



Medical Needs Policy

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Owner: Daniela Pinger

Equality Statement

This policy takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

This policy has been adapted from the NHS policy and procedure for managing medicines in schools.

To be read in conjunction with Guidance 36A, Administration of Medicines and Healthcare Needs in Schools, Early Years and Youth Settings document, supplied by Leicester City Council.

1. Summary of Policy

This policy describes how activities around medicines should be carried out and where possible this must be adhered to.

2. Introduction

This policy is necessary to provide additional guidance to ensure that medicines are managed as safely and consistently as possible.

3. Purpose

The principle objectives of this policy are to:

- Ensure all processes involving medicines are managed safely and consistently across the College;
- Ensure robust processes are in place;
- Ensure robust documentation is in place;
- Work closely with Local Authority to ensure that the need for secure medicines management is balanced with the type of setting and resources available to the school.

4. Duties

4.1 The Governing Body has a legal responsibility for policies and for ensuring that they are carried out effectively.

4.2 The Senior Leadership Team and SENCO will be responsible for:

- Ensuring this policy is implemented in their area of responsibility;
- Medicines managed in line with this policy;
- Ensuring that their staff are appropriately trained in line with the requirements of this policy.

4.3 Responsibility of SENCO:

It is the responsibility of staff that manage medicines to ensure that they are familiar with this policy and adhere to it.

4.4 Responsibility of parents:

- (a) Read, sign and return the 'contract';
- (b) Timely supply of medicines in their original container;
- (c) Authorisation of medicines that need to be administered;
- (d) Communicate with first aiders/SENCO if there is any change to a child's therapy.

5. Policy and Procedure for Managing Medicines In School

5.1 Ordering Medicines

- 5.1.1 Medicines are ordered from patient's parents. This can be done via telephone message, slip, ChatHealth School Nurse Messaging Service.
- 5.1.2 Medicines should be ordered 7 days prior to running out to prevent delay in receiving further supply. An estimate is required with regards to how much liquid or inhaler is left. Bear in mind that some 'special' medicines can take longer to order so more notice is needed.
- 5.1.3 Details of what was ordered, when, from whom and method of communication must be documented in patient records.
- 5.1.4 Responsibility for ordering the prescription and obtain the medicines from a prescriber rests with the parent(s).
- 5.1.5 If there is a delay in the school receiving medication, school nurse should notify the Principal.

5.2 Receipt of Medicines

- 5.2.1 Upon receipt of medicines the following must be checked to ensure it is correct and acceptable:
 - Name of medicine, strength and formulation on the box, bottle/strip and pharmacy label is consistent with request;
 - Patient's name on the pharmacy label;
 - Manufacturer's expiry date. If the expiry date is shorter after opening, this needs to be borne in mind and noted. If in doubt, contact the dispensing pharmacy;
 - Medication remains in original container or that decanted by pharmacist;
 - Date on pharmacy label. Any medicines dispensed over 3 months ago should be questioned with the parent (to make sure that the therapy remains current) with the possible exception of 'prn' (as required) medicines.

5.2.2 In addition to the above, for controlled drugs (CDs):

- Which are sent via a third party (i.e. transport), ensure that CDs are supplied in a sealed envelope with quantity supplied written on the outside;
- Open seal and verify physical quantity with that stated outside;
- For schedule 2 CDs, make a record in a bound CD register (one new page for every preparation) detailing date, time, name of patient, name of medicine, strength, formulation quantity received and running balance;
- There is no need to keep a written record for schedule 3-5 CDs.

5.3 Storage of Medicines

- 5.3.1 All medicines (including schedule 3-5 CDs) should be stored in a locked cupboard intended for medicines only, located in the first aid room. Schedule 2 CDs should be stored in a CD cabinet, which will be located in the admin area;
- 5.3.2 Whilst security of medicines is important, consideration should be given to having easier access to emergency medicines;
- 5.3.3 Keys giving access to the medicines must be kept with the health care professional at all times. When not needed, keys must be stored in a locked receptacle (such as a drawer or filing cabinet);
- 5.3.4 There is no requirement to do stock checks, except with schedule 2 CDs or if there is a security concern. Stock check with schedule 2 CDs must be done and recorded at least once on each working day during term time. A stock check is done by ensuring that the physical quantity and written quantity correspond;
- 5.3.5 'Prn' CDs that are not routinely used (such as midazolam and diazepam) should be placed in a tamper evident pouch and a stock check should be done by ensuring that the seal number remains the same as before (appendix 1). If the seal number is different to that recorded previously, that implies that the pouch has been opened and therefore staff need to establish the circumstances around this;
- 5.3.6 Expiry date check must be carried out once in each term. A note of medicines expiring before the next check must be made to ensure that it is not used after the expiry date. Where the expiry date is stated as month and year, the product can be used until the last day of that month;
- 5.3.7 Refrigerated items must be placed in a lockable refrigerator or an un-lockable refrigerator that is in a locked room, this will be located in the first aid room. The refrigerator temperature must be checked and recorded daily when there is medicine inside and the sheet should be situated on front of the refrigerator door (appendix 2).

Notice should be placed by the plug to prevent it being inadvertently being switched off. If the temperature falls outside 2-8°C, advice needs to be sought from pharmacy before using.

5.4 Authorisation (to administer medicines)

- 5.4.1 Only medicines that have a signed authorisation from the parent/legal carer can be administered;
- 5.4.2 Staff are advised to use the Medication Authorisation and Administration Record (MAAR) completed by the parents in the first instance. If this is not possible or the MAAR returned is incomplete/ambiguous, staff can transcribe the information onto the MAAR;
- 5.4.3 Ensure that the authorisation is legible and details the name of drug, dose, frequency, signature of parent and date.
- 5.4.4 Ensure that the details on the authorisation correlates with the details on the pharmacy label and details on the medicine box/strip/bottle.

5.5 Administration of Medicines

- 5.5.1 Ideally, administration of medicines should be carried out in a setting that is free from distraction. Privacy and dignity of the child should also be considered when administering medicines;
- 5.5.2 When transporting medicines within the school, a drug trolley or an alternative suitable device must be used to ensure safety and security of the medicines;
- 5.5.3 Generally, 'Administering Medicines in the Community Setting - Standard Operating Procedure' must be followed when administering medicines in school setting. This is available on the intranet;
- 5.5.4 If the child is not known, their identity must be confirmed by asking the child to confirm their name, date of birth and looking at their photograph in their care plan. If the child cannot confirm their identity, the photograph alone should be used;
- 5.5.5 Photographs must have a **date** when it was taken. Photographs need to be updated **annually**, ideally at the start of each new academic year;
- 5.5.6 Staff members must make sure that the instruction on the authorisation corresponds to that on the pharmacy label. If there is a discrepancy, staff must ask parent for further information (such as hospital letter etc....) verifying the actual drug regimen;
- 5.5.7 With the exception of 'prn' drugs, staff should ensure that the medicine has been dispensed recently (i.e. in the last 3 months). This routine practice will help ensure that the patient is receiving the most up-to-date treatment;
- 5.5.8 If the child is scheduled to be away from school (e.g. school trip) around the time of medicines administration, school staff will assume responsibility to administer the medicines;
- 5.5.9 A record should be made of medicines administered or omitted. A record of administration can simply be an initial against the relevant time, day and medicine on the MAAR. In addition to the above, the time of administration should be recorded if the medicine was administered over an hour either side of the required time or if there are other reasons where this information would be useful (e.g. 'prn' medicines, hand-over for parent etc.); Batch number and expiry date also needs to be documented, at least once each month in the spaces provided on the MAAR;

- 5.5.10 For missed doses/omissions, reason for omission must be recorded and parent contacted;
- 5.5.11 For schedule 2 CDs, in addition to the above the following must also be recorded in the appropriate page of the CD register: (a) date (b) time (c) dose administered (d) dose wasted (e) running balance (f) staff signature.

5.6 Medication Error

- 5.6.1 If a medication error occurs, staff should follow the Trust Medication Error Policy which is available on the intranet;
- 5.6.2 The Principal must also be notified.

5.7 Disposal and Return of Medicines

- 5.7.1 Any obsolete medicines must be returned to the parent as soon as possible to reduce confusion;
- 5.7.2 Any un-used medicines must be returned to the parent at the end of the academic year.
- 5.7.3 CDs sent back via a third party (i.e. transport) must be placed in a sealed envelope with the quantity returned written on the outside;
- 5.7.4 Small quantity of medicines (e.g. 1-2 tablets) that are dropped or spat out can be disposed of in a domestic bin.

5.8 Communicating with Parents

- 5.8.1 Timely communication with parents is vital and can be done using complement slips, telephone call or text messages.

6. Management and Implementation

This policy will be implemented and disseminated throughout the College.

It is the responsibility of the Principal to ensure that staff are familiar and compliant with this policy and have documented evidence of this.

7. Monitoring Compliance and Effectiveness

An annual validation will be carried out to check compliance and effectiveness of this policy using the audit tool (appendix 3).

8. Due Regard

Refresher training is provided every three years to support staff in the implementation of this policy.

9. **References and Associated Documentation**

1. Administration of Medicines in the Community – Standard Operating Procedure
2. Medication Error Policy
3. Managing Medicines in School and Early Years Settings, 2005 (DoH)
4. Managing medicines and healthcare needs in school, early years and youth settings (Leicester City Policy)

Appendix 2



Royal Pharmaceutical Society of Great Britain
Refrigerator Temperature Record

Month:

Year:

Date / Day	Max Temp C	Min Temp C	Action taken if outside range 2-8 C	Checked by (initials)	Thermometer reset (tick)

Please record the date(s) the fridge was defrosted:

Review:

Has the fridge temperature been checked every day? Yes No

Has any necessary action been taken? Yes No

If yes, what was the action?

Reviewed by: Date:.....

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturer's advice where appropriate.

Sir Jonathan North Community College

Appendix 3

Compliance with Policy – Audit Tool

Purpose of this document is to ascertain level of compliance with the Policy. Information should be gathered by examining documentation, availability of paperwork and visual inspection.

Date of inspection:.....

Name of staff completing inspection:.....

Criterion	Standard	Level of Compliance			
		Full	Partial	Non	N/A
Proof of ordering medicines via one of the approved methods	Full Compliance (100%)				
Authorisation for every medicine present on the day					
Authorisation, pharmacy label and medication correspond					
All medicines stored in a lockable cupboard located inside a lockable room					
All medicines in-date					
No obsolete medicines present					
Refrigerator (lockable or not) located inside a lockable room					
Keys to the cupboards/room kept on the individual or in a safe place					
Presence of photo identification for children requiring medicines administration					
CD entries fully completed					
Weekly check of tamper evident seal for "prn" CDs					
Completion of appendix 2 for refrigerated medicines					
Full documentation of administration/omission					
Presence of sealable envelopes for transportation of CDs					

