



LOCATION: SCHOOL HANDBOOK, SECTION 3, DOCUMENT 2

HEALTH CARE POLICY
(including the policy for the Receipt,
Storage and Administration of Medicines)

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“This policy should be read as part of a collection of policies that together form the overall Safeguarding Policy and procedure for Abbey Court School.”

Article 6 – I should be supported to live and grow

Article 12 – I have the right to be listened to and taken seriously

Article 24 – I have the right to good quality health care, to clean water and good food

Article 29 – I have the right to an education which develops my personality, respect for others’ rights and the environment

(The UN Convention on the Rights of the Child, or UNCRC)

Introduction

- This policy should be read in conjunction with the DfE document Supporting Pupils at School with Medical Conditions (statutory guidance for governing bodies of maintained schools and proprietors of academies in England), December 2015. See Appendix 1.
- Definition: Pupils that have medical conditions that, if not properly managed, could limit their access to education, are regarded as having medical needs. This definition can also be applied to children requiring planned support for feeding and toileting.
- This policy is intended to identify the necessary measures required to support pupils with medical needs. It will also, as far as possible, enable regular attendance and will be supported by formal and agreed systems and procedures within Abbey Court.
- Procedures within the school fall into two categories:
 - *medical: defined as medicines required to stabilise or re-mediate a condition, e.g., rescue medications such as midazolam and salbutamol.
 - *care: defined as support to a condition which prevents deterioration of a child's medical condition, e.g., feeding.

Responsibilities

- Parents or guardians have prime responsibility for their child's health and must provide the school with up-to-date information about their child's medical condition.

- It is the duty of the LA to be responsible for the Health and Safety of all staff and persons on the school premises (Health and Safety Act 1974). This includes the procedures for supporting pupils with medical needs. This policy is integral to a part of the Health and Safety Policy of Abbey Court School. **(See Health & Safety policy – School Handbook, Section 3, Document 1)**
- There are a number of clinical procedures which have been deemed appropriate for delegation to support workers subject to the necessary training, assessment of competence and supervision of practice. An example of the procedures which may be considered for delegation to a person who is not registered as a nurse undertaken by a person who is not a registered nurse, it is the responsibility of the employer (e.g. school, college or other) to ensure that such responsibilities are included within the employee's job description or within a mutually agreed job role before any training is provided or expectation that care will be undertaken. The Code (NMC, 2015) clearly sets out the responsibilities of the registered nurse in delegating clinical procedures/health care tasks and the associated accountability in doing so, and that the accountability for training resides with the registrant.
- The Special Schools Nursing team (SSNT) ensure that, wherever possible, a child's medical condition does not prevent them from attending and engaging in school. They would support school staff in implementing a child's individual healthcare plan and provide advice and liaison. The SSNT has a responsibility to ensure that pupils receive all reasonable medical interventions they require in order that they can remain in school. These responsibilities include: Ensuring competency-based training is delivered to school staff according to the specific needs of the children (medication administration and basic medical interventions that can be delegated to non-registered staff); Assessing and recording competence following training; Ensuring safe administration of medication and delivery of basic medical interventions. Tasks will normally be delegated to non-registered professionals such as Healthcare Assistants or Teaching Assistants following training. However, when it is not possible to delegate a task the SSNT should complete the task themselves or liaise with other healthcare professional (e.g. continuing care or community nurses) to ensure the task is undertaken by a suitably trained individual.
- The SSNT will work collaboratively with health colleagues including community paediatricians, therapists and other multi-disciplinary clinicians liaising on appropriate support for the child and associated staff training needs. The service model for Medway Community Healthcare special school nursing service can be found in Appendix 17.
- It is the duty of the Governing Body to ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. (It should be noted that there is no legal duty which requires school staff to administer medication unless they have been specifically appointed to the role; this is a voluntary role).
- It is the duty of the Health Authority (Section 166 Education Act 1993) to provide help to the LA for a child with Special Educational Needs (including medical needs). This should be in the form of training and advice to Education staff on procedures for dealing with a pupil with medical needs. A health care professional will confirm staff proficiency in all medical procedures.
- It is the Headteacher's responsibility to implement the Health Care Policy in practice and to make all staff and parents aware of the content of the school policy and procedures for dealing with medical needs.
- Teachers and other school staff have a duty to act in the best interests of the pupil to make sure that they are safe at school either when on or off-site (see Abbey Court School Health and Safety Policy – section 3, document 1). This duty might extend to the administration of medicines or taking emergency medical action (e.g., midazolam, salbutamol administration).
- It is the responsibility of the school to ensure the maintenance of records of action taken relating to emergency and accident procedures. Staff are required to use their best endeavours at all times and

especially in emergencies. (See Abbey Court School: Emergency and Accident Procedures / Health and Safety Policy, section 3, document 1).

Support

- Staff who follow the school's policy and procedure will be covered by employer's public liability insurance.
- Upon admission to the school the Headteacher will agree with parents the support the school is able to provide after consultation with relevant bodies, e.g., G.P., School Health Service/School Nursing Service.
- Abbey Court School: Special Schools Special Schools Nursing Team (SSNT)
Lead Nurse for Children's Community Service

Pupils who are unwell at school

- Parents are responsible for ensuring that their child is well enough to attend school.
- If a child becomes unwell at school reference should be made to the school Special Schools Nursing Team for their opinion of the medical condition of the child. Permission must be sought from the Head/Deputy should the child need further non-emergency medical treatment or to be sent home. In the event of a sick child requiring to be sent home, a member of the Special Schools Nursing Team or teaching staff will contact the parent and advise them that their child has become unwell and request their collection from school. If the parents are unavailable the emergency contact will be informed.
- Pupils wearing plaster casts after sustaining a fractured limb will not be excluded from the school, although assurance must be sought from parents that their doctor has recommended return to school, and that the appropriate number of school staff are available should additional management arrangements be necessary. This will be determined through a risk assessment **prior to return to school**.
- If a child becomes acutely ill at school arrangements will be made for the child to be taken to hospital by ambulance. A member of staff will accompany the pupil and remain with him/her until parent(s) arrive. If the child is a "Red Card Holder" direct admission to Penguin Ward, Medway Hospital can be arranged. (See Red Card Procedure, Appendix 4). All other pupils will be taken to the emergency department at Medway Hospital. Data sheet or care plan (if appropriate) must accompany the child to hospital. (Refer to Health & Safety Policy: Accident and Emergency Procedures – section 3, document 1).
 - Pupils who require emergency transfer to hospital due to epilepsy will be taken directly to the emergency department to facilitate immediate access to emergency assessment and treatment (Also see Appendix 14; flow chart protocol for calling an ambulance)
- If a pupil sustains an injury as a result of an accident at school he/she will be assessed by the school first aider. If further medical treatment is required, the Head/Deputy must be informed. If necessary, arrangements will be made to take the child to the emergency department at Medway Hospital. If medical review is not urgent/immediately required, parents will be contacted to collect the child from school and arrange for the child to be assessed by a G.P. or emergency department. (Refer to Health & Safety Policy Accident and Emergency Procedures).
- Parents are asked to inform the school of the reasons for the pupil's absence from school. Any relevant outcomes of medical appointments/reviews, which may affect the child's care, should be communicated to the school by the parents.
- Pupils returning to school after surgery or a prolonged absence due to ill health will require a pre-return to school meeting and risk assessment to ensure that individual needs can be met. This meeting will be led by the education team and include relevant members of the school Special Schools Nursing Team.

Medication in School and Staff Training Re: Medical/Invasive Procedures

- **Essential medication** will be administered at school, and the school will ensure that staff are appropriately trained and have the resources they need to administer medicine safely. Where possible, dosing regimens should / will be adapted to ensure pupils do not require medication during the school day.
- The Special Schools Nursing Team will be the lead in organising any medical training when working with Abbey Court staff to ensure all relevant guidance is followed.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Healthcare professionals, including the school nurse, can provide confirmation of staff competency in a medical procedure or in providing medication.
- All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- The School will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.
- The School Governors will ensure that the policy is updated when and as required.
- School first aiders (full certificate) and Paediatric First Aiders are as per the authorised list on display in school and on the school website. These staff are also trained in the use of the defibrillators.
- Named people for administering medicines: All staff administering medication have been signed off as competent to do this by the Specialist Nurses.
- The following staff have received Specific/specialist training:
 - Staff working with pupils with medical needs have been trained and signed off as competent by the Specialist Nurses.
 - Training delivered:
 - Gastrostomy and Enteral Feeding
 - Epilepsy Awareness
 - Oxygen Administration
 - Oral Suction
 - Vagal Nerve Stimulator
 - Emergency epilepsy medications
 - Asthma management

Intimate and Invasive Procedures

- Pupils who require intimate or invasive procedures will only be admitted to the school if the school can meet the pupil's individual needs.
- Members of staff will not be pressurised into assisting with treatment of an intimate or invasive nature. Only staff who are willing will contribute towards such care will be involved.
- The school Special Schools Nursing Team and at least two trained members of staff must be willing to assist in the treatment before a pupil is accepted into school. (This is to enable cover during staff absence). Otherwise, parents will need to attend school to carry out required treatment.

- Respect for the child's dignity will remain a strict priority, even when delivering care in an emergency situation.
- Two members of staff should be present for the administration of intimate or invasive treatment. It is recognised that one of these should be of the same gender as the pupil receiving treatment (Due to current staffing, this is not always possible, although wherever practicable this guideline will be followed, see the Abbey Court Intimate Care policy)
- See individual guidelines for current procedures of an intimate or invasive nature. See, for example, Appendix 11 Guidelines for Administration of Rectal Diazepam in School, Appendix 12 General Points re: Administration of Oxygen, Appendix 13 Oxygen for Children in School.

Also see Appendix 2, The Policy for the Receipt, Storage and Administration of Medicines.

Roles and Responsibilities

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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.

Headteachers 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. Headteachers 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. Headteachers 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.

School Staff Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. 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.

School Nurses aim is to ensure that wherever possible a child's medical condition does not prevent them from attending and engaging in school. They would support school staff on implementing a child's individual healthcare plan and provide advice and liaison. Nurses will be responsible for ensuring competency-based training is delivered to school staff according to the specific needs of the children. School nurses will work collaboratively with health colleagues including community paediatricians, therapists and other multi-disciplinary clinicians can liaise on appropriate support for the child and associated staff training needs. The service model for Medway Community Healthcare special school nursing service can be found in Appendix 17.

Other healthcare professionals, including GPs and paediatricians should notify the Community Special Schools Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Health Care Commissioners commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities).

- When a member of the school Special Schools Nursing Team is not on site, senior members of the school Special Schools Nursing Team are available for advice via mobile telephones. These numbers are on display in the medical room and available in the school office.

School Medicals

- The named Community Paediatrician for Abbey Court School undertakes regular clinics in school as part of regular multi-disciplinary meetings that are scheduled by Snapdragons. The frequency of medical review is dependent on the pupil's individual medical needs. Pupils who do not have medical needs are not routinely seen by a paediatrician in school.
- Requests for school medicals can be made via the school Special Schools Nursing Team, by the Headteacher, Parents, or by school staff via the Headteacher.
- Pupils who are under the care of hospital paediatricians locally may be seen regularly at the hospital outpatient department.

Individual Health Care Plans

- Individual healthcare plans can 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. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

- The individual healthcare plans should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- Individual Health Care Plans will be drawn up for pupils who have medical needs in addition to their educational needs.
- The main purpose of the Health Care Plan is to identify the level of support that is needed by the pupil in school.
- The Health Care Plan will be compiled by the school's Special Schools Nursing Team in conjunction with parents and signed by all parties, in addition to the Deputy Headteacher. Each will be given final signed copies for their records.
- The Health Care Plan will be reviewed and updated at least annually and when a condition or treatment plan changes.
- The Health Care Plans will be kept in the medical room, the pupil's main file in the office, the educational visits folder and in the classroom, readily accessible in emergencies.

Monitoring and Review

- This policy will be monitored by Senior Staff at Leadership Group meetings, the Special Schools Nursing Team on an ongoing basis and by the Governing Body. It will also be the focus of discussion annually at Staff and Department meetings.
- The policy will be reviewed in the light of any new information being made available.

APPENDICES

1. DfE document: Supporting pupils at school with medical conditions (Hyperlink)
2. The Policy for the Receipt, Storage and Administration of Medicines
3. Red Card Procedure
4. Health/Medical Information
5. Medication Request Form
6. Staff Training Record
7. Staff Training/Updating: Medical Type Procedures in School
8. Health Care Plan Proforma
9. Flowchart protocol for calling an ambulance
10. Feed/Hydration regime form
11. Health Protection Exclusion Table
12. Joint incident reporting



Supporting pupils at school with medical conditions

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

December 2015

(Last updated 16 August 2017)

Hyperlink to the full document:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

APPENDIX 2

Policy for the Receipt, Storage and Administration of Medicines

(To be read in conjunction with the school healthcare policy)

I. INTRODUCTION

This policy outlines the procedures for the receipt, storage and administration of medication at Abbey Court Special School.

Policy Aim

This policy aims to set out guidance and guidelines for education and Special School Nursing staff, in relation to the medical and health care needs of children and young people attending the school. It aims to equip staff to support pupils in order that they can access a broad, balanced and enriching curriculum. (The policy on the storage and accessibility of staff medication is in the appendices to this policy).

Staff will follow guidance/policies set out in:

Managing medicines in schools and Early Years settings guidance, DFES 2005

Supporting pupils at school with medical conditions – Statutory guidance December 2015

Every Child Matters – The Children Act 2004

S.E.N.D code of practice – Sept 2014, Children and Families Act 2014

Abbey Court School Code of Conduct and Safeguarding

Meeting Health Needs in Educational and Other Community Settings – RCN 2018

The above guidance may be in addition to other policies/guidance not listed in this document.

The policy is intended for staff working in:

For the purposes of this policy “staff” includes anyone working at Abbey Court regardless of employer (Health, education or social care), “Nursing Staff” currently refers to registered nurses employed by the health provider, “School staff” refers to those employed by Abbey Court on behalf of the education authority.

Identifying the need for the administration of medicines in school.

The Leadership Group has a duty to ensure that arrangements are in place to support any medical conditions a pupil has that may require interventions during the school day.

The school will normally be informed of a pupil’s medical needs before (s)he starts school, and assessments will be made about the ability of the school to meet the child’s medical needs within its existing resources.

The school nurse is informed of new pupils joining the school and, where they have medical needs, attends the home visit prior to the pupil starting. Detailed information regarding pupils with medical conditions may be accessed by the school nurses if they are under the care of MCH. They will ensure that the Leadership Group is informed of any medical condition requiring support whilst at school and if any of the pupils' needs change whilst placed at the school.

Information regarding existing pupils’ medical conditions may come from:

- Parents
- Multidisciplinary team members
- Other Healthcare providers (GP, Specialist services etc.)
- Development or revision of an EHC plan

When new information is received by whichever route, it will be shared between the Leadership Group and the Special Schools Nursing Team.

When a medical need has been identified it is the responsibility of the school nurses to assess the medical interventions required and whether these need to be undertaken during the school day.

The school nurse will contact the prescriber/health professional to establish if an alternative dosing regimen for medication/interventions is possible

If the burden on the school and the disruption to the pupil's education can be reduced by a change of regime, the school nurse will contact the parents to obtain agreement to a change. Any difficulties with this approach will be discussed between the school nurses and the Leadership Group.

Wherever possible, dosing regimens should be designed to allow medicines to be taken outside of school hours.

Consent for Medication Administration in School.

Before any medication is brought into or administered at school, a consent form will be completed by the parents/guardians for each medication. (See appendices in the Health Care Policy). This will outline the dose, frequency, etc. and the circumstances under which the medication should be given.

These forms should normally be completed at a pre-admission assessment/visit supported by the school nurses. If parents struggle to complete the form, they will be assisted by the school nurses. This documentation is stored and held by the school nurses.

Delegation of Medication Administration

School nursing staff will delegate the administration of some medicinal products in agreement with the Lead Special Schools Nurse and the Head Teacher.

School nursing staff are responsible for the delegation of any aspects of the administration of medicinal products and they are accountable for ensuring that any members of staff (who are not registered healthcare professionals) involved are competent to carry out the task.

Nursing Staff are responsible for providing appropriate education, training and competence assessment of non-registered staff involved in administering medication.

Delegated tasks can only be undertaken by staff who:

- Have such responsibilities written into their job description/contract of employment
- Are indemnified by their employer to carry out these tasks
- Have been trained by the School Special Schools Nursing Team
- Have been assessed as competent (including undergoing supervised practice by the school Special Schools Nursing Team)
- Only undertake tasks within the scope of the signed off competency – some competencies will cover multiple pupils and some will be pupil / medication specific.

Competency Frameworks and Training

Training for all delegated tasks will be undertaken using a competency framework. This will include:

- Written material detailing the task, practical considerations, knowledge required, risks and warning signs.
- A period of supervised practice
- A formal assessment and assessment record
- Annual Review and record of review.

The Special Schools Nursing Team is responsible for providing training material, training, and assessment of competencies.

The school is responsible for maintaining an up-to-date record of all school staff competencies, based on documentation provided by the Special Schools Nursing Team.

Pupil Specific Competencies:

Administration of specific medication to specific children

Administration via gastrostomy tube or another device

Receipt of Medicines

Medicines will normally be brought to school by the parents/guardians of the pupil or handed to the escort on the school transport.

Parents are advised that medicines must never be given to pupils or placed in their school bags for transfer to the school.

On arrival at school, medicines should be handed to a member of staff and stored in a safe place (a locked medicines cupboard in the nurses' room) until they can be given to the school Nurse. The member of staff (if not a school nurse) receiving the medication makes a basic record, on the agreed proforma, of the medication that identifies the child's name; the name of the medication; where the medication came from (e.g. home or respite) and is going to (e.g. Home or respite) on log in the medical office.

Recording

On receipt of new medication, the school nurses will check, record on the agreed proforma, and store the medication to ensure that it is suitable for use.

Receipt of Medication

A written record of receipt should include (see appendices):

1. Pupil's name, DOB, NHS number
2. The name of the medicine
3. The form of the medicine, e.g. solution, tablets
4. The strength of the medicine, e.g. 100mg/5ml
5. The quantity received
6. The expiry date of the medicine
7. The batch number of the medicine
8. The signature of the nurse receiving the medicine to show that the medicine has been checked against the consent form/pharmacy label and the MAR chart (if a repeat medication).

Transcribing

Once receipt of the medicine has been recorded the School Nurse will transcribe it onto a MAR chart

A separate MAR chart will be written for routine and emergency medication.

The following checks must be carried out when transcribing onto a MAR chart:

1. Written and signed parental consent form dated in the past 12 months has been received.
2. Up to date Pharmacy label on the medicine that is going to be administered. The pharmacy label should be issued during the past 4 months or if issued within the past 12 months it should be checked alongside a copy of a repeat prescription.
3. The medicine should be recorded on the most recent medical review (within the past 12 months) with a Community Paediatrician, Hospital Paediatric Consultant or GP.
4. The dose is suitable for the pupil's age, weight.

When Transcribing, nursing staff should make a record of the following on the pupil's MAR chart:

1. Pupil's name, DOB, NHS Number
2. The name of the medicine
3. The indication for the medicine
4. Liquid medicines can be dispensed in different strengths, so the strength of the medicines (milligrams (mg), grams (g) or millimoles (mmol) **and** millilitres (mls)) will be recorded with the medicine name, and the amount prescribed written in mls on the MAR chart. If the bottle holds a different strength than that on the MAR chart, it should not be given, and the school nurse informed.
5. The frequency the medicine is required, e.g. four times a day
6. The times the medicine is due to be administered
7. The route of administration, e.g. oral, topical
8. Known Allergies, if none known, record this as none known
9. The date you are transcribing (date commenced)

Once transcribed, the chart should be checked by a second person. This should normally be a member of staff trained to check transcription onto the chart. The checker is checking that the transcription matches the medication and consent form, and NOT the appropriateness of the drug or dose.

Receipt of Oxygen and Recording of Oxygen Requirements.

Pupils requiring continuous or intermittent oxygen must have their requirements recorded on a MAR chart. This should include:

- Flow rate or range of flow rates.
- Administration device (e.g. mask, nasal cannula).
- Indication for use or change of flow rate.

Trained staff working with pupils requiring oxygen should seek advice from the School Nurses if they have any concerns.

Receipt and Storage of over-the-counter (OTC) drugs

Some children may require regular or intermittent administration of drugs available over the counter (OTC). These include paracetamol and ibuprofen. Health professionals may be reluctant to prescribe these due to the increased burden on the health system of prescribing and dispensing a drug that can be bought cheaply without a prescription (cost and time).

It may also be unnecessary for health professionals to prescribe or recommend medication required for recurrent intermittent conditions (e.g. period pains).

Only OTC medications that have been prescribed by a registered health professional will be administered in school. The method for checking, recording and administering the medication will be the same as for prescription drugs.

The steps that are of critical importance when over-the-counter drugs are stored and administered are:

- There must be a signed consent form indicating the dose, frequency and indications for the medication, just as with prescribed medication.
- Written evidence that it has been requested or recommended by a registered health professional.
- The dose, formulation and frequency are checked by a school nurse to ensure they are appropriate.
- Medication received must be labelled with the child's name and opening expiry date by the school nurse and only used by the pupil concerned.

Antibiotics and other acute medications

If a child has been prescribed antibiotics for an acute illness, they should remain off school for at least 24 hours after starting the antibiotic. They should only return when they are well enough to do so.

Where possible, parents should be encouraged to:

- Ask the GP / doctor to prescribe a twice-daily dosing regime, so that the medication can be administered at home. This may not always be possible with some medications.
- Download (from the school website), print and complete a consent form to send into school with the new medication.

When antibiotics or courses of other medication required for an acute illness are prescribed, there may not be an opportunity to complete a consent form before the medication is brought into school.

If antibiotics or other acute medications are sent to school without a consent form, the School Nurse will:

- Speak to the pupil's parent/carer – either in person or by phone, to confirm what the medication is for, that it is required during the school day, and that the child has no known allergies to it.
- Check the medication and label
- Transcribe onto a MAR chart

Only once (s)he has established that it is safe and appropriate to give the medication will it be administered that day.

In addition, the nurse will:

- Send a consent form home with the pupil at the end of the day.
- Request a record of the prescription (this may not be possible due to short notice, in which case the prescription label is sufficient evidence).
- Check that both are brought to the school on the next school day.

Storage of Medication

All medicinal products must be stored in a lockable medicine cupboard or lockable refrigerator. Inhalers and adrenaline pens will be locked away in an area that all staff trained in their use for specified pupils can access.

Cupboards and refrigerators used for storing medication must contain a thermometer able to continuously record maximum and minimum temperatures. The temperature will be monitored and recorded daily (working days), and the recorded temperature range reset after each reading is documented. The maximum and minimum temperatures in each storage location should be recorded on the agreed proforma.

Medicinal products requiring cold storage are kept in a designated, lockable refrigerator. The fridge temperature should be between 2 and 8 degrees centigrade (°C).

The temperature of non-refrigerated storage cupboards should be kept between 15 and 25°C (thermometers are in place in the cupboards).

If the temperature in any storage area (fridge or cupboard) goes outside or has been outside the acceptable range (see above), the person recording the temperature on duty should inform the Leadership Group and contact the MCH pharmacist or community pharmacist who dispensed each medication for advice. If medication needs to be disposed of and replaced, the school nurse will inform the relevant parents (and or community pharmacist).

The keys for medication cupboards/fridges will be locked away in a coded key cupboard in the nurses' room, for all nurses and other staff with delegated responsibility for medicines administration on duty to access. Keys will be locked away in the key cupboard at the end of the school day.

Spare keys are kept in the school safe.

Controlled Drugs (CDs)

CDs must be prescribed, stored, administered and destroyed appropriately.

All Controlled drugs in school will be recorded in an approved Controlled Drugs Register: Patients' Own CD's. CD registers in current use are secured stationery and must be stored in a locked drawer or cupboard in the nurse's room.

- The balance of CDs must be checked weekly. This check should be by 2 people (one a nurse), documented, signed and dated.
- Any apparent loss of CD's schedule 2 must be reported to the Manager of the Special Schools Nursing service and the school Head teacher
- A thorough investigation will be carried out, an incident form will be filled in and statements obtained.

Completed CDs registers and controlled drug order books should be kept and stored in a locked cupboard. They will need to be held for longer if the controlled drug recorded in it, is still in use.

Recording administration of CDs

The administration and recording of CDs will be the same as all other drugs, except that all administration or wastage will also be recorded in the CD book.

Disposal of CDs

When CDs are no longer required, they must be given to the parents for disposal by their local pharmacy, or disposed of safely in the pharmibin in school by the school nurse and a witness, with the parent's consent. The CD is the property of the child/young person and therefore managed by the parent/carer. The CDs should be signed out from the CD register by the school nurse and witnessed by another person. Both witnesses must sign the CD register. The parent should also sign to say that they have taken the CDs from the school, or given consent for them to be disposed of in the Pharmibin in school. If a parent is not able to attend school, the controlled drug may be sent home with transport staff, with a receipt for parents to sign and return as a record of their receipt or consent for disposal.

As with any medication, controlled drugs cannot be given to anyone else under any circumstances.

Medication Administration

Medication can be administered by suitably trained 'non-registered' staff or School Nurses.

Medication should be administered to a pupil by the person who draws it up, measures it out or otherwise removes it from its labelled container.

Where this is not practical, such as medication given whilst administering a feed via gastrostomy/tube, the person preparing the medicine should be present and observe the other staff member administering the medication. The person who prepares the drug and/or observes its administration by others is responsible for recording the drug administration.

Prior to medication administration, the person giving the medication must:

1. Ensure the pupil has an Individual MAR chart which has been transcribed and checked in the last 12 months.
2. Be certain of the identity of the pupil to whom the medicine is to be administered. All pupils MAR's should have an up to date photo of the pupil on it *.
3. Check that the pupil is not allergic to the medicine before administering it.
4. Know the therapeutic uses of the medicine to be administered, normal dosages, side effects, precautions and contraindications (there is a folder with information about drugs used in each medical room)

5. Check the pharmacy label is no more than 12 months old and is clear. (if the information on the medication is different to the MAR chart, the school nurse should be informed, as secondary evidence of the prescription would have been used to complete the MAR chart)
6. Check the directions on the medicine bottle with the parental consent.
7. Check the expiry date and ensure the medicine is in date.
8. Consider the dose, method of administration, route and timing.

Following administration of any medication, the person administering the medication must:

9. Make a clear, accurate and immediate record of the medicine administered on the MAR chart.
10. Record any immediate adverse effects and seek appropriate advice, and if required initiate an urgent / emergency response.
11. Record any medication not given and document the reason for this.

The person administering the medication must:

- Be aware of the child's current health status and care plan
- Check that they are sure of the correct route for the medication, and have been confirmed as competent in administering the specific medication to that pupil.

It is unacceptable to prepare substances in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence.

Recording Medication Administration

All medicine administered to a pupil must be recorded on a MAR chart. This is not a prescription chart, simply a record of the medicines the child/young person is receiving. Each MAR has to be clearly written in black indelible ink, and for identification purposes, should have a photo of the child/young person on the front of it.

If a child refuses his / her medication, a second attempt will be made to administer it after a short while or once any circumstances causing the child to refuse have been resolved.

If staff are unable to administer a medication, the parents must be informed.

Any medication drawn up but not given should be disposed of in accordance with the manufacturer's guidance.

*** Identification of Pupils**

If the person required to administer medication does not know the pupil and is unable to positively identify him/her from the MAR chart (absent photograph or change in appearance from the time of photograph) the pupil should be identified by a permanent member of staff who knows the child.

Under these circumstances, the identity must be confirmed by a permanent member of the school or nursing staff, with particular attention being paid to pupils with similar names.

The person identifying the child is not taking responsibility for the medication administration, but solely for the identification of the child so that the other person can administer the drugs safely following the agreed process. The person identifying the child will sign the MAR chart as a second signatory, but this signature is not a second check of the medication administration.

Access to and Administration of Emergency Medication

Emergency medication must be accessible at all times, and there must be sufficient numbers of specifically trained staff on site who can access and administer emergency medication to any child requiring it.

Checking, administration and recording of emergency medication follows the same process as regular medication.

Movement of Pupils within and between sites and School Outings

Movement of pupils within the school site

Due to the varied activities undertaken at Abbey Court, pupils may not always be in their home classroom when routine medication is required. To reduce the risk of missed / late doses and to minimise the time required to locate pupils requiring medication various steps will be taken in advance:

- If a pupil will be away from the classroom at a time when medication should be given the class teacher or teaching assistant (TA) will seek advice from the nurse as to the best way to manage the dose before the pupil leaves the classroom. This may mean giving the dose early or later than usual.
- If it is not possible to vary the dose time to suit the planned activity, the activity will be managed in the same way as an “offsite outing”.

Pupils travelling between sites.

Pupils travelling between sites on an ad hoc / irregular basis must have any emergency medication and MAR chart transferred with them in case of emergency in transit or on the other site.

Regular medication doses should be assessed and varied if possible as above. If this is not possible the medication and MAR chart should be transferred with the child.

Any medication being transferred with the child should be signed out on the agreed proforma and signed back in on its return.

Pupils travelling between sites regularly at specified times (e.g. year 7 for lunch)

Pupils who are regularly on the site, which is not their main base, should have their medication available to them if the dose is required whilst they are there. This can either be managed in the same way as ad hoc transfers or a supply of medication with a MAR chart kept at the site. Keeping the medication at the site is only possible for once-daily doses.

Transport of medication outside school premises

All medication must be transported in a lockable bag/container and accompanied by the correct documentation and ensuring that storage is within the appropriate temperature range. One member of the school will take responsibility for the medication bag/container.

Medication removed from the premises and returned will be checked and signed out and back in on return after the outing.

CD drugs will also be recorded in the CD record book.

All medication administered whilst away from school premises should be recorded in the usual way.

Care must be taken to ensure that medication is kept at a reasonable temperature when removed from the premises. Fridge items should be kept in a cool bag with a cool pack. Medications must not be left in a closed vehicle on hot days

Residential School Trips

Pupils going on outings will require their medication to travel with them. It should travel in its original container and be accompanied by the consent form and MAR chart.

School trips will often extend the school day and can include residential trips. This may result in a need to administer medication not normally stored or administered at school.

In order to ensure medication is safely administered the school and Special Schools Nursing Team need to be prepared.

The school will normally give at least two weeks' notice of a planned trip, indicating which classes/pupils are likely to be involved.

The Special Schools Nursing Team will review each child's care plan/medication requirements and contact parents to ensure that any additional medication required can be supplied and consent forms signed.

The Special Schools Nursing Team will ensure that arrangements are in place in time for the intended trip.

Under some circumstances due to the nature of some pupils' conditions and the logistics of arranging a trip, a pupil's involvement may only be confirmed at short notice. Under these circumstances the Special Schools Nursing Team will work on a best endeavours basis to enable the pupil to go on the trip.

Before leaving to go on a trip it must be confirmed that there is a trained member of staff able to administer each medication for each pupil requiring it. The checking, administration process will be the same as on the school premises.

If the normal timing of the administration of any medication is changed this should be discussed with the parents in advance.

Reporting of Medicine Errors

An open culture of reporting medicine errors will be promoted at the school

Medicine errors include (this is not an exhaustive list):

- An incorrect or incomplete prescription
- An incorrect dispensing of the medicine prescribed
- A medicine given to the wrong child
- The incorrect medication given to the child
- The incorrect dose given to the child
- The incorrect route of administration used in the administration of the medicine
- Out of date medicine given to the child

If an error is made:

- It is reported immediately to the nurse in charge and Headteacher at the school
- The nurse will seek medical advice as appropriate
- The error is documented on the appropriate incident form and the persons involved make a full and written statement
- The child and parents are informed of the error
- A record of the error, the examination and the conversation with the child, parent or carer is recorded in the child's health record.
- The error is investigated using the joint 'Escalation Policy' for the recording of adverse incidents.
- Once the investigation has been completed a professional and managerial decision is to be made on how to proceed.

Stock:

Parents will be required to send in adequate supplies of medication to meet the needs of the child during the school day. Nursing staff must inform parents when stock levels are running low to ensure they are given enough time to provide a new supply.

References:

- 1. Standards for medicines management, Nursing & Midwifery Council (2007)**
- 2. Medicines Act 1968**
- 3. Medicines Act 1971**
- 4. Consent, Rights and Choices In Health Care for Children and Young People BMA 2000, 11. 1 11. 2**
- 5. Managing Medicines in Schools and Early Years Settings, Department of Education and Skills (March 2005)**
- 6. Safer management of Controlled Drugs (CDs) Changes to Record Keeping Requirements Department of Health (2007)**

Appendices:

- 1. Expiry date guidelines for medication in Special Schools**
- 2. Receipt record for medicines supplied to stay at Special Schools.**
- 3. Receipt and return record for medicines supplied on a daily basis**
- 4. School staff administering medication on school outings**
- 5. Administration of regular medication by school staff**
- 6. Staff Medication**

Stock medication expiry dates	
Medications with only manufacturer expiry date	6 months from opening date or manufacturer's expiry date if sooner
Medications decanted into brown pharmacy bottle	Pharmacy should write expiry date on prescription label when decanted. Otherwise, 3 months from dispense date on prescription label
Medications with specific instructions	Can include 28 days/8 weeks from opening. See specific directions

SCHOOL STAFF ADMINISTERING MEDICATION ON SCHOOL OUTINGS

SCHOOL NURSE CONTACT TELEPHONE NUMBER:

CHILD'S NAME:

DATE OF BIRTH:

Nurse to complete form before issuing medication. Nurse to check medication with the member of staff responsible for administering on school outing. Nurse to ensure the member of staff is competent to administer medication.

Date	Time medication due	Medication to be given	Strength/form of medication	Dose to be given	Route of administration	Additional Instructions	Nurse issuing medication name/signature	Medication administered by Name/Signature

Form to be signed by person administering medication
PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE

ADMINISTRATION OF REGULAR MEDICATION BY SCHOOL STAFF

Name of school –

It is agreed that **[name of child]**
will receive **[quantity (in milligrams and
millilitres) and name of medication]**
every day at **[time medicine to be administered].**

[Name of medicine] is to be administered

[route of administration and instructions e.g. orally with a drink of water, via gastrostomy with a 10ml flush of water before and after medication administration]

[Name of child] will be given their medication by **[name of member of school staff]**

This arrangement will continue until instructed by the School Nurse.

I have received appropriate training in the administration of the medication to the pupil as detailed above and feel competent to carry out this task.

Date

Signed

(Member of staff administering medication)

I agree that it is appropriate for the member of school staff to administer the medication to the pupil as detailed above.

Date

Signed

(Member of Senior Education Team)

I am responsible for the delegation of any aspects of the administration of medicinal products and am accountable to ensure that school staff are competent to carry out this task. I am satisfied that the school staff member named above has an appropriate level of education and training, and has been assessed as competent in the administration of the medication named above. I have up to date records of all training I have provided and any assessment I have carried out.

Date

Signed

(Nurse Team Leader)

Staff Medication (Including volunteers and work experience students)

Medication brought into school by staff for their personal use, including painkillers such as paracetamol & ibuprofen, must be placed in the lockable container allocated for this purpose when brought into the school. This is located in the school office on each site.

Individuals bringing medication into school must ensure it is labelled with their name. Staff should only access their own medication and must not interfere with or remove other staff members' medication from the cupboard without permission, such as in an emergency.

Administration, removal and disposal of medication is the responsibility of the staff member requiring it. The Special-School Nursing Service does not have any responsibility for or involvement in the storage and administration of staff medication.

This is to prevent accidental access by pupils and easy access by staff. Staff medication must not be kept in any classroom or pupil area. Keeping medication in bags or pockets is not allowed.

APPENDIX 3

RED CARD PROCEDURE

In the event of a medical emergency, pupils who are red card holders are allowed direct admission to Penguin Ward, Medway Hospital.

If hospital admission is required, ring 999, inform the ambulance controller that the child is a red card holder for direct admission to Penguin Ward, Medway Hospital.

Ring Penguin Ward to advise staff that an ambulance has been called and that the child will be arriving shortly. Give details re: name, address and reason for admission.

In certain circumstances, advice may be given by the ward staff to take the child directly to the emergency department at Medway Hospital.

A member of staff to accompany the pupil in the ambulance and stay with him/her at the hospital until parent/family representative arrives.

If admission is required due to an epileptic seizure, the pupil must be taken directly to Medway Hospital emergency department by ambulance, regardless of whether he/she is a red card holder. This will facilitate rapid access to emergency resuscitative care.

If admission is required due to an injury sustained as the result of an accident, the pupil should be taken directly to Medway emergency department by ambulance, despite being a red card holder.

A list of children who are red card holders is held by the Headteacher, Senior Management Team and School Special Schools Nursing Team.

Where circumstances allow, i.e. there are concerns regarding the health of a red card holder but these are not acutely urgent, liaison with Penguin Ward medical staff should be undertaken by the school nurse in liaison with the school prior to summoning an ambulance.

Medway Hospital: 01634 830000 Penguin Ward extension 5065/5066

Appendix 7

ONGOING STAFF TRAINING/UPDATING REQUIREMENTS RE: MEDICAL TYPE PROCEDURES IN SCHOOL

Administration of Oxygen – Termly update

Recognition of hypoglycaemia and obtaining finger prick blood sample for blood sugar reading – Termly update

Training/update on Epilepsy, Asthma, Anaphylaxis and oxygen therapy – Annually (Sept) (all learning support assistants)

All new members of staff to be given training in the methods of administering rectal diazepam, asthma medication during their induction period.

Other training to be carried out during induction as appropriate to individual staff member's needs.

Administration of feeds and fluids via gastrostomy, using gravity and pump method of delivery - on going

Additional reviews to be undertaken at request of individual staff members, or if the needs of the pupil involved change.