

INSPIRE - ENABLE - ACHIEVE



Supporting Pupils With Medical Needs Policy

This policy was reviewed in

February 2023

The policy is to be reviewed by

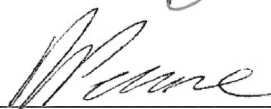
February 2024

Signed:



Principal

Date: 6th February 2023



Chair of Governors

Date 6 February 2023

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1 INTRODUCTION

- The Governing Body of The Vale Federation – Booker Park & Stocklake Park Schools will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has adopted the Department for Education policy on “Supporting Pupils at School with Medical Conditions’, which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and have the opportunity to strive to reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Body** of The Vale Federation will ensure that

- arrangements are in place so that children with medical conditions
 - are properly supported;

- can play a full and active role in school life;
- can remain healthy and achieve their academic potential;
- staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so

2.2 The **Principal** will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler; this register is updated yearly by the school nurse and as required and should be stored on the school network drive, the pupils record on Arbor, with a copy sent to the class teacher.
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- a register of children in the school is kept who have been diagnosed with anaphylaxis and/or prescribed a epi pen/auto injector
- staff are trained to recognise the symptoms of anaphylaxis

- staff are trained to use a defibrillator at each school location, which are maintained and readily available in an emergency situation
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Appointed Person

The School Nurse located at each school has been appointed to have overall responsibility for that site in implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- Transfer of pupil data files
- Visits to schools
- Liaison by our School Nurse with Health and other schools for children with complex health needs

2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

2.6 Pupils/Students:

- Where appropriate pupils with medical conditions will be consulted to provide information about how their condition affects them.

- Where appropriate pupils with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.7 Parents have the prime responsibility for their child's health. Parents 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 request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new direction on the packaging of medication or by a supporting letter from a medical professional with a signed consent form.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child.
- Parents should provide medicines and equipment as required by the Healthcare Plan. Parents should
 - bring their child's medication and any equipment into school at the beginning of the school year;
 - replace the medication before the expiry date;
 - as good practice, take into school the new asthma reliever inhaler when prescribed;
 - dispose of expired items to a pharmacy for safe disposal;
 - during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
 - keep their children at home when they are acutely unwell;
- Parents should ensure that they or another nominated adult are contactable at all times

3 STAFF TRAINING AND SUPPORT

- Heads of Schools will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified by the school nurse during the development or review of individual healthcare plans and will be reviewed annually, by the School Nurse. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction;
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. Individual Staff electronic training records will confirm staff training completed.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school nurse is trained on supporting pupils with medical conditions and ensures medicines are appropriately managed within the school.

4 INDIVIDUAL HEALTHCARE PLANS

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary

requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the pupil's condition and the support required;
 - arrangements for written permission from parents and the School Nurse for medication to be administered by a trained member of staff, or self-administered by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
 - where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
 - what to do in an emergency, including whom to contact, and contingency arrangements.
-
- Medication will only be given by trained members of staff. Staff must have a parental consent form to give medication to pupil. If there is not parental consent form the medication cannot be given and the parent will be contacted.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be

asked to complete and sign a consent form to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.

- If a pupil has a 1-1 carer/nurse that comes from an agency to support during the day there will be an agreement between Professionals involved to who supports with the pupil's medication if required during the school day. This will be documented in the Healthcare Plan
- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered;
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form – (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality). Please see Pages 21 to 26.

Parental Consent Forms are required annually or when there are any changes to the medication, doses or timings. Parental consent forms will be available on the school website and from reception at both schools.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to school staff to lock away, except for inhalers and adrenaline pens.

- 6.1 Prescribed medication** the school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist

and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics can be given in school if required three or four times a day and the pupil is well enough to return to school. Antibiotics can only be given with a parental consent form completed and the medication provided in original packaging with pharmacy label. Pupils should have had a least three dose of the antibiotic prior to returning to school so that parents and education staff are confident that they have no adverse reaction to it.

6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. However, as this Policy is for Special Education settings all controlled medication will be locked in a medication cabinet to protect other children who may not be competent in consuming something that is not theirs. If the pupil has consent to take the medication themselves a trained member of staff will get the medication from the designated locked medicine cabinet and observe them taking it and replace the medication back in the locked cabinet.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- All School classroom staff who have been trained may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions. The School Nurse undertakes training for staff on controlled drugs

- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining. A controlled drug stock count sheet should be kept with the Medication Administration Sheet and completed daily.
 - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
 - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
 - half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Authorisation for administration will be gained from parents.

6.3 Non-prescription Medication

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the School Nurse. An exception may be made for school residential visits.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day unless it is required for that child's condition.

Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP or pharmacy for advice on appropriate medication and update the School to amend their records.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

6.4 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the School Nurse for example, for pupils returning to school after sustaining a fracture, dental

treatment or older girls with dysmenorrhoea (painful periods).

- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- Over the counter medication should be labelled with the pupil's name and date of birth. Only full bottles of liquid should be accepted, if not possible parents should identify when the bottle was opened.
- The school will only administer paracetamol and/or ibuprofen to those pupils if previously agreed with parents and agreed timeframe discussed.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil or parent requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation.
- A record will be made of all doses given.
- An analgesia timeframe chart will be given to the trained member of staff administering 'as and when required' medication during school to aid with timings and ensure pupils are given the correct dosages.
- Sometimes children with long term conditions will be asked to purchase over the counter medication. These do not require a prescription from a GP but parents can request a pharmacy label it for school or if this is not possible a letter from the GP should be sought to keep in the pupil's records.

7 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted. The medication administration record is completed by the school nurse on site.
- A second person will witness the administration of all medicines including controlled drugs.
- A second person will witness the administration of controlled drugs.
- A medication stock count will be completed for controlled medications by the person administering and the person checking daily.

- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.
- When medication arrives in school it should be counted/reviewed and signed in by 2 members of staff using the signing in and out form. This includes documenting the expiry date and checking that the BN or LOT numbers of tablet strips or bottle match the box medication has come in.
- Staff should alert the school nurse that the pupil has medication and ensure that a medication record sheet is available and parental consent form is completed.
- In order for a trained member of staff to give medication in school they must have a folder compiling of the medication consent form, medication record form and a signing in and out sheet as well as any additional information required – side effects or documentation for prescriber. For non-prescribed pain relief agreed by school nurse an analgesia timeframe chart should also be in the folder.
- Parental consent forms will be uploaded to the school's system to ensure that there is a record if a form were to be misplaced.

8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Small Kitchen refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.
- Medication will never be prepared ahead of time and left ready for staff to administer.

- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will not remind parents when their child's medication is due to expire.

9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;
- Sharp boxes will always be used for the disposal of needles.

10 MEDICATION ERRORS

- Medication errors can happen to anyone. If parents report an error staff should report to the school nurse who can discuss what has been done and ensure it is recorded on CPOMS.
- If an error happens in school, the Medication Error Procedure (Pages 29 to 32) should be followed.
- Any errors in administration of medication by trained school staff should be reported to the school nurse immediately who will make a clinical decision if the child requires to attend emergency services for review.
- If the school nurse is unavailable, then staff should alert the Head of School or Principal in their absence. They will call 111 for advice.
- The parents must be informed as soon as possible regardless if the pupil is safe.
- The school nurse should ensure senior management of the school are aware of the incident and discuss next steps.
- A Medication error form should be completed and uploaded on CPOMS with a record of what agreed change would happen to prevent this from recurring again.

11 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Also referring to the **Infection Control Policy**

8 STEP HAND WASHING TECHNIQUES



12 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips, visits and in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medication should be transported in a locked rucksack.
- Medicines are administered and witnessed and recorded. The form is added to the file on return from the visit.
- If controlled drugs are required, then the medication should be in a locked bag inside a locked rucksack.

13 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

13.1 Asthma

- An inventory of all pupils with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- If a child has a diagnosed of Asthma or any illness but we are subsequently informed this is no longer the case, we would need the parent/carer to go back to the prescriber (usually the GP) and best practice would be for school to have documentation of this. We would then remove from the healthcare plan;
- The school can email the child's GP for an update on medication if the parent informs school the child no longer needs a prescribe medication, copying in the parent/carer for transparency. If a consultant was the prescriber the GP should receive any changes to inform school;
- If a blue inhaler (or any medication) is on a Health Care Plan then it should be brought into school;
- The school should not remove a diagnosed illness/condition from a child's health care plan on parents say so alone, without the relevant evidence.
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance.

13.2 Anaphylaxis (Severe Allergic Reaction)

- Staff who come into contact with pupils with a severe allergic reaction will be trained by the school nurse on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available;
- Training is given to staff. Protocol is displayed in class.

13.3 Epilepsy

- An Individual Healthcare Plan will be developed;
- An appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded as appropriate.
- Two adults will be present for the administration of rectal diazepam. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.
- Each child has an individual Epilepsy plan. Parents have a copy of the plan. Plans are kept with emergency medications for trips out of school. Procedures are displayed in the classroom cupboards.

13.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;

- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

14 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

15 COMPLAINTS

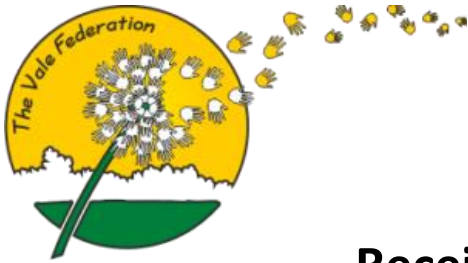
Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

16 SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be handed to school staff by parents/carers, pupils or taxi drivers. A member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.
- 2 The trained person will check that the
 - medicine is in its original container as dispensed by a pharmacy and details match those on the form;
 - label clearly states the child's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - patient information leaflet is present to identify any side effects;
 - medication is in date
- 3 The trained person will log the medicine in the signing in/out sheet and store the medicine appropriately
 - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.
- 4 The trained person should inform the school nurse to create a Medication Administration Record (MAR)
 - The School Nurse will ensure that the trained person has a folder which contains the MAR, consent sheet and signing in/out record, as well as a Controlled stock count sheet for controlled drugs and an analgesia timeframe chart if required.
- 5 The trained person will administer medication at the appropriate time. A second person will always witness the procedure below.
- 6 The following procedure will be followed:
 - The pupil will be asked to state their name if they can – this is checked against the label on the bottle, consent form and record sheet. If the pupil can

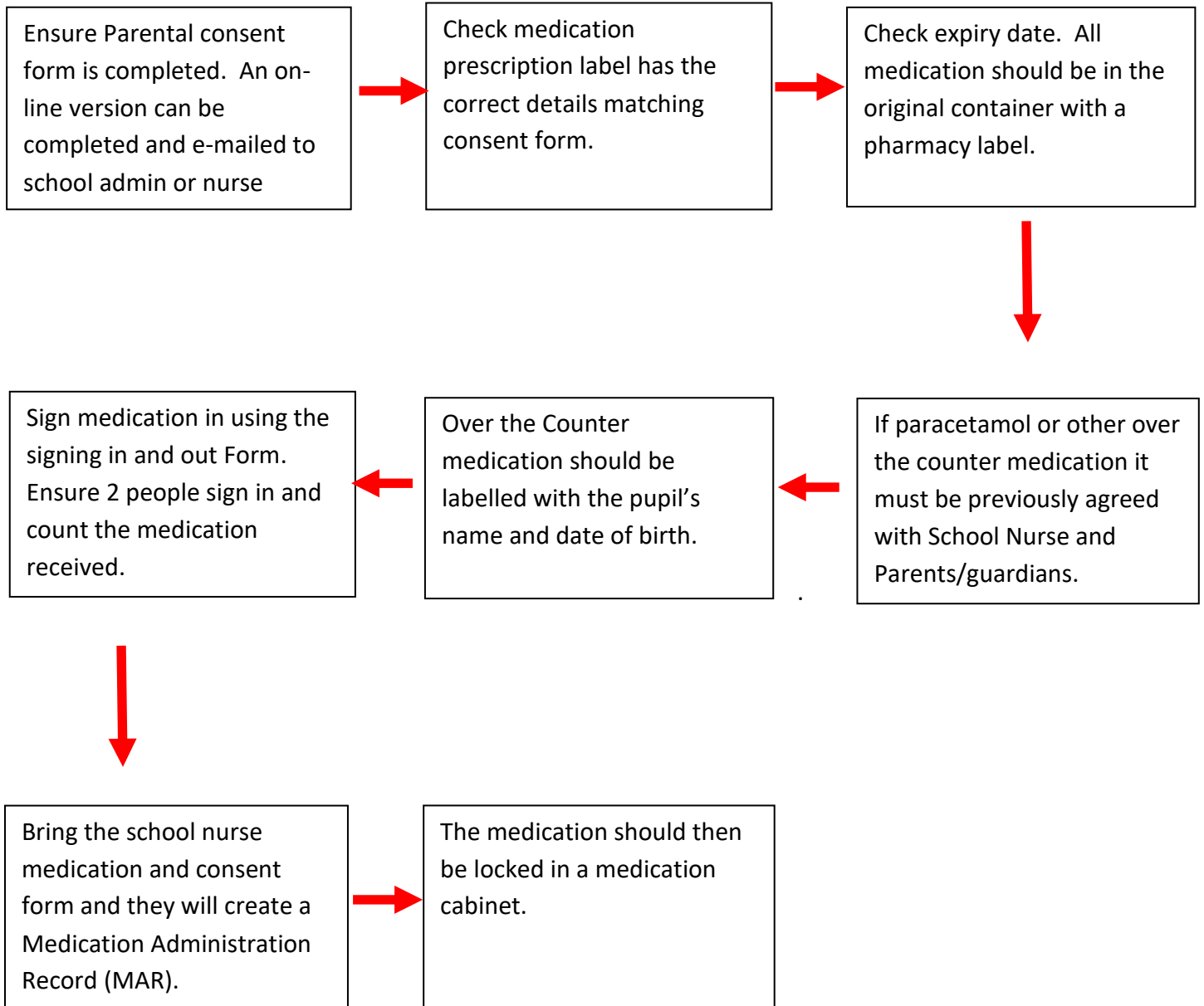
not identify themselves, trained person will always have a witness to confirm the pupil's identity.

- The name of the medicine will be checked against the consent form and record sheet.
 - The time, dosage and method of administration will be checked against the consent form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
- 7 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
- 8 If the trained person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.
- 9 At the end of the day pupil's prescribed anti-biotic medication (three/four doses a day) is sent home in the child's book bag or handed to the Passenger Assistant or Parent if collecting child from school.



The Vale Federation

Receiving Medication Flowchart:

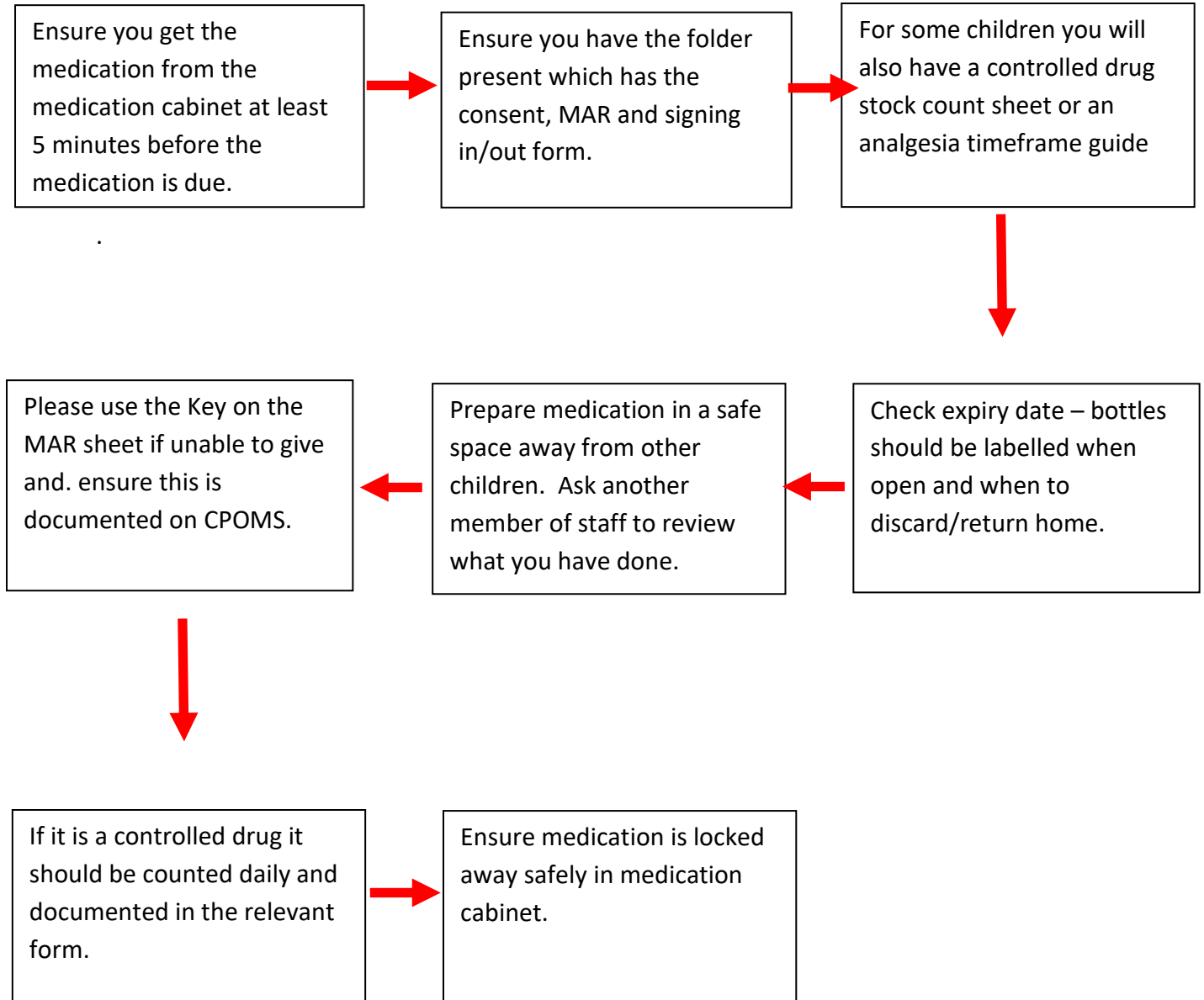


Medication can only be given by staff that have been trained and signed off as competent by the school nurse. If you are unsure, please ask the school nurse or admin as they have a copy of all trained staff.



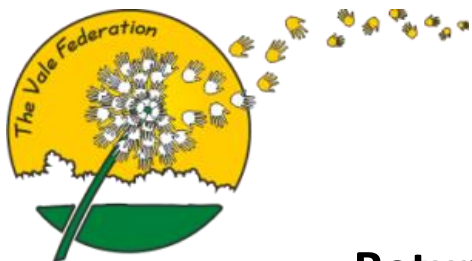
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Adminstrating Medication Flowchart:



If you have any concerns speak to the school nurse before giving the medication.

If you make an error, follow the medication error procedure.



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Returning Medication Flowchart:

Return medication that is out of date or past its discard date use – e.g. eye drops that say discard 28 days after opening.



Sign the medication out on the signing in/out form with 2 people.



Write a note to parents/guardians explaining the reason for the return, e.g out of date.



If the child goes on transport hand to the driver. If collected by parent's/guardians' hand to directly to them.

All medication should be returned home at the end of Summer Term.



Medication Consent for School Administration

Student's Name.....

Date of Birth.....

Medication Name	Strength in mg or mg/ml	Dose to be given	Time	Route *	Reason for giving this medication/ what condition is it used to treat	Has your child had this medication before? Yes/No	Consent for student to self-administer. Yes/No

Any Known Allergies:.....

*Route – this means if the medication is to be given orally or via a gastrostomy or NG tube if the child has one.

If bottled medication is opened, date of opening must be clearly written on the side of the bottle or box

I give consent for school staff to administer medication in school.

I confirm that the medication has been administered without adverse effect to the student in the past and will inform the school immediately if this changes:

Sign & Print:

Date:



Student Medication signing in and out form

Use this form for signing medication in and out of school at the beginning and end of each school year.

Student name: Date of Birth:

Date signed in	Medication	Dose	Expiry Date	BN or LOT number matches on box and bottle/tablet strip.	No. of tablets/ amount of liquid bought in.	Signed in and checked by 2 people		Date signed out	No. of tablets/ amount of liquid sent home.	Signed in and out and checked by 2 people		Comments
						Sign 1	Sign 2			Sign 1	Sign 2	

Record of Administration of Medication to Children attending The Vale Federation Special Schools

Name..... Date of Birth

Any Known Allergies.....



All medication requires a Parental Consent Form – these are completed yearly, or with any medication change.

If not present do not give and contact parents/ school nurse to discuss.

Name of Medication And strength	Route to be given i.e. oral	Time Due	Dose to give in mg, mg/ml or puffs	If liquid medication date bottle opened and expiry date once opened	DATE / / /		DATE / / /		DATE / / /		DATE / / /		DATE / / /	
					Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials	Time Given	X 2 Initials

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

CHECKED BY..... DATE.....

KEY: A- pupil Absent

M - Missed

R – pupil Refused

V - Vomited

****CPOMs any Refused, vomited or missed****

Right child; Right medication; Right dose; Right time; Right route.

Daily Stock Count of Controlled Medication to Children attending The Vale Federation Special Schools

Name..... Date of Birth



Amount Signed in..... Date signed in.....

Name of Medication And strength	Format – liquid/ tablets	Time Due	Dose to give in mg, mg/ml or puffs	DATE / / /		DATE / / /		DATE / / /		DATE / / /		DATE / / /	
				Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials	Amount	X 2 Initials

SIGNED..... DATE..... CHECKED BY..... DATE.....



Analgesia Timeframe Chart

How soon can I give the next dose of Paracetamol/Calpol?

Before the first dose is given in school, you must have evidence of when the previous dose was given or wait 4 hours before giving

Paracetamol can be administered 4 – 6 hourly. Maximum 4 prescribed doses in 24 hours.

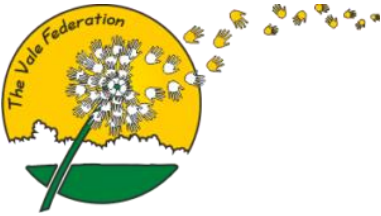
When was the last dose given?	I can give the next dose at:
7 am	11 am
07.15 am	11.15 am
07.30 am	11.30 am
07.45 am	11.45 am
8 am	12 pm
08.15 am	12.15 pm
08.30 am	12.30 pm
08.45 am	12.45 pm
9 am	1 pm
09.15am	1.15 pm
09.30am	1.30 pm
09.45 am	1.45 pm
10 am	2 pm
10.15am	2.15 pm
10.30 am	2.30 pm
10.45 am	2.45 pm
11 am	3 pm
11.15 am	3.15 pm
11.30 am	3.30 pm
11.45 am	3.45 pm
12 pm	4 pm

How soon can I give the next dose of Ibuprofen?

Before the first dose is given in school, you must have evidence of when the previous dose was given or wait 6-8 hours before giving

Ibuprofen can be administered 6-8 hourly. Maximum 3 prescribed doses per day

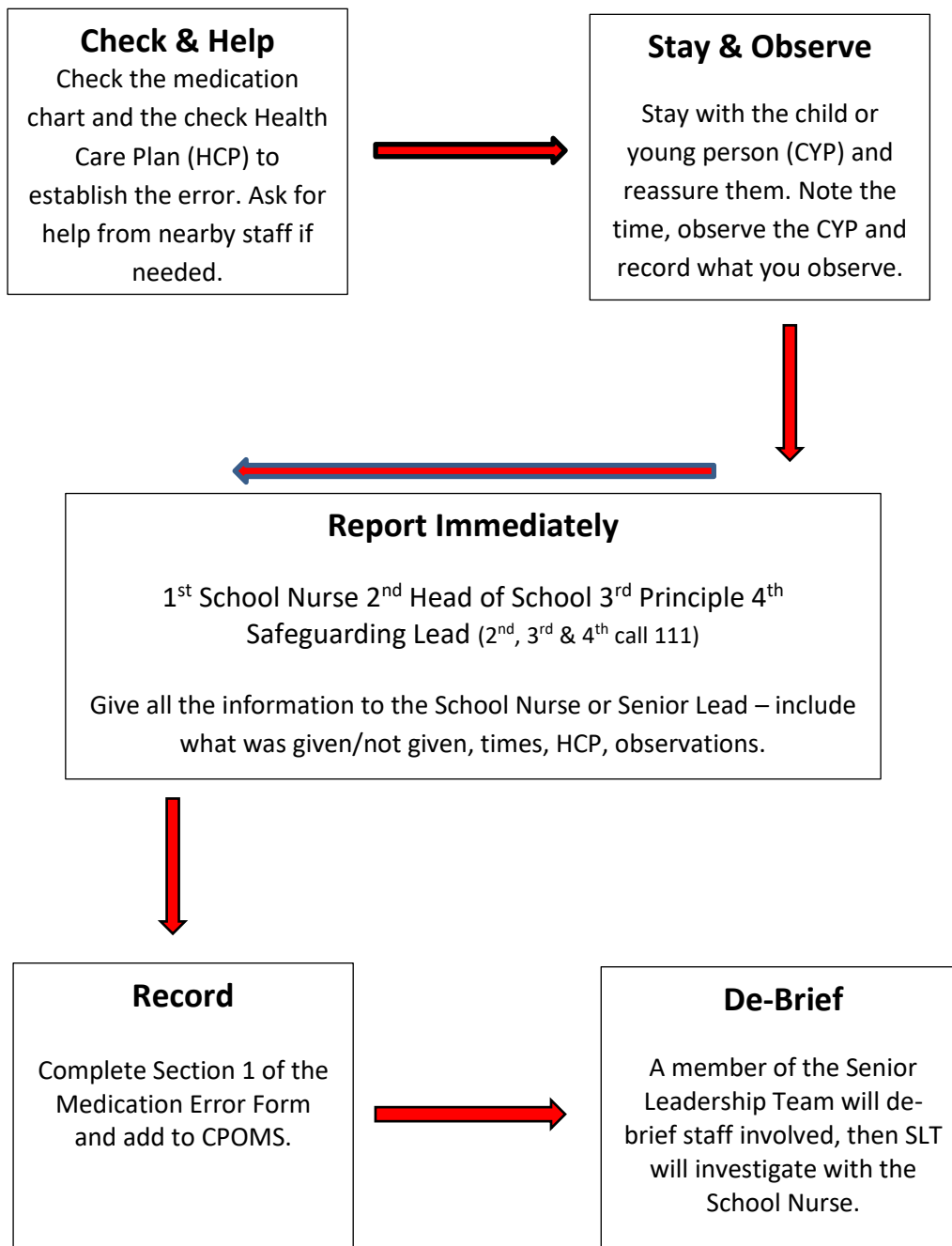
When was the last dose given?	I can give the next dose at:
7 am	1 pm
07.15 am	1.15 pm
07.30 am	1.30 pm
07.45 am	1.45 pm
8 am	2pm
08.15 am	2.15 pm
08.30 am	2.30 pm
08.45 am	2.45 pm
9am	3 pm
09.15 am	3.15 pm
09.30 am	<i>Home from school</i>
09.45 am	
10 am	
10.15 am	
10.30 am	
10.45 am	
11 am	
11.15am	
11.30 am	
11.45.am	



The Vale Federation

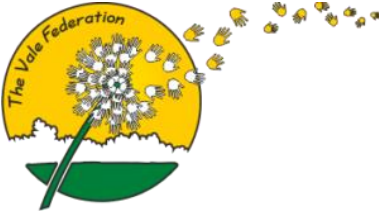
Medication Errors Flowchart

If the Child or Young Person is non-responsive or is experiencing adverse effects call 999 immediately



KEY: CYP – child and young person

Medication Error Forms are saved on the drive and paper copies will be in the School Nurses Office



The Vale Federation Procedure

What is a medication error?

The National Patient Safety Agency defines a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm has occurred.

Errors may result in an incident or where averted they can be classified as a 'near miss'.

Examples of errors can include the following:

1. Omissions – any prescribed dose not given
2. Wrong dose given, too much or too little
3. Extra dose given
4. Giving a CYP medication meant for another CYP
5. Wrong dose interval
6. Wrong administration route – giving of a medicine by a different route or in a different form from that prescribed
7. Giving of a medication to which the CYP has a known allergy
8. Giving of a medication past its expiry date to a CYP
9. Giving of a medication which does not match Batch/Lott number to the box
10. Dispensing too much medication and throwing it away.

Senior Leadership Team

A member of the Senior Leadership Team at School or the School Nurse will need to call a health care provider, i.e. their pharmacist (*the number for the dispensing pharmacy will be on the prescription label*), 111 or their GP.

You need to know:

- a. The full name of the CYP, date of birth and their address
- b. The name and dose of the medication taken in error
- c. The CYP's age and approximate weight, if possible
- d. The name and dose of any other medication the student receives, if possible

Parents/Carers

The Senior Leadership at School or the School Nurse will contact the parents/carers of the CYP.

The Vale Federation has an open door policy, please speak to the School Nurse or the Senior Leadership Team if you have concerns about any of the above errors. We all want the best for the children and young people and we all want you to feel supported.

KEY: CYP – child and young person

Medication Error Forms are saved on the drive and paper copies will be in the School Nurses Office



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MEDICATION ERROR AND INCIDENT REPORT

First Section to be completed by the member of staff who was involved with the Error

SECTION 1										
Student Name:		D.O.B:		Date of Error:		Time of Error:				
Name of Medication: Include strength										
Type of Medication (please ✓)	Tablet/Capsule	Liquid	Ointment /Cream				Other			
MEDICATION ADMINISTRATION ERROR / INCIDENT - please ✓										
(A) Wrong Dose/ Too much	(B) Wrong Medication Given	(C) Wrong route into the body	(D) Wrong Time	(E) Wrong Student	(F) Missed Medication	(G) Missed Signature	(H) Unidentified medicines found	(I) Adverse reaction to medicine	(J) Medication out of date	(K) Expiry/Bath Lot numbers don't match
(L) Other	Please describe									
Full Name of Adult who made the Medication Error:							Job Title:			
Full Name of Adult who witnessed the Medication Error:							Job Title:			
<i>Description of incident - describe fully the circumstances surrounding the incident, before, during, after</i>										
Name, job title & signature of person completing SECTION 1:							Date:		Time:	

SECTION 2			
The section below is to be completed by the Lead Person (A member of the SLT or School Nurse)			
Name of person completing Investigation:		Job Title:	
Investigative Action Taken:			
<p>Was the Pharmacist, or NHS 111 called? Yes / No (if no why not?)</p>			
Summarise the findings of investigation and action required to prevent occurrence:			
Has a Safeguarding referral been made to the DSL/Governors/County? Yes/No (if no why not?)		Was the Commissioning Authority or OFSTED informed? Yes/No (if no why not?)	
Reminder's:	Added to CPOMS? Sections signed? All details above added with comments or N/A added with reason?		
Lead Person Name		Sign:	Date:
Head of School Name		Sign:	Date: