Statutory Policy File

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS AND THE ADMINISTRATION OF MEDICATION

Index No: 17 (v2.0)

Parkwood Hall Co-operative Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Our Core Values
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ADMINISTRATION AND MANAGEMENT OF MEDICATION

(Including temporary care of students who are unwell)

Parkwood Hall is a Co-operative Academy and we have adopted the values of the co-operative movement to assist us as we govern the school. We have also developed values for learning and teaching that inspire our students and staff alike.

Our co-operative values are self help, self responsibility, democracy, equality, equity, solidarity, honesty, openness, social responsibility and caring for others. These are the ways in which we do things at our school and they sit at the heart of all our policy development.

In this policy the following values are particularly relevant:

Self responsibility: We aim to encourage students to manage their medication and help them with a pathway of levels to attain independence.

Social responsibility: Ensuring that medication is handled, stored and dispensed in a lawful and safe way. Staff are trained to a high standard and are aware of their safeguarding responsibilities.

Caring for others: We ensure that our responsibilities in caring for our students continue to remain at a high standard. Students should at all times feel safe and nurtured.

At Parkwood Hall many of our students have medical needs requiring medication which may be either prescribed or given by choice of the child's parent. We want to work collaboratively with our parents, supporting their choices where possible, and following the advice of the child's health care professionals. To achieve this aim, we will ensure that training in understanding and responding to health needs is given to all staff who work directly with our students, and that staff who lead in this area are supported professionally to become experts in their area. We will keep detailed records of all our activities in medicating for the health of individual students, and there will be a written plan for each child with medical needs shared with their parent. Our aim is to teach our students to develop an understanding of their own health and as far as possible to manage it independently.

The following regulations apply to this policy area:

PROCEDURES

Parkwood Hall is looking to employ two registered nurses one who works 36 hours a week, and the second who works 22 hours. These working hours are usually between the hours of 07:45 and 1600 hrs Monday to Friday. The school nurses are based in the school but will go on residential and day trips to ensure students who have medical needs can access all parts of the school's curriculum.
It is the responsibility of the registered nurse to ensure that all staff are trained in aspects of medical care as required. This includes administration of medication, epilepsy, diabetes, asthma, and first aid and regular monitoring of the staff to ensure the standards are being met.

Other health professionals who work in the school may also require staff to help with the implementation of health plans e.g. Speech and language therapy, occupational therapy, and physiotherapy.

1  INDIVIDUAL STUDENT CARE PLANS

Each child attending Parkwood Hall will have a personalised care plan including all aspects of the student's health and medication which are kept in the medical suite. The parents/carers will supply all medication (prescribed or non-prescriptive) required by the student together with written confirmation of how it should be administered. The parent/carers will also be asked to pass on any relevant information to be included on the plan e.g. result of any doctor's or hospital visits, therapy or dental sessions, any vaccinations or changes to medication. Health targets, relevant health promotion, prophylaxis and student and parental involvement will be included in the plan. A summarised Care Plan is sent home to parents for them to read, confirm, sign and return. These are kept in students’ Care Plan folders for staff information. Any relevant information is cascaded to other professionals, for example agency staff, within the school. Any changes to the child's medical needs will be amended in the summarised Care Plan and will be re-issued to parents for confirmation and signature.

Any special requirements a student has may require an individual protocol. This protocol is written by the school nurse and sent to the parents for their approval and signature. This also includes information about when a child must be taken to hospital. The parents must sign to say this protocol has been agreed. All staff are then made aware of this protocol.

When a new student with complex medical needs is due to start at Parkwood Hall, a multi-disciplinary team meeting of the professionals at the school will be held to develop the care plan to ensure the child's needs are met.

ADMINISTRATION OF MEDICATION

2  PROCEDURE FOR THE STORAGE OF MEDICATION –RESIDENTIAL PROVISION

- A secure and lockable medicine cabinet is in situ in all the student's bedrooms on all the house areas.
- Students’ regular prescribed medication is to be stored in these lockable medicine cabinets (unless the medication needs to be kept in the fridge). Home remedies, control medication, and emergency medications are to be kept in the locked cupboard in Hyde house office. Medication that requires refrigeration must be kept in the locked fridge on each of the houses.
• Each house area will have keys to the medicine cabinets. Spare keys to the cabinets will be kept in the medical suite and also on the medical suite key ring. Should a key be lost the Principal, School Nurse and Head of Residential Education should be informed immediately as a security precaution.

• Every Monday, or on the first day students return from holiday medication will be given to the senior team leader of each House or will be transferred to the student’s individual cabinets in their rooms by the school nurse and/or a Residential Cluster Lead.

• Central supplies of drugs will be kept in the main drug cupboard in the medical suite.

**Keys to the main drug cupboard and main first aid cupboard are held with the Nurse when in school and in the back of reception at all other times.**

• Any unused or discontinued prescribed medication should be returned to the main drug cupboard in the medical suite. The school nurse will take this to the local chemist for safe disposal. All Control Medication MUST be sent home if no longer required as this has to be returned to the original dispensing pharmacist for disposal.

• It is the responsibility of the Residential Cluster Lead or the team leader to ensure any unused or out of date homely remedies are returned to the school nurse for safe disposal.

• Any medication delivered to the school must be placed in the nurse box located under the stairs by reception, handed to the Nurse, or in her absence a designated member of staff, and to be locked away in the main drug cupboard in the medical suite until it is required. Medication should be signed in and checked against the drug order by the Nurse or a Residential cluster lead before it is available to be used. The school nurse or senior member of staff will then ensure that the required medication for each house area is checked and an audit trail must be completed before being transferred to the house areas.

• Residential Cluster Leads and team leaders will be informed of any medication brought in by students, whether prescribed or otherwise. A care plan for a student will be issued by the school nurse or Residential Cluster Lead for any medication changes that have occurred.

3 **PROCEDURE FOR ADMINISTRATION OF MEDICATION BY RESIDENTIAL EDUCATION STAFF**

• Any student on regular medication will have an individual medication administration record sheet for the time the medication is required. These are kept in the relevant folders on the student’s house area. These need to be printed and replaced weekly by the nurse or senior team leader, and any old medication administration record sheets need to be returned to the school nurse for monitoring and filing every Friday.

• Medication will normally be dispensed as per the medication administration record sheet at 8am, 12noon, 4pm and 8pm. These times are a guide only, and staff should ensure that the medication is given within a time span of no more than an hour either way.
• This is not relevant if a time has been specifically requested by a doctor or specific instructions must be followed to ensure the effectiveness of the medication.

• There are also PRN sheets which allow ‘when required ‘medication to be recorded.

• Dispensed medication remains the property of the student and should not be used by anyone else.

• Any new staff likely to give medication to students must attend training on the administration of medication from the school nurse and a period of mentoring (minimum of 1 month) on the house areas by experienced staff, before being allowed to dispense or to be second signatory. Staff will be issued with their certificate after the nurse has assessed that the staff member is competent.

• Residential Cluster Leads (if not the senior on call), team leaders and Key workers should always take the lead when on duty. REA’s can undertake the role of administrating medication as part of their professional development if they have undertaken the training. This would only be sanctioned by the school nurse after a period of mentoring.

• All staff who have received the initial administration of medication training will receive regular monitoring by the School Nurse and will need to re-qualify every three years. Other training will take place as and when required.

• All staff should feel competent to administer medication and should consult the Nurse, Doctor or Pharmacist if they have any queries.

• If known, the Nurse will advise residential education staff of any potential side effects from medication. Where possible staff should also read the accompanying literature of any new medication or refer to the BNF Manual, which can be found in the medical suite, and on each of the house areas, or via Google if none of the above are available.

• Team leaders are responsible for checking student's medicine cupboards and collecting in the medication sheets weekly, and to report any concerns or discrepancies to the Nurse.

4 SELF MEDICATION BY STUDENTS (EXCLUDING CONTROLLED DRUGS)

There are three levels of competency and the student will be assessed and issued with a certificate before administering their own medication. (SEE APPENDIX 4 AND SECTION 11).

NB. This will not include the administration of Paracetamol or other “homely remedies” as these are monitored at all times.

5 PRESCRIBED MEDICATION

• Medication must be given as per the instructions written on the prescription label on the box.
• It is essential for parents to check that the instructions are correct. The medication must be sent into school in its original bottle/box/container with the pharmacy label on.

• It must state the child’s name, the type of medication and the frequency of giving the medication.

6 CONTROLLED MEDICATION

• Any medication prescribed which is a controlled must be stored in a locked compartment within a drug cupboard.

• The exception to this is the Midazolam buccal which is required for a prolonged epileptic seizure. Due to the importance of having this available in an emergency this is to be kept in a named emergency bag, in a safe place in the classroom of the student to which it has been prescribed, so it is accessible if required.

• Each tablet issued must be accounted for in a special record book, should be witnessed and signed by two staff.

• Every time a tablet is removed from its box, the total should be counted to ensure that none are missing.

• If a controlled drug is dropped or destroyed in some way, this should be recorded in the controlled drug book.

The storage of this medication will not change with the introduction of the individual medication cupboards.

7 ADMINISTRATION OF MEDICATION AWAY FROM SCHOOL

It may be necessary from time to time to administer medication outside of the duty room e.g. school journey, dining room, and classroom or when out on trips.

• A designated trained member of staff will be responsible for giving out the medication.

• Unless exceptionally, the procedure should be followed as per the administration policy.

• On school journeys staff must be mindful of where to store the medication bearing in mind Health and Safety issues.

• Individual medication administration record sheets must be used and signed for.

• Any member of staff unsure of the procedures or who has not been trained may not take on this responsibility.

• Class teachers are responsible to ensure the school nurse has two days’ notice of any planned trips so any medication can be organised.
8 CHANGES TO MEDICATION

If a student has medication prescribed or the dosage of medication changes after a hospital appointment, it is the parent’s/ carer’s responsibility to obtain a supply of the new prescription for use at the school.

- The medication needs to be in its original box.
- If the change is immediate a letter of confirmation must be sent to the school nurse by the parent/carer.
- The school nurse will issue a new care plan and instruct the residential staff to highlight the change by red dotting the medication box so the new dosage can be administered. This care plan is sent to all relevant staff, put in the relevant medication folders and a copy sent home for the parent/carers information.
- This allows time for a letter/s to be sent to the GP and a prescription written for new supplies of the medication to be obtained by the Nurse.

9 TRANSFER OF MEDICATION

- Any medication being transferred between home and school and vice versa must be handed to the driver or escort responsible for the student.
- Instruction should be given for the medication to be handed to the appropriate responsible adult at the drop off point.
- A transfer of medication form is to be signed by staff or the transport list to be ticked if medication has been received or is to be returned home.
- Any medication that needs to be returned home at the end of the school day must be put into the relevant box (Gate or Taxi) which is kept in the cupboard under the stairs. This needs to be collected by the staff who are on transport that day.
- Any medication to go home on a Friday or end of term is the responsibility of the nurse to ensure this is handed over

10 OTHER FORMS OF DRUG ADMINISTRATION

In some circumstances it is necessary to give medication by other means e.g. by injection or rectally.

Only staff who have received the relevant training for these procedures are permitted to administer them, and any set protocols which are in place must be followed.

The Nurse should make every effort to obtain consent to administer the medication from the students’ doctor (hospital consultant or GP).

Parental consent should also be sought.
On any school outings the school nurse will ensure that a designated person has been given any medication that is, or may be required by, a student along with suitable secure carrying equipment.

11 ADMINISTRATING MEDICATION – RESIDENTIAL PROVISION

The introduction of the students’ own medicine cabinets enables staff to offer a holistic way of administering medications to students, and allow for more privacy.

The following procedure will ensure safety and reduce the risk of mistakes occurring:

Ensure you have:

The red tabards indicating that you are doing a medication round, which are to be worn at all times during the round.

The correct medication administration record folder containing:

Red: Morning medication charts
Green: Afternoon medication charts
Purple: Early evening medication charts
Blue: Night time medication charts

There are also orange medication charts which are for the lunch time medication and dark red charts for ‘when required’ (PRN) medication.

- Jug of clean water, cups (teaspoons etc if required).
- Clean medication pots/spoons (these can be left in the student’s cabinets for their individual use).
- Gloves/tissues.
- Pill counter and pill cutter.
- Remove the keys from the key cabinet. The keys must be attached to the 1st signatory’s identity badge cord and not removed until the medication round is completed.
- Take any medication that requires storage in a fridge to the student’s room.
- Wash / gel your hands.
- Check that you have the correct medication administration record sheet and the correct student.
- Remove the medication from the cabinet.
- Check that the correct medication is being dispensed (check care plan if indicated by the red dot on the medication chart)
• Pour or place the medication into a medication cup.

• Explain to the student how to take the medication e.g. chew, swallow whole, inhale, apply to skin, with or without water.

• Ensure the student has swallowed the medication before you leave them.

• If homely remedies (e.g. paracetamol) are required by a student they can then be dispensed at this time completing the required administration chart.

• Both staff to initial the medication administration record sheet in the correct place.

• Return the remaining medication to the cabinet and lock the door. Double check that the cabinet door has locked properly.

• Ensure keys are returned to the lockable key store immediately after use.

• Second signatory must wash and dry the cups and medication pots ready for the next medication administration round.

FOR LEVEL 2 STUDENTS THE FOLLOWING GUIDELINES ALSO APPLY. ONLY ONE SENIOR MEMBER OF STAFF IS REQUIRED. SEE APPENDIX 4 FOR DETAILS OF THE SCHEME FOR SELF-MEDICATION

• Ensure you have clean medication pots, spoon, cups and a jug of water available. Students can be encouraged to obtain their own cup of water and bring this to their room if deemed appropriate.

• Go to the student's room.

• Give the student the key and under your supervision allow the student to remove the medication check medication with the student against the medication administration record sheet. The student must count each medication under your supervision.

• Once the medication has been taken the student and the staff member must initial the medication administration record.

• Return the remaining medication to the cabinet and lock the door.

• All keys for the cabinets must be kept safely in the office.

FOR THOSE STUDENTS WHO HAVE BEEN DEEMED COMPETENT AT LEVEL THREE THE FOLLOWING APPLIES.

• The student must come to the residential manager on duty and request the key to their cabinet.

• The student can then go to their room and self-administer their medication
• The student must sign their medication administration record, return the medication to the cabinet and lock the door.

• The key must then be returned to the residential manager on duty.

• Every Friday the student must check with the residential manager on duty that the medication amounts agree.

If staff have any concerns that the student is unable or not complying with this guidance then the residential manager must inform the school nurse. The nurse will assess the student, and they may have to go to level two until the nurse and residential manager are convinced that the student can once again be responsible for their own medication.

12 CONTROLLED DRUGS

Control drugs **must** be kept in the double-locked cupboard in the house office. In no circumstances should controlled drugs be kept in the students’ own individual medicine cabinet.

Two trained staff are required to check controlled drugs prior to administration to ensure the correct amounts are accounted for. The amount remaining is written in the controlled drug book. The correct dosage must then be put into a covered pot and taken straight to the student for administration.

Under no circumstances must controlled medication be dispensed from the controlled medicine cabinet and put to one side for administering later. The controlled drugs book needs to be signed by both members of staff after the student has taken medication and **not** before.

The exception to this is in the circumstances that a student is required to take controlled medication to college, work experience or out on a school trip.

• The controlled medication must be signed out by two signatories in the controlled medication register. The second signatory should be the member of staff who is accompanying the student outside of school.

• The medication must be put into a named pill box and put in a pack which must be worn around the waist of the designated member of staff.

• The medication administration record must also be sent with the medication and signed when the medication is dispensed.

• The time taken will then be written in the controlled medication register when they return to school.

• HOMELY REMEDIES (SEE APPENDIX 3)

• A “homely remedy” is any medicine bought over the counter without a prescription.
• Homely remedies sent in from home must be in their original box/bottle/container with the dosage instructions clearly marked on them.

• The medicine must be accompanied by a letter from the child’s parent with clear written instructions stating the dosage/amount and times to be administered as well as how long it is to be given for (i.e. length of treatment).

• All homely remedies need to be handed in to authorised staff at the school.

13 HOMELY REMEDIES CONSENT FORMS

• All consent forms should be renewed annually and signed by a parent/carer or in some cases by a student over 18. No treatment is permissible without this written consent.

• New parents will be asked to complete the forms with the Student Liaison and Inclusion Manager (SLIM), or the Nurse.

• No GP consent is necessary if the “homely remedies” list is agreed by the School Nurse and the Principal of Parkwood Hall Co-operative academy. Staff must take note of the list of contra-indications and side effects for each “homely remedy” used.

14 ACCIDENTAL ADMINISTRATION OF MEDICATION

This protocol is to be followed if a drug error occurs and a student has been administered either the wrong medication or given the wrong dosage. This does not replace the protocol or procedures that should already be adhered to with regard to the dispensing of medication (which is a legal requirement). This is to enable staff members to follow a procedure so the reporting of the incident is recorded accurately, and any failings in the procedure of dispensing medication can be reviewed and action taken.

If a student has been administered the wrong dosage or the wrong medication the following should occur:

• The school nurse or senior member of staff should be informed immediately of the drug error
• The school nurse or senior staff member will contact the G.P. for advice or, if out of hours, the local accident and emergency department, or NHS direct
• Explain what has occurred, the medication involved, and the dosage given by mistake.
• Follow the advice given.
• Keep the student under observation for any reactions to the medication.
• If advised to take the student to hospital, please ensure they take the medication that was given in error with them.
• Complete an incident form as soon as possible following the incident so your memory is fresh, and send a copy to the school nurse and Principal.
• The school nurse or senior staff member are to contact the parent/guardians informing them of the error and what advice has been given by the G.P. or hospital.
• The school nurse will speak to the people involved to identify any problems with the procedures in place.

Please remember that errors do occur from time to time, but that is why policies and procedures are in place to reduce the risk of these occurring. The prompt reporting of the incident is very important so the student can receive the correct treatment and ensure we meet the correct care standards.

15 LOOKING AFTER A SICK STUDENT

• If a student becomes unwell whilst in school it is important that staff follow the school medical policy.

• If the student is in class, the teacher should seek the attention of the Nurse wherever possible, or in her absence seek advice from the Principal.

• Staff should ascertain how the symptoms present themselves and should pass this information to the Nurse or if necessary the ‘on call’ staff member.

• If a student sustains an injury following an accident, a school First-Aider should be sent for, and if necessary the emergency services called.

• If a student has had a seizure the member of staff should log its duration and characteristics, as this information may be useful to the student’s doctors.

• If a student is feverish their temperature should be taken and recorded.

• If a student has diarrhoea and vomiting, or other infectious conditions the student must be isolated from other students to minimise the risk of cross infection. Parents will be asked to take the student home.

• Staff must remember to follow the Hygiene Policy when dealing with bodily fluids.

• If a student is nursed on the house area, regular checks must be made of the student’s condition, and reassessed as necessary.

Wherever possible the school should aim to send the student home to be cared for by their parents.

However if the student has symptoms unlikely to be contagious, boarding students may be looked after in school e.g. epileptic seizures, headaches, period pains etc. These students will be cared for on the house areas by residential education staff.

Day pupils will be looked after in the medical suite (by Nurse or someone designated by on call staff member, or in the class rooms if this will prevent any further distress).until they are collected by their parents.
For all students, it remains the parent’s responsibility to collect and take their child to their family GP.

In an emergency situation, staff can take a student to be seen by the local G.P. as a temporary patient.

If a student has an accident or requires emergency treatment, they will be taken to the casualty department of the local hospital. Information on the student’s details, medical history and current medication will be taken by the member of staff accompanying the student. These information sheets are kept in the main office.

Parents must be informed of any illnesses, changes to medication, doctor’s visits or hospital treatments, and should be given the opportunity to attend with their child should they wish.

Any illness, first aid treatment, or emergency hospital appointment must be documented in the nurse’s student’s notes/first aid log held in the medical suite.

Parents should be kept regularly informed of the student’s progress.
APPENDIX 1.  MEDICAL CONSENT FORMS FOR HOMELY REMEDIES

MEDICAL CONSENT FORM

Student's name: __________________________

MEDICAL TREATMENT

I give permission for trained staff to administer the medication: ______________________ (name and dose of medication) for my child's specific need of: ______________________ (e.g. diabetes, epilepsy etc)
in the form of: ______________________ (e.g. tablet, injection, pessary, etc)

Parental signature:________________________ Date:________________________

FIRST AID, EMERGENCY MEDICAL AND DENTAL TREATMENT

I give permission for first aid to be administered if and when required. I understand that if further emergency treatment is required at a hospital or at a dentist every attempt will be made to contact me, but that treatment may have to be administered prior to contact if necessary.

Parental signature:________________________ Date:________________________

INTIMATE CARE

I give permission for intimate care of my child when staff are dealing with student hygiene in the event of a toileting accident. At all times the dignity of my child must be maintained.

Parental signature:________________________ Date:________________________

HOMELY MEDICATIONS

I agree to the following homely medications being given to my child if necessary as shown by ticks in the relevant boxes

- PARACETAMOL (soluble, tablet or liquid) to relieve mild to moderate pain
- IBUPROFEN (liquid, tablet or quicklets)
- ANTACID MEDICINE to relieve indigestion
- OLBAS OIL as an inhalant decongestant, 2-3 drops on a tissue or pillow at night
- HONEY AND LEMON COUGH MIXTURE to soothe tickly coughs and sore throats
- ANTIHISTAMINE CREAM/Spray to relieve pain and/or itching from stings, bites or mild allergic rashes
- ANTIHISTAMINE LIQUID for the relief of hay fever symptoms and allergic reactions
- E45 and GERMANOLINE CREAM for dry skin and as an anti - infection cream
- ORAL PAIN RELIEVING GEL for mouth ulcers
- ATHLETES FOOT POWDER /Spray to relieve itchy or sore feet
- VASELINE to treat dry cracked lips only
- SUNBLOCK for the protection from sunburn
- PLASTERS for minor cuts and grazes
- ARNICA CREAM for bruising, sprains and muscle aches
- INSECT REPELLENT SPRAY for prevention of mosquito/ gnat bites

Please list any allergies that your child has (if none state "NONE"):

Parental signature:________________________ Date:________________________
APPENDIX 2. **THE SAFE DISPOSAL OF MEDICATION**

The following protocol is for the safe disposal of surplus, unwanted or expired medications.

The situation where a medication is no longer required may include:

- A student's medication has changed or discontinued
- A student leaves the school
- The medicine reaches its expiry date. Some medicine expiry dates are shortened when a product has been opened.

The following procedure needs to be followed by all staff to ensure that medications that are no longer required or expired are safely removed from all areas.

**Homely Remedies**

1. Please return all homely remedies that have expired to the School Nurse.
2. Do not throw any liquid medicines down the sink, or creams into the general waste.

**Prescription-only medication**

All prescription-only medication that is no longer required or expired needs to be returned home to a student's parent or guardian. The transport escort collecting any student with medication needs to collect the medication from the School Nurse or a senior member of staff, and the transport escort needs to sign the form confirming collection.

1. The School Nurse will inform all relevant members of the school and residential team of any changes in a student's medication.
2. If these changes require new medication to be commenced the old medication must be returned to the School Nurse with immediate effect. The senior member of staff (usually a residential Cluster Lead) must write clearly on any documentation regarding the returned medication the reason for stopping the medication and return these forms to the School Nurse for filing, or disposal if this if the acceptable procedure.
3. The School Nurse or senior staff member will return the unused medication to the student's parent or guardian via the transport escort with instructions if needed.
4. When a student leaves the school the student's medication needs to be returned to the School Nurse or a senior member of staff on the students last day. The School Nurse or a senior member of the residential education team will ensure that all documentation clearly states that the student is leaving the school, and returns this documentation to the medical suite for filing. The student's medication will then be returned home via the transport escort.
5. If in the rare circumstances the prescription only medication cannot be returned home the School Nurse will keep this medication in a separate bag within the drugs cupboard in the
medical suite and at the earliest opportunity will take this to the local Pharmacist for safe disposal.

The Nursing and Midwifery Council guidelines and the Handling of Medicines in Social Care do state that provision should be made for a licensed waste management company to collect this medication but refer to this in respect of care homes. Both also state that surplus or unwanted or expired medicines should not be stored in residential care settings. As it would be a very rare occurrence that these prescription only medications would remain here at school requiring disposal the policy of taking these by the School Nurse to the local pharmacy should continue at the present time. This will ensure these medications do not remain in the medical suite for a long period of time as collection from a licensed company would be very sporadic. This part of the policy will be continually reviewed and reassessed if required.

**Controlled Drugs**

The Nursing and Midwifery Council and the Handling of Medicines in Social Care both state that Controlled Drugs have to be returned to either the prescribing medical officer or the pharmacist that issued the medication. The following procedure needs to be followed to ensure that the Controlled Drug is disposed of correctly and safely.

1. When a Controlled Drug is no longer required by a student, the Controlled Drug must be returned to the School Nurse as soon as possible.

2. A Residential Cluster Lead (or Team leader in their absence) with another member of staff must count the tablets that remain and in the Controlled book write that the remaining tablets are being returned to the medical suite. Complete the book with 0 in balance and double sign this entry.

3. A Residential Cluster Lead (or Team leader in their absence) must then cross out the rest of the page and write a reason for the medication stopping e.g. Student has left the school, student no longer requires medication. This is important so no other entries can be made on this page. This entry needs to be doubled signed.

4. A senior member of staff must then hand the medication to the School Nurse or in her absence a senior member of the school staff.

5. On receipt of the Controlled Drug the School Nurse or senior member of school staff must log in the medication into the Controlled Drug book in the medical suite controlled cupboard until the medication is returned to the student's home via the transport escort. This is to enable the medication to be returned to the dispensing chemist via the parent/guardian at home.

6. The School Nurse or senior member of school staff must log out and document the reason for the medication being returned home in the medical suite Control Drug book.

7. The medication is to be put in an envelope with the student's name clearly written on the front.
8. The transport escort must sign for the medication on receipt and be instructed to hand this directly to the student's parent or guardian when arriving home.

9. If the Controlled Drug has been collected by the School Nurse from the local chemist it is the School Nurse's responsibility to return the Controlled Drug to the dispensing pharmacist.

10. The School Nurse must take the Controlled Drug book with them and get the pharmacist to sign for the medication once this is handed over.
APPENDIX 3.  **HOMELY REMEDIES SUPPLIED BY SCHOOL**

Permissible ones are as listed:

Arnica cream  
Ibuprofen (tablets and liquid)  
Paracetamol (tablet, liquid, dispersible)  
Antihistamine creams/liquid  
Olbas oil  
Cough linctus  
E45 cream  
Oral pain-relieving gel  
Athletes foot powder  
Pure petroleum jelly  
Sun block  
Vaseline lip salve

**PARACETAMOL**

- A box of 16 capulets/8 soluble and a bottle of paracetamol will be issued by the School Nurse to be stored on each house area in the designated medicine cabinet, which must be kept locked. Dosage instructions on the box must always be clearly visible and followed accordingly.

- The Nurse will liaise with residential education staff if a request to give Paracetamol is made, to check that staff have not already given any.

- The Nurse will inform residential education staff if the student has been administered any Paracetamol during the school day.

- Residential Education staff should check before giving any Paracetamol or homely remedy that parents have signed the necessary consent form giving permission.

- If paracetamol is required for longer than 24 hours, staff should seek advice from the Nurse.

- All Paracetamol given must be recorded on the student's homely remedies sheet kept in the homely remedies file on each of the house areas.

- Staff must keep a running total of Paracetamol tablets in stock.

- Paracetamol given during the school day this will be administered by the school nurse or in her absence a senior member of staff. The date, time and reason for the administration should be documented in the file in the medical suite.

- Day students' parents will informed either by phone or via the student's contact book, if Paracetamol has been administered.
- If paracetamol is required for longer than 24 hours, staff should seek advice from the Nurse.

**HOMEOPATHIC REMEDIES**

To be administered by authorised staff providing the parent provides a box/bottle/container with clear dosage instructions. A letter from the GP confirming their agreement with the administration of the homeopathic remedy is required. Parents must sign a homeopathic consent form before any remedy is given.

**HERBAL REMEDIES**

Herbal remedies can cause adverse drug effects by interacting with prescribed medication. It is the parent's responsibility to check with their child's GP before any herbal remedies or Chinese medicines are sent in from home. If any child is prescribed “Chinese medicines” clear instructions as to their daily food and drink intake must be given to the staff. It is the parent's responsibility to make sure the staff are adequately informed in writing and the correct consent form is completed.
## Guideline of Homely Remedies

<table>
<thead>
<tr>
<th>Indication</th>
<th>Medicine</th>
<th>Dose</th>
<th>Maximum Daily dose</th>
<th>Contra-indications Special precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain and inflammation</td>
<td>Ibuprofen Tablets</td>
<td>Adults and children over 12 years 1-2 tablets 3x a day</td>
<td>6</td>
<td>Should not be given to asthmatics. Seek advice if any heart liver kidney or bowel problems are known</td>
</tr>
<tr>
<td></td>
<td>Liquid</td>
<td>3months - 12 years 2.5mls - 5mls 3-4x a day</td>
<td>20mls</td>
<td></td>
</tr>
<tr>
<td>Mild pain</td>
<td>Paracetamol 500mgs</td>
<td>6-12yrs ½-1 tab 4x daily 12-Adults 1-2tabs tabs 4xdaily 5ml - 20mls according to age 4x daily</td>
<td>4 tab</td>
<td>Liver damage Already prescribed drugs – Co-proxamol, Co-dydramol or Tylex</td>
</tr>
<tr>
<td>Raised temp</td>
<td>Paracetamol liquid</td>
<td></td>
<td>8 tabs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80mls</td>
<td></td>
</tr>
<tr>
<td>Pain and irritation from bites and stings. Allergic reactions.</td>
<td>Antihistamine creams liquid</td>
<td>rub in 2 - 3 times daily 5-10mls 4 times a day.</td>
<td>40mls</td>
<td>Do not use on eczema or broken skin. Stop using if irritation occurs.</td>
</tr>
<tr>
<td></td>
<td>Olbas Oil</td>
<td>Put 2 drops on tissue and inhale Or on pillow</td>
<td></td>
<td>Do not put near eyes as this will cause discomfort and excessive watering</td>
</tr>
<tr>
<td></td>
<td>Cough Linctus</td>
<td>5mls 3x daily</td>
<td>15mls</td>
<td>Diabetic unless in sugar free form.</td>
</tr>
<tr>
<td></td>
<td>Germolene</td>
<td>Apply to affected area</td>
<td></td>
<td>See G.P. if symptoms persist</td>
</tr>
<tr>
<td></td>
<td>E45 Cream</td>
<td>2-3x daily</td>
<td>3x daily</td>
<td>Rarely causes rashes</td>
</tr>
<tr>
<td></td>
<td>Oral pain reliever gel</td>
<td>apply 4 hrly as necessary</td>
<td>4x daily</td>
<td>Seek help if pain persists or symptoms</td>
</tr>
<tr>
<td></td>
<td>Athletes foot powder</td>
<td>Twice daily</td>
<td></td>
<td>Rarely causes skin irritation if allergic to ingredients</td>
</tr>
<tr>
<td></td>
<td>Petroleum Jelly</td>
<td></td>
<td></td>
<td>Use as necessary</td>
</tr>
<tr>
<td>Prevention of Sunburn</td>
<td>Sun block</td>
<td>Apply every 30 mins-1hr Whilst exposed to the sun</td>
<td>Rarely causes rashes or irritation if allergic reaction occurs</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Treat bruising, swelling and trauma to soft tissues</td>
<td>Arnica cream</td>
<td>Topical, advised by manufacturers</td>
<td>Can cause allergic reactions if sensitive to the herb. Can cause skin irritation. Not to be used on broken skin.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 4. PROTOCOL FOR STUDENTS WHO ARE SELF-MEDICATING

The dispensing of the majority of the medication used here at Parkwood Hall is administered and recorded by the school Nurse or designated members of staff, during school hours or after school hours by the Residential Education Team.

In certain circumstances it may be advisable for a student to have responsibility for self-administering a medication. The most common medication this would involve would be a Ventolin inhaler used by asthmatics to relieve an asthma attack, but in the future, to promote independence, there may be students who will be able to self-medicate with the appropriate supervision.

The Nursing and Midwifery Council welcomes and supports the self-administration of medicinal products, but that care professionals have a duty of care to ensure that these medicinal products are used correctly and that records are maintained.

The school Nurse following the Nursing and Midwifery Councils standards (number 9) in association with the and teachers will assess the suitability of a student to take on the responsibility of self-administration.

There are three levels at which a student can be assessed and the agreed level needs to be documented in the students records. This level needs to be evaluated on a regular basis and the level adjusted according to the needs of a particular student.

Level 1

The school Nurse or the Senior Residential Team members (Cluster Leads, Team Leaders) are responsible for the safe storage of the medicinal products, and the supervision of the administration process ensuring the student understands the medicinal product being administered.

Level 2

The school Nurse or Senior Residential Team members are responsible for the safe storage of the medicinal products. At administration time the student will ask for their medication, and the student will then self-administer under the supervision of the school Nurse or Senior Residential Team members.

Level 3

The student accepts full responsibility for the storage and administration of the medicinal product. The school Nurse, Senior Residential Team member, or teacher checks the student's suitability and compliance verbally.

The following protocol needs to be followed to ensure our duty of care to individual students is met:

1. When reviewing whether a student can self-medicate the following points should be considered:
a. The student shares the responsibility for their actions relating to the self-administration of their medication. If the school Nurse, Senior Residential Team member or a teacher feels that a student has behaved in a way that concerns them in respect of the student's ability to continue to self-medicate this should be stopped immediately. An evaluation using the levels should then take place and the student should not be allowed to self-medicate in the future, or re-evaluated after a short period of time and the level should be adjusted in their records accordingly.

b. A student can request not to continue with self-medication at any time.

c. The medication to be used must be correctly labelled, with name, dosage, times, direction for use.

2. A student must have a period of supervision and instruction tailored to the student's needs, before starting self-medication. This should include:

   a. The name of the medicine
   b. Why they are taking the medication
   c. The dose and frequency
   d. Are they taking it correctly
   e. Any special instructions
   f. Ensure they understand that no other student is to touch their medication
   g. Where to go, and who to inform if the medication is lost.

3. An assessment of risk will then need to be identified using the traffic light system to categorise the risk to the individual student if a dosage of medication is missed. The generic risk assessment must also be taken into account. If a risk is identified that may cause concerns, further discussion may be needed to see if the risks outweigh the need of the medication to be immediately available to the student (“the handling of medicines in social care”, page 29)

4. If the school Nurse, Senior Residential Team member (teachers if appropriate) are in agreement that the student has a good understanding of the above, a level is then agreed and a trial period of one week should commence with an evaluation as to the student's ability to take on this responsibility after this time.

5. A further evaluation date then needs to be agreed by all parties to ensure the student remains able to self-medicate in a safe and responsible manner.

Within this residential setting it would not be possible for a student who takes a regular controlled drug to reach level three as the storage of this medication needs to be carefully monitored.
The Nursing and Midwifery Council also states that whilst the school has a duty of care towards all students the school Nurse is not liable if a student makes a mistake self-administering as long as the assessment was completed as the local policy describes and appropriate actions were taken to prevent re-occurrence of the incident.

Please ensure that the school Nurse is informed of any student who is to commence self-administration at either level 2 or 3.

**References**: Nursing and Midwifery Council (2002) – Guidelines for the Administration of Medicines

Royal Pharmaceutical Society of Great Britain – The Handling of Medicines in Social Care (pg 29)
APPENDIX 5.  THE SAFE HANDLING OF MEDICATION IN THE EVENT OF THE SCHOOL NURSE BEING ABSENT

The following procedure needs to be followed if the school nurse is absent on the day that students return to school following a weekend or holiday, or when students are returning home for a weekend or a holiday.

This is being implemented so all staff on the teaching and residential teams have clear instructions to prevent any mis-understandings, and ensure that all medication is collected and stored in a safe and appropriate way before being distributed to the house areas or to the escorts for the safe transportation home.

When medication comes into school.

At 9.30 am a designated senior member of staff is to go and check the medication box under the stairs to see if any medication has come in to school.

This needs to be logged in and transferred to the student's medication cabinets on house or transferred to the medication cupboards in the medical suite.

Returning medication home

If the medication is not being handed over to the nurse A senior member of staff needs to place all the medication in the medication box, in the cupboard under the stairs by reception in the named red bags.

A list of students who have medication to go home must be completed (list sheets can be obtained at reception).

At the end of the day staff who are on transport duty need to collect the medication from under the stairs and hand over the medication to the student's relevant escort, and sign the sheet to confirm transfer has occurred. When all the medication has been handed over the bottom of the hand over sheet needs to be signed and left in the nurse's drop down.

Reviewed and Updated by R.Collett (school nurse) 12/9/19
APPENDIX 6. **RISK ASSESSMENT – CONTROLLED MEDICATION (OFF-SITE ACTIVITIES)**

### RISK ASSESSMENT FOR CONTROLLED MEDICATION (OFF-SITE ACTIVITIES)

**STAFF WHO ARE NOT TRAINED MUST NOT BE IN CHARGE OF, OR DISPENSE CONTROLLED MEDICATION**

<table>
<thead>
<tr>
<th>General risks</th>
<th>Main risks: Medication is lost or stolen whilst off-site</th>
<th>Actions to reduce risks:</th>
<th>Further information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• All staff to follow the protocol in medication policy.</td>
<td>• List of students must be given to the nurse a minimum of two days before the off-site activity.</td>
<td>Ensure the medication is kept in a secure place whilst off site.</td>
</tr>
<tr>
<td></td>
<td>• All medication will be dispensed by the nurse/senior team leader into the correct labelled container.</td>
<td>• All medication will be dispensed by the nurse/senior team leader into the correct labelled container.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medication will be handed to either a trained or a designated member of staff deemed competent by the school nurse.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Two staff members to dispense the medication at all times. If possible, this should be at least one trained member.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Empty container and signed medication chart must be returned to the school nurse on returning to the school.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Controlled medication book must be signed by the person who administered the medication on their return to school.</td>
<td>• Controlled medication book must be signed by the person who administered the medication on their return to school.</td>
<td></td>
</tr>
</tbody>
</table>

Updated: Ro Collet

Date: 12/09/19
### Appendix 7. Risk Assessment – Prescribed Medication and Off-Site Activities

**Risk Assessment for Prescribed Medication and Off Site Activities**

**Staff who are not trained must not be in charge of, or dispense medication**

<table>
<thead>
<tr>
<th>Main risks:</th>
<th>Actions to reduce risks:</th>
<th>Further information:</th>
</tr>
</thead>
<tbody>
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</tr>
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<td></td>
<td>• List of students must be given to the nurse a minimum of two days before the off-site activity.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All staff to follow the protocol in medication policy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All medication in glass bottles must be transported in its original box with a medicine spoon for dispensing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tablets will be dispensed by the nurse/senior team leader into the correct labelled container.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medication will be handed to either a trained or a designated member of staff deemed competent by the school nurse.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two staff members to dispense the medication at all times. If possible, this should be at least one trained member.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All containers/bottles and signed medication charts must be returned to the school nurse/residential area on returning to the school.</td>
<td></td>
</tr>
</tbody>
</table>

Updated: Ro Collet

Date: 12/09/19
APPENDIX 8. PROTOCOL FOR A SICK CHILD WHO IS BOARDING.

This protocol is aimed to guide staff on the residential houses and teachers on duty about the actions that need to be taken if a child becomes unwell when the school nurse is off duty. Getting parents to come and collect their child can be delayed if staff wait until the nurse gets in, but also waiting for the nurse to come delays giving students appropriate treatment.

If a child has the following then the parents need to be contacted immediately. This includes phoning a parent/carer at 7.00am if need be. By phoning this early, hopefully the parents will not have left for work or taking other children at school so enabling them to collect their child as soon as possible. Waiting until the nurse gets in often results in the child having to stay in school for longer than necessary while arrangements for collection are made.

1. Vomiting and or diarrhoea (this is a very watery stool that the student has a sudden urge to go which is different to a loose stool). If sending a child home with either please ensure that the parents are told that their child will have to be off for 24 hours once vomiting has stopped and 48 hour once diarrhoea has stopped.

2. Temperature of above 38c. Please give paracetamol immediately if the temperature is this high checking for consent first.

3. If you have any concerns that the child is unwell. You know the children, but if you have any worries speak to the teacher on duty or the emergency on call person.

4. If possible keep the child isolated in bed until the parent arrives, the nurse is on duty or the residential staff shift is at the end.

In general in the mornings

1. If a child says they are not feeling well, try to find out why. Check their temperature, monitor appetite (often if a child is unwell they will not want to eat) advise them to go to the toilet (stomach ache).

2. If the complaint can be dealt with by using consented homely remedies then please give this immediately to relieve any discomfort. Inform the nurse what you have given when she arrives in school.

3. If you are still unsure of the reason and you have checked temperature etc, phone the nurse leaving a message for her to come up to the house when she gets in.
APPROVAL

This Policy was written for Parkwood Hall Co-operative Academy and will be reviewed by the Curriculum and Strategies Committee and approved by the Governing Body on a 1 year cycle.

<table>
<thead>
<tr>
<th>Date Policy Reviewed:</th>
<th>09/09/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Next Review:</td>
<td>27/11/20</td>
</tr>
<tr>
<td>Signature of Governor:</td>
<td>Signature of Principal:</td>
</tr>
</tbody>
</table>

(for statutory policies only)

<table>
<thead>
<tr>
<th>Date</th>
<th>版次和日期</th>
<th>Action/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>14/6/18</td>
<td>Update of document to include the statutory guidance of supporting pupils with medical conditions. Addition of values statement.</td>
</tr>
<tr>
<td>2.0</td>
<td>09/09/19</td>
<td>Review of policy</td>
</tr>
</tbody>
</table>
GUIDANCE USED

The Nursing, Midwifery Council Guidelines for the administration of medicines. 2002


Professional standards of practice and behaviour for nurses and midwives. 29 January 2015

Supporting Pupils or school with medical conditions. DofE.Gov.UK. 2017

The Royal Pharmaceutical professional guidance on the safe and secure handling of medication. January 2019.

Professional Guidance on the Administration of Medicines in Healthcare Settings.