

Maplewell Hall School



Medication Policy

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Governing Body Committee	Full Governing Body
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Maplewell Hall School

MEDICATION MANAGEMENT POLICY

For the purpose of this document 'student' refers to any child, or young adult who accesses the school. Parent(s) will refer to the person with legal responsibility for the young person.

Background

This policy has been developed combining the guidelines from LEA Code of practice No. 5 and the DfES 2015 publication 'Managing Medicines in Schools and Early Years Settings'. Information about student's medical needs are held on their Health Care Plan (HCP) or Student information sheet for pupils starting pre 2013/4 and a summary of information is in the Medication Profiles document. All are held on the Teacher share drive.

Purpose

To ensure that there are suitable arrangements for the recording, handling, safe keeping, safe administration and disposal of medication within school.

The policy should be read in conjunction with MHS-Supporting pupils with long term medical needs, Off-site trips and visits policy, Asthma policy and MHS Health and safety policy.

Rationale

At Maplewell Hall we endeavour to ensure that all of our students achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our students are likely to have medical needs which mean that additional measures are required to ensure that they are able to fully access the curriculum, that the impact of their medical difficulties is minimized as far as possible in school, and that all staff who work with the students understand the nature of their difficulties and how best to support them.

While there is no legal or contractual duty on teachers or support staff to administer medicines or supervise students taking their medicines we would wish to support our students where we can. Those with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone.

Teachers and support staff are in loco parentis and may need to take swift action in an emergency, both in school and off site, for example during school trips.

The prime responsibility for a student's health lies with the parent/carer who is responsible for their child's medication and should supply the school with all relevant information. The parents or legal guardians must take responsibility to update the school of **any** changes in administration for routine or emergency medication and maintain an in-date supply of the medication supplied in the original packaging. School will work with parents to enable this.

Aims

Our school will:

- assist parents/carers in providing medical care for their children;
- educate staff and students in respect of special medical needs including relevant training for specific conditions;
- adopt and implement any national or LA policies in relation to medication in schools;
- liaise as necessary with medical services in support of the student;
- ensure that students with special educational needs are enabled to access the full life of the school where possible;
- Maintain appropriate records.
- Ensure that we do not use food products that trigger anaphylaxis in students with specific allergies e.g.Nuts.
- ensure students with specific dietary requirements are supported
- ensure the safe storage of all medication held by school

Entitlement

The school believes that students with medical needs should be enabled to achieve full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting students with medical needs in relation to:

- choosing whether or not to become involved;
- receiving appropriate training;
- working to clear guidelines;
- having concerns about legal liability;
- Bringing any concerns they have about supporting students with medical needs to the Senior Leadership team.

Expectations

We do not expect parents/carers to ask staff to administer medication unless it is **absolutely essential** and

(a) That this takes place during school hours,

(b) That the student is unable to do so him/herself, either because of the complexity of the procedure or because s/he would not normally have access to prescription medications without supervision.

Where parents/carers have asked school to administer the medication for their child we expect them to supply the medication to school in its original pharmacy labelled, or pharmacy decanted container, bottle or packet. Parents may need to liaise with their GP or pharmacist to ensure there is adequate medication for both home and school. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacy should be visible. Any medications not presented properly will not be accepted by school staff.

The school will deal with each request to administer medication or offer other support to a student with special medical needs individually.

The school may liaise with other involved agencies for advice and information about a student's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the student.

Process

1. Medicines are only to be administered by a staff member listed on **APPENDIX 5**, who has read and signed the medication policy. A second member of staff must witness the preparation and administration of the medication, and with the primary administrator, sign the MARS chart, and controlled register. The senior member of staff on duty is responsible for ensuring all medication is administered correctly during their shift.
2. Completion of the level 2 'Safe Handling of Medicines' course is considered best practice and will be offered to all staff expected to administer medication. Thereafter all staff will attend annual update training.
3. When medication is received in school it is to be "booked in" on a Medication Administration Record Sheet (MARS). See **Appendix 1**
Parents must complete a consent form prior to sending medication into school. (**APPENDIX 2 and 2a**)
Medication **must** be in original, or pharmacy decanted containers/packets or bottles. All controlled drugs must be recorded in the controlled drugs book, which is stored in the locked and secured controlled medication cabinet. Staff must check medication labels to identify those that need cold storage; these medicines should be stored in the medication fridge as soon as possible and information written on the MARS.
4. Staff accepting medicines must ensure that they are suitable to use. On accepting medicines from parents, staff must check the expiry date of the medication. In particular liquid preparations have the expiry date on the packaging but some products need to be used up sooner once opened. This information will be on the side of the packaging if such restrictions exist.
5. Staff should not use any liquid preparation after 3 months of opening
6. For any short dated medicines, the date of opening or cold chain breach of the product, where applicable, must be established from parents in writing on the product and the medication sheet
7. On **no account** will the first dose of any **new** medication be administered by staff; parents must allow 24 hours from the first administered dose before the young person comes in to school and should notify the school if their child starts or changes medication. This does not apply to short term treatments such as anti-biotics.

8. For non - controlled drugs they must be counted on receipt and totals recorded on the back of the MARS chart. See appendix 3 for procedure for accepting Controlled Medication.
9. No medicines may be given to a young person unless written parental permission has been given and that this matches the pharmacy information.
10. Staff administering the medication should be aware of the reason for the medication, any side effects and any allergies the child may have.
11. **Emergency Medication.** Medicines prescribed on an emergency or “when required” (P.R.N.) basis must always be accompanied by information from parents indicating when the medicine can be given, exact dosage, etc. The maximum daily dose must be stated on the medication sheet.
Buccal Midazolam (epilepsy) and Epipen (anaphylaxis) should only be administered according to instructions given by the young person’s Consultant and be administered by staff who have undergone training and have signed the instruction form for that young person (protocol).
A copy of the protocol must be kept with the medication and checked before administering.
12. Under no circumstances should medication be given from memory.
13. If the information provided about a young person’s medication is unclear, or if the medication label is out of date, or obscured, the medication must not be given until clarification is obtained from parents/carer/G.P. If staff are unhappy about medication and no satisfactory solution can be agreed with parents then the young person may be sent home or parents/carers informed that medication will not be given.
14. Unused non controlled medication should be counted and totals recorded on the back of the medication sheet and then returned to parents/carers when the young person is discharged from residence. Controlled medication **must not** be sent home on the school transport. See appendix 3
15. Non –prescribed medication will not routinely be accepted. There may be occasions when non-prescription medication may be accepted at the discretion of the Care and Intervention Team leader. This will only be for one off or short term use, such as a child requiring paracetamol following dental treatment. The medication will be provided by the parent/carer and signed instructions and consent must be obtained. The parent must write the child’s name on the medication box and initial this. The medication will not be accepted if the student brings the medication in with no written instructions.
16. Rarely, a prescribing Doctor may give the parent/carer permission to adjust the dose of a particular tablet without changing the prescription. In this situation a letter from the Doctor will be required by the school to clarify the situation.
17. Occasionally parents send in medication, such as anti-biotics, without prior warning/completion of a consent form. This must not be given unless it has been sent with **clear written instructions that match the pharmacy label**. If there are no written instructions from parents it must not be administered and parents should be informed immediately. A dynamic risk assessment should be made about whether verbal permission from the parent is acceptable for a one off administration. For example a parent cannot come in to provide written authorisation and not administering the medication would be harmful for the child.
18. A blank consent form is available on the school website for parents to download, as is this parental guidance for medication in school.
19. All medication records must be kept in archives for 15 years.

Controlled Drugs (CD)

Certain medication is classed in law as a “controlled drug” this includes Methylphenidate Hydrochloride (Ritain, Tranquilyn, Medikinet, Concerta, and Equasym) typically used for the treatment of ADHD.

Some students with ADHD are prescribed Straterra. This is NOT a controlled drug.

In the parents presence the controlled medication book will be completed and signed by the staff member and parent. For parents unable to deliver/collect controlled medication see **Appendix 3 and 4**

All controlled drugs are kept in the ‘Controlled Drugs’ section of the medical cabinet in the Medical Office. The senior member of the Care and Intervention Team on duty is responsible for administering the medication but in their absence it will be administered by an authorised member of staff. In both cases the administration should be double checked and signed by support staff.

There is a specific hardback book for the administration of controlled medication. This is adjusted after each administration. Any discrepancy found between the chart and the package/bottle contents should be immediately reported to a member of the senior leadership team who will investigate. The student will also have a MAR chart which details the times and dosage required by a student. This is also double checked and signed during administration.

These drugs must be booked in and dispensed, in the following manner:

- CD must then be recorded in the CD register (hardback book) kept in the secured CD drugs cupboard
- Medication must be counted in, counted down as administered and counted out at the end of the stay – this to be witnessed and recorded in the CD register. The time/dosage/identity is cross checked with the medication label, at the time of administration, with the Consent form for that pupil. The MARs chart is also completed.
- **The balance (number of tablets held) of controlled drugs must be checked each time a controlled drug is administered.**
- If the CD drug is collected by parents then in column 6 add the words to the effect of “returned to parents”, in column 7 add the amount returned. The balance will be marked 0 in column 11.
- Use one page per student, per preparation. If the student has more than one strength of a medication, e.g. Concerta XL 18mg and Concerta XL 27mg, then this must be recorded on separate pages. A note in red pen should be made at the top of the page indicating the page number of the other tablet. Pages can be carried over to future stays providing there are no changes to medication type or dosage.
- **DO NOT MAKE AMMENDMENTS OR CROSS OUT ENTRIES. IF YOU HAVE MADE A MISTAKE YOU SHOULD ASTERIX THE ERROR AND EXPLAIN WITH A CLEAR FOOT NOTE.** This should be signed by the staff member and a witness. **ERRORS MUST ALWAYS BE REPORTED TO THE CARE AND INTERVENTION TEAM LEADER OR THE HEAD TEACHER** and a medication incident log must be completed.
- When CD's are received this should be recorded with the date and show the amount received and the new total. The rest of that line should be struck through and the next administration completed underneath. The MARS chart should also be updated to reflect the new total.

Booking in Medication

1. The Health and Wellbeing officer or Team Leader on duty must complete all medication forms when the medication is received. This should be done as a priority when the medication is handed in.
2. Consent forms should be sent to parents any time there has been a break in administration.
3. The instructions from the consent form will be written onto the MARS chart. The chart should be dated for the duration of their stay. **Each** medication must be on a separate sheet. These are then placed in the students section of the non- controlled medication folder.
4. New sheets will be found in the medication MARS file on the main residence computer. Completed charts to be filed in their central file.
5. Ensure that the authorisation from parents matches the pharmacy label. If there is a discrepancy between the authorisation from parents and the pharmacy label, staff must be satisfied that the authorisation is correct before proceeding. If in doubt speak with parents and request proof in the form of a clinic letter or letter from G.P.
6. Check the pharmacist's label attached to the medicine to ensure that all the medication is for a current treatment. The label will have the young person's name on it and it will also have the strength, dose, time and a date when the medicine was prepared. If you are in doubt check with the young person's G.P. to find out if they should still have it. Certain medicines like Midazolam are only used as required and could have been dispensed greater than three months ago, in such cases ensure the product is still in date and record the expiry date on the booking in form.
7. If the medicine label states '**as directed**' for dose and/or times confirmation must be sought from the young person's G.P. via telephone initially and then in written form – this can be requested from parents. Parents should always be contacted when clarification is needed.
8. When sending in eye drops, liquid medicines etc. parents must label the product with the date the preparation was opened. This will also be confirmed on the admittance form.
9. The dosage amount should be recorded in number of tablets given i.e. 1 tab, 2 tabs, ½ tab, 1½ tabs or millilitres for liquids.
10. If a young person is **prescribed** a painkiller on an "as required" basis, such as paracetamol, and has requested it within four hours of arriving at school then **parents must** be contacted to ensure a dose has not already been given at home.
11. The daily medication check list should be reviewed each morning by the shift leader as an aide memoir. A tick sheet showing names and times for administration is drawn up at the start of each half term. This is an additional aide to ensure medication is given as planned. When drawn up its accuracy must be checked by two members of staff. All medication must be counted or weighed on admission and discharge and recorded on the back of the relevant sheet.
12. All new charts when drawn up with medication requirements must be **cross checked by a second person** against the consent form and medication label to ensure instructions are accurate. The box (below) should be completed to show who has written it and that it has been checked.

MAR's Chart Details		
Entered	Checked	Date

Storage of All Medication

All medication must be stored in an appropriate place e.g.

- CDs to be in a double locked, secured cupboard
- Medication that needs to be kept refrigerated must be stored in the medication fridge (Check medication storage info on individual meds). Fridge temperatures must be recorded daily when the fridge is in use.(min & max temp, needs to be between 2-8 degrees centigrade)
- All other medicines to be stored in a locked drugs cabinet
- Should there be a breach of cold chain (for example, the medication fridge fails) any medication stored in the fridge should be placed in a clear plastic bag, labelled, stating that it should not be used until further information has been acquired such as – how long the medication was outside of the cold chain and advice sought from the manufacturers or pharmacist as soon as possible for the next steps regarding the medication. Parents must be informed.
- Insulin that is not in current use must be kept in the refrigerator until required. This does not include the vial that the student is currently using.
- No non-medical items should be kept in the medical fridge.

THE KEY FOR THE DRUGS CABINET AND THE CONTROLLED DRUGS CABINET, MUST BE HELD BY THE Health and Well-being officer or the Team Leader LEADING THE SHIFT AT ALL TIMES. THEY MUST HANDED TO THE FOLLOWING SHIFT LEADER AT THE END OF THE SHIFT OR PLACED IN THE SECURE KEY CABINET IN THE CARE OFFICE.

The Medical room must be locked when not in use.

Administering medication

The medication administration must be quiet and free from interruption. Priority must be given to this process. If an emergency situation occurs the student must leave the medication room and the room must be locked until the situation has been resolved.

Before administering inform other staff on duty that you and a colleague will be in the medical room and that the other students are closely monitored at this time. Only one student at a time should be in the medical room.

It is important to maintain a high levels of hygienic practice throughout the process. Staff should ensure their hands are freshly washed, the preparation area is clear and clean, and that any equipment, such as measuring pots are thoroughly clean.

The TEAM LEADER/ HEALTH AND WELL BEING OFFICER leading the shift must administer all medication for their shift at the time specified on individual medication sheets.

- A second member of staff must be present and double check all medication as it is prepared for administration.
- The staff checking should read out the medication required from the medication sheet (MAR)
- The TEAM LEADER must then select the correct medication and show this to the person checking, reading out the name of the drug, the tablet dosage and to whom the drug belongs from the label on the medication. If the drug is in a foil the drug name and size of tablet must be read from the foil and the box.
- Tablets should be placed into a medication pot from the foil/bottle and then handed to the student. Positively encourage the young person to be as independent as possible when taking their medication e.g. Place tablet into hand allowing him/her to put it into their mouth or support to do so if needed. Staff must supervise the young person during this procedure to ensure the medication has been taken.
- Both staff should sign the correct box for the time and date. It should be signed once the medication has been swallowed by the young person. Students should be observed and remain in the medical room until they have taken the medication.
- The young person should be given the opportunity to say how they would like to take their medication, for example, with juice rather than water. This information can be included on the MARs chart.

- When administering the medication care should be taken to identify the correct young person, by the use of the photo I.D. labels on the MARS dividers. If appropriate he/she should be asked their name or to read their name from the medicine container. If this is not appropriate a second member of staff should also check the medicine container and identify the young person. New staff must always administer medication with a trained member of staff.
- Once removed from packaging medication should be administered immediately to the young person by one of the two members of staff that have prepared the medication. **It must not be prepared in advance.**
- Once medication is administered it must be placed back into the packaging and returned to the locked cupboard that it came from.
- **On no account should there be any bulk preparation of medication.** Only one student's medication should be removed at any time.

Off – site trips

Occasionally students may be off site for an outing at the time their medication is due. It is the responsibility of the trip organiser to

- Notify a member of the care team that a student who requires medication is going out.
- Collect the required medications immediately prior to departure.
- That medication is kept with them for the duration of the trip
- That medication is administered in accordance with the MARS chart or care plan.
- The medication is handed back to a member of the care team immediately on return.
- That for a student who requires emergency medication that there is a member of staff who has undertaken the appropriate training on the trip.

The Care team member will

- Support the trip organiser in identifying the medical needs of the students going out and that there are suitably trained or experienced staff in attendance.
- Provide the required medication in its original packaging and in its entirety. Single doses must not be sub-dispensed.
- Provide the current MARS chart and go through it with the staff member to ensure instructions are clear and understood.
- Record on the daily log sheet which medication(s) have been taken out and by who?
- Check and return the medication to the locked cupboard on its return.
- Take immediate action if medication is found not to have been returned

Emergency medication – students who are prescribed inhalers, Epipens, and Midazolam must have their medication take on off-site trips.

Inhalers -Students are encouraged to carry their own inhaler. The lead staff member should check before departure that they have their inhaler on them. Students should have their own spare inhaler that is held by the school. This can be booked out and taken if the student does not have their own with them. In the event that neither inhaler is present consideration must be given to whether the student still goes on the trip. Parents should be contacted.

For Epipens and Midazolam – the lead staff member must at the point of arranging the trip ensure that a trained member of staff will accompany the group. It is their responsibility to collect the medication prior to departure.

In instances where the group splits up once out then the lead staff member must ensure that the medication and the trained staff remain with the correct student(s)

Students with insulin dependent diabetes –students with this condition have an individual care plan drawn up in conjunction with a diabetes nurse specialist, the student, and their parent(s). This identifies the protocol for meal and snack times, treating high and low blood sugars, and times where additionally testing and food may be required (for example, before physical exercise).

The plan will identify the level of support the student will require. Students are able to self-administer their insulin but in most cases will do this in the presence of a member of the care team who can support the student and check the dose being given. The care team will liaise with the school kitchen if there are specific dietary requirements.

The care team will work closely with the student and his/her LSA to ensure the plan is followed and the student successfully manages their blood sugar. They will liaise with parents and or the nurse specialist if there are any concerns either immediate, or of an on-going nature.

During off-site outings the care plan should be taken and a member of staff identified to support the student. This member of staff must be familiar with the student and their care plan.

Parents are responsible for supplying all necessary equipment including testing kits, needles and sharps bins.

Refusal of Medication

If medication is refused by a young person then this should be documented as such on the MARS with a reason if possible and signed by the Shift leader and medication checker. Parents should be informed by telephone and the refusal logged on the young person's notes. The medication that has been refused, if already removed from its packaging/poured, should be placed in a suitable sealed container and returned to parents/pharmacy for disposal – disposal method must be recorded on the MARs chart/controlled register. The reason for refusal must be explored with the pupil to prevent a reoccurrence. Parents should be asked to collect their child if they are likely to suffer from a serious adverse effect from the non-compliance. Advice can be sought from GP or NHS direct (111). If the student remains in school relevant staff should be informed to monitor them.

Vomited Medication

Should a young person vomit shortly after receiving medication the medication **MUST NOT** be re-administered by staff? Parents must be informed by telephone and if the young person is unwell he/she must go home. The incident must be recorded on the MARS, student record, and written hand over in the same manner as for refused medication.

Emergency Medication

Administration of Buccal Midazolam and Adrenalin (Epipen)

- Emergency medication should only be administered according to instructions given by the student's Consultant (these may be found with the medication).
- Staff must have undergone training and signed the instruction for each student. Training must be documented and reviewed at least annually
- Once the decision to administer has been made then an ambulance must be called.
- Parents should be contacted immediately. Once a parent/carer arrives at the school the responsibility for that young person rests with the parent/carer who should travel to the hospital with them.
- If parents cannot be contacted the young person must be accompanied by a member of staff who should stay with them until the parent/carer arrives.
- A young person may not remain in school once Buccal Midazolam or Adrenaline has been given
- After the incident has been dealt with an 'Administration Report' should be completed, two copies made and one given to parents/carers and one to remain on site. These can be found in the medication file

Adverse Reaction to Medication

All medication can have side effects. If a student has a minor reaction to medication parents should be notified. Staff should obtain advice from the young person's G.P. as soon as possible and advice followed. Written advice via fax should be obtained from the G.P.

If the young person has a severe reaction such as swelling of hands, face and body, reddening of skin, sweating, blotchiness or a feeling of faintness, difficulty breathing, expert help is needed immediately. Dial 999 for medical assistance and contact parents. Follow advice from medical staff on the phone until paramedics arrive. All relevant first aid forms must be completed for any first aid given. A report must be written and the young person's G.P. notified (with parental consent). The Care and Intervention Team leader must be notified.

All suspected adverse reactions in children and young people should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the webpage: <https://yellowcard.mhra.gov.uk/> . This can be done by non-healthcare staff

Drug/Medication Error

What is a drug error?

It is when medication is given:

- At the wrong **time**
- To the wrong **person**
- At the wrong **dose**
- Via the wrong **route**
- It is the wrong **drug**
- Medication is **omitted in error**

In the event of a student being given the wrong dose or the wrong medication the affected young person's safety is the priority therefore staff should:

- Seek medical advice immediately from the young person's GP or NHS direct (111) and follow any advice given; ensure you give all information regarding any other medication the young person has taken or should take. If there are any concerns re the condition of the young person then take him/her to hospital or dial 999
- Contact parents and explain what has happened
- Amend medication sheet re advice from GP
- Check on well-being of the young person
- Inform Head teacher
- Inform class teacher if the young person is going to attend school so they can be aware of need for close observation
- Inform Care and Intervention Team Leader
- Inform all staff involved in error
- Complete all appropriate forms – dangerous occurrence, incident, first aid (if applicable), and accident to pupil, handover book, and record of stay.
- If the young person remains in school follow advice from GP and observe closely
- At earliest opportunity a full written report must be completed and given to the head teacher.

If a dose is accidentally omitted -

- Contact parents
- Discuss with them whether to give the omitted dose at the current time with consideration to when the next dose is due, or to leave omitted dose and closely monitor the student.
- If parents are not available the student's GP or NHS direct should be contacted for guidance.

Following a medication error the whole team will be debriefed by the Head teacher or the Care and Intervention Team Leader (CAITL). The member of staff responsible will have supervision with the CAITL and the incident will be discussed fully and note taken of any issues that may have contributed to the error being made. Depending on the situation and reasons for the error there could be different outcomes for the staff involved such as:

- Review of process and procedures
- Be retrained in the medication policies and procedures, including a probationary period which will be regularly reviewed.
- Receive a support package devised with the Care and Intervention Team leader that highlights issues and strategies to overcome them.
- Have more regular supervision

- Attend outside training
- Retake the safe handling of medication level 2 course
- Receive disciplinary action (see disciplinary policy)

Until any probationary periods, retraining or discipline procedures are completed the member of staff will not prepare medication without supervision from senior staff.

WHEN GIVING OUT MEDICATION MAKE SURE YOUHAVE

- **The correct person**
- **The correct drug**
- **The correct dose**
- **The correct time**
- **The correct route**

At the end of summer term or if medication is no longer required

- At the end summer term all remaining medication must be counted/measured and recorded on the back of the medication sheet. The medication should then be sealed in an envelope.
- Completed charts must be transferred to the student's central file
- Any unused medication that is to be returned home should be stored in the medication cabinet/fridge until collected by the taxi/bus escort. A note should be put on the bus book asking them to collect it. Staff should be aware of which medication is due to go home and ensure it is handed over (for controlled see appendix 3) the medication must be in a sealed tamper proof envelope when given to the bus escort.
 - Controlled medication must be returned to the pharmacy and a signed receipt acquired.

Details of individual's medical background can be found on the Medical Profiles document on the Teacher share drive.

Appendix 1

Name:

Location: Medication Room

Month:

Day

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Date

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Time: 8:00am

X

Time: 12:40pm

X

Time:
8:00pm

X

Month:

Day

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Date

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Half Term

Time:
8:00am

Time:
12:40pm

Time:
8:00pm

**NAME AND STRENGTH
OF MEDICATION**

DOSE AND FREQUENCY

STUDENT PREFERENCES:

MARS Chart Details

Entered

Checked

Date

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER Non Controlled MEDICINE (Not for Concerta XL, Equasym, or Ritalin)

The school will not be able give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine. Please contact the care office if you require further information.

Name of school	MAPLEWELL HALL
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Medicine	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Any special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No <i>(delete as appropriate)</i>
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
<p>The medication should either be given to the Bus Escort to deliver to the Care office, or brought in by you. Medication should never be sent in with the student.</p> <p>It is also advisable to phone the Care Office to let them know medication is being sent in. All medication must be in its original container and have clear pharmacy labels. The details on the pharmacy label must match the consent instruction.</p>	
<p>I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes.</p>	
Date	Signature(s)(Parent / carer)

Parental agreement for school to administer Appendix 2b Controlled Medication

The school will not give your child medication unless you complete and sign this form.

Name of school	Maplewell Hall School
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Morning Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Time to be given	
Morning Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. two tablets by mouth)	
Time to be given	
Lunchtime Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method ((i.e. two tablets by mouth)	
Time to be given	
Afternoon Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Time to be given	
Any special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No <i>(delete as appropriate)</i>
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to a member of care staff and that the medication must be in its original package with the pharmacy label. The pharmacy label must match the instructions written above	
I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.	
Date	Signature(s)

APPENDIX 3

Controlled Medication is required for a student

Contact parents to request medication. Remind parent that medication must be clearly labelled. Encourage to send sufficient for half a term

Parent cannot bring medication into school

Parent able to bring medication into school

Send single use envelope (marked important hand to care office) Content slip and information letter home. Parents asked to contact school when sending medication.

Arrange a day/time that they can bring it into school

Parents to complete consent sheet and place in envelope with medication.

Parents bring medication in. Member of care staff with parent:
 1. Check label matches consent form
 2. Count tablets and completes controlled drug register
 3. Store medication in controlled drugs cupboard
 4. Administers as per consent form

Medication given to bus/taxi in the sealed envelope.

(By phone)
Parents advice care office that medication is being sent in

Content list and tablets do not match or envelope damaged

Medication handed to member of care staff. Escort records on bus list that medication has been brought in. Staff sign it.

YES
Contact parents for verification. Contents will be parent's responsibility

See procedure guide
Inform Head/Deputy. They are to hold investigation immediately.

Staff check the number of tablets against the contact slip

Tablets, Consents slip match

Check labelling against consent form

Once all of the details are verified, book medication into controlled register. Administer as per consent form.

Advice for bus drivers and bus/taxi escorts

Advice will be given to all drivers and escorts. Members of the care staff to hand the single use envelope and form to escort. Ask if they are happy to return them and inform of the following:

1. To check envelope is intact and sealed before accepting it.
2. to hand directly to a member of care staff and ensure they know who these staff members are.
3. Complete bus book to confirm medication has been brought in.

Appendix 4

Process for issues arising with controlled medication arriving in school.

- An investigation needs to be undertaken by Head teacher, or in his absence the Deputy, at the time the issue is discovered.
- The aim of the investigation is to identify what has happened and determine the cause, who is responsible, and where the tablets are. It needs to be dealt with as a priority as there is a potential risk to others if the tablets whereabouts are not known.
- In very rare circumstances it may lead to the conclusion that tablets have been removed/stolen as a deliberate act which would therefore mean that the police should be informed.

1. There is a discrepancy between a sealed intact envelope and the stated contents

Contents are the parental responsibility. Parents should be contacted to clarify reason for discrepancy.

2. Envelope is intact but there is no slip stating contents.

Phone parents to confirm how many they sent. Book medication into CD register.

3. The envelope was NOT intact when handed to the Care staff

Any bag that appears to have been tampered with should immediately be taken to the Head/Deputy and opened in their presence.

Do contents match the slip?

Yes – no concern but care staff to speak to parents to clarify why bag was opened.

No - Contact parents to raise the concern and to ask them to clarify that

- They counted the medication
- They completed the contents slip
- That they sealed the envelope as soon as the medication was put in it.
- That the envelope was intact when given to the bus/taxi escort.

3. If the issue is still unresolved the Head of Special Needs transport at County Hall should be contacted. He/she will contact the bus escort and driver to raise the concern and in liaison with the Head/deputy conduct an investigation.

APPENDIX 5

Named staff who have agreed to administer medication to students and have undertaken the Level 2 Safe Handling of Medicines training.

Name	Designation within school
Primary responsibility during duty periods	
Miss Kirsty North	Care and Intervention Team Leader
Mr Stuart Matthews	Care and Intervention Team Member
Samantha Smith	Care and Intervention Team Member
Sarah Illing	Health and Well-being Officer
Secondary responsibility (may be asked by KN to administer medication)	
Liz Bullock	
Georgina Smith	
Julie Follows	

At the discretion of the Care and Intervention Team Leader additional staff may be added following training and induction.

Additional staff may receive training to administer emergency medication such as Adrenaline or Midazolam. The Care office holds an up to date register of those trained.