need to be completed before the next planned support is due.
- 2.4 If there is more than one authorisation sheet they must be dated.
- 2.5 All previous signed authorisation sheets must be retained within the individual's records.
- 2.6 Parents will be asked to inform staff of all changes to medication and an updated medication authorisation / administration form must be completed and signed by the parent/carers.

2.7 It is the responsibility of all staff to question any medication instruction if there are any queries. This may be achieved by discussing with the parent/carer/guardian, a medical practitioner or a licensed prescriber or dispensing pharmacist. The staff member must obtain written confirmation of any change by the parent/carer or prescribing health professional. Non-prescribed medication is not allowed to be administered by Children and Family Health Devon staff. School Staff employed by Pathfield School will be able to administer the following non-prescribed medication:

- Ibuprofen
- Paracetamol
- Anti-histamine

Non-prescribed medication will only be accepted in the following circumstances:

- All medication to arrive in school in a factory sealed container complete with box and any paperwork
- Parents will be responsible for providing the school with written consent to include dosage and frequency/reason to administer. This must be in line with the manufacturers' guidelines.
- Parents accept responsibility for any side effects caused by non-prescription medication.
  - Parents are responsible for informing the school if there are any changes to their child's medication.
- The only non-prescription medications that will be administered are Ibuprofen, Paracetamol, anti-histamine or brand name products where these are the active ingredients. In exceptional circumstances other medications may be administered with prior agreement of the head teacher.
- Consent and manufacturers guidance must correlate.

2.8 In exceptional circumstances it may be necessary to take a verbal instruction from a parent/carer or prescriber. Please ensure the instruction is heard by two staff members independently and documented by both in the child's records and medication administration form. Ensure that the identity of the parent/carer or prescriber; full details of the instruction; who received it and the date and time of the instruction. Written confirmation must be provided within 72 hours.

2.9 It is the responsibility of the staff to record the known allergies from the authorisation sheet to the medication administration record and to ensure it is updated. Where there are no known allergies this must be recorded.

### **3. Supply of Medication**

3.1 Medication must be checked into school against the authorisation sheet, as soon as possible after arrival using the medication received record sheet. This can be undertaken by one or two members of staff, where undertaken by two both must sign the record sheet.

The number of tablets and volume of liquid received must be recorded in the child's record. However, liquids will be estimated to reduce unnecessary losses due to decanting and evaporation and should be recorded as an approximate volume.

All areas must ensure the medication is supplied in the original/dispensed container, which is clearly labelled with:

- Name of the individual for whom it has been dispensed
- Name of the medication
- Strength of the medication
- Dose of the medication to be administered

- Frequency of medication
- Additional instructions
- The expiry date of the medication must be checked

3.2 If the medication is not supplied correctly, the parents/carers will be asked to provide the correct medication, remove the young person from the service or take full responsibility for checking, preparing and administering the medication for their child. If schools are unable to obtain the correct medication, the medication will be omitted and the parent informed. School staff will not participate in administering medication that is not correctly supplied as per the medication authorisation sheet.

#### **4. Storage of medication**

4.1 The medication will be stored securely according to the manufacturers' recommendations. Cool bags/boxes can be used to transport items which need to be stored in the fridge.

4.2 Fridge temperatures must be monitored each working day using a digital maximum / minimum thermometer and a record made of the actual temperature, the maximum and minimum since the last recording. Ensure fridge temperature remains within 2-8 degrees centigrade and medicine storage cupboards temperatures do not exceed 25 degrees centigrade. Ensure temperatures outside these parameters are reported and resolved as soon as possible, taking advice about the effect on the medication.

4.3 Schools should store medication in a locked cupboard unless an emergency medication which should be stored in a safe and easily accessible place. A risk assessment should be undertaken.

4.4 Buccal Midazolam is a schedule 3 controlled drug and as such is exempt from Safe Custody requirements. Therefore, it does not need to be locked away providing it is stored in a safe place, easily accessible to staff in an emergency situation. Services should complete a risk assessment for medicines not kept in a locked cupboard except in the child's own home.

4.5 Controlled drugs will be stored in a locked cupboard. The key will be held by the appropriate member of staff.

#### **5. Documentation for the Administration of Medicine**

5.1 The Medication Administration Record Sheet will be initiated on a termly basis or sooner if there are significant changes to medication. Signature lists will be held in the school records.

5.2 Within services where the child has regular medication the medication administration/record sheet will be completed by an authorised member of the team who has been given advice, information and support to undertake this task. This should be undertaken in an environment where interruptions and disturbances are minimised wherever possible. This can be printed. Each entry will be countersigned by a staff member who has independently checked the entries. All signatures, dates and times must be hand written.

5.3 If a new medication is prescribed within the month, staff members must ensure the medication administration record is updated as above from the medication authorisation form.

#### **6. Administration of Medication**

6.1 Two staff prepare, administer and witness the administration of controlled drugs. Controlled drugs belonging to the child / young person should be treated in the same way as other medication and does not need to be recorded in a controlled drugs record.

- 6.2 Staff must have the authorisation sheet signed by the parents/guardian as appropriate. Staff must check against the administration medication record that the medication has not already been administered within the agreed timescale.
- 6.3 Staff must check the identity of the child/young person. This may be achieved by verbal response/identification by photograph. If a photograph is the option for identification, consent must have been obtained. Photographs must be updated on an annual basis or earlier if agreed with the parents/guardians.
- 6.4 Staff must:
- Check the name of the medication against the packaging and administration medication record.
    - Check the formulation against the packaging and administration medication record.
  - Check the dose against the packaging and administration medication record.
  - Check the instructions to administer against the packaging and administration medication record.
  - Check expiry date of medication.
  - Prepare the medication in accordance with the instructions e.g., dissolve in water
  - Check the identity of the individual
  - Ensure the individual is ready to receive the medication.
- 6.5 Each medicine must be prepared directly before administration (from the container in which it was dispensed).
- 6.6 If a registered nurse is delegating any aspects of the administration of medicine, they are accountable for ensuring competencies have been achieved and recorded prior to delegation.
- 6.7 Any staff member administering a medicine must have participated in the entire preparation / checking process.
- 6.8 Following administration, the medication administration record must be completed by all staff involved in the process.
- 6.9 If using equipment staff must have been assessed as competent in using the equipment. Any equipment used in the administration process must be cleaned or disposed of as per local protocol.

## **7. Documentation of Medicine Administration**

- 7.1 Staff must record the administration of a medication in accordance with the School Record Keeping Policy.
- 7.2 If a medication is not administered, or omitted, this must be documented. The parents/guardians informed as soon as is reasonable.
- 7.3 Any error/incident must be reported to the Senior Leadership Member in charge / Head Teacher, and the incident reported to parents, and an Ofsted Schedule 5 report completed where appropriate.
- 7.4 The Community Children's Nurse, Devon Doctors, prescribing Doctor, School Nurses or parents can be contacted for advice and further information, where appropriate.

## **8. Returning Medication**

- 8.1 Schools should ensure all medication is returned with the child at the end of each school year.

- 8.2 Medication no longer required or out of date must be returned to the parent/guardian with advice to return it to the pharmacy for safe disposal.
- 8.3 When returning medication one or two members of staff must record the return on the medication received/return sheet.
- 8.4 In the case of a liquid the volume remaining may need to be estimated.

## **9. Out of School Activities**

- 9.1 If a child is being accompanied by a staff member into the community, the staff member will need to carry the medication with them unless the child has the capacity to be responsible for it. This will need to be agreed and documented in the child's care plan and the consent form signed by the relevant parent/carers.
- 9.2 The medication will need to be signed out of the home / unit / school by one or two staff members.
- 9.3 The staff member must ensure the medication is in a secure container which is labelled with the child's name.
- 9.4 The staff member will need to have in their possession the medication authorisation and/or administration record and any other relevant documentation.
- 9.5 If the medication is administered away from school, staff must follow the administration process set out in **Section 6** of this policy.
- 9.6 On return to the school the medication will be checked and recorded as received medication back into the school.

## **10. Medication Alerts**

- 10.1 Each service should acknowledge receipt of medicine alerts.
- 10.2 Each staff member responsible for medication should read and sign Medicine Alerts and record action taken.
- 10.3 A local record of receipt, dissemination and any actions that have to be carried out following receipt of an alert should be retained.

**Pathfield School – Record of Medicine Administered to an Individual Pupil**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Route of Administration:</b>	<b>Special instructions:</b>

**Date:**

<u>Medicine and strength</u>	<u>Dose</u>	<u>Time to be administered</u>	<u>Time given</u>	<u>Administered by</u>	<u>Checked by</u>

**Date:**

<u>Medicine and strength</u>	<u>Dose</u>	<u>Time to be administered</u>	<u>Time given</u>	<u>Administered by</u>	<u>Checked by</u>

**Date:**

<u>Medicine and strength</u>	<u>Dose</u>	<u>Time to be administered</u>	<u>Time given</u>	<u>Administered by</u>	<u>Checked by</u>

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## **Asthma Appendix**

This appendix is attached to the **Administration of Prescribed Medicines Policy** as the Governors recognise the specific nature of the issues for pupils who have one of a group of conditions which come under the generally known heading of Asthma.

The safe storage of asthma medication will follow the same protocols as laid down in the full policy on the storage of medicines – unless it is deemed by the nursing and senior school staff that the pupil is able to carry and be responsible for their own inhaler medication.

The Governors recognise that to be someone experiencing an acute asthmatic episode can be very distressing not only to the pupil, but other pupils and staff who may feel unable to know what to do.

A state of panic around an asthmatic can make the attack much worse so it is essential to ensure that the area remains as calm as possible.

### **In Pathfield School**

It is the School Nurse who will assume responsibility for all pupils when they are called to a pupil having breathing difficulty whatever the reason. If the school nurse is not on site then a First Aider must be deployed to attend using the normal procedures to send a first aider to an incident. This will be particularly relevant to The Discovery Centre and when groups of pupils are off-site on educational visits. Those staff responsible for educational visits must be aware of ways that they might employ to call the emergency services (e.g. mobile phones, and land lines where there are no services for mobiles).

The School Nurse will remove the pupil from the area where in danger, and where the surroundings for the pupil and other pupils is causing distress to either or both, which could exacerbate the attack.

The School Nurse or trained First Aider is also responsible for collecting information from pupil's parents/carers on admission to the school ensuring that classroom teachers and other staff are aware of the known asthmatic pupils in their classrooms. In collecting this information, it should include accurate treatment details for a pupil when in crisis and preventative treatment if used, and also to identify with parents/carers any known irritants for the pupil.

The School Nurse will also be responsible for responding to the Head Teacher's request for training of all staff, so that identification of an asthmatic episode for any pupil may be recognised at the earliest stage. It is accepted that this will allow for early treatment for the pupil which will be likely to lessen the severity of the attack.

### **Visiting Contractors**

All personnel who are responsible for contractors coming into the school premises should be asked if they are going to be using irritant chemicals or substances likely to form dust clouds in their working environment, especially during term time. If they are, the school nurse needs to be consulted alongside the risk manager (Premises Manager) to find out if the risk is high enough to mean the asthmatic pupils should be moved to another location whilst the work is carried out. The decision to move pupils will be taken by the school nurse and Headteacher (or their representatives).

Any member of staff including therapists and visiting professionals who are concerned about an **immediate risk** to an asthmatic pupil should remove the pupil to a safe area, stay with the pupil and ensure that the School Nurse, Premises Manager and Headteacher are informed immediately. They will then be responsible for responding proportionately to the level of risk identified.

## **Asthma Appendix Continued**

### **ALL STAFF**

All staff in the school must be aware that certain items used within school can pose an irritant risk which may trigger an attack. Everyday items such as talcum powder, flour, spices and other items which form a dust cloud must be used with great care especially if the asthmatic pupil responds to fine dust particles. For others, heavy perfumes, cleaning fluids and other aerosol types of particles may be a trigger.

In the absence of help from the school nurse or first aider being immediately available, the senior member of staff at the scene should dial 999 to summon assistance and administer one puff of the reliever inhaler every minute up to a maximum of 10 puffs until the nurse, first aider or the paramedics arrive to take over. This can be repeated after 15 minutes. If 999 is dialled from a classroom or other setting on the school premises a call must be made to reception so that the senior management team can attend and also ensure that the paramedics get to the pupil as soon as possible after they arrive.

If an acute episode occurs, it is for the class teacher (or other person in charge of the pupil) to identify and bring to the attention of the school nurse any item which they feel may have contributed to the attack so that the parents/carers can be informed, and a note made in medical notes of the reaction.