Whittington Health NHS

WHITTINGTON HEALTH NHS TRUST SPECIAL SCHOOLS IN HARINGEY MEDICINES POLICY

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List of those consulted	The Vale School, Riverside School, The Brook School, Whittington Health NHS Trust
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2	7.8 Minor Ailments 7.9.1 Induction training 7.9.3 Specialised training	Lynda Rowlinson Dorian Cole	March 2019

1	First special schools policy reflecting need and new DfE guidance	Sharon Buchanan, School Nurse, Riverside School Maxine Phelops WC+F Divisional Lead Paediatric Pharmacist, Whittington Health Hospital Gillian Weale, Deputy Head of Vale school, Primary department Cathy Jackson, School Nurse, Brook School Shanta-Dee King, Physio/OT Assistant, Riverside School Raphaela Derrick, Senior Paediatric Nurse, Vale School Dr. Helen Taylor, Chief Pharmacist Whittington Health Hospital	07/05/2015
1.1	Updated section 6.0 consent for young people	Cheryl Yeates, Haringey Lead Children'sTherapies and Specialist Nursing, WH	15/2/18
1.2	Update following revised statutory guidance: Supporting pupils at school with medical conditions (2017)	Lynda Rowlinson, Haringey Head of Children & Young People's services, WH	23/06/2018

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1.0 INTRODUCTION

Haringey School staff and Governors are committed to pursuing a policy of full student engagement with the life of the school and the wider community. Consequently no student should be unnecessarily excluded from school or other educational activities if s/he has a short or long-term medical condition. The aim is to enable students who have short term or chronic long-term medical conditions to take part in normal school/centre activities and lead as happy and productive a life as possible.

The standard forms and statutory guidance included in the Department for Education (DfE) documents below provide the framework for school procedures to deal with administering medicines and other medical protocols and for effective planning in the event of emergencies to safeguard the medical health and safety of all students:

2.0 PURPOSE

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

3.0 SCOPE

The policy was developed to support the safe and effective use of medicines throughout Haringey special schools integrated within Whitington Health NHS Trust (WH). To provide support and clarity around responsibilities and clinical governance for the Whittington Health school nurses and to the special school staff, especially the Governors (and head teachers representing them) who are legally responsible for the storage and supply and administration of medicines in their schools

4.0 DEFINITIONS

TERM	DEFINITION
ICSU	Integrated Clinical Service Unit.- groups of clinical services
Special schools	A special school is a school catering for students who have special educational needs due to severe learning difficulties, physical disabilities and/or behavior problems .
DfE	Department for Education. Schools' governing body responsible for education and Children's services throughout England and Wales
WH	Whittington Health NHS Trust

School Governing Body	School governing bodies are responsible for working with the school to ensure that it delivers a good quality education.
GP	General Practitioner is a community physician
Ofsted	Ofsted is the Office for Standards in Education, Children's Services and Skills, who inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.
CCG	Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.[1]
Individual Health Care Plan	A document that identifies nursing orders for an individual and serves as a guide to nursing care.
MAR	Medicines Administration Record
MDT	Multi-disciplinary team consisting of health professionals involved in the health care of a child including nurses, community paediatricians, occupational therapists, physiotherapists, speech therapists, dieticians
Naso-gastric tube	A tube that is passed through the nose and down through the nasopharynx and oesophagus into the stomach.
Gastrostomy	A gastrostomy tube is a tube inserted through the abdomen that delivers nutrition directly to the stomach
Jejunostomy tube	A jejunostomy tube is a soft, plastic tube placed through the skin of the abdomen into the midsection of the small intestine. The tube delivers food and medicine until the person is healthy enough to eat by mouth.
Minor ailments	A minor ailment is defined as a health complaint which, by simple actions, patients could handle themselves.
Homely remedies	A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies

PEG	Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the

	abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
CD	Controlled drug means a drug in Schedule 1,2,3,4, or 5 of the Misuse of Drugs Regulations 2001.

5.0 DUTIES (Roles and Responsibilities)

5.1 School governing bodies - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. School governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions**.** They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

5.2. **Head teachers** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

5.3 School staff - any member of school staff (subject to job description) may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.4 School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's

individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

5.5 Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).Pupil's GP should be included in all communication.

5.6 Pupils –should be fully involved when possible, in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

5.7 Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

5.8 Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)7.

5.9 Whittington Health NHS Trust - should co-operate with schools that are supporting children with a medical condition, including appropriate communication and liaison.

5.10 Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities

and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

5.11 Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

6.0 CONSENT

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality

Accredited school staff must receive a consent form from parent/ carer before administering any medication (see 11.3: Appendix 3).Any medication given must be checked and agree with this form. Any alteration in medication requires a new consent form.

Young people over the age of 16 must be assumed to have capacity to make the specific decision regarding prescribed/non prescribed medicines unless it is established that they lack capacity. A person who lacks capacity is a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken. To establish if a young person over the age of 16 lacks capacity a mental capacity assessment will need to be completed. The responsibility for the assessment would be the medical practitioner responsible for the prescribing.

7.0 POLICY DETAIL

7.1 Principles of Safe and appropriate handling of medicines in children's Special schools

The school governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

7.1.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.1.2 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances

where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

7.1.3 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

7.1.4 Schools should only accept medicines that are in-date, labelled (including original labels), provided in the original container and to include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

7.1.5 All medicines should be stored safely. Where relevant children should know where their medicines are at all times and be able to access them immediately and they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children. This is particularly important to consider when outside of school premises e.g. on school trips.

7.1.6 Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

7.1.7 Accredited school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

7.1.8 School staff know which medicines each pupil has and each school keeps a complete account of medicines, under the supervision of the Head Teacher.

7.1.9 School staff who administer pupils their medicines are trained and competent.

7.1.10 Medicines are given safely and correctly, and school staff preserves the dignity and privacy of the individual when they give medicines to them.

7.1.11 Medicines are available when the individual needs them.

7.1.12 Medicines are stored safely.

7.1.13 The school nurse has direct access to advice from a pharmacist.

7.2 Individual Care Plan (Appendix 1)

The school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions**.** Individual healthcare plans help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be

done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Plans should be drawn up in partnership between the school, the parents/carers, and the relevant healthcare professional, e.g. school nurse, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The accredited school staff administering medication should have access to the Individual Care Plan, which has been agreed by the community paediatrician. The individual care plan should accompany each pupil.

It is the responsibility of the school to ensure the individual care plan is reviewed and updated annually in collaboration with the relevant healthcare professional and parents/carers.

Schools should maintain a list of all children with an individual care plan

Any changes in the Individual Care Plan should be updated immediately and all the MDT sent a copy of the revised Individual Care Plan for their records.

7.3 Prior to administration

Accredited school staff must receive a consent form from parent/carer before administering any medication. Any medication given must be checked and agree with the consent form. Any alteration in medication requires a new consent form.

If the medication you receive is different from what you expect, check with the school nurse before you give it.

If you cannot find a supply of someone's medicine, check the medicine storage area including the fridge. If it still cannot be found then:

- Inform the school nurse
- When the supply of medication is running low, parents are to be contacted by phone/ email/ text /note to parents requesting further supply.

7.4 Records

School governing boards mustensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

7.4.1 MAR (medicines administration records) - Appendix 2

The MAR chart lists a patient's medicines and doses along with spaces to record when the doses have been given and to specify exactly ***how much*** is given when the directions state, for example,
'one or two'.

It is also important to keep a record when a prescribed medicine has ***not*** been given. Different letter 'codes' can be used to record when medicines have not been given. The MAR chart must explain what the code means.

Note: It is not a chart for prescribing medicines.

Accredited school staff giving medicines must have a MAR chart to refer

to. The MAR chart must detail:

- Which medicines are prescribed for the person
- When they must be given
- What the dose is
- Any special information, such as giving the medicines with food.
- The records must be complete, legible, up to date, written in black ink, dated and signed to show who has made the record.
- The information must match the consent form and the individual care plan.

It is important to record what you do when you do it. Do not rely on your memory to write information accurately at a later time. From your records, anyone should be able to understand exactly what has been given and be able to account for all of the medicines managed for an individual.

Remember if the young person refuses their medication, this needs to be recorded and the reason noted.

7.4.2 Self-Administration Records

The level of support and resulting responsibility of the school nurse should be written in the **Individual care plan** for each person. This should also include how to monitor whether the person is still able to self-administer medicines. The assessment is a continuing process.

Monitoring how the person manages to take their medicines and regular review form part of the person's care. The medicine records will help the review and monitoring process.

7.4.3 Prescription Requests:

It is useful to record requests for prescriptions on behalf of a young person. You can use this list to check that all items ordered have been received and that no inadvertent unexpected changes to the medication have been made**.**

7.5 Storage of Medicines

7.5.1. General principles

The School Governing Body is responsible at all times for the safekeeping of all medicines.

You should not store anything other than medicines in these cupboards.

- Arrangements for medicine storage will depend on the quantity of medicines that have to be stored. The cupboards must be well constructed to BS standard and secure, and have a good quality lock. With regard to storage of bottles of liquid medicines, make sure that the shelf height is suitable or have adjustable shelving.
- The area of medication storage must be maintained below 25ºC. The room temperature must be monitored with a room thermometer and if the temperature exceeds 25ºC advice must be requested from WH pharmacy about the stability and suitability of usage.
- The head teacher is responsible for controlling access (by keys or other means) to all medicines. Whilst the head teacher may delegate key holding, he/she remains responsible.
- Any cupboard used for storage of medicines must be locked at all times.
- Medicines and dressings, sterile topical fluids and nutritional products, which, because of their bulk, are stored in a designated area should also be stored off the floor.
- Medicines available for medical emergencies need not be locked away but their safe storage and security remain the responsibility of the head teacher.

7.5.2 Self-administration Medicines

For a child who wishes to self-administer their medication and is competent to do so should be encouraged to take on responsibility for their healthcare.

They may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep medicines that have been prescribed for a pupil securely stored as above and should have access.

7.5.3 Refrigerated Medicines

- Lockable pharmaceutical grade fridges must be used to store medication requiring cold storage. – Between 2 - 8^{o}C.
- Medicines are not to be stored together with food The school refrigerator should never be used for the storage of medicines.
- Oral food supplements (e.g. drink cartons such as Ensure) may be stored in the school fridge.
- School medical fridges should have maximum and minimum temperatures recorded daily using the appropriate record sheet.
- All medicines requiring cold storage must be stored appropriately and immediately upon receipt and must not be left at room temperature.
- The head teacher is responsible for ensuring the fridge/freezer is working and in a clean condition.

- If the fridge breaks down, it is important to identify the fault quickly, otherwise medicines may be wasted and to note how long the medicines have left .
- Move any medication to another fridge as soon as possible (stored in airtight container if the fridge is not a pharmaceutical grade fridge).
- Contact pharmacist for advice stating if possible how long the medicine have been stored at incorrect temperature

Return the medicines to the pharmaceutical grade fridge as soon as convenient.

7.5.4 Controlled drugs

Storage conditions for controlled drugs should the same as any other prescribed medicine. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

7.6 Administration of Medicines

The following is a process for selecting the **RIGHT** medicines, preparing the **RIGHT** dose and giving it in the **RIGHT** way to the right person at the **RIGHT** time**.**

- Check you are giving the medicines to the right person. It is best that you really know the student by their name.
- Select all of the correct medicines for this time of day for that student. There may be other medicines in the fridge and remember that this student may have different medicines since the last time you were on duty. This is why it is so important to refer to the MAR chart.
- If appropriate, ask the young person if they want their medicines before you take them out of the pack. People can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them again later.
- Encourage the person to sit upright or to stand.
- If the tablets/capsules are in bottles or strip packs transfer the appropriate number of tablets/ capsules into a medicine pot and hand it to the person.
- If the medicine is a syrup or mixture make sure that you use the medicine spoon or measure that the pharmacist provided — do not just guess or use any spoon or allow the person to drink from the bottle.
- Make sure that there is a glass (tumbler) of water to wash the tablets or capsules down.

Note: for students with gastrostomy, ng tube, jejunostomy tube or PEG, remember to flush the tube with cooled boiled water before and after giving medicines to ensure all the medicine is administered, as per Dietitian guidance

- It is good practice not to handle any medicines, but to prepare them by a 'clean' technique — that is pushing a tablet or capsule out of the blister directly into a medicine pot.
- If you are applying medicines to the skin it is really important to use gloves both for your own protection and also to prevent cross-infection. These medicines are directly absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine.
- Always make a record of exactly what you have done at the time. This includes a record when the person refuses the medicine. Remember two accredited personnel must **always** administer and record medication given.

7.6.1 Covert administration of medicines

'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medication is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault.

The covert administration of medicines should only take place within the context of existing legal and best practice frameworks to protect the young person receiving the medicines and the key workers involved in giving the medicines.

It is essential that the person with parental responsibility has full knowledge and has given consent for covert administration.

7.6.2 Self Administration

- Whenever possible children and young adults should take responsibility for their own medicine. It is an important feature of intermediate care as it preserves independence and encourages the person to take on the responsibility and ownership of their health and welfare, regardless of the social care environment.
- Self-administration of medicines is not an 'all or nothing' situation. For example, some people might keep and use their own inhalers but not their other medicines.
- Alternatively, a person might be able to manage his/her medicines provided that school staff assists him/her. For example: A young person may be given

a tube of cream to apply privately even though school staff gives other prescribed medicines.

Assessment of self-administration is a continuing process. Monitoring how the person manages to take their medicines and regular review form part of the person's care. The medicine records will help the review and monitoring process.

Records: see section 7.4 on records above

Storage: see section 7.5 on storage above

7.7 Disposal of medicines

The disposal of medicines is regulated by law in order to protect the environment. If medicines are put out with normal rubbish and placed in a land-fill site, they could fall into the wrong hands and a person could be harmed.

Normally expired medicine should be returned to the parent or carer to hand in to their local pharmacy.

Alternatively, expired medicines could be disposed of by returning them to the community pharmacist. The community pharmacist can then ensure that these medicines are disposed of in accordance with current waste regulations.

7.7.1 Controlled Drugs (CDs)

- unwanted or expired CDs should be returned to the local community Pharmacy by the parent or carer
- Prescribed CDs are the property of the patient. However in some circumstances it may be considered appropriate in the interests of safety to remove unwanted CDs and return them to pharmacy for destruction. In this scenario a record of the remaining and returned drugs should be kept in patient held records and health centre nursing records on the appropriate documentation. The patient's general practitioner or paediatrician should be informed of this action.
- Actual destruction of CDs must follow pharmacy standard operating procedure 42 (Procedure for the destruction of controlled drugs (Schedule 1,2, 3 and 4) of the Misuse of Drugs Regulation 2001) which outlines the methods for destruction and also contains a list of authorised witnesses.

7.8 Minor Ailments and "Homely remedies"

Only school nurses should administer minor ailments or "homely" remedies.

Treatments for minor ailments are not ***prescribed*** for individuals and do not come under the scope of the Medicines Act. If a school nurse decides to delegate treatment to school staff, they must:

- Be clear about the problems school staff are allowed to treat, for example, period pain, headache, indigestion, cough

- Choose the medicines that are suitable for the age range they care for. Discuss symptoms with the pharmacist for advice if needed.
- Write a detailed protocol for school staff to refer to
- Make sure that the students you care for, their relatives and GPs know what your policy is
- Keep records of the purchase, administration and disposal.
- There are risks that prescribed medicines will interact with medicines purchased over the counter and cause harm. This includes herbal products.

7.9 Training

Children and Young Adults are entitled to have someone who is adequately trained and knowledgeable to give medicines to them. Only staff who have been given appropriate training by a qualified health professional (usually the school nurse) and have demonstrated they are competent should do this.

Head teachers are responsible for assessing a member of staff's competence to give medicines to the young people they care for. Head teachers should not make any assumptions based on that member of staff's previous experience.

If staff do not know how to give medicines safely they may accidentally cause someone harm. An error in giving medicines may be a small mishap but could result in the person's death. **The head teacher should actively encourage staff to openly discuss training needs with their manager.**

As a minimum training should cover:

- The supply, storage and disposal of medicines
- Safe administration of medicines including basic knowledge of the medicine's purpose.
- Quality assurance and record-keeping
- Accountability, responsibility and confidentiality.
- Checks what the person takes on the MAR chart and the medicine label
- Checks it is the right person
- Makes sure that no-one else has already given it to him/her
- Prepares the correct dose for the time of day
- Gives the medicine to the person and also offers a drink of water, if appropriate.
- Know how to give a medicine via a PEG or gastrostomy/jejunostomy
- Signs the record. (and counter signatory)

7.9.1 Induction training

The head teacher or manager needs to determine whether the new employee has had previous training and experience of giving medicines to people; if so, how much training and if it is up-to-date; whether the member of staff is competent to give medicines when they get to know the students and their needs.

An inexperienced or "novice" member of staff should not give medicines until they have been trained to do so safely.

A new employee should not offer treatment for minor ailments or “homely remedies” to any student. Only school nurses should administer minor ailments or “homely” remedies, although they can delegate this to experienced school staff who have been assessed by the nurse to be competent and where explicit consent has been given by the child’s parent/carer.

7.9.2 Basic training in safe handling of medicines

The basic elements that school staff need to know before giving medicines includes administering medicines:

- Into the mouth (tablets, capsules, liquids)
- Ear, nose and eye drops
- Inhalers
- Medicines applied to the skin.

There must be a formal assessment on completion devised by the school nurse, including an observation assessment that the member of staff can confidently and correctly give the medicines prescribed for the students they care for in line with the special schools medicines policy.

This should be updated regularly at least annually.

If a member of staff fails to meet the standard, the assessment should be repeated after further training.

This is not the same as a test or attendance certificate issued as part of a training course, but the member of staff should give some evidence of completion of formal assessment and training.

7.9.3 Specialised training

There may be occasions when school staff are willing to give medicines that school nurses normally administer. This only happens when the school nurse ‘delegates’.

For example, when a rectal solution is given to a young adult to control an epileptic fit, or when adrenaline auto-injector is given for anaphylactic shock.

The important issues are:

- The parent/ carer agrees in advance to school staff giving this treatment and has given their explicit consent
- The member of staff agrees to do so
- Clear roles and responsibilities are agreed by the head teacher, manager, school nurse and member of staff.

This training is both person-specific and school staff-specific.

8.0 MONITORING COMPLIANCE and EFFECTIVENESS

What key area(s) need(s) monitoring on this document?	**Who will lead on this aspect of monitoring?**	**What tools / methods will be used to monitor report and review the identified areas?**	**How often is the need to monitor each area?** **How often is the need to produce a report?** **How often is the need to share the report?**	**Responsible Committee for scrutiny and arrangements for feedback.**
Element/s to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting and feedback arrangements**
Competency frameworks and list kept of competent staff	Head teachers of Haringey schools	Training tool for school staff Incident report forms	Annually	School governors

9.0 ASSOCIATED DOCUMENTS

Title	Intranet Hyperlink
Medicines Policy 3: Supply , storage and Transportation	http://whittnet.whittington.nhs.uk/document.ashx?id=3243
Medicines Policy 4: Administration	http://whittnet.whittington.nhs.uk/document.ashx?id=6658

10.0 REFERENCES

1. RPS “The Handling of Medicines in Social Care” 2007
2. DfE: Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England’ September 2014 (updated 2017)
3. WH Medicines Policy: Children in Care Homes 2013

11.1 Individual Care Plan- Appendix 1

Surname:

First Names:

Address:

Date	Medicine/Allergies	Type of Reaction e.g. rash
No known allergies: □		

Weight	Height	Date

Abbreviations for Route of Administration:

Oral = PO
Nasogastric = NG
Gastrostomy = PEG
Per Rectum = PR
Inhalations = INH
Nebulised = NEB
Topical = TOP
Buccal = BUC
Intramuscular = IM

Special Instructions/ Additional notes on medication

Medication	Dosage (mg/ml)	Route	Time	Date

Parent signature: _____ Date:

Doctor signature: _____ Date:

11.2 Appendix 2 – MAR form

Whittington Health NHS

Record of Medication Administered to Pupils by Schools/Centres (Form AOM2)

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Signature of staff observing Invasive Procedure

11.3 Appendix 3- Consent form. Page 1

Whittington Health NHS

XxxPrimary School:
Department:
School Address:
Tel:
Email:

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

Details of Pupil

SURNAME .....FORENAMES:
Address..... . M/F .....
Date of Birth.....
Class/Form.....

Condition or illness:

Name/Type of Medication: (as described on container) _____

For how long will your child take this medication? _____

Date Dispensed:

FULL DIRECTIONS FOR USE

Dosage: _____

Timing: _____

Special Precautions _____

Side Effects:_____

Self-Administrations:

Procedures to take in an Emergency

Contact Details:

Name ..... Daytime Tel No .....

Relationship to Pupil .....

Address.....

.....

I understand that I must deliver the medicine personally to an agreed member of staff and accept that this is a service which the school is not obliged to undertake.

Date:..... Signed .....

Relationship to pupil.....

12.0 EQUALITY IMPACT ANALYSIS

Whittington Health – Equality Impact Analysis Form

Access guidance via this link: **http://whittnet/default.asp?c=9308**

1. Name of Policy or Service

Special Schools Medicines Policy

2. Assessment Officer

Gillian Lewis

3. Officer responsible for policy implementation

Maxine Phelops

4. Completion Date of Equality Analysis *1/11/16*

5. Description and aims of policy/service

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

6. Initial Screening

An initial analysis has been carried out to explore whether the XXXXX is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- Race
- Disability
- Gender
- Age
- Sexual orientation

- Religion and belief
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

7. Outcome of initial screening

No issues identified

8. Monitoring and review/evaluation

Section 8

9. Publication of document

Whittington Health Intranet