

Medication Policy

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Signed: Chair of Governors

Southfields
Multi-Academy
TRUST



Southfields
Academy



Linden Lodge
School

A Specialist Sensory & Physical College

1. General

1.1 The safe storage and administration of medication at Linden Lodge School is of paramount importance. Therefore robust systems are in place at Linden Lodge to ensure that medicines are managed safely. It is recommended that parents/carers ask their GP or Pharmacist for a medication optimisation review on a yearly basis. Extract from The Royal Pharmaceutical Society & NHS Guidance in May 2013 *“Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.”*

The DfE guidance, Supporting pupils at school with medical conditions December 2015 cites, Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans.)

1.2 Parents/carers have the prime responsibility for their child’s health and must provide the school with as much relevant information about their child’s medical condition as possible. Parents/carers should obtain details from their child’s General Practitioner (GP) and / or Paediatrician/Consultant regarding their child’s medication whilst attending Linden Lodge.

1.3 Medication administration at Linden Lodge is delivered by appropriately trained nursing and school staff.

1.4 For day pupils the school will only administer medications that **must** be given during the school day. Therefore they will not be able to administer medications that are single daily dose or twice a day doses. These must be given at home by the parent / carer.

2. Initial Assessment or change in medical needs

2.1 As a part of the initial assessment process prior to admission, or a change in medical needs, an assessment is undertaken to ensure that we can meet the educational & health needs of the child, including their medication needs. Full details of medications must be provided by the parents / carers.

2.2 This assessment will identify if there are any procedures or medications which can only be undertaken or administered by a trained nurse such as medication via an intravenous route (IV), Hickman line, Port, intermuscular injections.

3. Upon admission or when a current pupil is prescribed a new medication

3.1 Upon admission of a pupil to Linden Lodge or when a pupil is prescribed a new medication, the parents / carers will be asked to sign a consent form (**Appendix 1**) for their child to have any necessary medication administered by school staff. The consent given will need to include:

- a. Agreement to the administration of any prescribed medication by trained school staff.
- b. Agreement to the administration of any medication for use in emergencies by school staff, details of which must also be provided by the parents/carers.
- c. Details of any medications labelled “as required / where necessary / as directed”, which will be administered following guidance from a GP / Consultant.

- d. Agreement to the administration of non-prescribed medication, e.g. Paracetamol (**Appendix 4**), to relieve appropriate conditions, with confirmation from the parent /carer that to their knowledge the giving of this medication will not conflict with any other medication.
- e. All prescribed medication must be accompanied by a letter from the child's GP / Consultant.

3.2 Parents/carers will be asked to provide up to date information from the pupil's GP / Consultant regarding their current prescribed medication.

3.3 Homeopathic remedies (including vitamins)

3.3.1 No Homeopathic remedies will be administered to day pupils.

3.3.1 Homeopathic remedies - For residential pupils a letter of support from the GP must be supplied by parents before they can be administered.

3.4 An Individual Health Care Plan (IHCP) for the individual pupil will then be prepared by the Clinical Team, and maintained by them. An electronic copy of this plan will be maintained within the Linden Lodge medical room until such time as the pupil leaves the school at which time it will be electronically stored and archived.

3.5 It will contain at least the following:

3.5.1 Consent forms

3.5.2 The pupil's name and date of birth

3.5.3 Details of the pupil's GP

3.5.4 Details of the pupil's medical condition

3.5.5 Details of any known medication, environmental or food allergies or sensitivities e.g. to penicillin or aspirin

3.5.6 If medicine needs to be given disguised in food

3.5.6.1 This must be identified and written agreement sought from a multi disciplinary team involving the parent/carer/GP/Clinical Team stating that it will be in the best interest of the pupil.

3.5.6.2 It must also be checked with a pharmacist that adding the medicine to food will not interfere with the required effects.

3.6 Things we also consider when developing an individual health care plan:

3.6.1 What the medication is for e.g. what condition it is treating

3.6.2 Special requirements e.g. dietary needs, pre- activity precautions

3.6.3 Any side effects of medication

3.6.4 Any contra-indications or interactions with other medicines

3.6.5 How their medication will be administered i.e. route e.g. oral, gastro

3.6.6 What constitutes an emergency in the pupil's medical condition

3.6.7 Who to contact in an emergency.

3.6.8 Whether taken before/with food or on an empty stomach

3.6.9 Any other details which are considered necessary for the safe care of the pupil

3.7 The Individual Health Care Plan of each pupil will be reviewed annually by the Clinical Team.

3.8 Some pupils, due to having very complex and life limiting medical conditions, may be the subject of DNR (Do not resuscitate) orders.

3.8.1 The school **cannot legally** follow these orders, so all pupils who enter a medical crisis will be stabilised and medical services asked to attend.

3.8.2 Parents should supply the school with a copy of the child's DNR and this will be provided to the attending medics.

4. Medication brought into school

- 4.1** The school must be given an adequate supply of essential medication for each pupil who requires it. Parents/carers are responsible for making sure the school has an adequate supply at all times.
- 4.2** This may mean that a prescribing GP may have to supply two sets of medication, one for home and one for school. It is the responsibility of parents/carers to make such arrangements.
- 4.3** The Clinical Team will send a letter to parents/carers to advise them when a pupil's medication is getting low and more is required. **(Appendix 2)**
- 4.4** Residential staff will inform the Clinical Team via the communication book, at least a week in advance if they believe more medication is required.
- 4.5** When the Clinical Team require medication from parents/carers they will send a red transportation bag home with the written request. Medication sent into school should be delivered to the Clinical Team in one of the red bags.
- 4.6** All essential medication brought into school at the beginning of the new academic year must be accompanied by a clearly written and signed consent form from the parents/carers to include the name of the medication, dose, time and route. **(see Appendix 1)**. Further supplies of the same essential medication brought into school in the same term do not need to be accompanied by a consent form (unless there has been a change in the administration instructions), but medicines must be sent in their original containers clearly marked with the pupil's name, dose, frequency and date prescribed. Unmarked containers or those with incomplete information will not be accepted by the Clinical Team and will be returned to the parent/carer.
- 4.7** At the end of the academic school year **ALL** medication will be returned home to parents/carers
- 4.8** Essential medication to be taken orally should be supplied with an individual measuring spoon or syringe, eye drops should be supplied with an eye dropper.
- 4.9** No member of school / residential staff will ever transfer medicines between original containers.

5. Types of medication

- 5.1 Oral tablet preparations** – tablets come in a variety of shapes and sizes. They will only be dissolved or crushed if specified on the pharmacy labels.
- 5.2 Liquid medication** – easily swallowed or given via gastrostomy
- 5.3 Capsules** – particularly useful in delivering drugs that are unpalatable

- 5.4 **Coated slow release** – should never be crushed
- 5.5 **Chewable tablets** – can be chewed
- 5.6 **Injections** – given into the tissue / muscle in the skin
- 5.7 **Wherever possible** the school will not alter medications, for example, by cutting tablets in half. In the event of a tablet requiring division a pill cutter should be used.

6. Record Keeping

- 6.1 An Individual Health Care Plan (IHCP) and a Medication Administration Record (MAR) chart will be provided for each pupil within the school who takes medication. The drawing up of the IHCP and the MAR chart will be the responsibility of the Clinical Team.
- 6.2 The MAR chart is the working document, all staff drawing up and administering medication will follow this chart for information on dose/times/route etc. to give any medication. This includes ad hoc medications.
- 6.3 Changes to the MAR chart will only be made by the Clinical Team.
- 6.4 Stock Level (Running Total kept in school and residential). The stock level of medications will be checked twice a week on Mondays and Fridays by school and residential staff. Once a month spot checks and audits will be carried out by senior residential management. Record needs to be kept on the running total sheet and signed by 2 members of staff. For processes and procedures please see **Appendix 5**.

7. Storage of medication

- 7.1 Within Linden Lodge medication can be stored in a number of areas including the School Nursing office, individual classrooms e.g. Harris Centre, and on individual residential units.

The arrangements for the safe storage of medication are the same, wherever it is kept.

- 7.1.1 All non-emergency medication is stored in a locked cupboard.
- 7.1.2 On the residential units emergency medication is stored in the duty rooms where it is easily accessed by staff, when the pupils are in residence, but also where it minimises access by pupils as agreed by the Residential Management Team. Residential Emergency medication is locked away in the medication cupboards during the day.
- 7.1.3 The majority of emergency medication for pupils during the day is stored in the child's classroom where it is easily accessible but also where it minimises access by pupils as agreed by the Clinical Team. In some circumstances pupils with individual 1:1 support workers, carry their emergency medication around with them in their school bag.

- 7.1.4** All medication is stored in its original container in which it was dispensed.
- 7.1.5** The label on the container supplied by the pharmacist will not be altered by school staff under any circumstances.
- 7.1.6** A separate, dedicated refrigerator is available for any medication requiring cold storage, below 15°C e.g. antibiotic suspension. The refrigerator is kept locked at all times. The temperature in the refrigerator is maintained at between 2 and 8°C and this is recorded on a daily basis. The refrigerator is not used to store food or drink.

8. Access to medication

- 8.1** Keys to the School Nursing office are kept by the Clinical Team. A spare key to this room is also kept in a 'safe box' on the wall outside the room. Only identified keyholders and senior members of staff have access to the code for this box.
- 8.2** In the residential setting Unit Managers, Residential Workers, Waking Night Staff, Senior Managers on call and the Clinical Team all have access to a key to the medication cupboards in the residential setting. A spare key is also kept in a 'safe box' on each unit to which only keyholders have access to the code to open.

9. Medicine Administration

- 9.1** Medicine will be administered strictly in accordance with the prescriber's instruction. This information will be added to the MAR chart by the Clinical Team.
- 9.2** If staff experience any problems regarding the administration of medication to be given to a pupil these will be discussed as soon as possible with the parent/carer/GP or Consultant, via the Clinical Team or Senior Manager on Call.
- 9.3** Medication prescribed for one pupil will not, under any circumstances, be given to another pupil or used for a different purpose than that for which it has been prescribed.
- 9.4** Medication will not be decanted into other medicine bottles or containers.
- 9.5** Where a medication is not required to be given on a regular basis and can be administered on an "ad - hoc" 'As/When required' or 'When needed' this information will be recorded on the MAR sheet. Written Guidance from a GP or Consultant must accompany this medication before it can be given.

10. Procedures for administering medication

- 10.1** There must be two members of trained school staff drawing up and administering medication, unless it is a member of the clinical team who is signed off as a single checker.
- 10.2** Good hygiene procedures must be followed; staff will have access to disposable gloves, hot water, soap and paper towels, before and after administering any medication.
- 10.3** Staff will manage one pupil at a time.

- 10.4 Staff will check the times at which the medication needs to be given and give it as close to these times as possible. If this might not be possible for a particular reason e.g. the pupil will be on a trip out of school, then guidance **must** be sought from the Clinical Team or in the absence of the Clinical Team via the Senior Manager on Call.
- 10.5 Staff will check the identity of the pupil with a second person.
- 10.6 Staff will check the pupil's MAR chart, the pupil's name and medication dosage instructions.
- 10.7 Staff will note if any updates have been made to the MAR chart.
- 10.8 Staff will check when the last dose was administered, especially if they are giving pain relief, to ensure there is the correct time gap between medications.
- 10.9 Staff will identify the appropriate medication.
- 10.10 Staff will check that the medication labels and the medication described in the pupil's MAR chart match and that the medication is within its expiry date, if there is one.
Note- that expiry dates only appear on manufacturer's original containers. If pharmacists dispense smaller amounts there is no legal requirement for them to add an expiry date to the new containers.
- 10.11 If there is a discrepancy between the pharmacy label and the MAR chart staff will firstly check with the Clinical Team or Senior Member of Staff on Call but ultimately will follow the MAR chart.
- 10.12 Staff will ensure that medicine pots and oral syringes are filled at eye level to ensure correct dosage.
- 10.13 The medication will be administered following the information on the MAR chart.
- 10.14 After the administration of any oral medication the pupil will be offered a drink, preferably water.
- 10.15 For pupils having their medication through a gastrostomy tube they will require a flush after their medication in accordance to their individual guidelines.
- 10.16 Staff will then immediately sign the MAR chart in ink.
- 10.17 Any spillages which occur on the sides of medicine bottles will be wiped away before the medication is returned to the trolley or cupboard.
- 10.18 Any used containers, cups, spoons or oral syringes used will be washed out with hot soapy water, rinsed with clear water and air dried.

If there are any discrepancies or queries with medication staff will stop – and then they will check with the Clinical Team or Senior Manager on Call before administering the medication.

11. Medication errors/near miss incidents

- 11.1 We recognise that errors/near miss incidents may happen but we do and will work hard to minimise the chances of this occurring. In case they do we have defined the following procedures to be implemented:
- 11.2 Should an error or near miss incident occur then it will be reported immediately to the Clinical Team/ Senior Manager on Call who will decide if advice needs to be sought from any other medical professional e.g. by calling 111 or the pharmacy/medicines helpline at St Georges Hospital on 020 8725 1033.
- 11.3 *If it is obvious that medical attention is required staff **will dial 999** before contacting the Clinical Team/Senior Manager on Call.*
- 11.4 Errors / near miss incidents by School staff must be recorded on school records using a Medication Error/Near Miss form (**Appendix 3**). **If a member of St Georges staff makes an error/near miss they must report it via St Georges electronic DATIX system.** It is the responsibility of the Clinical Lead to report to both the Principal of the School and the Chair of the Governing board within 5 working days. This report should include:
- Name of pupil
 - Date & time of error
 - Names of staff involved in the error
 - Location
 - Whether parents were informed
 - Potential/actual effect on the pupil
 - Details of the actual error
 - Why it went wrong
 - Actions taken
 - Learning outcomes/Action taken to avoid future errors/near misses
- 11.5 Following completion of the Medication Error/Near Miss form the Line Manager will meet with the person who made the mistake/near miss, and if need be in consultation with a member of the Clinical Team, to reflect on the incident and put a plan in place to avoid future reoccurrences e.g. training, review competencies.
- 11.6 In the event of a medication error that results in assistance being required from outside medical services, then the staff involved will be directed to refrain from medication administration until an investigation has taken place and actions taken to prevent future incidents.
- 11.7 Each term the Clinical Lead will produce a report for the Safeguarding and Clinical Governance Committee on medication errors.
- 11.8 The Clinical Team/ Senior Manager on Call will inform parents/carers as soon as possible after a medication error has taken place.

11.9 Minimising errors/mistakes:

Follow the 'seven rights' for safe drug administration
Right Child
Right Drug
Right Route
Right Dose
Right time
Right reason
Right Documentation
In addition
Always have two trained people drawing up and administering meds unless they are registered as a single checker
Never leave medication (other than emergency medication) unattended
Be aware of potential side effects
Be aware of interaction with over the counter medications
Check expiry date (where available)
Avoid distractions

12. Change of dose

- 12.1** If a GP or Consultant makes any changes to a pupil's medication it is the responsibility of the parents/carers to inform the Clinical Team of those changes, and to provide written confirmation from the GP or Consultant for the new dosage or medication to be administered.
- 12.2** Re-labelling of any medication containers to reflect new dosages must be arranged by the parents/carers. Staff will not alter any information on labels of medication under any circumstances.
- 12.3** Any medication container or bottle whose labelling differs from the up to date prescriber's instructions will be returned to the parents/carers at the earliest opportunity with advice to return to the pharmacy for the correct labelling.

13. Controlled drugs

- 13.1** We do not currently have any pupils who are prescribed controlled drugs.
- 13.2** If any pupils are prescribed controlled drugs we will follow the policy of St Georges NHS Trust and make appropriate changes to this school policy.

14. Occasional / Ad hoc prescribed medicines

- 14.1** If a pupil is required to have an occasional medicine e.g. antibiotics, for up to 2 weeks, the parent / carer must give written permission for this either written in the Home/School diary, via email or letter and it must be provided to the Clinical Team before the child can have the medication. The medication must have a current pharmacy dispensed label detailing administration instructions.

- 14.2 In rare circumstances or an emergency, if we are unable to obtain written or verbal permission from the parent / carer, then the school will act upon its duty of care to pupils and administer any medication prescribed by a GP or via a hospital.
- 14.3 For day pupils who require once a day or twice a day occasional medication, it is expected that this will be administered at home.

15. Adverse drug reaction

- 15.1 If a pupil suffers, or appears to suffer an adverse reaction to any medication – **dial 999** – then this will be reported to the Clinical Team or Senior Manager on call.
- 15.2 Definition from The British Medical Journal – October 2015

An adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients. A drug allergy is an immunologically mediated reaction that exhibits specificity and recurrence on re-exposure to the offending drug.

15.2.1 Classification of adverse reactions to drugs

Reactions that may occur in anyone

- *Drug overdose*—Toxic reactions linked to excess dose or impaired excretion, or to both
- *Drug side effect*—Undesirable pharmacological effect at recommended doses
- *Drug interaction*—Action of a drug on the effectiveness or toxicity of another drug

Reactions that occur only in susceptible subjects

- *Drug intolerance*—A low threshold to the normal pharmacological action of a drug
- *Drug idiosyncrasy*—A genetically determined, qualitatively abnormal reaction to a drug related to a metabolic or enzyme deficiency.
- *Drug allergy*—An immunologically mediated reaction, characterised by specificity, transferability by antibodies or lymphocytes, and recurrence on re-exposure
- *Pseudoallergic reaction*—A reaction with the same clinical manifestations as an allergic reaction (eg, as a result of histamine release) but lacking immunological specificity

- 15.3 The Clinical Team or Senior Manager on call will notify the parents/carers at the earliest opportunity.

16. Non prescribed medication for pain and high temperature

- 16.1 Pupils will only be given Paracetamol (or Paracetamol based pain relief i.e. Calpol) as a non-prescribed medication and with consent from parents / carers (**Appendix 4**) The school keep a supply of Paracetamol which is stored in the School Nursing office and on the residential units. Alternatively parents / carers can send in Paracetamol / Calpol to be used for their child only.
- 16.2 Pupils will never be given aspirin as a medication for pain relief.

- 16.3** Non-prescribed medication e.g. medication for pain relief or high temperature, will only be dispensed after careful consideration and assessment of the pupil's presenting problem by the Clinical Team or two members of the residential team. **The dosage agreed will be designed to ensure that a pupil will not be left in any pain or discomfort as we are mindful of our duty of care towards our pupils. The dosage will be calculated by one of the Clinical Team and will be identified on the MAR chart.**
- 16.4** At the start of the school year parents will be asked if they agree to authorise Paracetamol / Calpol to be given to their child on an ad hoc /as required pain relief.
- 16.5** Staff will only give non-prescribed medication as indicated by the manufacturer's instructions.
- 16.6** A record of non-prescribed medication will be kept on the MAR chart and reported to the Clinical Team or Senior Manager on call at the earliest opportunity. Parents/carers will be informed via the Home/School diary.
- 16.7** The Clinical Team will keep a check of non prescribed medication being administered. A maximum of one dose will be given in school for 3 consecutive days. If dosing is required daily for 3 consecutive days then the pupil's GP must be advised.

17. Invasive procedures

17.1. Gastrostomy/Mic-key tube medication administration

17.1.1 Staff will be trained on gastrostomy feeding before undertaking **any** procedures in relation to this. The procedures for administering medication through a tube must only be undertaken following full and appropriate training, delivered by professional medical staff, and signed off as competent.

17.1.2 Staff **must not** attempt to replace a gastrostomy/mic-key tube.

17.1.3 If a tube is displaced advice must be sought **immediately** from the on site Nurse. If the Nurse is unavailable parents/carers must be contacted, staff will then need to follow instruction from the parent/carer. If the parent/carer cannot be contacted the pupil must be taken to hospital as soon as possible. Wherever possible staff should take with them a spare gastrostomy/mic-key tube, which belongs to the individual pupil.

17.2 Rectal Diazepam and Buccal Midazolam

17.2.1 Pupils who are required to have Rectal Diazepam or Buccal Midazolam will have an Epilepsy Care Plan drawn up by the Clinical Team in consultation with the parents/carers.

17.2.2 Staff will be trained by professional medical/nursing staff before undertaking any emergency medical procedure for epilepsy.

17.2.3 Staff administering this medication must check the pupil's Epilepsy Care Plan which will be with their emergency medication pack.

17.2.4 A record of any emergency medication given must be recorded on the sheet in the pupil's emergency pack and the Clinical Team / Senior Manager on call notified at the earliest opportunity. It must also be written in the Home / School diary.

17.2.5 Although the Clinical Team and Unit Managers will check termly that emergency medications are still in date it is the parents / carers responsibility to send emergency medication into school.

18. Educational Visits (within the school day/evening) / School Trips (overnight stays) / Activities outside school

- 18.1** At Linden Lodge we consider it to be good practise to encourage our pupils with medical needs to participate in educational visits/school trips and community-based activities wherever safety permits.
- 18.2** For educational visits risk assessments will be completed at least 24hrs before the trip commences. Any regular medication or emergency medication required for a pupil will be included in this risk assessment. The emergency medication e.g. Rectal Diazepam, Buccal Midazolam, Epipen will be taken with the pupil on the visit.
- 18.3** Whilst on an educational visit the pupil's Teacher/Unit Manager or Residential Keyworker is responsible for collecting and returning emergency medication back to the class room or residential unit. They will also ensure that there is a trained member of staff who can administer the medication if needed at the off-site location.
- 18.4** If any emergency medication is administered whilst the child is off-site the time of administration and who administered it must be documented on their emergency sheet, which is kept with the emergency pack, and the Leader of the school trip / Clinical Team / Senior Manager on call notified at the earliest opportunity.
- 18.5** With regards to the taking of regular medication whilst off-site the Class teacher or Unit Manager will ensure that there are appropriate members of staff trained to give the pupil(s) their medication. They will also ensure the medication is appropriately packaged, following advice from the Clinical team, to take out on the trip. Staff administering this medication are required to follow the procedures set out in this policy.
- 18.6** School trips which involve overnight stays will require additional risk assessments and parents/carers are asked to fully co-operate if they wish their child to attend. When a school trip is announced the school will write to all parents/carers asking for additional information about home based medications. An assessment by the Clinical Team will then be made as to how that child's individual medical needs can be met whilst on the school trip. We will need to work to a timeline and we will be unable to include pupils who parents/carers have not supplied all the necessary information. The risk assessment must include an overview of potential medication management issues including how the medication will be stored and administered and by whom. As these activities require external approval then this paperwork will be required at least 2 months in advance.
- 18.7** The same policy and procedures for the safe storage and administering of medication will apply during a school trip as they would if it was at school.

19. Sporting activities

- 19.1** Most pupils with medical conditions can participate in sporting activities. Any restrictions on a pupil's ability to participate in sporting activities will be included in their Individual Health Care Plans.
- 19.2** Some pupils may need to take precautionary measures before or during exercise or may need to be allowed immediate access to their medication if necessary e.g. asthma inhalers.
- 19.3** Staff supervising sporting activities will be made aware of relevant medical conditions and procedures via the pupils IHCP.

20. Injections

- 20.1** Some pupils require daily or emergency injections to counter anaphylaxis.
- 20.2** For day pupils parents should ensure that they organise for these injections to occur either before school or after school.
- 20.3** Staff who are required to administer injections e.g. for residential pupils, will be trained by the Clinical Team. Individual staff will have training on administering emergency EpiPens to named pupils. All of these staff will be trained to recognise the signs and symptoms of anaphylaxis.
- 20.4** If a member of staff administering an injection suffers a needlestick injury (stabs themselves) they **must** seek medical advice immediately or as soon as practically possible. They will need to be aware of the pupil's medical condition and the medication they were administering; also whether the injury occurred before or after giving the pupil their injection.
- 20.5** Needles and vials used for the administration of injections will be disposed of in a sharps bin supplied by the Clinical Team. When administering injections the sharps bin must be taken to the pupil as well as the injection so the needle can be disposed of immediately. Sharps bins **must** be kept in a locked cupboard when not in use.

21. Disposal of medicines

- 21.1** All prescribed medicines and non-prescribed medicines which are no longer required must be returned to the Clinical Team so they can be returned to the parent/carer. This may be:
- When the expiry date is reached
 - When a course of treatment is completed or discontinued
 - When the pupil for whom they are prescribed leaves the school we would normally send the medication home.
 - When a dose of medication is taken from the dispensed container but not taken by the pupil e.g. tablet dropped on the floor. This should be disposed of in the sharps bin and the Clinical Team informed at the earliest opportunity. Any medication not taken e.g. dropped on the floor must be noted on the MAR chart.

- 21.2 At **NO** time will school staff dispose of unwanted medicines, other than tablets in the sharps bin.
- 21.3 The Clinical Team will keep a record of medicines returned home for disposal.
- 21.4 In the case of the death of a pupil whilst at school we will hold onto the pupil's medication until authorised by the appropriate authorities to release them to parents or identified authorities.

22. Staff training

- 22.1 Training of staff who administer medication is coordinated and delivered by the on-site clinical team of paediatric nurses. The training includes:
- Online medication awareness training Followed by 3 observed sessions of supervised medication awareness by the Clinical Lead nurse
 - Training is recorded by the Clinical Lead Nurse and included in the Staff Training Matrix. Training is refreshed annually or more frequently as required.
 - Staff who have been trained on the administration of medication are only permitted to do so on the pupils they are allocated to. If their duties or allocated pupils changes the training needs to be repeated.
 - Successful completion of training also includes the person's ability to explain the procedures and medication policy.
- 22.2 Unit Managers, Residential Workers and Waking Night staff will undertake an advanced medication course to Level 3.
- 22.3 Other specific training such as delivering medication via gastrostomy tube will be delivered by one of the School Nurses.
- 22.4 Records will be kept of staff who have undertaken training and certificates given.
- 22.5 All staff competencies will be reviewed annually by the Clinical Team.
- 22.7 Staff undertaking training to give a variety of medication will be instructed on the procedures for;
- Storing medication
 - Administering medication – the '**seven rights**' for safe drug administration
 - Right Child**
 - Right Drug**
 - Right Route**
 - Right Dose**
 - Right Time**
 - Right Reason**
 - Right Documentation**

- Recording medication
- Reporting an error
- What to do if medication is refused, or pupils vomit.

22.7 Additional staff training on a range of medical conditions including epilepsy, anaphylaxis, adrenal crisis, gastrostomy - administration of medication using feeding pumps will be arranged through the Clinical Team.

23. Pupil refusal or vomiting

23.1. If a pupil is unable to take their medication, for whatever reason e.g. refuses to take their medication, spits out their medication or vomits after their medication, the staff concerned will seek advice immediately from the Clinical Team or Senior Manager on Call who will then contact the pupil's parent /carer or if necessary seek advice from the dispensing pharmacist, from NHS 111 or the pharmacy/medicines helpline on 020 8725 1033.

23.2 The incident will be recorded in the pupil's MAR chart, together with the reason why the medication was refused / not given.

24. Pupils taking responsibility for their own medication

24.1 If a pupil is deemed to be potentially capable of administering their own medication e.g. through inhalers or injections, this will be identified via a risk assessment which will be undertaken by the Clinical Team in conjunction with parents/carers and will be identified in their Individual Health Care Plan.

25. Residential provision

25.1 Many of the pupils within the residential setting are required to take daily medication. Prior to admission an assessment will be made by the Head of Residential Care and the Clinical Team in conjunction with parents/carers to ensure that we are able to safely meet their medical needs.

25.2 Within the residential unit medication is administered by Health Care Assistants (HCA). Who have been appropriately trained, deemed competent and authorised to do so by the Clinical Team / Head of Residential Care. They then must follow medication procedures.

25.3 There will always be two trained people drawing up and administering medication and following the above procedures. The MAR will always be countersigned by the second person.

25.4 For quality assurance weekly audits are conducted by the HCAs and supported with spots checks by the senior staffing team in residential. Further monthly audits are undertaken by the Head of Residential Care and the Clinical lead.

26. Roles and Responsibilities

26.1 The Governing Board

- Governors ensure, through this policy, that arrangements are in place to support pupils with medical conditions. They also ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Some children with medical conditions may be disabled. Where this is the case the governors, through this policy, comply with their duties under the Equality Act 2012. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. Some pupils may have special educational needs (SEND) and may have a statement or EHC plan which brings health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice 2014.
- In making these arrangements, the Governing Board takes into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Governing Board, through this policy, intend that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. They intend that the arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- They intend that staff should be properly trained to provide the support that pupils need.
- The Governing Board intend that the arrangements put in place are sufficient to meet their statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.
- The Governing Board also intend that this policy is reviewed at least annually,

26.2 The Headteacher

- Should ensure that this policy is implemented
- Should consult with appropriate health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition

26.3 School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Should familiarize themselves with procedure detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Should undertake training to achieve necessary competency to support pupils with medical conditions, if they are required to undertake that responsibility.
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff who undertake responsibilities within this policy are covered by the school's insurance

26.3 School Nurses

- Are responsible for the training of school staff with regards to the administration of medication are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- liaise locally with lead clinicians on appropriate support.
- support staff on implementing a child's IHP and provide advice and liaison
- Should ensure sufficient numbers of staff are appropriately trained to implement the policy and deliver IHPs, including in emergency and contingency situations, is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse
- should ensure appropriate records are kept
- should ensure all staff are aware of this policy
- should ensure the policy is reviewed annually and is developed effectively with partner agencies.

26.4 Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes) and should be consulted where necessary

26.5 Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

26.6 Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs to complete Appendix 2 - Individual healthcare plan template
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation
- must come in to school to complete a written request for medicines to be administered by the school staff. See Appendix 3 - Parental agreement for a school to administer medicine template
- must abide by and follow this policy.

27. Unacceptable practices

27.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Appendix 1

Agreement for School to Administer Medication

The School will be unable to administer any medication to your child unless you complete, sign and date this form.

DETAIL OF PUPIL

Forename (s) _____ Surname: _____ Male / Female
 DOB: _____
 G.P. Name: _____ Tel: _____

MEDICATION:

Name/Type of Medication, including emergency medication (as described on the container):

- | | | | |
|-----------|------------|------------|-------------|
| 1. _____ | Dose _____ | Time _____ | Route _____ |
| 2. _____ | Dose _____ | Time _____ | Route _____ |
| 3. _____ | Dose _____ | Time _____ | Route _____ |
| 4. _____ | Dose _____ | Time _____ | Route _____ |
| 5. _____ | Dose _____ | Time _____ | Route _____ |
| 6. _____ | Dose _____ | Time _____ | Route _____ |
| 7. _____ | Dose _____ | Time _____ | Route _____ |
| 8. _____ | Dose _____ | Time _____ | Route _____ |
| 9. _____ | Dose _____ | Time _____ | Route _____ |
| 10. _____ | Dose _____ | Time _____ | Route _____ |

ADDITIONAL INFORMATION:

PARENT/CARER CONTACT DETAILS

Name: _____ Daytime Tel: _____
 Relationship to pupil: _____ Mobile Tel: _____
 Work Tel: _____

I agree to my child receiving the above prescribed medication, including those identified for use in emergencies, by the Clinical Team or trained school staff

I agree to send all prescribed medication in the original container, clearly labelled by a pharmacy.

I agree to send a copy of prescription letters from the GP / Consultant with all medication

I agree to ensure the school is informed of any changes to medication given at school via a written GP / Consultant letter

Details of any medications labelled "as required / where necessary / as directed", will only be administered following written guidance from a GP / Consultant.

Parent/Carer Signature _____ Date _____

Confirmation of the School's agreement to administer medication (Office Use Only)

I agree that we are able to administer _____ medication at the required time/times of the day. The administration of the medication will only be undertaken by appropriately trained staff. This arrangement will continue until either the end date of the course of medication or until instructed otherwise in writing by his/her parents/carers.

Signed: (Clinical Team) _____ Name: _____

Date: _____

Appendix 2

Date: _____

Dear Parents/Carers of _____ (Child's name)

Further supply of medication

Please could you send into school a further supply of the following medication for your child:

1. _____
2. _____
3. _____
4. _____
5. _____

Please ensure the medication that is sent into school is in the original container, clearly labelled by a pharmacy.

Thank you for your cooperation.

Yours sincerely

Clinical Team

Appendix 3

**MEDICATION ERROR/NEAR MISS
INCIDENT FORM**

Pupil's Name:

Date of error:

Date error reported:

Reported to:

Time of error:

Staff Members involved:

Form completed by:

Location: (please tick)

Classroom Class:.....

Richley House Unit:

Medical

Other (please state).....

Parents informed Yes No

If yes how and by whom (Please add name)

Phone home-school diary letter email

If no please give reason why:

Assistance required from outside medical services? Yes No

If yes from whom?

Potential/actual effect on pupil:

Details of error/near miss:

What do you think went wrong and why?

Action taken regarding error/near miss e.g. follow up advice from GP:

Learning outcome / Action taken to prevent error/near miss further occurring e.g. training/clarification of procedures:

Is a Wandsworth Accident Form Required (Headteacher or Deputy Head/Head or Deputy Head of Residential Care will decide this) Yes No Initial

Reported to: (Please tick your role in the school and indicate that you have reported appropriately)

ALL MEDICATION ERRORS MUST BE REPORTED TO THE SCHOOL NURSE / SENIOR MANAGER ON CALL IMMEDIATELY

- Class teacher – Must always share incident with their teams and Headteacher/Deputy Head (if pupil is residential please share with keyworker/Unit Manager)
- Unit Managers – Must always share with Residential Worker & Head or Deputy Head of Residential Care (Please inform day staff of relevant incidents)
- Residential Worker – Must always share incident with their Unit Manager and Head or Deputy Head of Residential Care (Please inform day staff of relevant incidents)
- Clinical Team – Must always share incident with the Clinical Lead, class teacher and Headteacher/Deputy Head
- Other team – Please indicate your role & who you have shared this with

.....
Signature of person writing the form: _____

Signature of Line Manager: _____

Signature of Headteacher or Deputy Head: _____

or

Signature of Head/Deputy Head of Residential: _____

Signature of Clinical Lead: _____

Appendix 4



CONSENT FOR ADMINISTRATION OF MEDICINES IN SCHOOL – Paracetamol e.g. Calpol

CHILD'S NAME: **D.O.B:**

Please identify any known allergies or previous reactions to paracetamol:.....

In the event of your child being in pain or having a raised temperature at school, the school would like your permission to administer a dose of Paracetamol in such a situation.

Please indicate which dose of Paracetamol your child may be given.

Linden Lodge holds a supply of a non branded Paracetamol which can be administered to a child/young person if needed as per the manufacturer's direction.

Paracetamol tablet

Paracetamol Liquid

I **would** like to be contacted via telephone prior to my child being given paracetamol

I DO NOT GIVE CONSENT FOR MY CHILD TO RECEIVE PARACETAMOL

You **MUST** inform the school either in the Home/School diary, via telephone, email or letter if you child has had paracetamol (including paracetamol containing products e.g. cold remedies) before coming into school. If you **DO NOT** inform us, we will assume they have not had any and will be given an appropriate dose if required.

Written notification via the Home/School diary will be sent home with your child to report why and when it was given in school.

Signed Parent/Guardian:

Name:.....

Relationship to Child: Date:

This consent form will be valid until the end of the school year in which it is signed.

N.B: If your child requires a specific brand of Paracetamol please could you send it in clearly labelled with your child's name. Pain relief sent in for individual children will NOT be given to other children.

GOOD PRACTISE GUIDE FOR MEDICATION ADMINISTRATION BY SCHOOL STAFF

There **must** always be two members of school staff drawing up and administering medication to pupils, these staff must have undertaken basic medication awareness training

Be prepared - wash hands/get oral syringes/pots ready



Check documentation & identity of pupil

Right Child

Right Drug

Right Route

Right Dose

Right Time

Right Reason

Right Documentation



Check that medication hasn't already been given and if medication has any additional instructions e.g. needs to be taken with or without food



Draw up correct dose of medication

(shake bottle/check expiry date /check dose at eye level/wipe spillages)



Second person to double check documentation and dosage has been drawn up correctly



Take medication to pupil. Check documentation and identity of pupil at point of administration.

Witness them taking it.

(both the person who has drawn it up and the person who double checked)



**Offer pupil a drink if taken orally, if taken by any other route, the care plan must be followed
(water wherever possible)**



Record administration of medication on the MAR chart

(in pen by both staff)



Report any discrepancies/concerns

PROCEDURE FOR ADMINISTERING EYE DROPS

Eye drops should be disposed of after 28 days unless otherwise indicated

Wash your hands



Make sure the pupil is upright and tilt their head backwards



Shake the bottle



Take the top off the bottle



Gently roll lower lid down



Hold dropper above the eye and squeeze one drop into lower eye lid

(Do not let the dropper touch the eye, eyelashes or any other surface; especially if it is going to be used for the other eye otherwise cross infection may occur)



Let go of the eyelid and ask the pupil to blink a few times if they can



Wipe away any excess liquid from the pupil's cheek with a clean tissue



Repeat in the other eye if the drops are prescribed for both eyes



Replace the top on the bottle



Record on the pupil's MAR chart

GOOD PRACTICE GUIDE FOR MEDICATION ADMINISTRATION

Carrying medicine to pupils

Wherever possible it is better to bring the pupil to their medicine where it is being drawn up rather than take the medicine to the pupil in another room. However, this is not always possible so if staff do have to carry medicine to a pupil they should be mindful that it could be knocked out of their hand and should endeavour to carry it as safely as possible.

Pupils who have a number of medications which look the same

For pupils who have a number of medicines which look the same it is good practice to separate these medicines when giving them to the pupil so that if they refuse/vomit one of their medicines it would be easier to identify which one they had not taken. e.g. if a pupil has two syringes of different medicines which were the same colour it would be good practice to have labelled syringes

GOOD PRACTICE GUIDE FOR MEDICATION ADMINISTRATION WITHIN THE RESIDENTIAL SETTING

There **must** always be two members of staff drawing up and administering medication to pupils, these staff must have undertaken basic medication awareness training

Medication to be kept in zip bags in a locked cupboard until needed



Deal with one bag at a time



Empty medicine bottle and/or containers onto the desk/table



Draw up medication one at a time
(follow procedures for drawing up medication)



Once drawn up return the medicine bottle/container to the zip bag
(this will help staff remember which medications they have already drawn up if they have to leave for any reason)
Medicines taken out of an unlocked cupboard should never be left unattended



Continue process until all medication for the individual pupil is drawn up



Return zip bag to locked cupboard



Administer medication
(follow procedures for administering medication)

GOOD PRACTICE FOR TAKING MEDICATION OFF SITE

- 18.5 With regards to the taking of regular medication whilst off-site the Class teacher or Unit Manager will ensure that there are appropriate members of staff trained to give the pupil(s) their medication. They will also ensure the medication is appropriately packaged, following advice from the Clinical team, to take out on the trip. Staff administering this medication are required to follow the procedures set out in this policy. (LL Medication policy Sept 2016)

There **must** always be two members of school staff drawing up and administering medication to pupils. Both these staff must have been trained in medication administration. Consideration needs to be given to the safe storage of medicines during the school trip.

ORAL MEDICATION

Wash hands/get oral syringes/pots ready



Check documentation & identity of pupil

Right Child

Right Drug

Right Route

Right Dose

Right Time

Right Reason

Right Documentation



Check that medication hasn't already been given and if medication has any additional instructions (e.g. needs to be taken with food)



Draw up correct dose of liquid medication immediately prior to the trip (shake bottle/check expiry date /check dose at eye level/wipe spillages). Medication must be drawn up into a labelled oral syringe with name of medication, child's name, liquid strength, date and time prepared.

(the label must not obscure the volume gradient so volumes can be easily read)



Second person to double check documentation and dosage has been drawn up correctly



Oral syringes must be packaged in a plastic lidded container, labelled with the child's name, syringe caps should be used wherever possible

The label must not obscure the volume gradient so volumes can be easily read

Use the red transportation bags to carry the medication off site

Medication in tablet form must be taken in the original chemist labelled container

Linden Lodge Medication Policy amended August 2020. Full review due for August 2021

The IHCP containing the MAR chart must be taken on the trip

Check documentation & identity of pupil at point of administration

Right Child

Right Drug

Right Route

Right Dose

Right Time

Right Reason

Right Documentation



Check that medication hasn't already been given and if medication has any additional instructions (e.g. needs to be taken with food)



Take medication to pupil and witness them taking it. Same two people who draw up the medication must be the same two people who give the medication on the trip



Offer pupil a drink (water wherever possible) if taken orally, if taken by any other route, the care plan must be followed



MAR chart must be signed (in pen by both staff) by the same two people who draw up and administer the medication to the child



Report any discrepancies/concerns

Appendix 5

GUIDE FOR COMPLETING DAILY RUNNING TOTAL CHART (MRTC)

Medication

- Monday / Friday – All medication kept in the cupboard needs to be counted. The running total form needs to be kept in a folder inside the medication cupboard.
- When counting medication 2 members of staff need to be present. These 2 members of staff need to count and sign the forms.
- When checking the running total of medication, the actual medication needs to be checked and counted (please do not deduct from the MAR chart). Bottles can be approximated.
- Make sure all the fields on the form are completed to included balance and any relevant comments i.e. spillage in the comments section.
- Please indicate when the student is in residential.
- At the end of each month Senior Residential Management will carry out an audit on the running total. Feedback will be given the following week.

Appendix 5

Linden Lodge COVID-19 Guidelines - Appendix

COVID-19 Infection control

- Bare below the elbow', i.e. wearing short sleeves or rolling up sleeves and removing any bracelets, watches and rings when administering medicines. These measures not only help prevent the transmission of COVID-19, but will also encourage good handwashing technique by including the wrist
- Discouraging the wearing of neck ties or neck scarves (if they are worn – ensure they are tucked inside clothing and not hanging loose)
- Clean more often – set alarms/timers as reminders.
- For communal areas in the school such as desks, tables, counters, doors – clean a minimum of twice a day
- For frequently touched surfaces such as telephones, pens, door handles, keyboard/mouse etc – clean every 30-60 minutes
- Remember to use disposable gloves when cleaning; discard the gloves correctly and wash your hands when finished
- Using foot operated pedal bins where available.
- Using lever arm taps where available.
- Keep hand washing – including before putting on, and after removing face masks/shields.

Considerations for staff

- Keep interactions with people as brief as practicable
- Wear PPE and use protective screens
- Improve ventilation by opening doors and windows
- Train staff on handwashing and new policies.
- Make sure staff regularly wash hands after handling medicines, touching pens, door handles, phones and after interacting with people, as well as after eating, etc. and avoid touching the face.
- Regularly clean surfaces, including counters, chairs, door handles, stationery, phones, keyboards, mouse, tills, staff eating areas, etc. - create a cleaning rota and have cleaning products available
- Cover hard to clean equipment (such as keyboards) with clear bags
- Dispose of waste safely (including PPE) - make sure you have enough waste space and bins and double bag used tissues or disposable cleaning cloths and separate from other waste for 72 hours before placing in external waste bins