



CITY OF BIRMINGHAM EDUCATION DEPARTMENT

BASKERVILLE SCHOOL

**ADMINISTRATION OF MEDICINES
POLICY AND PROCEDURES**

Date reviewed: January 2016
Next Review: January 2017

BASKERVILLE SCHOOL, FELLOWS LANE, HARBORNE, BIRMINGHAM, B17 9TS

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VISION STATEMENT

We will ensure the entitlement of each student to access a variety of opportunities to promote academic, social, emotional and physical development.

We will use autistic specific, empathetic approaches and an autistic sympathetic learning environment to promote student learning and personal development.

We will provide choices and challenges in order to maximise potential and build upon strengths and interests.

All the members of the school community are valued equally and work in partnership with parents, carers and the wider community.

We will work within a supportive school framework to promote and celebrate individual success, integration into the wider community and prepare students for life after school.

INTRODUCTION AND RATIONALE

All of our students have autistic spectrum disorders. They have greater difficulty than other students with social understanding and communication. Students with ASD can often have complex medical needs. Therefore, it is essential that this policy be implemented consistently to support all students to maintain their physical, social and emotional development. This policy should be read in conjunction with the LEA Administration of Medication Guidance 2010.

“The Supervising or giving of medication to a pupil is a parental responsibility but teachers or school staff may be asked to perform this task. In local Authority schools staff cannot be directed to undertake this role unless it is included in their job description, but may do so voluntarily after receiving appropriate training and in accordance with Guidelines”

“If you are employed by the Local Authority and volunteer to administer medication after receiving the appropriate training, you are provided with indemnity.”

Medication Guidance for Birmingham Schools, Birmingham Community Healthcare NHS Trust, 2012.

POLICY

Boots the Chemist co-ordinate the supply of regular medication to the school. The medication arrives at school in blister packs that are colour coded for different times of the day or in the form of liquid medication or creams.

Medication is recorded in medication files located in the 4 residential units: Firs, Orchards, Beeches and Oaks. All medication is signed for on a Medication Administration Record (MAR) sheet. There is also a controlled drug register on each unit. All controlled drugs must be registered in the controlled drug register. Controlled drugs must be counted before administration and checked against the last number entered into the register. Staff administering and witnessing the administration of controlled medication are required to sign the register.

The medication operates over a four-week cycle. On week two of the cycle, prescriptions are passed to the Head of Care who photocopies them so that a thorough audit can be completed against the new in-coming medication before the prescriptions are sent to the MDS Department at Boots.

NB. Not all students are currently on the Boots system for a variety of reasons but medication is signed for in the same way.

Any medication sent into school from home must only be handed to the transport escorts and never put in a student's bag.

Signing in Medication

Medication should be signed in as soon as possible. If it is not possible to sign in all the medication at the same time it should be labelled as 'do not use - not signed in'. It should be kept locked in the safe in reception, then signed in as soon as possible.

Medication is signed in using stock sheets located with the MAR sheet in the medication file on each unit. Medication is checked in using these sheets. Signatures from two staff are required to confirm what has been checked in.

Medication Administration Records (MAR sheets)

The administration of all medication is recorded on MAR sheets. Each student who is prescribed a medication has an individual MAR sheet. MAR sheets should contain the student's name, date of birth, allergies, doctor's details followed by details of the medication. Each medication is listed individually with the details of the name, strength, dosage, quantity and administration instructions. There is a space for staff to initial to confirm they have administered the medication. Each MAR cycle lasts 28 days, therefore the MAR sheet contains 28 spaces for each medication. A list of names and example signatures of staff able to administer medication should be kept at the front of the medication file.

MAR sheets are printed by the pharmacy, however they can also be written by staff. Two signatures are required under each medication to confirm what is written is correct. Only black ink should be used to write on the MAR sheet.

There should be a photo of the pupil in the file in front of the MAR sheet to compare with and positively identify the pupil at the time of administration. The photo should be accompanied by the child's name, date of birth and the date the photo was taken.

ADMINISTRATION

No medication should be given to any student without the knowledge and consent of the Head Teacher, an Assistant Head Teacher or Head of Care.

Written consent is always required from the parents / carers for any prescribed medication sent in. The consent form should always be checked prior to administration. This should occur on admission or as medication is required.

If medication is prescribed by the school GP, written consent must be obtained from parents / carers before treatment commences.

It is the school's practice for two members of staff to administer medication – the witness double-checks to ensure that the correct dosage of the correct medicine is given to the right student at the stated time. Agency/bank staff are not allowed to give or witness the administering of medication.

Before administering medication the two members of staff administering medication follow double checks of the followings:

- The student's identify
- That the medication name, strength and dose instructions match the details on the MAR sheet
- That the name on the medication label is that of the pupil being given the medication.
- That the pupil has not already been given the medication.

Immediately after administering the medication, the MAR should be completed with a signature to indicate which medication has been administered and when. Once the medication has been administered a check of the MAR sheet is carried out in order to ensure that all the required medication has been dispensed.

Responsibility for the administration of controlled medications should be taken by a member of the Senior Leadership Team. In exceptional circumstances this responsibility may be delegated to another, appropriately trained member of staff. An entry into the Controlled Drug book located in the cabinet is required. Two signatures are required to confirm the remaining stock of the controlled drug after each administration.

If a student initially refuses to take medication then it should be placed safely into the cabinet and a second attempt made within the hour. The medication should be put back into the cabinet, with a label to indicate whose medication it is and the date and time the dose was attempted. After an hour, if the student still refuses to accept medication, follow

the disposal procedure for refused medication. A pupil should never be forced to accept medication.

Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on the day following the guidance / coding printed on the MAR.

When a medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent / carer, following the advice from a healthcare professional. These instructions are to be included on the consent form.

OUT OF SCHOOL ACTIVITIES

If medication is required during a school activity or trip it should be carried by the child if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication or the parent/carer if present. Medication must be carried in a portable, secure and lockable box or bag.

TRAINING

Any member of staff administering or witnessing the administration of medication will have completed, as a minimum requirement, training offered by Boots. Boots offer online training and assessment via <http://boots.careshield.co.uk>

All staff involved in the administration of medication must be familiar with the schools medication policy and procedures. Staff should also know the actions to be taken in the event of an incident involving medication.

PAIN RELIEF

School staff will not give non-prescribed medication to students. This includes medication for pain relief (analgesics) e.g. Paracetamol.

The administration of such medication will only be possible if it is prescribed by a GP, the medication is in its original packaging with a pharmacy label and the school has a current and completed Medication Information and Consent form signed by the parent / guardian. Even when these conditions are met, the school will

- before administration, check with parents when any previous dose has been taken / given
- not administer a dose before 12.30pm if a parent/carer cannot be contacted
- inform parents at the earliest opportunity that the medication has been administered
- record the administration of the medication and of the checks made

HOMELY REMEDIES

No homely remedies will be given to any student without written consent from the student's GP or from the school doctor and the completion of a Medication Information and Consent form signed by the parent / guardian.

AUDIT

When medication arrives at school it must be counted and logged on the MAR sheet. All medication is also recorded in and out on an individual stock record sheet in the medication files.

A regular audit of medication is undertaken termly by the School Nurse and Head of Care. The community Pharmacist completes an audit once a year with the Head of Care.

The regular Boots check includes checks to cleanliness, the correct completion of MAR sheets, key security, fridge and room temperature checks, controlled drugs register, booking in of medication and a random stock count. Boots produce a Pharmacy Advice Visit report with comments and an action list if required.

STORAGE

Medication is stored in locked cabinets in staff offices on Orchards / Beeches / Firs. The medication and controlled drug register is also stored in the medical cabinet. Controlled medicines are double locked within these cabinets. The keys to these cabinets are kept locked in a key safe. The Head Teacher, Assistant Heads, Strategic Business Manager, Head of Care and Team Leaders have access to the key safe.

Medication should be stored in a cool and dry environment. Blinds should be closed if it is sunny to prevent the room from warming. If the room becomes too hot it may cause damage to the medication. A thermometer should be located in the medication room to monitor the room temperature. This should be checked and recorded daily. The thermometer used is a minimum/maximum thermometer which checks the temperature of the room over a 24 hr period. The temperature of the room should be between 16°C and 25°C.

Staff are reminded that medication for personal use should not be brought into school. However if this is unavoidable these should be safely secured in staff lockers.

CONTROLLED DRUGS

Controlled drugs or CD's can be identified by looking on the original packaging. A controlled drug should have the lettering "POM CD" to indicate its controlled drug status. If a pharmacy has dispensed a medication into a medication pot or bottle it may not have this marking. The **British National Formulary (BNF)** book is located on top of the Beeches medication cabinet and is available to all staff to determine if a medication is a controlled medication. If

in doubt, contact Boots pharmacy to confirm. See section “Prescribing Controlled Drugs” at the start of the book. Schedule 2 and Schedule 3 are considered Controlled drugs.

PRN PROTOCOLS

PRN medication refers to medication that is not administered routinely but it administered “as and when it is required” e.g. paracetamol or anti-anxiety medication. Each student requiring PRN medication should have a PRN protocol, specifying the conditions under which their medication can be administered. The PRN protocol should contain the following information:

- Who the protocol is for
- Why
- When (if a student is unable to speak it is good practice to include a description of how they “tell you” they are in pain etc).
- Medication – name, form, strength
- Dose
- Route
- How often (including a time scale)
- Maximum dose
- How long before contacting GP
- Any other treatments / tactics (e.g. diversion to be tried first)
- Anything to watch out for e.g. side effects

EXPIRY DATE GUIDANCE OF MEDICATION

The expiry date (use by date) for any medication is calculated by the manufacturer and it is a legal requirement for it to be printed on the original container from the manufacturer. The date can also be found on the individual strips of tablets /capsules in boxes and on the labels of bottles and crimped into the end of tubes of creams or ointments.

Repacking (re-dispensing) any medicine into a blister pack or bottle may mean that it cannot be used for as long as it would if kept in the original manufacturer’s container. See appendix B for guide to expiry.

DISPOSAL OF MEDICATION

Any medication not used is returned to Boots or sent home at the end of each term. Any spoiled medication is disposed of using the approved disposal container and details logged on the back of the MAR sheet and stock check sheet. Boots Pharmacy provide disposal of medication bags, tags and labels for this purpose. Failing this use an envelope.

DISCREPANCY

If a discrepancy is found between a consent form and the actual medication, no dose would be given until the discrepancy is clarified with the prescribing doctor or parent completing

the medical consent form. A new consent form will be obtained as a matter of urgency even when prior telephone consent has been given.

ERROR IN ADMINISTRATION

As soon as an error has been noticed it must be reported to a member of the Senior Management Team who will contact the school nurse or GP to decide the necessary course of action. The Head Teacher, or in her absence the Head of Care, will then if necessary inform Ofsted under the notifications procedure. A call will be made to parents in the first instance and the steps outlined above will be explained.

CHANGES IN MEDICATION

For residential students details of all visits to GPs, dentists, asthma attacks, epilepsy seizures etc should be recorded in the student's blue file under the medical section. Requests for students to see the GP should only be booked after informing the Head of Care and recorded in the medical section of the student's blue file. Any alterations in medication by consultants or other doctors should be communicated in writing and a medical consent form obtained from parents / carers as soon as possible.

SCHOOL NURSE

The Health Authority provides a school nurse. She must be informed of any changes and updated on any medical issues relating to students.

Appendix A

City Council Indemnity Passed by Finance & Management Committee on 18th July 1988

The Council will indemnify all employees of the Council against the whole or part of any damage, costs or legal expenses which any such officers may have been ordered to pay or maybe incurred if the officer acted in good faith and honestly believed duty as an officer required or entitled her/him to do it. Such indemnity shall extend to responsibilities arising from duties performed by any employee by virtue of her/his employment with the Council on behalf of other bodies.

Exceptions: The indemnity will not extend to loss or damage directly or indirectly caused by arising from: -

- a) fraud, dishonesty or a criminal offence on the part of the employee
- b) any neglect, error or omission by the employee otherwise than in the course of her/his duties; and
- c) liability in respect of surcharge mad by the District Auditor

The indemnity will not apply if an employee, without written authority of the Authority, admits liability or negotiations or attempts to negotiate a settlement of any claim falling within the scope of this resolution.

Appendix B

Expiry guide:

Medication	Unopened: Stored following manufacturer's guidance	Expiry date once opened	Comments
Tablets & capsules in original blister strips or container with printed expiry date	Manufacturer's expiry date	Manufacturer's expiry date (check patient information leaflet)	PRN (when required) medication, wherever possible, should be used from the manufacturer's original pack. (The expiry date is printed on each strip.) Medicines kept for use in next month should be recorded in the 'carried forward' section of the MAR chart.
Loose tablets & capsules re-dispensed from original pack without a printed expiry date.	6 months after dispensing, unless dispenser / manufacturer advises otherwise	6 months after dispensing, unless dispenser / manufacturer advises otherwise	
Tablets & capsules re-dispensed into a Monitored Dosage System (MDS)	8 weeks	8 weeks	Note -some pharmacies may have longer expiries for popular items. This will be printed on the back of the blister pack.
Oral Liquids dispensed in original pack	Manufacturer's expiry date	6 months unless dispenser / manufacturer advises otherwise	Estimate the amount of any liquids carried over. Medicines retained for use should be recorded in the 'carried forward' section of the MAR chart.
Oral liquids re-dispensed into amber bottles	6 months after dispensing, unless dispenser / manufacturer advises otherwise	6 months after dispensing, unless dispenser / manufacturer advises otherwise	
Creams/Ointments	Manufacturer's expiry date	Once opened: Tube / Pump Dispensers 3months Jars / Pots 1 month	Write the DATE when opened on the dispensing label.
Eye drops/ointment	Manufacturer's expiry date	28 days	
External liquids (e.g. Lotions, shampoos & bath oils)	Manufacturer's expiry date	6 months unless manufacturer advises otherwise	
Ear drops	Manufacturer's expiry date	3 months unless manufacturer advises otherwise	
Nose drops/sprays	Manufacturer's expiry date	3 months unless manufacturer advises otherwise	
Inhalers	Manufacturer's expiry date	Manufacturer's expiry date	If inhalers / sprays are used on a PRN basis, keep for on-going use, do not routinely re-order each month. Write details on current MAR chart
Glyceryl trinitrate sprays	Manufacturer's expiry date	Manufacturer's expiry date	
Insulins	Manufacturer's expiry date when stored in a fridge at temperature between 2°C and 8°C	When in use can be kept at normal room temperature (i.e. less than 25°C) for 1 month	One pen/ cartridge will often be sufficient per month. (A box of 5 will rarely be needed every month.) Ask the G.P to prescribe the nearest number of pens / cartridges needed per month to reduce stock piling.

Adapted from Coventry and Warwickshire Area Prescribing Committee Document 2012.



MEDICATION CONSENT / INFORMATION FORM
FOR MEDICATION TO BE GIVEN IN SPECIAL SCHOOLS

Student's name:	Name of family doctor:
Address:	Address:
Date of Birth:	Known allergies:

I parent / guardian of the above named student give my consent for the school nurse / school staff / care staff to administer the following medication in accordance with the school's Medication Policy and for this information to be shared with those staff who will be caring for the student and therefore may need to know the following details.

Name of medication (e.g. Epilim, Aripiprazole, ...)	Strength of medication (e.g. 50mcg, 1mg/ml, ...)	Dose to be given (e.g. 1x tablet, 10ml,)	Time(s) to be given (e.g. 8.00am, 5.00pm, ...)	How to be given (e.g. spoon, orally by syringe, applied to skin etc)	Any other information or instructions

The above information is, to the best of my knowledge, accurate at the time of writing.
 I understand that I have the responsibility to inform the school immediately, **in writing**, if there is any change in dosage or frequency of administration of the medication and to provide the appropriate medication for the school to administer (see overleaf – note 4).

Signature of parent / guardian Date

Name of parent / guardian (**please print**).....

(Please see overleaf)

Information for parents / guardians

(PLEASE READ)

Below are a few very important points to remember regarding the administration of medication in school.

For medication to be given in school:

1. Written consent on the form supplied by school (overleaf) **must** be given by a person with parental responsibility for the student.
2. A new form is required each time there is any change to the student's medication or the way in which it is administered.
3. Details on the consent form must be completed by the person signing the form and must clearly show
 - the name **and** strength of the medication
 - the dose to be given
 - the time to be given (as advised by your doctor)
4. Medication sent into school must be
 - in its original container and within any expiry date
 - clearly labelled with the student's name
 - clearly labelled with the name of the medication
 - clearly labelled with the strength of the medication
 - clearly labelled with the dose to be given, how often and at what time
 - clearly labelled with the date it was dispensed

This information must be printed on a label provided by the pharmacist at the time the medication was dispensed and there must be a separate label for each bottle or box.

5. Only medication prescribed by a doctor can routinely be given in school.
6. **All medication sent into school must be handed to the student's bus guide / taxi escort and not put in the student's school or overnight bag**

If you have any queries or concerns then please do not hesitate to contact us at school. We will be happy to answer any of your questions.

Thank you for your co-operation.

PRN Protocol Sheet (Boots format 2012) PENDING

Who is the protocol for

Why

When (if a student is unable to speak it is good practice to include a description of how they “tell you” they are in pain etc).

Medication – Name, form, strength

Dose

Route

How often (including a time scale)

Maximum dose

How long before contacting GP

Any other treatments / tactics (e.g. diversion to be tried first)

Anything to watch out for e.g. side effects

Written by

Job Title:

GP Signature

Date

Review Date