

## **Medical Conditions Policy**

Adopted by the Board of Trustees

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Trustee Reviewers: PDBW Board

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## 1. General Data Protection Regulations



This policy has been reviewed in accordance with the General Data Protection Regulation (GDPR) which will replace the Data Protection Act 1998 from 25<sup>th</sup> May 2018. The introduction of GDPR has resulted in changes to many existing data protection rules and regulations that educational establishments adhere to. The Evolve Trust has undertaken a full data protection audit and have ensured that appropriate changes that have been made to data protection rules and regulations have been adhered to in full. The Evolve Trust has carried out all additional compliance requirements and fully accepts their duty of care to ensure individuals' data is kept safe and secure, resulting in increased compliance in our systems, processes and policies.

## 2. Preface

PLEASE READ THIS DOCUMENT IN CONJUNCTION WITH THE NATIONAL GUIDANCE.

It is a requirement for all schools to have a medical conditions policy, which is communicated to and available for all parent/carer.

This policy is intended to provide guidance and support to school staff at The Beech Academy.

At the present time the NHS commissioned nursing service support in some schools during standard operating hours. Again, in some schools nursing staff currently provide medication for pupils whilst on school premises except for those who have additional funding through continuing care. However, with the position of “in loco parentis” the ultimate responsibility for the administration of medicines rests with the school. School staff administer emergency medication when pupils are off school premises. They also administer all medication when pupils are on out of school activities or on residential visits.

This policy is based on guidance from Department for Education and Department for Health – Managing Medicines in Schools and Early Years Settings 2015 and the 4th Edition of The Administration of Medicines in Schools issued by Solihull Care Trust, and guidance from joint work between Nottinghamshire Special Schools and Health Colleagues.

## 3. Introduction

The purpose of this document is to provide advice to The Bramble Academy staff on managing medication and to put in place effective systems to support individual pupils.

Although the giving of medication to pupils is a parent/carer responsibility, staff may be asked to perform this task but they may not, however, be directed to do so, unless it is required by their job description.

National guidance from the Department for Education and Skills and Department of Health Managing Medicines in Schools and Early Years Settings 2005, encourages schools to do all that is practical to help children to benefit from education.

## 4. Responsibilities

### Parent/carer

Where staff are requested to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form. Verbal instructions should not be accepted.

For administration of emergency medication, a Health Care Plan (HCP) must be completed by the parent/carer in conjunction with the community nurse and a senior member of staff. This is essential so there are no grey areas in which vital information involving the child’s medication are unknown to the staff who are managing the pupil on a daily basis. Minor changes to the HCP can only be made if signed and dated by the medical professional. If, however, changes are major, a new HCP must be completed. HCPs should be reviewed annually by school and nursing service working in partnership. It is parent’s

responsibility to notify school of any changes required to the Plan e.g. treatment, symptoms, contact details. School will continue to follow the HCP until written updates have been seen.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school or health professional.

Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown:

- Pupil's name
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food, frequency of administration
- Dispensing date
- Expiry date whenever possible; Medication should show bottle expiry date. Once opened, the date should be written on the bottle and expiry date written as per pharmacy guidelines

**The school will not accept medication in unlabelled containers**

<b>Tablets and capsules</b>	
Manufacturers original pack or foil pack	<b>One year</b> from date of dispensing or manufacturer's expiry
Dispensed into bottles	<b>One year</b> from date of dispensing
Monitored dosage systems	<b>Eight weeks</b> from date of dispensing
<b>Internal liquids</b>	<b>Six months</b> from date of dispensing <b>or</b> if in manufacturer's original container <b>six months</b> from date of opening
Dilutions of internal liquids	May have shortened expiry date. Less likely as oral syringes available for doses less than 5ml
<b>External liquids</b>	As for internal liquids
<b>Creams and ointments</b>	
Jars	One month from date of opening
Tubes	Three months from date of opening
<b>Injections</b>	
Ampoules	Single use only
Vials	<b>One month</b> from date of opening
<b>Eyedrops / eye ointments</b>	<b>One month</b> from date of opening
<b>Ear drops / ointments</b>	<b>One month</b> from date of opening

**5. Training**

Advice and training is available to members of staff concerned with administration of medicines by the Community Training team. Senior staff will arrange, organise and monitor health training. All members of staff need to have some appreciation of the underlying medical condition and the need for treatment and this will be renewed on an annual basis. All staff volunteering to administer emergency medication must

first receive appropriate training from suitably qualified health staff. Records of training should be kept up to date.

## **6. Emergency Procedures**

As part of general risk management processes Bramble has arrangements in place for dealing with emergency situations. Pupils should know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

Only in exceptional circumstances should staff take a pupil to hospital in their own car or school transport; it is always safer to call an ambulance. If parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parent/carer is not available. Basic medical information about the pupil, identifying data and contact details should be provided and taken to hospital by school staff.

## **7. Record Keeping**

The school shares the policy with parent/carers and indicates what school staff will do in regard to routine and emergency medication administration in that school.

Staff will have training to administer medication from a suitable qualified medical professional. When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the medication administration record (MAR) sheet. Reasons for any non-administration of regular medication must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.

An individual Health Care Plan (HCP) clarifies for parent/carer, the child and school staff the circumstances in which additional health support will be required and the actions to be taken by school staff to meet the pupil's needs. This is usually in an emergency situation such as severe allergic reaction, which requires administration of an EpiPen.

The HCP will be developed with input from the medical conditions coordinator, specialist nurses, a parent/carer/pupil and a member of school staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.

Under the Data Protection Act medical documents are deemed sensitive information.

The information in the HCP will be disseminated to relevant school staff but balanced with the need to keep confidential information secure. HCPs will not be displayed in a public place, e.g. Staff room, because of the sensitive information they contain unless parent/carer has given their explicit written consent for school to do so.

The HCP must be kept up to date and should be reviewed on a regular basis to reflect the pupil's needs. It will be reviewed at least annually. A new HCP is required if a pupil moves school or their condition or treatment changes.

## **8. School Trips, Visits and Sporting Events**

Medication required during a school trip should be carried in a designated container by a trained member of staff, who can carry and administer the medication as necessary. A record must be made of any emergency medication taken off-site. The member of staff administering the medication while off site should be there when the medication is dispensed.

Controlled drugs will be carried in a locked tin, and will be signed into the tin by 2 members of staff to ensure that the correct amount/dose is taken on the trip. The member of staff that administers the drug while on the trip will then sign the medical record sheets upon returning to the school site.

Medication provided by the parent must be accompanied with written directions for its use. All trained staff will have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

In addition to the above it may be necessary to include the following:

- Relationship of the person giving consent to the participant, where names differ.
- Signature of the participant agreeing to appropriate rules and a code of conduct if applicable.
- Whether the young person suffers from travel sickness.
- Permission for photographs of the participant to be used for display or publicity purpose

It is essential to inform all staff members involved with sporting activities, after school clubs or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

Parent/carer should be advised to liaise separately with private wrap-around services regarding their children's health needs.

## **9. Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the misuse of drugs act and its associated regulations. Some may be prescribed for use by children. Misuse of a controlled drug such as passing it to another child for use is an offence.

Controlled drugs are kept in a double locked non-portable cupboard and only named staff should have access and have to sign for the keys. Unused controlled medication must be sent home and a record kept. These records must allow full reconciliation of supplies received, administered and returned home. Records must be kept in a recognised controlled drug book as well as the schools normal recording methods.

Staff administering the drug will receive additional training and have administration procedures checked.

## 10. Antibiotics

Parent/carer should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible.

Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent/carer must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and sent home again after school each day.

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing.

In school the antibiotics will be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.

## 11. Over The Counter Medicines

*'Policy Statement As part of its self-care strategy, Mansfield & Ashfield and Newark & Sherwood CCGs do not support the prescription of medicines and treatments for minor, short term conditions where:*

- *self-care is the most appropriate route*
- *medicines and treatments are available to buy over the counter*

*All prescribers within Mansfield & Ashfield and Newark & Sherwood CCGs, including GPs and non-medical prescribers, should not prescribe readily available over-the counter medicines.'*

*<https://midnottspathways.nhs.uk/media/1351/mid-notts-self-care-policy-final-feb17.pdf>*

Where possible, the school will avoid giving over the counter medicines. However, we may do so if requested by the parent/carer, if it will facilitate the pupil attending school and contributing to their learning. A consent form must be completed and medicines will need to be labelled with the pupil's name.

## 12. Emergency Medication

Separate guidelines are in place for emergency medication (see relevant section in guidance documentation).

Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. New or temporary staff must be made aware by the class teacher and support staff of any pupil with specific medical needs. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes:

- Buccal Midazolam;
- Rectal Diazepam;
- Adrenaline (Epipen/Anapen);
- Glucose (dextrose tablets or Hypostop);
- Inhalers for asthma.

Training will be given by specialist nurses to all staff for emergency situations including the school staff who have volunteered to administer emergency medication. Care Plans may also need to be written by specialist nurses.

### **13. Administration of Medication**

It is the responsibility of identified staff to check and administer the correct medicine to the correct child. Medicines must be checked by two staff who have completed the appropriate training.

#### **Checking of Medication**

When a new medication arrives in school this should be transcribed onto the medication administration record (MAR) sheet from the pharmacy label, once transcribed this should be checked and signed by medical conditions coordinator.

This procedure should also be followed when transcribing from a completed MAR sheet to a new one or when transcribing onto a new line within the same card.

The checking process will include:

- MAR sheets in daily use must be checked to ensure all medication is given as prescribed.
- Members of staff administering medicines must always check the following items prior to administration:
- Correct and legible completion of all details transcribed on the MAR sheet and that it is signed by 2 staff who have completed their medication administration training. No medication should be administered until the MAR sheet is signed.
- If there is doubt or the prescription is ambiguous the parents must be contacted for clarification i.e. Use of terms such as "As directed" is not acceptable – staff must ensure that specific dosage instructions are stated.
- The identity of the child/young person against the name and date of birth or photograph on the MAR sheet.

## Guidelines

- The name, form and strength of the medicine to be administered
- The dose to be given
- The date and time of dosage, frequency. Start and finish dates.
- The time of last dosage, i.e. that the dose has not already been given
- The route of administration
- Any special guidance relating to the dose offered, e.g. dilution with water, before or after food etc
- Expiry date of the medication AND its discard date once opened
- Any drug sensitivities/allergies
- Medicines must only be dispensed for one child/young person at a time.
- If using a syringe, it should come from a sealed packet, be used for one child and disposed of after a week. A record of disposal should be made. If parents want it sent home a consent form needs to be completed.
- Do not pour medication into another vessel to be measured out if possible and never pour excess medication back in to the original container.
- Excess medication can be poured down the sink
- Any dropped tablet / medication cannot be used. This must be recorded
- If the HCA is unsure of the identity of the child/young person, the medicine should not be given.
- The medication card must be initialed in black ink by the HCA administering the medicine and by the second person checking.
- Any individual who has undergone the appropriate training can administer a child's/young person's emergency medication.
- If there is any doubt the issue should be discussed with the parent or a Healthcare professional
- The Controlled Drug register should be completed if a controlled drug is administered.

The following should be noted on the MAR:-

- If any medication is omitted, then the appropriate code (located on the MAR sheet) should be placed on the drug card. If a child has a prolonged absence, then the reason should be documented on the chart.
- Any medicine refused, spat out or vomited must be documented and parents should be informed.
- If a drug is no longer required, then it should be crossed out signed and dated.
- Sign and date all entries

The reason for giving as required (PRN) medication should be recorded and parents/carers informed of medication, dose and time given

### **The Management of Errors/Omissions in Administration of Medication**

As soon as an error has been identified for example

- Giving the wrong medicine to the child/young person
- An incorrect dose being given

- Out of date medication being given

The following procedure should be followed: -

1. Inform a member of the Senior Leadership Team
2. Contact the child's GP for further advice/School Nursing Team
3. Inform the family if possible – if not possible at the time this must be done as soon as they are contactable
4. Record the incident in the child/young person's records
5. Record any advice and actions taken following advice from GP, Pediatrician or NHS Direct
6. Complete an incident report before the end of the school day

### **Return of Medication**

Medication should be returned to the child's parent/carer whenever:

- The course of treatment is complete;
- Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer);
- Instructions are changed;
- The expiry date has been reached.

This will be documented on the administration record. The parent/carer should be advised to return unwanted medicines to their pharmacist.

In exceptional circumstances e.g. when pupils have left school, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parent/carer responsibility to replace medication which has been used or expired, at the request of the school staff.

### **Storage and Guidance of Use of Equipment**

Generally non-emergency medication is stored in a locked cupboard in a cool place, below 25 degrees. Items requiring refrigeration are kept in a clearly labelled closed container in a standard refrigerator. A record will be kept of the minimum/maximum temperature of fridges and room temperatures. Storage facilities are in an area which cannot be accessed by pupils.

All emergency medication e.g. inhalers, Epipens, dextrose tablets and anti-convulsants are readily accessible but stored in a safe location known to the pupil and relevant staff (see condition guidelines). Medication will be kept in the original dispensed containers. Staff should not transfer medicines from original containers.

### **Use of spoons and syringes**

When using a syringe to administer medication it must be from sealed packaging, can only be used for 1 child for one week then disposed of. If a parent wants it returning home there must be written consent and there must be a written record sheet of disposal.

All syringes and spoons must be washed in warm water with household detergent only.

### **Disposal of any sharp items (sharps)**

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if sharps accidents and the consequent risk of infection with blood borne viruses is to be avoided. Sharps injuries are preventable with careful handling and disposal. Sharps bins are located in designated areas, in a safe position at waist height. Sharps bins must never be kept on the floor. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

### **Cleaning Equipment**

- The following equipment may/or may not be used when a child is being given a medication
- Extension set
- Enteral and oral syringes
- Graduated medicine pots
- Tablet crusher
- Pestle and mortar
- Jugs

#### **Instruction for Cleaning**

- Do not use sterilizing solutions or disinfectants (e.g., Milton, Dettol) for cleaning.
- Do not use a bottle brush for cleaning.

#### **Prior to cleaning:**

- Extension sets / feeding extension sets - open clamp first
- Syringes - separate barrel and plunger
- Tablet crushers – unscrew and separate

#### **Cleaning:**

- Clean with hot water and detergent (washing-up liquid), rinse.
- Dry excess water with a paper towel.
- Allow to air dry
- All cleaned equipment should be stored in a clean lidded container.
- The container should be washed daily as above.
- A dishwasher can be used to clean all the above equipment except extension sets and tablet crusher.