Safe Management of Medication Policy – NAS Schools & Children's Services

Document Title	Safe Management of Medication Policy – NAS Schools & Children's Services
Reference Number	SO-0347
Version Number	V1.3
Date of Issue	1 January 2015
Latest Revision	14 March 2019
Distribution	All employees
Owner	Executive Director of Education
Policy Lead(s)	Nominated Individual
Consultation	OPUS
Department	Services

Purpose

Medication management and training in all NAS Schools and Children's Services will meet with current legislation and the relevant inspection standards for each type of service and will ensure the best outcomes are achieved for the young people we support, with regard to their medication.

Scope

This policy deals with medicines for individuals at all Schools and Children's Services within the National Autistic Society.

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PART ONE - POLICY

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1. INTRODUCTION

1.1. The purpose of this policy is to ensure the following:

- children at NAS schools and in Children's services are supported appropriately with their medication
- arrangements are put in place to support children with medical conditions
- the health and wellbeing of all children at NAS Schools and Children's Services

1.2. To ensure safe practice in managing medicines, the following guidance should be adhered to:

- Nursing and Midwifery Council "Standards in Medicines Management"
- Royal Pharmaceutical Society " The Handling of Medicines in Social Care"
- Medicines Act 1968
- Health and Social Care Act 2008
- Children's and Families Act 2014
- National Minimum Standards for Boarding Schools
- Department for Education "Supporting pupils at school with Medical Conditions 2014"
- Department of Health " Guidance on the use of Salbutamol Inhalers in Schools"
- Ofsted requirements and recommendations
- Scotland –Education Scotland requirements and recommendations

1.3. A person within the school, suitably trained and competent, appointed by the person in charge, is key to the safe and effective management of medication and the implementation of this policy. For the rest of this policy, this person will be referred to as **the designated person.** This designated person must authorise any actions involving medication by staff.

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2. PRINCIPLES OF GOOD PRACTICE

2.1. The medication policy will be reviewed annually by the Policy lead to ensure that it reflects current working practice within NAS schools and in Children's services. Staff will be consulted during the policy review and be made aware of any changes following the review process.

2.2. Prescribed medications are the property of the person to whom they have been prescribed for.

2.3. Medication must be administered only to the individual whose name appears on the pharmacy label and according to the prescriber's instructions. The instructions are written on the pharmacy label.

2.4. Staff and children must be instructed not to disturb the person administering the medicines, to reduce the risk of medication errors.

2.5. Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the child.

2.6. Confidentiality must be observed regarding the child's medical history and medication.

2.7. Medication should never be dispensed in advance of administration or dispensed for another person to administer to a child.

2.8. If there is any query or concern regarding a child's medication, then the medication should not be given and the designated person (see1.3) must be consulted immediately.

2.9. Medication must be recorded and signed for by an appropriately trained staff member immediately after administration.

2.10. All children taking medication should be monitored for changes in their condition which may be medication related e.g. allergies etc. The designated person (see1.3) should be kept informed.

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2.11. All relevant staff are required to read the NAS Schools Medication Policy and to record their agreement to follow it. A form to record staff agreement is provided in Appendix 1.

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3. MEDICINES BROUGHT INTO THE SCHOOL/SERVICE

3.1. Medicines brought into the school or service must be in the original pharmacy labelled container with clear instructions from the prescriber.

3.2. All medicines brought in must be handed immediately to the designated person (see1.3)

3.3. A letter / completed form/ homelink book from the parent must accompany the medication (Appendix 2), giving full administration instructions - including when the last dose was given (if applicable).

3.4. Medication received into the school/service must be recorded immediately on arrival (Appendix 3).

3.5. For residential children, medicines will be allocated to the designated person (see1.3) for recording on the relevant form (Appendix 4).

3.6. The designated person (see1.3) must be contacted immediately if there is any doubt over the medication received or it is not in the original packaging.

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4. ORDERING MEDICINES IN CHILDRENS SERVICES

4.1. Staff will only administer medication from individual pharmacy-labelled containers or professionally-filled and sealed monitored dosage systems. These will be dispensed by the pharmacist and prescribed to the child.

4.2. NAS **residential services** has designated members of staff who will be responsible for ordering medication from the GPs every four weeks, ensuring that required medication stocks are always available to children.

4.3. Prescriptions are ordered using the repeat prescription form and submitted to the surgery at the appropriate time. This timescale will be determined by the supply pharmacy's requirement for receiving the prescriptions for dispensing.

4.4. Liaison with the prescribing doctor is required for any changes or discrepancies in the medication. This should be done to enable the individual to receive the correct medication in time for the new start day of the 28-day cycleThe supply pharmacy should be informed of any changes to medication during the month to ensure continuity of supply. This includes medication changes, discontinued items, new child details etc.

4.5. On receipt of the prescriptions, these should be checked for errors and omissions and then sent to the supply pharmacy. The prescribing doctor must be notified immediately of any errors or omissions.

4.6. Medication will be delivered every four weeks by the supply pharmacy. Delivery of medication should be planned to arrive at least 5 days before its start date in order to resolve any queries (except in an emergency).

4.7. On the day of arrival, all medication should be checked in by the senior on duty and locked away immediately.

4.8. Any Controlled Drugs must be signed for, entered into the Controlled Drugs register and locked in the Controlled Drugs cupboard. This must be undertaken by 2 suitably trained people.

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4.9. Any medication that requires fridge storage must be placed in the medicines fridge immediately.

4.10. Children who are new to the service are requested to ideally bring in a complete 28-day supply of medication on admission. The doctor's report form detailing their current medication must match the pharmacy labels on the medication before any medication is administered. If the doctor's letter and labels do not agree, a fax detailing the correct medication MUST be obtained from the doctor before any medication may be administered. It is essential that all medication brought into the service is signed in on admission, on the Medication Administration Record (MAR) sheet.

4.11. For interim or mid-month supplies, it may be necessary to handwrite a MAR sheet. A printed MAR sheet from the supply pharmacy is preferable but on occasions it may be necessary for a senior person to handwrite an item of medication on to a child's MAR sheet. The appropriate procedure must be used (see procedure for dose changes).

4.12. Where staff are required to transport medicines e.g. collecting or returning medicines from the pharmacy, an "Authorisation to Transport Medication" form should be completed (See Appendix 31).

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5. STORAGE

5.1. Medicines should be stored safely in lockable cupboards. The designated person (see1.3) will hold the key to the medicine cupboards.

5.2. Where appropriate, children should know where their medicines are at all times and be able to access them immediately where appropriate. Children should be aware of who holds the key to the storage facility.

5.3. Emergency medicines and devices e.g. asthma inhalers, buccal midazolam, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away but stored safely but accessibly.

5.4. Medication requiring fridge storage should be kept in the fridge in a lockable container (if there is no designated medication fridge available). The temperature of the fridge should be within the range of 2-8 degrees Celsius. A daily log of maximum and minimum temperatures should be recorded (See Appendix 6). Any breaches in the temperature range must be reported to the designated person (see1.3), who will provide advice on the action to take.

5.5. The room temperature for medication storage is generally between 15- 25 degrees Celsius but this may be different for individual medicines – check the patient information sheet for required temperature storage. An increasing number of medicines are stating maximum storage temperatures below 30 degrees Celcius. Maximum and minimum room temperatures should be recorded daily (See Appendix 6). The designated person (see 1.3) should be informed if the room temperature exceeds the higher limit as determined by the storage information on the patient information sheet.

5.6. Controlled Drugs should be stored in a locked non-portable container and only named staff should have access. Controlled Drugs should be easily accessible in an emergency where appropriate.

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5.7. A lockable cupboard or drawer for safe storage of medicines must be available for each child who wishes to self-administer and has been assessed as capable and competent.

5.8. Medication should be date-checked on a regular basis and stored and used in date order. Expired medication should be returned for disposal.

5.9. Medication storage areas (e.g. cupboards) must be cleaned regularly and checked on a monthly basis. The fridge should be defrosted and cleaned monthly. A record should be maintained of these activities – [Add detail to clarify where this information is to be recorded – recommend the use of the temperature chart to record this information].

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6. CONSENT

6.1. No child under 16 should be given prescription or non-prescription medicines without their parent's/ nominated representative's written consent.

6.2. The only exception to this is in the exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child to involve their parents while respecting their right to confidentiality.

6.3. When the child starts at school / moves into service, parents will be requested to complete a medical form detailing any past medical history, current medical issues and treatment, any known allergies and past immunisations. In addition, parental consent will also be requested for administration of routine vaccines and over-the-counter remedies.

6.4. Each year, parents will be requested to update their parental consent, along with any changes in the child's medication.

6.5. Parents will be required to inform the school/service of details of any treatment and/or changes in medication that have occurred during the school holidays.

6.6. The parental consent for routine vaccines and homely remedies must be updated if there is any change to the child's medical history or treatment.

6.7. Where the child (residential or day child) has a long-term medical condition, an Individual Healthcare Plan (IHCP) will be developed with the parents, the relevant Health Care Professional, the child and the designated person (see1.3)*. This will be reviewed annually.

6.8. Parents will be requested to provide important medical information to enable staff to provide the appropriate support.

6.9. If a child refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so but inform the designated person (see1.3)* who will follow the procedure detailed in their IHCP.

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6.10. Fraser competence guidelines should be followed. It sets out good practice for the treatment of under-16s without parental consent. Further information available at:

- www.BMA.org.uk : British Medical Association (2001) Consent, rights and choices in healthcare for children and young people.
- www.bailli.org/uk/cases/UKHL/1985/7.html : British & Irish Legal Information Institute: Gillick v West Norfolk & Wisbeck Area Health Authority

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7. CHILDREN WHO ATTEND SCHOOL DAILY

7.1. Medicines should only be administered at school for children who are non-resident when it would be detrimental to the child's health or school attendance not to do so.

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

7.3. Non-prescribed medicines would only be administered to a child who attends daily in very exceptional circumstances. These should be documented on a MAR sheet and consent should be obtained prior to dispensing medicines from the parents.

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8. INDIVIDUAL HEALTHCARE PLAN (IHCP)

8.1. To support children with long term or complex medical conditions, an Individual Healthcare Plan (IHCP) should be drawn up with input from parents, the child and healthcare professionals where necessary.

8.2. If a child has a medical condition, in addition to the details in the IHCP, the procedures in the guidance "Supporting pupils at school with medical conditions" (Appendix 26) must be followed.

8.3. The following information should be recorded in the IHCP:

- Medical condition, its triggers, signs, symptoms and treatments
- The child's resulting needs including medication (dose, side effects and storage), other treatments, testing, access to food and drink, dietary requirements, environmental issues etc.
- Specific support for child's educational, social and emotional needs
- Level of support needed to manage the condition (including in emergency situations)
- Who will provide the support (including training)
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents for medication to be administered by staff or self-administered by the child
- Separate arrangements for school trips, outings and activities
- Confidentiality issues
- What to do in an emergency
- If parents have consented to emergency use of salbutamol where appropriate (Section 18 of the Medication Policy).
- Actions to be taken if a child refuses to take their medication

8.4. A suggested template for the IHCP is provided in Appendix 7.

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9. HOMELY REMEDIES AND NON-PRESCRIBED MEDICATION

9.1. Homely remedies are over-the-counter (OTC) medicines that are used for the treatment of minor ailments. They can be used for residential children at the school for up to two days under the homely remedy policy.

9.2. Non-prescribed medicines are defined as over-the-counter medicines which are either provided by parents or purchased by the children themselves. Children should be encouraged to tell staff and the designated person (see1.3) about any medicines that they purchase.

9.3. The homely remedy policy (Appendix 8) must be signed and authorised by the designated person (see1.3) and the GP.

9.4. Children who are under 16 can only be administered a homely remedy if parental consent has been obtained in advance. Parents will be sent a letter which lists the homely remedies available and they will be requested to select which medicines they consent to.

9.5. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

9.6. Medication for pain relief should never be administered without first checking the maximum dosage and when the previous dose was taken by the child (if applicable).

9.7. Only medicines named in the homely remedy policy may be purchased by the school staff. Authorisation for purchase must first be obtained from the designated person (see 1.3)

9.8. Before administering a non-prescribed homely remedy to a child staff must be aware of the list of medicines included in the homely remedy policy, including any contra-indications. Only those staff named in the homely remedies authorised staff list (Appendix 9) can administer homely remedies to children.

9.9. For non-prescribed medications (including herbal or homeopathic remedies) sent into school by parents, these must have a parental consent form signed and be authorised by the GP before administration, in case of any interaction with other medicines.

9.10. An ongoing stock balance must be recorded for all homely remedies and non-prescribed medicines (refer to Appendix 10). The record details all the medicines received, medicines administered and any medicines that are returned.

9.11. Records must be kept of all homely remedies and non-prescribed medication given to a child including the name, form and strength of the medicine, dose,

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date and time given and reason. The record must be signed by the person who administers the medicine having witnessed that the medication has been taken.

9.12. Homely remedies and non-prescribed medicines must be stored in line with product instructions the same way as prescribed medicines.

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10. ADMINISTRATION

10.1. Medication must be administered in accordance with the prescriber's instructions, as printed on the pharmacy label. Non-prescribed medicines will not have a pharmacy label and should be administered using details from the child's IHCP or the homely remedy policy. The patient information leaflet should also be used for administration information.

10.2. Known allergies must be checked before administration of medication. The designated person (see 1.3) will be responsible for ensuring parents and children provide updated information.

10.3. The pharmacy medicine label must not be altered under any circumstance. Medication must not be given if the pharmacy label is detached from the original container or is illegible. Advice from the designated person (see1.3) must be obtained.

10.4. Medication must not be transferred from one container to another.

10.5. A diary or a prompt sheet should be used to ensure that all children who require medication receive it at the correct time.

10.6. Hands must be washed with liquid soap to prevent contamination before commencing administration of medication

10.7. The 6 Rights of Administration must be applied.

- Right child
- Right medicine
- Right dose
- Right time
- Right route
- Right to refuse

10.8. PRN (when required) medication must be administered in accordance with the prescriber's instructions (details found in the child's IHCP and PRN protocol). The instructions should include the following - the name and the reason for the medication, dosage criteria i.e. how and when the medication should be given, how often it may be repeated and any maximum quantity that may be administered in a 24-hour period. Details should also include how the decision is reached about when and how to give the medication, any actions to be taken prior to administration, actions to be taken post-administration, expected outcomes and follow up actions. See Appendix 11.

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10.9. Staff should record that medication has been administered to a child immediately after the medication has been given. It is essential that the staff member witnesses that the child has taken the medication. (See Appendices 12, 13 for **residential services** and 14 for **schools).**

10.10. Containers of medication should be marked with the opening date e.g. eye drops, creams & liquids (limited expiry dates).

10.11. Disposable Non-latex g loves must be worn for application of creams and ointments.

10.12. Medication should not be given if:

- The pharmacy label is difficult to read
- A significant change in the child's physical or emotional condition is observed
- The 6 Rights of Administration cannot be verified
- There are any doubts or concerns

Advice should be sought from the designated person (see1.3) or GP.

10.13. Medication must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or it has been specifically authorised in writing by a healthcare professional to do so.

10.14. All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon/5ml oral syringe should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. A 5ml oral syringe should be used for doses less than 5ml.

10.15. If a child refuses to take medicine they should not be forced to do so but staff should follow directions in the IHCP. This may mean contacting the out-of-hours service or NHS111. The designated person (see1.3) should be informed who will in turn inform the child's parents and/or GP so that alternative options can be considered.

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11. COVERT ADMINISTRATION

11.1. Disguising medicines in food or drink is generally **not** permitted.

11.2. In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary and it is in the child's best interest. Before covert administration of medicines can proceed, the Manager must have the written support of the multidisciplinary team.(In England and Wales, Fraser competence guidelines should be considered (see Section 6). In Scotland, this is covered in law by the Legal Capacity (Scotland) Act 1991). The best interest assessment and decision to administer medicines covertly should be clearly documented. (Appendix 27)

11.3. Considerations for covert administration of medicines are as follows:

- The child's best interests are considered at all times.
- The medication is essential for the child's health and well-being
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the child
- Parents, carers and the multidisciplinary team (including the prescriber and pharmacist) should be involved in the decision
- The method of administration should be agreed with the GP and pharmacist
- The decision, action taken and details of all parties concerned should be documented in the IHCP and reviewed at appropriate intervals.

11.4. It should be noted that if a child prefers that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Pharmacist to ensure it is appropriate to mix the specific medication in the food/drink to ensure that this delivery method will not alter the uptake, dosing and/or efficacy of the medication.

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12. PROCEDURE FOR ADMINISTRATION

Administration of medication to a child

12.1. Check the identity of the child and confirm by photograph on documentation.

12.2. Check the documentation e.g. IHCP, MAR sheet, PRN protocol.

12.3. Check that the medication has not already been given to the child or when the last dose was given.

12.4. Check the pharmacy label agrees with the medication details supplied: - the name, form, strength and dose of the medicine, how and when it is to be given, any additional instructions e.g. after food and the child's name. Check the expiry date of the medication.

12.5. Contact the designated person (see1.3) immediately if there is any discrepancy or doubt.

12.6. Administer the medication. This includes witnessing that the child takes the medication.

12.7. Record the administration of the medication (including the name, form and strength of the medicine, the dose given, date, time). The staff member who administers the medication must sign, and where appropriate, a second staff member should sign as witness.

12.8. If the medication has not been given state the reason for non-administration e.g. the child refuses, the medication has run out etc.

12.9. Record any additional relevant information and any action taken.

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13. CONTROLLED DRUGS

13.1. Controlled Drugs received from the pharmacy are delivered to the school for safe and secure storage and the supply details entered into the Controlled Drug register. When Controlled Drugs are transferred to the appropriate residential unit they must be signed out of the CD register and signed into the residential unit CD register by the designated person (see 1.3)/senior in charge.

13.2. Administration of Controlled Drugs should be undertaken by a suitably trained member of staff and witnessed by a second appropriately trained member of staff. The member of staff who administers the Controlled Drug must make the entry in the Controlled Drug register and the witness must countersign.

13.3. Administration of Controlled Drugs must be recorded and witnessed in the Controlled Drugs register. The name of the child, time, date, medication (name, form and strength) and dosage must be recorded each time the medication is administered. In addition, the balance of stock remaining must be counted and recorded. Any discrepancies must be reported to the designated person (see 1.3) immediately.

13.4. Any complex dosage calculations should be double checked by a second member of staff.

13.5. Controlled Drugs for destruction should be returned to the parent/ pharmacy for disposal and the Controlled Drug register signed by the person authorised to receive the medication.

13.6. Controlled drugs should be audited weekly by the designated person (see 1.3).

13.7. A child who has been prescribed a Controlled Drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

13.8. Refer to Section 5.6 for details of Controlled Drugs storage.

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14. RECORD KEEPING

14.1. Written records must be kept of all medication administered to children.

14.2. The record should include what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.

14.3. The record should be made immediately after the medication has been administered and the staff member has witnessed it has been taken.

14.4. A record should also be made for non-administration e.g. child refuses.

14.5. An up-to-date sample signature and initials list should be kept for all staff eligible to administer medication (Appendix 15).

14.6. For medications that are administered regularly but infrequently e.g. monthly or every 3 months, a system must be in place to record when these medications are due e.g. noting event in the diary.

14.7. The designated person (see 1.3) must be informed of any unusual events e.g. medication given out of the usual timeframe, refusal, side effects etc.

14.8. Any changes to medication made by the prescriber by phone can only be accepted if it is supported in writing (by fax or email) before the next dose or first dose is given. The records (and IHCP if appropriate) must be updated as soon as possible (and within 24 hours).

14.9. An audit trail of medication needs to be maintained i.e. a record of all medication received, medication administered and medication returned.

14.10. Records must be kept of all medicines leaving and returning to the school/service with children for the purpose of day trips, residential visits, sporting activities etc. An in/out log (Appendix 19) should detail date, quantity, medication name, form, strength and child's details. Information must be provided to the appropriate school staff responsible for the child when the child is temporarily away from the school. This includes the medicines taken with the child, clear directions, time of the last and next dose and school/service contact details for queries. Details can be found in their IHCP.

14.11. Medication administration records must be retained for the time specified by the regulatory body (7 years) and thereafter destroyed securely.

14.12. The Controlled Drugs register must be used whenever Controlled Drugs are received into the school/service, administered or returned to the parent/ pharmacy. The remaining balance in the register must always reflect the current stock held in the school.

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15. DISPOSAL

15.1. Disposal of medication will be necessary when:

- Medication is out of date
- A treatment course is completed, discontinued or no longer required
- The child has refused to take the medication
- The medicine has been "spoiled"

In these circumstances, it must be removed from the medication cupboard and returned to the designated person (see 1.3) who will secure this medication in a locked cupboard until it can be returned to the parent/community pharmacy. This must be documented (refer to Appendix 16).

15.2. Medication should be returned to the parent for safe disposal. A record should be made in the Returned Medication Record. Details should include date, quantity, name, form and strength of medication, name of the child for whom it was prescribed plus the designated person's (see 1.3) initials or signature. If a parent fails to collect medication from a school at the end of term, it may be taken to the pharmacy for disposal and a record made (Appendix 17).

15.3. No medication may be destroyed in the school/service. Unwanted medication may not be placed in sharps boxes or down the sink or toilet. The only exception to this is for small doses of liquids which have been measured out for the child but which the child refuses. In this case, as the volume of liquid is small, it may be poured down the sink. A record of its destruction should be made on the medication record and the designated person (see 1.3) should be notified.

15.4. Syringes and needles must be disposed of by placing in the "sharps" box.

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16. SELF-MANAGEMENT

16.1. A risk assessment should be undertaken to determine whether a child is able to self-administer (Appendix 18). The risk assessment takes into account the safety of the individual and other children.

16.2. Where possible and appropriate, children should be allowed to carry their own medicines and relevant devices, or should be able to access their medicines for self-administration quickly and easily.

16.3. An appropriate level of staff supervision must be provided to children who self-administer.

16.4. For residential children, a lockable facility should be provided in the child's room. The risk assessment will assess the storage requirements for an individual.

16.5. Records of medication prescribed and supplied for children to take themselves must be kept. A record of when children are prompted to take their medicines should be noted in the daily notes, as should any other medication support provided.

16.6. Children's risk assessments must be reviewed regularly and reassessment undertaken based on individual circumstances and need. As part of the reassessment it must be checked whether the child has been taking their medication as intended.

16.7. A record should be kept of all medicines received into the school and then distributed to children who self-administer.

16.8. The designated person (see 1.3) is responsible for assessing the need for ordering repeat medication and then following the steps listed in section 4.

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17. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

17.1. A risk assessment will be undertaken by the designated person (see 1.3) to determine the level of support needed to ensure a child with a medical condition can participate safely on day trips, residential visits and sporting activities. This will require participation from the parents, child and relevant healthcare professional.

17.2. Consideration must be given to the safe transport and storage of any medication. A locked box or sealed plastic envelopes may be used.

17.3. All staff involved must be fully trained to administer medication and must be aware of the child's condition, treatment and be familiar with their IHCP.

17.4. All medicines taken on trips should be signed out of the school/service and the quantity remaining signed back in on arrival using an in/out log (Appendix 19). The designated person (see 1.3) should be notified if there any discrepancies.

17.5. Staff must record all medication administration to children during visits or overnight trips away. The same medication administration procedures should be followed as for on-site medication administration.

17.6. The designated person (see 1.3) in conjunction with the GP should authorise which medications can be administered whilst children are away on trips.

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18. SPECIALIST TASKS

18.1. Occasionally, staff may be requested to administer medication by a specialised technique. Examples include: administration of insulin, nebulisers etc. This will normally be undertaken by the designated person (see1.3) but occasionally a task may need to be delegated to a member of support staff

18.2. Administration of specialised medication requires specific training in the use of the product. The training should be fully documented and be given via an approved Health Care Professional. An assessment of competence should be incorporated into the documentation for any staff member who has been trained in the procedure.

18.3. There should be an IHCP detailing the treatment and responsibilities of all those involved in the child's care.

18.4. Administration of a medication by a specialised technique may only proceed with the express recorded agreement of the child and the parent.

18.5. Authorisation from the designated person (see 1.3) must be obtained before a staff member can undertake this additional specialised role.Sharps safety - Glucose monitoring and insulin administration may involve the use of sharps i.e. lancets, needles, etc. There are a number of precautions that should be adopted to reduce the risk of injury from sharps:

- Used sharps must be disposed of immediately after use by the person who has used it. This may not be possible for some individuals and the required support should be documented on their support plan
- A risk assessment must be carried out for activities where NAS staff assist individuals with insulin and/or glucose monitoring. Safer sharps must be used if the activity presents a risk of needle-stick injury
- Sharps devices must never be passed from one person to another. If you are supporting an individual you must not pass sharps devices directly to individuals and they must not pass sharps directly to you. Use a 'receiver' if the passing of a sharps device cannot be avoided – This practice must only be adopted for one-off exceptional circumstances. A receiver is an inanimate object such as a hard surface or tray. The sharps device should be placed on the 'receiver' rather than be passed directly from one person to another. The device must then be disposed of in an approved sharps container. If this occurs it should be reported as a near miss event and the individual's support plan must be reviewed to reduce the risk of recurrence
- All near-miss events or sharps injuries must be reported in accordance with the accident reporting and investigation policy
- It is important that you take the necessary action in the event of a needle-stick injury. You must familiarise yourself with the 'Exposure Incident Procedure' set out in the NAS 'Infection Control Policy' if you provide support to individuals who monitor glucose and/or use insulin.

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- Approved sharps containers - Sharps containers are available on prescription from the individuals GP. Healthcare professionals involved in the individuals care must advise the individual how they obtain, use and arrange collection of sharps containers
- Disposal of sharps bins. Used sharps are Hazardous Waste and as such must not be disposed of via the domestic waste stream. Individuals who reside in assisted living premises are considered to live 'at home' and as such may have arrangements in place for the collection of their sharps containers via their local authority. Advice on arrangements can be sought from the individual's healthcare provider and/or the local authority
- If the individual's place of residence provides any level of healthcare services then the waste will be considered healthcare waste and will need to be disposed of in accordance with the 'Safe Management of Healthcare Waste'. Please contact the Health and Safety team for advice if this is the case

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19. ADMINISTRATION OF RECTAL DIAZEPAM/BUCCAL MIDAZOLAM

19.1. A child may be prescribed rectal diazepam or buccal midazolam in the treatment of epilepsy. Details of the treatment and responsibilities of all those involved in this care should be documented in the child's IHCP, including identification of action required should the individual have an epileptic seizure. The designated person (see1.3) will ensure that staff have received required training and deemed to be competent to administer these medicines before accepting an individual into an NAS service.

19.2. **Administration of rectal diazepam** by staff may only proceed with the express recorded consent of the child and parent. The staff member must be competent and willing to undertake this task.

19.3. There must be a valid prescription with clear written instructions regarding the dose to be administered. The MAR sheet should reflect this.

19.4. Specific training must be given to the staff member on the practical aspects of caring for children with epilepsy and administration of a rectal solution. This training must follow NMC guidelines and be via an approved trainer e.g. community nurse. The support worker must then demonstrate competency.

19.5. Training must be fully documented and incorporate an assessment of competency together with subsequent reassessments.

19.6. Clear, accurate and unambiguous records must be maintained for rectal diazepam on the child's MAR sheet and in the support plan.

19.7. The trained and competent member of staff must familiarise themselves with the child's IHCP and protocol for administering rectal diazepam.

19.8. The trained and competent member of staff will carry out the instructions as detailed in the support plan and protocol and will record the time, duration of seizures and the intervals between seizures.

19.9. If having followed the guidelines, the seizures continue, an ambulance must be called. The appropriate paperwork must be completed and handed to the paramedics on arrival.

19.10. If a child requires administration of rectal diazepam and there is no trained staff member available e.g. whilst out on a trip, an ambulance must be called.

19.11. It should be noted that **administration of buccal midazolam** is a "level 2" task (as opposed to administration of rectal diazepam which is a "level 3" i.e. child and staff member specific) however training must be undertaken on the correct usage and handling of the product.

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19.12. All training for both rectal diazepam and buccal midazolam must be fully documented. Due to the nature of the medication and when it is required, practical competency assessment checks are not always feasible. Knowledge checks must therefore be undertaken every 6 months to ensure staff are confident to administer these medicines should the need arise.

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20. EMERGENCY SUPPLY OF SALBUTAMOL IN SCHOOLS

20.1. The designated person (see 1.3) plus …….. (names) will be responsible for implementing the Department of Health (DoH) "Guidance on the use of emergency salbutamol inhalers in schools". The "guidance" forms Appendix 20 of this policy.

20.2. The "guidance" allows the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for children included on the "emergency salbutamol register".

20.3. To be included on the emergency salbutamol register the child must

- have been diagnosed with asthma, and prescribed a reliever inhaler

  OR

- have been prescribed a reliever inhaler.

Written parental consent for use of the emergency salbutamol inhaler must be given in each of these circumstances.

20.4. The emergency inhaler can be used if the child's prescribed inhaler is not available.

20.5. An asthma protocol must be drawn up so that staff know who to contact in an emergency situation. All local procedures should follow the DoH guidance (Appendix 20).

20.6. Written parental consent should be obtained for each child (refer to Appendix 21).

20.7. A register is kept which documents which child is permitted to use the emergency inhaler, as detailed in their IHCP. The register must be kept updated and a copy kept with the emergency inhaler supply.

20.8. Supplies for the emergency asthma kits can be ordered from the local community pharmacy by the designated person (see1.3). Refer to the guidance for the kit contents list etc.

20.9. (Insert number of) …… kits will be held in the school in the following locations: *location of kits to be listed*
……
……
……

20.10. A number of staff will be identified as "designated members of staff" who have responsibility for helping to administer an emergency inhaler, e.g. they have

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volunteered to help a child use the emergency inhaler and been trained to do this. The staff member is identified in the school's asthma policy as someone to whom all members of staff may contact in an emergency situation.

20.11. All staff in the school will be trained on how to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms. They will also be trained regarding when to call an ambulance or when to initiate the asthma attack procedure. Training content and competence assessment should be documented and repeated at least annually.

20.12. All staff in the school must be aware of the school asthma policy and be aware of how to check if a child is on the register. Staff need to be aware of how to access the emergency inhaler and the designated members of staff they can access for support if necessary.

20.13. The designated members of staff will be responsible for the storage and care of the inhaler as detailed in the "guidance". Priming the inhaler regularly will also be their responsibility.

20.14. The emergency inhaler should not be locked away and relevant trained staff should have access to the inhaler at all times. The inhaler should be kept out of the reach and sight of children.

20.15. A written record should be made each time the inhaler is administered to a child.

20.16. The child's GP, designated person (see 1.3) and parents should be informed when a child has an asthma attack that requires emergency salbutamol use. A sample letter is available in the DoH guidance for use locally.

20.17. The designated person (see 1.3) is responsible for disposing of expired or used inhalers. They should be returned to the supplying community pharmacy as per the waste instructions in the DoH guidance.

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21. IMMUNISATIONS

21.1. A schedule of routine vaccinations will be prepared and updated for residential children, where applicable, by the designated person (see 1.3) and the GP based on current DOH recommendations.

21.2. These routine vaccinations will be offered to each child unless a review of previous vaccinations and medical history suggests that a different schedule is required

21.3. Parental consent to the proposed vaccination will be sought.

21.4. Once consent has been given any vaccinations will be administered at the GP surgery or by a visiting Practice Nurse from the surgery.

21.5. If any additional travel vaccinations are requested by the child or a child's parent, full details of the travel itinerary, including dates and duration of travel and regions to be visited, must be provided to allow the GP to assess which vaccinations are needed. The parents will be contacted prior to the vaccination being administered at the surgery or by the visiting Practice Nurse, in order to allow them to give their consent.

21.6. All children with planned or confirmed overseas travel plans should be referred to the designated person (see 1.3) by staff to ensure that appropriate vaccinations are considered.

21.7. Children may also be offered annual influenza immunisation. Parental consent will be sought annually and must be given before the vaccine is administered.

21.8. IHCPs must be updated with the details of all vaccines given.

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22. ANTPSYCHOTIC MEDICATION

22.1 A child or young person with a learning disability should only be offered antipsychotic medication to help with behaviour that challenges if:

- Other types of care and support have not helped to change their behaviour within a set time or treatment for another mental or physical health problem has not helped to reduce the behaviour or there is a serious risk of them harming themselves or others.

- An antipsychotic should only ever be used alongside other types of care and support. It should be started by a specialist, who should regularly check if it is providing a positive outcome for the individual and if there are any side effects.

- The specialist should be an expert in learning disabilities who is a child psychiatrist or a paediatrician who specialises in brain development

22.2 The child or young person should have a check-up after 3–4 weeks and the antipsychotic should be stopped after 6 weeks if it is not helping. It should also be reviewed again if their health or surroundings (for example, their care setting) change. If they carry on taking the antipsychotic, they should have a review of all their prescribed medication after 3 months and then at least every 6 months. They should only keep taking medication if evidence indicates that it is providing a positive outcome for the individual.

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23. AUDITING OF MEDICATION

23.1. Medication audits should be undertaken weekly by the designated person (see 1.3).

23.2. Audits will be carried out at appropriate times and should include the following areas:

- Ensuring records are complete and accurate
- Medication counts
- Expiry dates and opening dates on eye drops and liquid medications
- Date checks of "PRN" (when required) medication
- Stock control
- Controlled Drugs
- Re-ordering of supplies
- All completed forms and medication related paperwork

23.3. Monthly audits will be undertaken by the designated person (see 1.3) and will include in addition to the topics above:

- Weekly audits being carried out appropriately
- Staff competency assessments
- Adherence to emergency salbutamol guidance

23.4. Examples of audit paperwork are found in Appendix 22 for schools and Appendix 28, 29 and 30 for residential services.

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24. MEDICATION ERRORS AND SAFEGUARDING

24.1. NAS Schools and Children's Services recognise that despite the high standards of good practice and care medication errors may occasionally occur. In the event of an error the designated person (see 1.3) must be informed immediately. There must be no concealment or delay in reporting the incident.

24.2. Advice must be sought from the designated person (see 1.3) who will contact the GP/ emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. The child must be observed and monitored for any obvious side effects in line with information on the patient information leaflet and emergency action taken as advised on the patient information leaflet or if required. The family must be informed immediately. Patient information leaflets for all medications must be readily available.

24.3. A medication error form (Appendix 23) must be completed and will include details of whether the child came to any harm as a result of the error and what action was taken.

24.4. A medication error may consist of any one of the following (the list is not exhaustive):

- Administering medication to the wrong child
- Administering the wrong dose of medication
- Failing to administer the medication
- Administering the medication at the wrong time
- Failing to record the medication administered
- Administering the medication via the wrong route
- Incorrect stock balance of Controlled Drugs

24.5. All medication errors, incidents and "near misses" must be fully and carefully investigated and documented by the designated person (see 1.3) to determine the cause and to record any action taken as appropriate. Detailed audits must be carried out on a regular basis and used in briefing meetings to improve practice.

24.6. A safeguarding issue in relation to managing medication could include

- Deliberate withholding of a medication without a valid reason
- Incorrect use of medication for reasons other than the benefit of a child
- Deliberate attempt to harm a child through the use of a medicine

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- Accidental harm caused by incorrect administration or a medication error

This list is not exhaustive.

24.7. Reporting of suspected or confirmed medicines related safeguarding incidents (as per 23.6) should be made to the designated person by……(timescale)

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25. MEDICATION AWARENESS AND TRAINING

25.1. All staff who administer medication in NAS schools/services must complete a Schools Medicines Awareness Foundation training course or Safe Handling of Medicines Foundation course for Children's Services and must attend a refresher medication course every 2 years. Competency of staff must be assessed yearly or more frequently if required (refer to Appendices 24 and 25).

25.2. Staff must have Safe Handling of Medicines foundation level knowledge about the medications that they are administering and the consequences of administration and non-administration. Full consideration must be given to whether the best medication related outcomes are being achieved for children.

25.3. All Agency staff should be provided with skills as requested by the NAS. If medication is an activity they will be carrying out, then the necessary competencies should be requested in order to ensure that suitable staff are provided.

25.4. The NAS needs to be confident that all staff (including agency staff) have the necessary competencies to work safely and as such, a competency test would be a minimum requirement for agency staff required to carry out any medication activities. As such, Managers and senior staff are responsible for identifying and checking the skills and qualifications required to do the job safely and for the provision of training to ensure that competencies are met and maintained

25.5. Managers and senior staff must complete an accredited Assessors Workshop for Medication Handling to evidence their ability to assess the competence of their own staff. A refresher course and update will be undertaken every 2 years.

25.6. Advice on medication issues, policies and procedures should be sought from a pharmacist.

25.7. Medication reviews will be performed by the GP or other healthcare professional and staff must be aware of potential changes to a child's medication regime.

25.8. Staff are responsible for monitoring the effects of the medication that they administer and for taking direct action if the child's condition changes.

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26. REFERENCE SOURCES

26.1. The school should have access to a recent copy (less than two years old) of the British National Formulary (BNF) for Children.

26.2. Patient Information Leaflets will be supplied with most medicines and are a useful reference source.

26.3. NICE Guidance - Behaviour that challenges and learning disabilities

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27. DRUG RECALLS

27.1. On occasions, drug recall alerts may be emailed from the Central Alerting System to the Nominated Individual, who in turn, will cascade the information to Principals. On receipt of the drug recall, the designated senior person in charge should take responsibility for actioning the recall.

27.2. The senior person should read the recall alert, action as appropriate and sign and date the recall notice. The notice should then be circulated to all relevant staff involved in medication administration, if appropriate. Each staff member should sign and date the recall once read.

27.3. Any medication which is required to be recalled should be removed from stock by the designated senior person, labelled as such e.g. "For Return- Drug Recall" and locked away, separated from medicines in use, until it has left the premises.

27.4. The signed and dated recall alert notice must be filed for safe keeping in a dedicated "Drug Recalls" file.

27.5. Arrangements must be made by the senior person actioning the recall to obtain new medicines / replacements as appropriate and contact the GP if necessary

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PROCEDURE FOR ORDERING, SUPPLY AND STORAGE

1. Staff inform the Designated Person when there is one week's supply of medication remaining.

2. Repeat prescription request forms are completed by the designated person.

3. If applicable repeat request forms are sent to the surgery.

4. A record must be kept of all medication ordered.

5. Prescriptions will be sent direct from the school/service to the pharmacy (unless otherwise indicated) in which case the dispensed medication will be delivered to the school/service by the pharmacy delivery service. The pharmacy should supply copies of the prescriptions which should be seen and checked against, to ensure that all required medication has been prescribed.

6. It is the responsibility of the designated person, to indicate to the pharmacy if there have been any changes with regard to medication. The monthly prescriptions should be checked before being taken to the pharmacy for dispensing in order to prevent wastage.

7. The new supply of medication is delivered and received at the school/service where the medication is subsequently checked in.

8. The designated person checks the medication received against the record of the order. The order is recorded in (Insert local detail) …….. Expiry dates should be checked and the pharmacy should be contacted in the event of a query.

9. Discrepancies must be communicated immediately to the pharmacy before any of the received medication is given to a child.

10. Fridge items or Controlled Drugs must be put away in the appropriate storage area immediately. Controlled Drugs must be entered into the Controlled Drugs register.

11. All other items of medication must be distributed to (insert local detail) …….for storage in the appropriate locked cupboard.

12. Individual medication administration records should be prepared for each medication.

13. An audit trail of all medication is required and medication should be signed in on arrival to the school and/or residential unit.

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Local Arrangements	
Supplies are usually obtained from:	Pharmacy: Address: Tel. No:
Pharmacy delivers to school/service?	Yes/No
Designated person is required to collect medicines from the pharmacy?	Yes/No

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PROCEDURE FOR ADMINISTRATION

Administration of medication to a child

1. Check the identity of the child to whom the medication is to be administered. A photo of the child should be available to the staff member to aid correct identification.
2. Check the relevant documentation
3. Check that the medication has not already been administered.
4. Check that the name, form, strength and dose of the drug on the label corresponds with the medication chart. Contact the community pharmacy immediately if there is a discrepancy.
5. Ask the person if they are ready to take their medicine before removing it from its packaging, unless other arrangements have been agreed and recorded in the support plan
6. Administer the medication according to the pharmacy label instructions and witness the child taking the medication.
7. Record medication administration by completing the individual child 'record of medicines administered' form or make a note if the medication has not been administered.
8. Record any additional information on the 'record of medicines administered' form and inform the designated person if appropriate.

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PROCEDURE FOR ADMINISTRATION OF CONTROLLED DRUGS

1. The child's individual record of administration must be taken to the Controlled Drug cupboard and the instructions for administration checked by two fully trained members of staff.

2. The Controlled Drug cupboard should be opened and the appropriate medication container removed. The Controlled Drugs register must also be removed and the cupboard relocked.

3. The child's name must be checked against the pharmacy label on the medication container. The amount of medication remaining must be noted and compared to the corresponding page in the Controlled Drugs register. Both amounts should match. Report any discrepancies to the designated person immediately.

4. The controlled drug medication should be brought to the child by both members of staff. The prescribed amount should be taken from the container after the appropriate checking of the pharmacy label and administration record and the medication should be administered. Record the administration details in the Controlled Drugs register.

5. Both members of staff are required to sign the register. The member of staff administering the Controlled Drug must make the entry. The second member of staff acts as a witness to the administration procedure.

6. The remaining medication balance must be checked, recorded in the register and returned to the Controlled Drug cupboard. The cupboard must be securely locked.

7. Controlled Drugs administration and medication balance must be checked each week by the …… and monthly by the designated person. A full written record of these checks must be maintained.

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PROCEDURE FOR RECORD KEEPING

Records need to be kept of the following:

1. Medication ordered, received and administered (documented on the 'Individual record of administration' form). Records should include non-administration e.g.child refusal.
2. Medication for disposal should be documented in the "Returned Medication" record.
3. Individual healthcare plan
4. Correspondence and any communication received about a child's medication e.g. letters, transcribed phone messages etc.
5. Consent forms, letters from parents, health questionnaires and any other correspondence with parents.
6. Medication summaries for when a child is away from the school/service for a short time should be kept.
7. Copies of prescriptions and medication orders
8. All medication records should be retained for the time required by the regulator (7 years). They should be filed in the child's records regularly and archived.
9. An "In-Out" log should be maintained for medication taken off the premises for trips etc.
10. A Controlled Drug register should be in place which records the current stock of controlled drugs held in the school/service.

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PROCEDURE FOR DISPOSAL

Medication may need to be disposed of in the following circumstances:

- The expiry date of the medicine is reached
- A course of treatment is completed, discontinued or is no longer required
- The child has refused to accept the medication after it has been removed from packaging or dispensed
- The medicine has been "spoiled"

1. All medication should be disposed of promptly. In the event of death it is essential that the school/service confirms whether the medication is required by the coroner as part of an investigation. The medication must be placed in a bag and locked securely away until confirmation from the coroner's office is obtained.

2. Medication should be returned to the parents for disposal. A record should be made in the Returned Medication Record. Details should include the date, quantity, name, form and strength of the medication, name of the child for whom it was prescribed and the staff member's initials or signature.

3. If the parent fails to collect the medication it may be returned to the pharmacy for disposal. Returns must be documented (point 2 above) and the Returned Medicine Record completed.

4. Controlled drugs must be returned to the parent/pharmacy. These must be signed out of the Controlled Drug register by the person authorised to receive the medication.

5. Odd tablets that have been refused must be placed in an envelope and recorded in the Returned Medication Book. The envelope must be labelled with the name of the medication (if known), the name of the child, the date and time (if known). The envelope must be returned to the pharmacy for safe disposal.

6. Controlled drug patches removed from the child should be folded in half to inactivate them. They may be returned to the pharmacy for destruction.

7. Medication should not be disposed of/destroyed in the school/service. Syringes and needles must be placed in the "sharps" box.

8. Insert arrangements for unused dispensed liquid medicines

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PROCEDURE FOR SELF ADMINISTRATION

1. An individual risk assessment will determine if a child can take and look after their medicines themselves and the level of support the child needs.

2. The risk assessment should consider:

   - Child choice
   - Fraser Competency
   - Risks to the child or to other children
   - Can the correct dose be taken at the right time and in the right way (consideration of mental capacity and manual dexterity)?
   - How often the assessment needs to be repeated?
   - Medication storage requirements
   - Staff responsibilities

3. Where individuals are assessed to have capacity to self-administer the following arrangements will be implemented: Lockable cupboards/ drawers will be provided in the child's room for storage of their medication and the child will hold the key.

4. Recording of medication administration for children who self-administer is unnecessary however the school or service must have a record of the medicines prescribed for the child.

5. Record details of when the medicines were supplied to the child and any reminders or support given to the child.

6. Discreet compliance checks and monitoring should be undertaken every month (or more frequently if deemed necessary) to ensure continuity of supply and to encourage independence. Particular reference should be made to "when required" (PRN) items and medication such as inhalers.

7. Reassessment dates for self-administration should be set and based upon a child's need. This allows the school to monitor the support required and respond to changing needs of the child.

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PROCEDURE FOR TAKING VERBAL ORDERS

The following procedure should be adopted for a dose change or addition/ discontinuation of medication to reduce the risk of errors:

1. The designated person may accept a verbal order from the prescriber in emergency/exceptional circumstances only.

2. Verbal orders should not be accepted for a dose change or new medicine unless it is supported in writing by the prescriber. This can be done via a fax or email before the next dose or before the first dose is given.

3. The designated person should make an entry on the individual administration sheet and in the care notes as soon as possible (within 24 hours) and reference it back to the original authorisation.

4. A second person who has witnessed the verbal order and the repeating back of the instructions to the prescriber may act as a counter signatory (ideal situation).

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PROCEDURE FOR HANDLING MEDICATION ERRORS

1. In the event of an error the designated person should be immediately informed. The Head of School should be informed if the error has been made by the Designated person.

2. The staff member should stay with the child and the designated person should contact the GP/emergency services immediately for advice. This must be documented and any advice given by a healthcare professional must be actioned immediately.

3. The child must be observed and monitored for any obvious side effects and emergency action taken if required.

4. The parents should be contacted if appropriate.

5. A medication error form (Appendix 23) must be completed.

6. The designated person/Head of School should conduct an inquiry to identify the factors resulting in the error and manage any actions necessary to prevent reoccurrence of the medication error.

7. The relevant regulatory body should be informed where appropriate.

8. Detailed audits must be carried out on a regular basis and used in briefing meetings to improve practice.

9. If the line manager believes the error/ incident could be a safeguarding issue as defined below, they should report to the local safeguarding team as per the NAS Safeguarding Policy and Procedures.

10. A safeguarding issue in relation to managing medicines could include:

    - Deliberate withholding of a medicine without a valid reason
    - Incorrect use of a medicine for reasons other than the benefit of an individual
    - Deliberate attempt to harm through use of a medicine
    - Accidental harm caused by incorrect administration or a medication error
    - This list is not exhaustive.

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11. Accurate details of any medicines-related safeguarding incidents must be recorded as soon as possible so that the information is available for any investigation and reporting. The reports must be monitored for trends.

12. The local safeguarding process, with details of office hours and out-of-office contacts can be found in the NAS Safeguarding Policy.

13. A medication error or any notifiable safeguarding concern must be reported to the appropriate regulator (England (Adults)-Care Quality Commission (CQC), England (Children) – Ofsted, Scotland – Care Inspectorate Scotland, Wales-CSSIW, Northern Ireland - RQIA) without delay if it leads to a serious injury to any person who uses the service or an injury requiring treatment by a healthcare professional to avoid death or serious injury. Reports of "near-misses" which could have led to injury or harm should also be reported to Care Inspectorate Scotland. All medicine errors should be reported to CSSIW in Wales.

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PROCEDURE FOR MEDICATION HANDLING FOR DAY TRIPS/SOCIAL LEAVE

1. Children will from time to time leave the school/service e.g. day trips, residential visits and sporting activities. There is a range of options in the way medication is managed for a child's taking their medication out of the school/service.

2. The most suitable option must be selected after consideration of the risks of the individual situation. Risks include:

    - Duration of time the child is away
    - Who they are accompanied by and their level of training for medication administration
    - The nature of the medication to be administered when away
    - How much notice has been given of the intention to go out

3. The following options should be considered:

    - Miss the dose out altogether (after confirmation with the GP)
    - Administer the dose early or late (after confirmation with the GP)
    - Give the original dispensed container of medication to a member of staff accompanying the child (if competent to administer)
    - Obtain a separate labelled supply for "leave" (advance warning is required to obtain a prescription and organise supply from the community pharmacy)
    - Information must be given to the staff member accompanying the child. It must include details and directions about the medication, the time the last dose was administered, the time the next dose is due and a contact for queries.
    - Medication taken out should be recorded on the in/out log form. Any medication returning should be signed back in on the same form.
    - Details of medication taken out with children should be recorded in the relevant documents.
    - For Controlled Drugs, a separate labelled supply containing only the quantity required should be obtained direct from the pharmacy.

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PROCEDURE FOR DOSE CHANGES

1. The designated person should update the child's individual medication record with the new dosage instructions by copying the new instructions directly from the fax or the pharmacy medicine label.

2. The designated person should sign to take accountability for the transcription.

3. A second suitably trained member of staff should witness both the new entry and the original fax or pharmacy medicine label.

4. If both agree in all details, then the witness should countersign.

5. The child's individual medication record should be annotated to indicate where the original authorisation for the dose change or medication addition has originated from.

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P R O C E D U R E F O R E M E R G E N C Y C O N T A C T S

1. Please complete emergency contact details, i.e.: Local GP, Local Pharmacy, relevant healthcare contacts

……
……
……
……
……
……
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PART 3 APPENDICIES - SEE SEPARATE APPENDICES ON NASNET

NAME OF APPENDIX	APPENDIX REFERENCE
AGREEMENT TO ABIDE BY MEDICATION POLICY	1
PARENTAL FORM CONFIRMING MEDICATION	2
AUDIT TRAIL OF MEDICATION RECEIVED INTO SCHOOL	3
AUDIT TRAIL OF MEDICINES RECEIVED BY RESIDENTIAL UNIT	4
FRIDGE TEMPERATURE RECORD	5
ROOM TEMPERATURE RECORD	6
INDIVIDUAL HEALTHCARE PLAN (IHCP)	7
HOMELY REMEDIES POLICY	8
HOMELY REMEDY AUTHORISED STAFF LIST	9
ACCOUNTABILITY OF HOMELY REMEDIES	10
PRN PROTOCOL	11
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