

## Ashover Primary School ADMINISTRATION OF MEDICINES POLICY 2018

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### CONTENTS

1. Assessing Needs and Managing Risks
2. Children with Medical Needs
3. Responsibilities of Schools, Services and Parents
4. Parental Responsibilities and Consent
5. Core Principles of Safe and Appropriate Handling of Medicines
6. Receipt, Storage and disposal of Medicines
7. Administration of Medicine
8. Record Keeping
9. Emergency procedures
10. Staff training
11. Actions of Administration Errors / Near Misses
12. Controlled Drugs
13. Disposal of Medicines
14. Useful Contacts
15. Forms

## 1 Assessing Needs and Managing Risks

Medicines, whilst not hazardous if used and administered in the correct manner, present a risk if not used and administered correctly. The main risks associated with settings storing, managing and administering medicines are:

- Medicines given to wrong child;
- Medicines not given to child at appropriate time;
- Medicines not given at all;
- Wrong dose of medicine given to children;
- Medicines not available when required (particularly rescue medication);
- Medicines being lost;
- Medicines stored incorrectly;
- Medicines not in correct containers and not labelled correctly;
- Young people giving medicines to other young people;
- Needlestick injuries.

For young people with complex medical needs who have an individual treatment plan a separate risk assessment is not required as the **general risk assessment** will deal with issues such as storage and labelling of medicines and the **treatment plan** will provide detail on the administration of the medicines.

## 2 Children with Medical Needs

### Children with short term medical needs

Many children will need to take medicines during the day at some time during their time in school and/or any services they use. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

- However, such medicines should only be taken to school or a service where it would be detrimental to a child's health if it were not administered during the school day/ duration of the service.

### Children with long term medical needs

It is important that schools and services have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a

service. The impact may be *direct* in that the condition could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be *indirect*, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Schools need to know about any such needs before a child is admitted or when s/he first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. For such children, it is often helpful to have a written individual treatment plan drawn up by relevant health professionals in consultation with the parents. This can include:

- details of a child's condition;
- special requirement e.g. dietary needs, pre-activity precautions;
- what constitutes an emergency:
  - what action to take;
  - what **not** to do;
  - who to contact – including when parents expect to be contacted.
- the role the staff can play.

**The overriding duty is to ensure good communication that will ensure a child receives the right medicine at the right time with the minimum risk of error.**

### **3 The Respective Responsibilities of Schools, Services & Parents**

*Head teachers and managers of services have a shared responsibility with parents to ensure good communication and information sharing to ensure a child receives the right medicine at the right time and, furthermore, that when a child is "handed over", parents/carers and staff know what medicines have been given and when the next doses are due. They also have separate responsibilities.*

#### **The Responsibilities of Headteachers/Managers**

It is the responsibility of the Head teacher/manager to ensure that schools and services have a clear medicines policy which is understood and accepted by staff, parents and children. The policy should be readily accessible and ideally be included as part of the school prospectus or service information/brochure. The policy should set out clearly what is expected of parents and children, including how working together will ensure that children with medical needs are not disadvantaged.

- Head teachers and managers are advised not to allow children to bring medication into school/services except as covered by this document and the relevant codes of practice.
- They should advise parents that schools/services (other than full-time care) do not keep any medication for distribution to children, e.g. paracetamol. They will, of course, have a first aid kit.
- They should have particular regard to the section dealing with consent below.

**This does not imply a duty on Head teachers/managers or staff to administer medication. The Local Authority wishes to point out to school staff, governors, parents and staff in other services that participation in the administration of medication is on a voluntary basis unless staff have accepted job descriptions that include duties in relation to the administration of medicines.**

- **Individual decisions on involvement must be respected.**
- **Punitive action must not be taken against those who choose not to consent.**

When employing care and support staff, schools and services will need to consider including the management and administration of medicines and associated tasks within their job descriptions to ensure a sufficient number of staff are employed to carry out this role.

*All staff are advised to consult their trade union branch or regional officer or representative for further advice if needed.*

The advice contained here sets out the principle requirements from statutory guidance, where it exists, and from other sources as necessary.

- Schools and services are advised to adopt, and where necessary adapt, the guidance in this document to form their own policy, which should be regularly reviewed and updated as necessary.

### **Notifiable Diseases**

Head teachers and managers should also be aware of and make available the document "Guidance on infection control in schools and nurseries" available from the Health Protection Agency website. [www.hpa.org.uk/infections/topics-az/schools/default.htm](http://www.hpa.org.uk/infections/topics_az/schools/default.htm). If they are unsure of any issue relating to notifiable diseases they should seek advice from the Health Protection Team (0844 225 4524).

### **The Responsibilities of Parents**

The responsibility for ensuring that children with medication needs receive the correct "treatment" rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. Carefully

designed prescribing can sometimes reduce the need for medicine to be taken during school hours or when they are attending services. To help avoid unnecessary taking of medicines at school/ services, parents should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;
- ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school/service to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- It should be noted that duplicate containers may not be supplied free of charge – charges will be at the discretion of individual pharmacists.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

### **Consent**

Before administering medicine to a child, there needs to be written evidence of full consent. This must be given by a parent or person with parental responsibility. Copies of relevant documentation are at the end of this document.

## **4 Parental Responsibility and Consent**

### **Parental Responsibility**

Who has parental responsibility?

A mother automatically has parental responsibility for her child from birth. However, the conditions for fathers gaining parental responsibility vary throughout the UK. In England and Wales, if the parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they both have parental responsibility.

- Parents do not lose parental responsibility if they divorce, and this applies to both the resident and the non-resident parent.

This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father however, has this responsibility only if he is married to the mother when the child is born or has acquired legal responsibility for his child through one of the following 3 routes:

- by jointly registering the birth of the child with the mother;
- by a parental responsibility agreement with the mother; or,
- by a parental responsibility order, made by a court

### Orders under the Children Act 1989

Parental responsibility is also obtained through the making of a residence order, a special guardianship order and through the act of adoption.

- Where a child is the subject of a care order (Section 31) in favour of a Local Authority, it shares parental responsibility with the mother or both parents.
- Where a child is in care on the basis of a voluntary agreement with a parent (Section 20), parental responsibility remains with the parents.
- Persons who may have day to day responsibility for children such as teachers and childminders do not have parental responsibility but are under a duty of care to act as a reasonable parent would do to ensure the child's safety and in emergency circumstances may take reasonable steps to promote a child's welfare.

### **Consent**

#### What is "informed" consent?

It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific.

- A parent will be asked to give consent separately to each individual requirement of meeting a child's needs.
- Staff should also give parents the opportunity to ask for further information/clarification before they sign a consent form.

#### What consents are needed?

The level of consent will vary with a child's needs, the service or setting and the length of time s/he is away from home. Staff/carers may need a parent's agreement to some or all of the following to allow them:

- to approach the family GP (or other health professional) for further advice and information about a child's health care needs;

- to share this with those who are planning for a child's education or care needs;
- to administer a medicine should this be necessary;
- to seek routine advice or treatment from a medical practitioner should the need arise;
- to seek urgent medical treatment should this be necessary;
- to contact a named person if they are not available.

### Consents to planned or urgent medical treatment

Staff/carers will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending school or services.

- What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought.

In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action.

- A doctor will always act in the best interests of a child's health, including in emergency situations.

### What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and on the basis of agreements. If the school or service feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the service will take further advice and try to resolve the dilemma without, in its opinion, compromising a child's wellbeing.

- Where s/he is competent, it is the consent of a competent older that will be sought – see below.
- The parent's views will be respected.
- This *may* mean that a service cannot be provided or *may* be restricted in some way.
- However, the consent of only one person with parental responsibility is required - this is true even where it is known that the other parent may not give his or her consent.

### Confidentiality

Similarly, in some circumstances, parents or a young person may ask for sensitive information to be confidential.

- This should be respected so long as it does not place the child, or anyone else, at risk of significant harm - the “**need** to know” is a key consideration.

### Keeping up to date with changing needs

Whether a child is a frequent, or just an occasional user, of services, staff/carers need to know that the medication instructions are up to date. The individual treatment plan will be regularly reviewed and any new requirements must be communicated to all involved in the plan for the child.

- Parents must always provide current instructions – this means ensuring that the child’s GP, paediatrician or the pharmacist is aware of the need to pass on *written* instructions to a school or service provider.

## **5 Core Principles of Safe and Appropriate Handling of Medicines**

### **1. Staff know which medicines each child has and the school keeps a complete account of medicines.**

Medicine records are essential in every service/setting and especially those providing full-time care. All staff should know which children need someone to administer, or oversee the self-administration of, medicines. Those who help children with their medicines should:

- know what the medicines are and how they should be taken and what conditions the medicines are intended to treat;
- be able to identify the medicines prescribed for each person and how much they have left;
- have access to a complete record of all medicines - what comes in, what is used, what goes out - the ‘audit trail’;
- schools and services are dependent upon the cooperation of parents to enable them to meet this requirement.

### **2. Staff who help people with their medicines are competent**

Head teachers and managers need to ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to children. The arrangements for inducting and supervising new staff should also identify the training and skills that each new staff member has and what training they will need in order to ensure that are

adequately trained and knowledgeable to give medicines to children with specific medication needs identified within an individual treatment plan.

- Where specific training is needed to administer a medicine or carry out a procedure, only staff who have been given appropriate training *and* have demonstrated their competence, should be permitted to do this.
- Headteachers and managers are responsible for assessing a worker's competence to give medicines to the children for whom they care.
- Evidence of competence needs to be confirmed by a health professional

### **3. Medicines are given safely and correctly, and staff preserve the dignity and privacy of individuals when they give medicines to them**

Safe administration of medicines means that they are given in a way that avoids causing harm to a child.

- They should only be given to the person for whom they were prescribed.
- Children should receive the right medicine at the right time and in the right way.
- Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking.
- It also means keeping personal medical information confidential, for example, a person's medicines administration record (MAR) should not be kept where everyone can see it.

### **4. Medicines are available when required and the school makes sure that unwanted medicines are disposed of safely**

- Prescribed medicines must be available when needed and so continuity of supply of medicines for ongoing treatment is essential.
- Out-of-date, damaged or part-used medicines that are no longer required should be disposed of safely so that they cannot be taken accidentally by other people or stolen.

### **5. Medicines are stored safely**

Medicines need to be stored so that the products:

- are not damaged by heat or dampness;
- cannot be mixed up with other people's medicines;
- cannot be stolen;
- do not pose a risk to anyone else;

### **6. The school has access to advice from a pharmacist**

- Every school/service should ensure that it has the contact numbers for their local pharmacy readily available : 5 Edinburgh Court, Wingerworth  
Tel: 01246 217756

## **7. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour**

- Prescribing medicines is the responsibility of healthcare professionals.
- Medicines should not be used unnecessarily for sedation or restraint.

## **6 Receipt, Storage and Disposal of Medicines**

### Prescription medicines

Medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

- Ashover Primary School will only accept medicines that have been prescribed by a doctor/dentist (Prescription Only Medicine POM).

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- prescriber's consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours;
- prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration.

- They should also be accompanied by a fully completed parental consent form

Ashover Primary School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

- Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

## Receipt of medicines

The handover of medicines should be between adults. Under no circumstances should a child be given medicines to keep on their person. Staff must have a record of the medicines they have received and what they will be required to administer. They must know and record:

- the child for whom the medicine – including ointments and creams - is intended;
- where the child is attending school or a short break activity, parents should be advised to send only the amount of medicine required
- Where a child will be cared for overnight or longer a proper record of medicines received is required:
  - tablets should be counted (for hygiene reasons staff should wear rubber gloves where possible);
  - ointments/creams should be estimated (for example, half a tube);
  - liquids should be measured with a ruler (for example, 5 cms).

## Labelling of medicines

On the few occasions when medicines have to be brought into a school, the original or duplicate container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil as the medicine will only be administered to the named pupil – not siblings or other relatives
- date of dispensing;
- dose and dose frequency (*This may read “as directed” or “as before” if this is what is on the prescription*)
- the maximum permissible daily dose;
- cautionary advice/special storage instructions;
- name of medicine;
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form.

- Where the information on the label is unclear, such as “as directed” or “as before” then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

## **Written instructions**

All medicines that are to be **administered by staff** must be accompanied by written instructions from the parent and/or the GP/prescriber.

## **Safe storage of medicines**

At Ashover Primary School medicines are be stored in a lockable cupboard in the staff room. The medicine cupboard is not used for the storage of non-prescription medicines (except where supplied for a specific child with a care plan) nor first aid kits.

## **Non-emergency Medicines**

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. Large volumes of medicines should not be stored.

- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- This should be easy if medicines are only accepted in the container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.
- The Head teacher/manager is responsible for making sure that medicines are stored safely.
- Children should know where their own medicines are stored and who holds the key.
- Non-emergency medicines should be kept in a secure place not accessible to children.
- National standards for under 8's day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

## **Refrigerated Storage**

Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'.

- Staff need to know which medicines need to be kept cool.
- The Patient Information Leaflet that is supplied with a medicine will state whether the medicines needs to be kept in a fridge.
- At Ashover Primary School medicines requiring refrigeration are kept in a container in the staff room fridge which is only accessed by members of school staff.

The refrigerator must be cleaned and defrosted regularly and the temperature should be monitored daily and the temperature recorded (when medicines are being stored within)

- A maximum/minimum thermometer is recommended for this. There should be a written procedure of action to take if the temperature is outside the normal range — usually between 2 and 8 degrees Celsius.
- If the fridge breaks down, it is important to identify the fault quickly, otherwise medicines may be wasted.

### **Emergency Medicines**

These are medicines which need to be readily available in an “emergency situation” and include medicines such as asthma inhalers and adrenaline pens - these should always be readily available to children as and when they need them.

Many children will have the capacity to keep and administer their own medication of this type and should be enabled to do so. Where pupils are deemed not to have this capacity then the medicines should be stored in such a way that they are readily accessible i.e. not locked away in a central store cupboard. At Ashover Primary School inhalers are kept in a box in the classroom and taken with the class during PE lessons or other lessons out of the classroom to ensure they are readily available.

### **Disposal of Medicines**

Medicines which have passed the expiry date must not be used

Creams and lotions will have both a manufacturer's expiry date which must be observed and should also be considered to have expired 28 days after having been opened. Pump dispensers have a longer life, usually about 3 months. Expired medicines need to be disposed of properly by arrangement with the child's parents, either by return to, or collection by, the parents or return to the pharmacy for safe disposal.

- Parents should be made aware of their responsibilities via the school prospectus/service brochure.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **NB Employee Medicines**

*An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that children will not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.*

- *Staff medicines are not stored in a cabinet intended for the use of children's medicines.*

## **7 The Administration of Medicines**

### **1. ADMINISTRATION OF MEDICINES - GENERAL CONSIDERATIONS**

There are three general situations which apply to the administration of medicines in schools and services. These are as follows.

#### **A The child self-administers their own medicine of which the school/service is aware**

Many children will have the capability to keep and administer their own medicine themselves. It is good practice to support and encourage children who are able, to take responsibility to manage their own medicines from a relatively early age and schools/services should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage.

- Health professionals, in consultation with parents and children, need to assess the appropriate time to make this transition.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent (or staff/carer).
- In all instances where prescribed medicines are brought into school, notification must be given on the parental consent form at the end of this document.

## **B The child self-administers the medication under supervision**

Where the Head teacher or staff are willing to be involved voluntarily, the person in charge is responsible for ensuring that, as a minimum safeguard, self-administration of medicines that are safely stored is supervised by an adult.

Where schools/services supervise self-administration, measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine.

This means:

- ensuring access to the medication at appropriate times;
- the medicine is identified as belonging to the named child
- it is within the expiry date;
- a record of medicine administration is kept noting that the session was supervised:
  - the child should sign the form, staff/carers should countersign and indicate that the medication was self-administered by the child under supervision.

## **C A named and trained consenting staff member administers the medicine**

Ashover Primary School will, in this circumstance, store the medicines and comply with all requirements on the storage of medicines. In order to ensure that medicines are administered safely, Ashover Primary School is as follows:

1. Parental consent form filled out in full prior to 1<sup>st</sup> administration of POM as previously detailed.
2. Forms are stored in the 'Children Requiring Medicines Today' folder in the school office.
3. Two of the named staff administer and record the administration recording the medicine, date/time, dosage and sign the administration of medicine log.

4. Medicines will not be administered by a member of staff working alone.
  5. Staff willing to administer/record administration of medicines are:  
Mrs Spender, Mrs Hallsworth, Mrs Cooper, Mrs Watson, Mrs Rhodes, Ms Matthews (for LC).
- The names of the consenting staff willing voluntarily to administer medication must be kept up to date, provide cover during periods of absence and be readily available at the storage point in cases of emergency.
  - Schools will vary in relation to the level of demand for the administration of medicines, whether by staff or under their supervision. Schools are advised to consider what the level of (future) demand is likely to be and whether or not voluntary arrangements will be appropriate and adequate.
  - For some it may be appropriate to have some staff job descriptions that include responsibilities for the administration of medicines.

*For further advice and information contact CAYA Health and Safety on 01629 536525*

## **2. ADMINISTRATION OF MEDICINES BY STAFF**

All staff who participates in administering medication must receive appropriate information and training for specified treatments in accordance with this guidance and the Codes of Practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

In schools, the Head teacher/manager is responsible for knowing which children are taking medication and who is responsible for administering it. In schools, Headteachers must ensure that:

- all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication;
- this person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action;
- other trained staff who may be required, e.g. First Aider should be summoned as appropriate.

- If staff are required, or have consented, to help supervise or administer non-prescription medication due to a child's age or ability to be responsible for their own storage and administration of the medicine, then these procedures for administering medicines must be followed.

In order to give a medicine safely, Ashover Primary School staff will:

- identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- identify the child/young person correctly
- know what the medicine is intended to do, for example, to help the person breathe more easily;
- know whether there are any special precautions, for example, give the medicine with food.

There should be a simple easy-to-follow written procedure for giving medicines which staff must be familiar with and follow carefully.

Headteachers/managers should also monitor periodically how well staff follow this procedure. Staff should only give medicines that they are competent to administer. They can give or assist children to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals who self-administer medicines.

### **Key responsibilities of staff:**

#### **Staff must always check:**

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual treatment plan where one exists;
- any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (MAR) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a

particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school/service.

- Schools and services **must** keep written records each time medicines are given. The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.

**Managers must routinely:**

- check the medicine administration records and countersign to evidence compliance with written guidance or identify and address any non-compliance

**Staff must never give:**

- a non-prescribed medicine to a child unless there is specific written permission from the parents on the appropriate form, and it is the medicine supplied by the parent;
- medicine to a child that does not belong to him or her - schools and services should not keep stocks of non-prescription medicines to give to children;
- medicine that belongs to another child;
- a child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

**Staff should not** undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

*The Head teacher/manager must keep a record of all relevant and approved training received by staff.*

**Each person who administers medication must:**

- receive a copy of these guidelines and Code of Practice;
- read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- confirm the dosage/frequency on each occasion and consult the medicine record for to ensure there will be no double dosing.
- be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- know the emergency action plan and ways of summoning help/assistance from the emergency services;

- check that the medication belongs to the named pupil and is within the expiry date;
- record all administration of medicines as soon as they are given to each individual;
- understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- ensure that all medicines are returned for safe storage;
- ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure that the Head teacher is aware of this lack of training/information.

### **3. REFUSAL TO TAKE MEDICINES**

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

- If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.
- Where there is no instruction in the child's plan, staff should follow the school's/services general policy.

The general policy should include the following:

- parents should be informed the same day;
- where refusal may result in an emergency, the school/services emergency procedures should be followed.

## **8 Record Keeping**

Records must include:

- an up to date list of current medicines prescribed for each child that has been confirmed in writing;
- what needs to be carried out, for whom and when;
- for children with ongoing or complex needs, a care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them.

Staff must make a record straight after the medicine has been accepted and taken.

- The records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record.

- From the records, anyone should be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

### **Educational visits/outings**

Schools and services should actively promote the participation of children with medical needs in educational visits, outings, and community activities which may need to be safely managed. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The national standards for under 8's day care and childminding mean that the registered person must take positive steps to promote safety on outings. This will include reviewing and revising existing information, policies and procedures so that planning arrangements will include the necessary steps to include children with medical needs.

- It might also include risk assessments for such children.

Sometimes additional safety measures may need to be put in place. An additional supervisor, a parent or another consenting staff member might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration.

- Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.
- A copy of any individual treatment plans should be taken on visits in the event of the information being needed in an emergency.

### **Sporting and leisure activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- Any restrictions on a child's ability to participate in PE should be recorded in their individual treatment plan.
- All staff should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children,

be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

- More details about specific health conditions can be found in the Codes of Practice.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the most appropriate person identified by the child's individual treatment plan.

- Children may not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents.
- Concerned staff should contact the Health & Safety section for advice.

## **9 EMERGENCY PROCEDURES**

Where children have conditions which may require rapid intervention, parents must notify the Head teacher/manager of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual treatment plan. All schools and services should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school or service, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance. The Headteacher/ manager must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- which children have individual treatment plans;
- possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- who is responsible for carrying out emergency procedures in the event of need;
- how to call the emergency services;
- what information from the individual treatment plan needs to be disclosed.

*Other children should also know what to do in the event of an emergency, such as telling a member of staff.*

### **When a child needs to go to hospital**

Staff should not normally take children to hospital in their own car - it is safer to call an ambulance. However, in remote areas a school or service might wish to make arrangements with a local health professional for emergency cover. The national standards require early years' services to ensure that contingency arrangements are in place to cover such emergencies.

- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Training and practical advice on the recognition of the symptoms can usually be offered by a range of staff including Children in Care nurses, school nurses or community children's nurses who are employed by NHS Trusts.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan should address what should happen – exceptionally this may include a staff member using his or her own vehicle.

***All such arrangements must be agreed and recorded in the child's individual treatment plan and be referred to Risk and Insurance for approval before they are carried out.***

### **Unusual Occurrences, Serious Illness or Injury**

All parents should be informed of the school's/service's policy concerning children who become unwell whilst in the care of the school or service. This should be contained within the school's prospectus or service brochure. This will include home/mobile/work telephone numbers and other instructions e.g. relatives who can be contacted. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the Head teacher/manager should, if necessary call an ambulance to transport the child to hospital.

- *If the pupil is on medication, whether self-administered, under supervision or administered by staff, details must be provided to the emergency service, e.g. details of the written parental consent, the medicine itself and a copy of the last entry on the medication record form*

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.

## 10 Staff Training

In addition to the basic training for their roles as children's services workers across all settings, all staff must be appropriately trained in the handling and use of medication, and have their competence assessed. The school's/service policy on the administration of medicines should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each staff member.

The minimum training requirements are:

- the supply, storage and disposal of medicines;
- safe administration of medicines;
- quality assurance and record-keeping;
- accountability, responsibility and confidentiality.

Three levels of training need to be delivered:

- induction training;
- basic training in safe handling of medicines;
- specialised training to give medicines.

### 1. INDUCTION TRAINING

The school/service must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children and young people in their care and their needs.

- Staff who have never worked in a children's, health or social care service should not administer any medicines until the headteacher or manager is satisfied that they are competent to do so.
- Induction training should therefore focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines

### 2. BASIC TRAINING IN SAFE USE AND HANDLING OF MEDICINES

Basic training is intended to ensure that staff are competent to undertake the following:

#### Administration

Staff will be able to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

### **Recording**

Staff will also understand:

- the need for clear instructions and accurate record keeping;
- how to receive medicines and record instructions;
- the requirements for safe storage of medicines;
- how to record medicines administered;
- the arrangements for safe disposal/return of unused medicines;
- identify medicines and associated procedures for which specific training is required;
- understand when to seek advice.

On completion, there must be a formal assessment, devised by or on behalf of the service provider or manager.

- The aim is to make sure that staff can confidently and correctly give medicines prescribed for the children and young people in their care, or oversee correct self-administration.
- This can be achieved by accompanying the staff member when they give medicines and observing that they complete key tasks in line with policies and procedures.
- This level of training will not cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injection nor clinical procedures for which specific training should be provided.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions

### **3. SPECIALISED TRAINING TO GIVE MEDICINES**

There may be occasions when workers/carers are willing or required to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- it is part of a child/young persons' care plan;
- a risk assessment has been carried out;
- clear roles and responsibilities are agreed by the agencies and the people involved in providing care;
- appropriate consents have been obtained from the young person or person with parental responsibility;
- appropriate training has been provided and a worker's/carer's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider;
- their agreement to do so has been recorded (form 11/11a).

#### 4. MANAGEMENT AUDITS/ QUALITY ASSURANCE

In order that managers can ensure compliance with guidance and procedures, audits should be undertaken at agreed intervals that are commensurate with the level of medicines administered.

- Audit reports provide evidence not only to staff teams about their practice but assure external managers and inspectors that responsibilities are taken seriously and actions taken to address any areas of deficit

### 11 Action to be taken if a medicine administration error/ near miss incident is identified

The aim of all medication-related guidance is to minimise the risk of an administration error occurring. An error in medication administration is defined as **any deviation from the prescribed dose.**

Errors fall into three different categories (plus the temporary category of unresolved at the time):

**(a) Major Error** - is an incident which results in major harm or death, admission to hospital for 24 hours or more or in the service user being rendered unconscious.

- Major errors must be reported immediately to the Manager - Head Teacher, Head of Service, Service Manager or equivalent
- The Manager will contact the Health and Safety Section.
- The manager should report the incident to the HSE in line with CAYA Accident Reporting Guidance if it results in a fatality or the pupil/service user going straight to hospital for treatment from the scene of the incident. This can be found at;

[http://dnet/working\\_for\\_us/your\\_wellbeing/caya/caya\\_health\\_safety/policy\\_guidance/default.asp](http://dnet/working_for_us/your_wellbeing/caya/caya_health_safety/policy_guidance/default.asp)

- The Manager should obtain any witness statements immediately or as soon as possible after the event.
- A written report detailing the facts must be completed within 24 hours and sent to Health and Safety Section together with this form. A copy must also be filed at the workplace.
- The Manager and a Health and Safety Officer will then compile a detailed accident investigation report
- Services subject to inspection will also need to notify the regulatory body

**(b) Unresolved Error** - is an incident the outcome of which for the service user is unknown at the time,

**(c) Minor Error** - is an incident which results in no significant harm to the service user

**(d) Near Miss Incident** - A near miss in medication administration is defined as an incident which might have resulted in an error if it had not been noted and rectified before the error occurred. There have been no consequences for the service user.

In all circumstances where there has been a failure to comply with written instructions, whether resulting in an over or under administration:

- advice as to what action should be taken should immediately be sought from the person who has prescribed the medication;
- if this person is not available, advice from another medical practitioner or pharmacist should be sought;
- where none of these are available, the local hospital accident and emergency department should be contacted;
- a full record of the incident and action taken is to be recorded
- the following should be informed:
  - Child's parents/carers
  - Health & Safety section at County Hall:  
Jerry Sanderson 01629 536499
  - Where the child is in care, the child's social worker and Richard Corker, Head of Quality Assurance, 01629 538906 to identify whether or not notification to OfSTED is required.

Finally:

- the incident should be discussed with the staff team to ensure that any lessons are learned and any changes to practice/procedure introduced to ensure there is no recurrence.

## 12 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in schools and other educational settings are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply to every social care service and they do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into a school or service/setting it should be stored securely in a locked container within a locked cabinet to which only named staff should have access.
  - A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people should normally be present - unless it has been agreed that one person may administer the drugs or that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, should be safely disposed of by returning it to the pharmacy from which it was obtained or returning to the parent when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools and settings should have a policy in place for dealing with drug misuse.

- Settings providing full time care should not store more than 28 days supply of a controlled drug.

### **Lone working**

It is not always possible to ensure that 2 workers are available to comply with this requirement and strict adherence at all times could lead to a child being denied access to services. In such circumstances, consideration should be given to alternative ways of providing managerial oversight . For example:

- on return to base, an outreach worker's record of medicine administered should be checked and countersigned by a second worker
- a single foster carer's records should be retrospectively checked by their supervising social worker

**If staff are concerned that a medicine that is not a controlled should be managed in the same way, it can be treated as a controlled drug.**

### **Off-site and in the Community**

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- where possible, a second person will witness the administration;
- the named person should carry the medicine with him/her at all times; or,
- a lockable/portable device such as a cash box should be used to prevent ready access by an unauthorised person
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.

## **13 Disposal of Medicines**

Circumstances when medicines might need to be disposed of include:

- a child's treatment is changed or discontinued — the remaining supplies of it should be disposed of safely;

- the medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL);
- In the event of a child death, any medicines should be kept for seven days in case the Coroner's Office or a courts ask for them.

In order to provide a full audit trail of medicines, a record is required to identify the removal of a child's medicines. This record should detail the following:

- date of disposal/return to pharmacy;
- name and strength of medicine;
- quantity removed;
- service user for whom medication was prescribed or purchased;
- signature of the member of staff who arranges disposal of the medicines.

All medicines should be returned with the child at the end of the course of treatment or, where the child has been cared for overnight, at the end of the stay.

- In exceptional circumstances unused medicines will remain with staff or carers and will need to be disposed of.
- This record is also necessary when medication is transferred to another service provider, for example from school to a foster home or short term break and vice versa.
- This procedure includes any transfer to an NHS hospital.

When a child transfers to another care service, they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed.

## Useful Contacts

### Local Organisations

Children's Community Nurse Training Team (North County)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514563 Fax: 01246 512630
Children's Community Nurse Training Team (Countywide)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514511 Fax: 01246 514424

### National Organisations

#### **Allergy UK**

Allergy Help Line: (01322) 619898

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

#### **The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

**SHINE** (formerly Association for Spina Bifida and Hydrocephalus)

Tel: (01733) 555988 (9am to 5pm)

Website: [www.shinecharity.org.uk](http://www.shinecharity.org.uk)

**Asthma UK** (formerly the National Asthma Campaign)

Asthma UK Adviceline: 0800 121 62 44 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

**Council for Disabled Children**

Tel: (0207) 843 1900; [cdc@ncb.org.uk](mailto:cdc@ncb.org.uk)

Website: <http://www.councilfordisabledchildren.org.uk/>

**Contact a Family** for families with disabled children

Helpline: 0808 808 3555; [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk)

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

**Cystic Fibrosis Trust**

Helpline: 0300 373 1000

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

**Diabetes UK**

Supporter Services: 0845 123 2399, Monday to Friday 9am to 5pm.

[supporterservices@diabetes.org.uk](mailto:supporterservices@diabetes.org.uk)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

**Department for Education**

Telephone: 0370 000 2288

Typetalk: 18001 0370 000 2288

Fax: 01928 738248

Website: [www.education.gov.uk/](http://www.education.gov.uk/)

**Department of Health**

Phone: 020 7210 4850 (Office opening hours 08:30-17:30 Mon-Fri)

Textphone: 020 7210 5025 (for people with impaired hearing)

Fax: 020 7210 5952

Online: [web contact form](#)

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

**Equalities & Human Rights Commission (DRC)**

Equality and Human Rights Commission Helpline: 0845 604 6610

Monday - Friday 8am - 6pm

Textphone: 0845 604 6620

Fax: 0845 604 6630

Freepost RRLG-GHUX-CTR, Arndale House, Arndale Centre, Manchester, M4 3AQ

Email: [englandhelpline@equalityhumanrights.com](mailto:englandhelpline@equalityhumanrights.com)

Website: <http://www.equalityhumanrights.com/>

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Mon – Thurs 9am to 4.30pm, Fri 9am to 4pm)

Fax: (01133) 910300 (UK)

Email: [epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Learning Disability Helpline: 0808 808 1111

Mencap Direct: 0300 333 1111

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0800 089 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

**NHS Direct**

Helpline: 0845 4647

Website: [www.nhsdirect.nhs.uk/](http://www.nhsdirect.nhs.uk/)

**Epilepsy Society**

Helpline: (01494) 601 400 (Mon-Fri 10am to 4pm)

Website: <http://www.epilepsysociety.org.uk/>

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Fax (01604) 251621

Email: [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)

## **Form 1 - Parental Consent for Schools/Setting to Administer Medicine**

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Name of School/Setting

Date

Childs name

Date of birth

Group/Class/Form

Medical condition or illness

### **Medicine**

Name/type of medicine/strength  
*(as described on the container)*

Date dispensed

Expiry date

Agreed review date to be initiated by  
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to  
School/Setting

Are there any side effects that the  
School/Setting needs to know about?

Self administration

Procedures to take in an emergency

**Contact Details – First Contact**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

**Contact Details – Second Contact**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School/Setting staff administering medicine in accordance with the School/Setting policy. I will inform the School/Setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School/Setting is not obliged to undertake. I understand that I must notify the School/Setting of any changes in writing

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

For School/Setting Use

Reviewed by	Date	Signature	Print Name


**To be reviewed annually or if dose changes**

**Form 2 - Record of medicine administered to an individual child**

Name of School/Setting	<input type="text" value="ASHOVER PRIMARY SCHOOL"/>
Childs name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Group/Class/Form	<input type="text"/>
Date medicine provided by parent	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Quantity returned	<input type="text"/>
Dose and frequency of medicine	<input type="text"/>
Staff signature	_____
Signature of parent	_____

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

### **Form 3 - Request for Child to Carry His/Her Own Medicine**

This form must be completed by parents/guardian/pupil over 16 (delete as appropriate)

**If staff have any concerns discuss this request with healthcare professionals**

Name of School/Setting

Childs name

Date of birth

Group/Class/Form

Address

Name of medicines

Procedures to be taken in an emergency

**Contact Information**

Name

Daytime phone number

Mobile Number

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**Form 4 - Staff Training Record – Administration of Medicines**

Name of School/Setting

Name

Types of training received

Date of training completed

Training provided by

Profession and title

I confirm that (name of member of staff) \_\_\_\_\_ has received the training details above, is competent and has agreed to carry out any necessary treatment. \*

*\* Use continuation sheet where more than one member of staff has been trained*

I recommend that the training is updated (please state how often) \_\_\_\_\_

Trainers signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_



## FORM 5 MEDICATION ERROR/NEAR MISS INCIDENT REPORT

<b>1.</b>	<b>Level of Error</b>			✓
	<b>(a) Major Error</b>	(Incident resulting in major harm or death)		
	<b>(b) Unresolved Error</b>	(The outcome at present unknown)		
	<b>(c) Minor Error</b>	(No serious harm suffered)		
	<b>(d) Near Miss</b>	(Error was avoided)		
<b>2.</b>	<b>Service details</b>			
	Service name			
	Address			
	Telephone			
	Person in Charge			
<b>3.</b>	<b>Person completing this form – sign and date at end of form</b>			
	Name			
	Job Title			
<b>4.</b>	<b>Person(s) involved in the incident</b>			
	Name 1			
	Job Title			
	Name 2			
	Job Title			
	Name 3			
<b>5.</b>	<b>Details of the medication error or near miss</b>			
	Name of Child/ Young Person			
	Date and time error occurred			
	Date and time error discovered			
	Details of the error - attach separate report if necessary			
<b>6.</b>	<b>Health professionals involved with the child/young person</b>			
	GP			
	Consultant			
	Nurse			
	Pharmacist			
<b>7.</b>	<b>All others staff/persons involved in the incident</b>			
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	

<b>8.</b>	<b>Who was contacted for advice?</b>					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No		Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				
<b>9.</b>	<b>Advice and Action</b>					
	By whom - name and contact details			Time		
	Advice given					
	Action Taken					
	By Whom			Time		
	Advice given					
	Action Taken					
<b>10.</b>	<b>Who has been informed about the incident</b>					
					If no, give reasons	
	Child/young person	Yes	No			
	Parent/Person with PR	Yes	No			
	Other Carer	Yes	No			
	Manager	Yes	No			
	H&S Officer	Yes	No			
	Head of Quality Assurance	Yes	No	If child/young person is in care		
	Yes					
<b>11.</b>	<b>Type of incident</b>	<b>Detail</b>				<b>✓</b>
	Wrong service user					
	Wrong quantity given					
	Wrong strength of medicine administered					
	Wrong form of the medicine					
	Dose omitted					
	Wrong medicine given					
	Medicine out of date					
	Recording error					
	Medicine given at wrong time					
	Medicine refused/staff unable to administer					
Other						

<b>12.</b>	<b>Cause of incident</b>	<b>Detail</b>	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service user name		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
Other cause			
<b>13. Immediate action to be taken</b>			
<b>13.</b>	<b>Immediate action to be taken</b>		✓
	Investigation by manager		
	Investigation by Health and Safety Officer		
	Investigation under complaints procedure		
Investigation by external body			
<b>14. Action to prevent a recurrence</b>			
<b>14.</b>	<b>Action to prevent a recurrence</b>		✓
	Workplace procedures/systems review		
	Workplace training		
	Wider procedures/systems review		
Wider training			
<b>15. Additional Notifications – Major Incident Only</b>			
<b>15.</b>	<b>Additional Notifications – Major Incident Only</b>		✓
	Health & Safety Officer		
	Health & Safety Executive		
	Senior Departmental Manager		
	OFSTED		
CQC			
<b>Name</b>		<b>Position</b>	
<b>Signed</b>		<b>Date</b>	

**FORM 6 ADMINISTRATION OF MEDICINES: MANAGER'S AUDIT TOOL**

Date of last audit		Time		Undertaken by	
Outcome	Audit Satisfactory?		Yes		No
Actions required following audit					
Actions taken following audit					

Date of this audit		Day		Time	
Staff on duty					
Have staff been trained to carry out tasks that are/may be required	Yes		No		Comments

**CONSENTS, INSTRUCTIONS, RECEIPT OF MEDICINES**

Number of children receiving a service		Number on medication	
Number of children with correct details of medicines		Number of children with correct medicine received/instructions	
Number of children with copies of complete and signed consents			
Findings			
Actions required following audit			
Actions taken following audit			

**ADMINISTRATION & RECORDING**

Number of children whose medicine was administered correctly		Number of children whose record of administration is complete and correct	
Findings			

Actions required following audit				
Actions taken following audit				
<b>STORAGE OF MEDICINES</b>				
Are all medicines stored in a lockable cupboard ?	Yes		No	
Was the temperature below 25°C?	Yes		No	
Did any medicines require refrigeration?	Yes		No	
Were they correctly stored?	Yes		No	
Were there any controlled drugs on the premises?	Yes		No	
Were they stored correctly?	Yes		No	
Were there any emergency medicines?	Yes		No	
Were they readily accessible?	Yes		No	
Findings				
Actions required following audit				
Actions taken following audit				
<b>NON-PRESCRIPTION MEDICINES (regulated services only)</b>				
Are all medicines stored in a lockable cupboard ?	Yes		No	
Was the temperature below 25°C?	Yes		No	
Were they kept apart from prescribed medicines?	Yes		No	
Were all medicines within the expiry dates?	Yes		No	
Were all medicines appropriate?	Yes		No	
Findings				
Actions required following audit				
Actions taken following audit				

OUTCOME OF AUDIT	Audit Satisfactory?	Yes		No	
Actions required following audit					

Audit undertaken by:		Signed	
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Report distribution:	
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