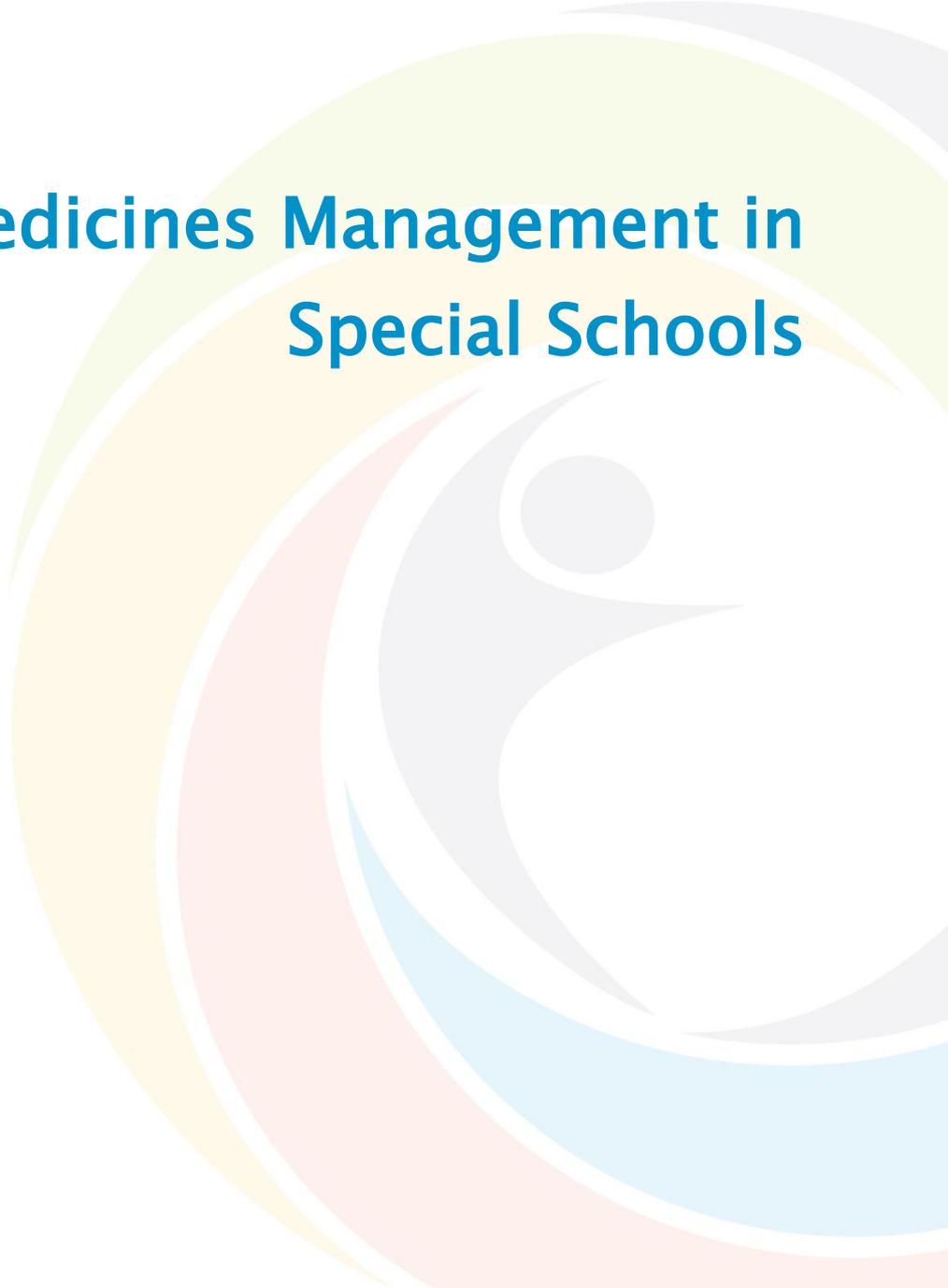


# Medicines Management in Special Schools



## Medicines Management in Special Schools (Special School Nursing)

<b>Document Type</b>	Operational Policy
<b>Unique Identifier</b>	CL-207
<b>Document Purpose</b>	To provide a framework for safe administration of medicines in the Special School setting
<b>Document Author</b>	Stephanie Courts Children's Nurse Consultant Debbie Bolt. Children's Clinical Practice Facilitator
<b>Target Audience</b>	Special School Nurses
<b>Responsible Group</b>	Medicines Management & Safety Sub Committee/ Clinical Policies Group
<b>Date Ratified</b>	27 <sup>th</sup> January 2016
<b>Expiry Date</b>	27 <sup>th</sup> January 2019

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If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team on 01905 760020 or email [WHCNHS.Communications@nhs.net](mailto:WHCNHS.Communications@nhs.net)

## Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1	2.1.14	Children's Practice Facilitator Lead Children's Nurse & Complex Care Manager	Collation of comments
1	2.1.14	Deputy Chief Pharmacist	Development of transcribing training needed asap. Clarification re appropriate Trust documentation ,storage & need for standardisation
1	6.1.14	Special School Nurses	Practical arrangements & documentation vary across special schools in the county
1	6.1.14	Team Leader for children with complex needs	
2	11.4.14	Special School Nurses	Working group to address standardisation across the county
2.1	2.6.14	Special School Nurses & Deputy Chief Pharmacist	Clarification of practicalities in schools & application of guidance from pharmacy
3	10.6.14	Children's Nurse Consultant & Complex Care Manager Deputy Chief Pharmacist	Minor amendments
4	17.6.14  9.10.14	Special School Head Teachers  Special School Nurses Children's Nurse Consultant	Raised much discussion from Special School Head Teachers. Clarification that guideline is for use by WHCT staff, & may be used as best practice guidance for other Special School staff. No further comments Amendments following meetings with Head Teachers, & record of medication not transcribed
5	10.10.14	SUDIC & Quality Lead Children Young People & Families SDU Deputy Chief Pharmacist  Chief Pharmacist	Minor amendments & clarifications Minor amendments
	15.10.14	CYP&F Clinical Leads	
	28.10.14	MMSSC	Minor Amendments Discussion re reinsertion of Trust Liability form. Outcome - not reinserted following further discussion between Deputy

			Director of Nursing & Children's Nurse Consultant
5	30.11.15 21.01.16	Head Teachers Meeting (HSSA)	Discussion and queries raised
6	02.02.16	Head teacher, Pitcheroak School	Final amendments

### **Accessibility**

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- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
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### **Training and Development**

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

### **Co-production of Health and Care – Statement of Intent**

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

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## 1. Introduction

- a. This document should be read in conjunction with Worcestershire Health and Care Trust (WHCT) Medicines Policy - WHCT MED-019 (2013) to ensure that medicines management within the Special School setting remains safe and reflects best practice. It also incorporates standards expected for Managing Medicines in Schools and Early Years Settings (DfES 2005).
- b. This policy will provide a framework for the safe administration of medication within Special School settings, to the children in these settings

## 2. Purpose of document

The purpose of the document is to guide safe practices within the Special School setting to ensure all medication is appropriately prescribed, supplied, stored and administered to all children who require medication whilst in the care of school staff.

The document makes recommendations to schools in support of best practice in administration of medication by nonregistered health care staff and teaching assistants.

## 3. Definitions

- a. Children – Children and young people up to & including 19 years attending Special School.
- b. WHCT – Worcestershire Health and Care Trust
- c. Special School – differs from mainstream school, in providing education to a concentration of children with identified additional health care needs, which may include learning difficulties, emotional & behavioural difficulties, and physical difficulties, (including children with sensory &/or complex healthcare needs).

## 4. Scope

- a. This policy is relevant to any WHCT employees involved in medication prescribing, supply, storage, administration within a Special School setting.
- b. The policy supports safe medication administration by both health & education employed staff within the Special School setting. This is achieved by working in partnership to safeguard the wellbeing of all children and young people requiring medication during the school day.
- c. This policy will be discussed with individual Head Teachers to agree implementation within each school due to the differing needs of each school setting.
- d. Special School sites within Worcestershire are Chadsgrove School, Fort Royal School, Pitcheroak School, Regency High School, Rigby Hall School, Vale of Evesham Academy and Wyre Forest School. These sites are managed by the Local Education Authority & not WHCT. However WHCT staff are based in these sites and work within these premises.

## 5. Training/Competencies

- a. All qualified nurses involved in medication administration will have completed mandatory Medicines Management Training.
- b. All nursing staff prescribing medication will have completed relevant training and be registered nurse prescribers with NMC.

- c. If transcription is required, the nurse will have completed transcription training and this will be updated in line with the WHCT Transcribing Policy. If an individual identifies need for more frequent training this will be addressed.
- d. Registered healthcare professionals who delegate medicines administration to a carer (employed by WHCT or other employer) retain the accountability for the delegation, and the responsibility for the training provided.
- e. Any staff member who is employed by either the school or WHCT, who is not a registered health care practitioner, will have completed relevant training and competency assessment (Appendix 1) prior to administering medication.
- f. This competency will be renewed annually. The registered health care professional will ensure that both the Head Teacher and individual school staff members are aware of when competency is due to expire.
- g. The Registered health professional will ensure retraining and competency assessment is available in a timely manner.

## 6. Responsibilities and duties

- a. The School Head and Governing body have responsibility to ensure support for pupils with medical conditions is in place, enabling all pupils remain healthy and achieve their academic potential (DfE 2014).
- b. The Special School Nursing Service Lead will be responsible for ensuring the guidance is safe and reflects best practice.
- c. WHCT nursing staff (registered & non-registered) will be responsible for adhering to the policy and raising any concern or issues that are experienced relating to it.
- d. Agreement should be achieved between the school nurse and the Head Teachers to ensure a training plan and competency assessments can be completed for delegated school staff responsible for administering medication within the school setting.
- e. The registered health care professional will ensure that both the Head Teacher and individual school staff members are aware of when competency is due to expire.
- f. Schools should obtain written consent from parents/ carers enabling medication to be administered within the school setting (DfE 2014). Parents/carers should complete 'Parental Agreement to Administer Medication' form (based on DfES guidance) (Appendix 2) or similar, for all medication that is to be administered within the school setting. This includes changes to dosages, regular medication & short term courses of treatment.

NB. if the child is the subject of a care order, both the Local Authority & parents ideally, should be approached regarding this.

The Parental Agreement to Administer Medication form must be reviewed whenever there are changes to medication and renewed at least annually, always on admission to school and at the beginning of September. This should be recorded in the child's health records.

- g. Parents/carers are responsible for providing a supply of medicines for use in the school that is appropriate, in date and in the original packaging.
- h. Special school Nurse or school staff, if responsible for administering medicines, are responsible for notifying parents that medications are approaching their expiry dates.

## 7. Policy procedures

### 7.1 Medication prescribing.

All medication to be administered to children attending Special Schools should be prescribed by a registered doctor or non-medical registered prescriber.

Evidence of the prescription can be obtained from:

- The dispensing label on the medication packaging
- Written letters from GP or Consultant Paediatrician & team, Consultant Psychiatrists
- Discharge letter or summary from hospital
- FP10 prescription
- Copy of the repeat prescription request (from FP10)
- A co-operation (co-op) card signed by a doctor
- A faxed or emailed prescription or direction from a doctor

Evidence of any one of these is sufficient, but more than one source may be used.

It is essential that any changes to medication doses are communicated by the prescriber, in writing to Special School Nurses and that Special School Nurses communicate with medical staff and parents/carers to ensure medication can be administered safely as prescribed.

Special School Nurses must obtain written documentation of a prescribed dose change.

A care plan will be available for all children requiring **emergency** medication identifying:

- The child's diagnosis
- Detail of the name of the medication, dose and route, frequency
- Side effects
- Special considerations e.g. dietary needs, pre activity precautions
- Details of emergency parameters and actions

Medication times should avoid the need for administration at school whenever possible.

For example if a medicine is required three times a day, it may be possible to adjust administration times so that doses can be given before school, after school and at bedtime, where this does not conflict with the treatment.

Medication that is required twice daily can usually be administered outside of school times.

Any request to administer daily, twice daily or three times daily medication should be discussed with the Head Teacher, Special School Nurse and Social Care where appropriate to consider the benefits and risks associated with administering any doses at school. This should take place prior to any agreement with parents or professionals.

Medication that needs to be given four times a day, e.g. short term antibiotics, will necessitate at least one dose being given in school.

All prescriptions and care plans should be reviewed at least annually by the Special School Nurse.

All parents should complete a consent form e.g. Parental Agreement to Administer Medication' to allow medication to be administered within school setting (example can be found in DfES Managing Medicines in Schools & Early Years Settings (2005) (Appendix 2).

Staff will not give medication unless a consent form is completed.

All **emergency** medication should be prescribed in the same way with agreed documented care plans giving parameters for each emergency requiring the administration of medication.

## 7.2 Medication transcribing

Medication should be transcribed onto an approved WHCT medication chart as soon as possible.

All Special School Nurses will complete the transcribing medication training.

All Special School Nurses will be familiar with the Trust Transcribing Policy.

Non registered health care practitioners i.e. teaching assistants (TA's) , school staff and others will not be responsible for transcribing.

Where a new medication has been provided to school and is required before details can be transcribed to the medication chart:

- Contact the Special School Nurse Team Leader and /or Children's Nurse Consultant for guidance and to inform of need for transcription.
- Confirm with the Special School Nurse Team Leader and /or Children's Nurse Consultant the requirement for medication as received from the parent/carer.
- Confirmation between Special School Nurse Team Leader and /or Children's Nurse Consultant detail on medication label regarding medication name, dose, route, amount and time to be administered
- If the Special School Nurse Team Leader and /or Children's Nurse Consultant advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication not transcribed form ( Appendix 3).
- Special School Nurse Team Leader and/or Children's Nurse Consultant to arrange for transcription as soon as possible.

**All medication MUST be transcribed as soon as possible including emergency medication and as required (prn) medication.**

## 7.3 Medication Storage

All routine medication brought into school must be stored in a locked wall mounted cupboard in the original packaging with the dispensary label intact.

Medication should be segregated according to child, either by storage on a different shelf, drawer or storage box within the drug cupboard/trolley. If there are a large number of named children's medications, they should be stored in a clear logical order e.g. alphabetically or clearly labelled with name or class group in order to minimise risk of administration of the wrong medicine.

Any medication that needs to be stored in a refrigerator should be stored in a locked refrigerator dedicated to medicines storage (i.e. not for food use).

Only designated staff should have access to the medicines cupboard & medicines refrigerator. This will be the Special School Nurse and designated school staff allocated by the Head Teacher.

Inhalers should be stored in a safe accessible place, agreed with school staff and documented in the child's care plan (Asthma UK 2006).

Spacer devices should be cleaned according to manufacturer's instructions but should always be labelled with child's name to protect from cross infection. They should be stored in a clean dust free environment (closed container or bag).

Original packaging should be intact and must include the child's name, dispensing date, expiry date, instructions for use and dose.

All **emergency** medication should be stored securely, in a locked cupboard but in a location that is readily accessible by appropriate staff.

### **Controlled Drugs (CD's)**

CD's will be stored as all other drugs in school.

All Controlled drugs in school will be recorded in approved WHCT Controlled Drugs Register Patients' Own CD booklets.

Stock checks of CD's in school must be carried out weekly by Special School Nurse.

Guidance regarding sending CD's out for trips is covered in section 7.6.

## **7.4 Medication administration**

School Nurses and school staff may choose to wear 'Do not disturb: Drug Round in Progress' tabards whilst administering medicines or undertaking training, if desired.

All medication must be checked by the person administering (nurse or school staff) against the drug administration document and the prescription label on the original medication packaging. Prescribed medicines must only be administered in line with the precise directions on the medication chart and dispensing label.

Medication can be checked by a single registered nurse checker according to NMC Standards for Medicines Management (2010).

School staff should follow their own guidance re checking medicines if they have this.

The identity of the child **must** be confirmed prior to administration. If administered by a registered nurse it may be necessary to refer to school staff to confirm identity.

When administering a medicine, the school staff members must check:

- The child's name against the medication chart
- The child's name against the name on the dispensing label
- The name of the medicine against the administration chart
- Administration details on the dispensing label match the instructions on the administration chart
- The medication is in date and fit for use.

Where a new medication has been provided to school staff and is required before details can be transcribed to the medication chart:

- Contact the Special School Nurse Team Leader and /or Children's Nurse Consultant for guidance and to inform of need for transcription.
- Confirm with the Special School Nurse Team Leader and /or Children's Nurse Consultant the requirement for medication as received from the parent/carer.
- Confirmation between school staff, Special School Nurse Team Leader and /or Children's Nurse Consultant detail on medication label regarding medication name, dose, route, amount and time to be administered

- If the Special School Nurse team Leader and /or Children's Nurse Consultant advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication Not Transcribed Form ( Appendix 3).
- Special School Nurse Team Leader and/or Children's Nurse Consultant to arrange for transcription as soon as possible.

Emergency medicines require the same rigorous checks prior to administration, as any other medicines.

#### 7.5 **Non prescribed medication**

Any medication that is not prescribed will only be given by WHCT staff if covered by the WHCT Simple Medicines Policy, e.g. paracetamol.

Patient Group Directions (PGD) must be in place for administration of emergency adrenaline (WHCT staff only).

Only child specific prescribed oxygen will be administered. Emergency oxygen will be obtained via 999 call.

Medication that has been prescribed but not transcribed due to no School nurse being available must be clearly documented on the Document of Medication NOT transcribed for (Appendix 3)

#### 7.6 **Medication administration on school trips**

Staff administering medication on a school trip will have completed relevant training and competency assessment.

A copy of the child's care plan and the approved WHCT medication chart should be reviewed prior to the school trip to ensure instructions on the original packaging are correct. This will include emergency medication and actions to take in an emergency.

On return from the school trip the medication chart should be completed.

Medication should only be transported in the original packaging with original label containing the child's details and details of the medication.

Liquid medicines may be sent as a drawn up single dose of medication, clearly labelled rather than sending whole bottle of medicine on trip.

Only Registered Nurses who have completed training in line with the WHCT Transcribing Policy will label syringes of medicine, as this equates to transcribing.

The label must include the name of the child, name of medication, dose, time & route to be given, and drawn up in the presence of the person who will be administering the medication. The person who administers the medication must sign the drug chart either on the trip or on return.

Syringe caps will be used to ensure that there is no loss during transport.

In the absence of a transcriber being available, the whole bottle of medicine will be taken out on a trip (with appropriate equipment to measure and administer a dose)

Medication should be held in a fastened bag by school staff and not left unattended.

#### **When sending CD's out for trips**

Ideally an additional pharmacy bottle, correctly labelled with a pharmacy dispensing label, with the child's details and medication details, should be used to transport CD's out on trips, (this reduces the risks associated with taking larger volumes of CD's out of school).

(CD's in liquid form can be transported in the same way as described above if nurse available to transcribe labelling)

The stock must be checked out & recorded on the CD record in the presence of the person who will be administering the medication and the transcriber, if transcribing takes place. The drug chart will be signed by the person who administers the medication.

Medication should be stored in a fastened bag by school staff during the trip but returned to safe locked storage within school on return and recorded on the CD record.

### **Residential trips**

Specific guidance for residential school trips will be available from special school nurse Team Leader dependant on location and duration of the trip.

Medication should always be transported in original packaging as stated above.

In the event of medication needing to be left within a residential setting, ideally a locked cupboard should be used for storage or a lockable bag/ case. This lockable device can also be used to store relevant care plans and drug administration documentation. This will reduce risk of medication theft or loss and will protect personal data within labelling and administration charts.

Arrangements & agreement between education staff & parents and school nurse should be sought prior to the residential trip.

## **8. Disposal of medicines**

Part used, or expired/out of date medicines, will be sent home for parents to dispose of.

Any stock items that are out of date should be returned to hospital pharmacy via approved Trust transport where this is available. This will be responsibility of the school nurse.

All medication will be returned home by school staff with the relevant child at the end of each school year.

Pharmacy can be contacted for further advice.

## **9. Record Keeping**

Approved WHCT medication chart & approved WHCT 'Controlled Drugs Register: Patients' Own CD's', must be used to record all medicines administration in Special Schools.

Omissions and refusals must also be recorded on this document. Parents & the prescriber, if appropriate, should also be informed.

Documentation supporting administration of medication in Special Schools should be updated at least annually, usually at the start of the new school year.

NMC and Trust policy on record keeping must be followed (use of pen that can be reliably photocopied, ideally black pen etc).

## **10. Monitoring implementation**

- a. Monitoring implementation, compliance and effectiveness of this policy will be carried out via observation of practice by the special school nursing team. Any incidents relevant to this policy will be recorded via NHS Trust approved incident reporting systems. Lessons learned will be shared across relevant clinical areas.

- b. Communication with Head Teachers and parents/carers will be paramount in the event of any drug error or incident affecting children within school.
- c. Compliance with documentation will be monitored as part of on-going clinical audit of records by the special school nursing team.
- d. Use of the audit tool outlined in WHCT Medication Transcribing Policy.
- e. Monitoring of training and competency assessment within each school setting will be conducted annually as agreed with Head Teachers

## 11. References

- Department for Education (2014) Supporting pupils at school with medical conditions
- Nursing & Midwifery Council (2010) *Standards for medicines management*

## 12. Associated documentation

- Worcestershire Health and Care NHS Trust Policy and procedure for the Prescribing, Requisition, Storage, Administration and Control of Medicinal Products
- Worcestershire Health and Care NHS Trust Simple Medicines Policy
- Worcestershire Health and Care NHS Trust Medication Transcribing Policy
- Worcestershire Health and Care NHS Trust Clinical Record Keeping Policy.
- Worcestershire Health and Care NHS Trust Consent to Treatment Policy.



**SAFE ADMINISTRATION OF MEDICINES TO  
CHILDREN AND YOUNG PEOPLE  
COMPETENCY ASSESSMENT TOOL**

## Safe administration of medicines competency

E – Initial training  
 P – Practical Training  
**I(a) – Competent to practice**  
 (b) – Competent and experienced  
 D – Competent to teach

This competency is for either: a) a specific carer/teaching assistant OR  
 b) a specific child if child's medications deemed to be complex by Special school nurse  
 This competency certifies \_\_\_\_\_ (carer/teaching assistant)  
 OR pertains to \_\_\_\_\_ (child)  
**THIS COMPETENCY EXPIRES ON** \_\_\_\_\_

AREA OF CONCERN	REQUIRED SKILLS AND KNOWLEDGE (Q = questioning, D = demonstration)	LEVEL REACHED				
		E	P	I(a)	I(b)	D
1) Carer/teaching assistant will be able to discuss and demonstrate the safe administration of medicines including:	<ul style="list-style-type: none"> <li>Understand why child is having that medicine. <b>Q</b></li> <li>Correct doses and methods of administration. <b>D</b></li> <li>Demonstrate safe administration (5 R's) <b>D</b></li> <li>Checking of correct doses. <b>D</b></li> <li>Storage of medicines. <b>D</b></li> <li>Checking of expiry dates. <b>D</b></li> <li>Knowledge of possible side effects and/or where to find this information (medicine folder). <b>D</b></li> <li>What to do if a side effect/reaction occurs. <b>Q</b></li> <li>Use of prescription chart (if used). <b>D</b></li> <li>Documentation of medicines administration. <b>D</b></li> <li>Reasons why a medicine might not be given. <b>Q</b></li> <li>Understanding and safe demonstration of use of inhalers and spacers (if applicable).</li> <li>Understand what is a controlled drug and use of second checker. <b>Q</b></li> <li>Aware 'DfES Managing medicines in schools'</li> </ul>					
2) Carer/teaching assistant to show awareness of importance of documentation.	<ul style="list-style-type: none"> <li>Accurate appropriate documentation. <b>D</b></li> <li>When to contact parent, school nurse, paediatrician, GP or headteacher. <b>Q</b></li> </ul>					
3) Carer/teaching assistant to demonstrate awareness of issues of privacy and dignity.	<ul style="list-style-type: none"> <li>Carer to be aware of the child/young person's wishes and how they express them. <b>D</b></li> <li>Carer to be aware of other people's curiosity and effect on child. <b>Q</b></li> </ul>					

### **Guidance notes:**

- 1 Understand reason child requires specific medicines and demonstrates an awareness of:
  - Why child is having medicine Q
  - Correct dose Q
  - Potential side-effects Q
  - Safe storage Q
  - Reasons why medicine might be omitted Q
  - What to do if medicine error occurs
  - Checking for parental consent Q
  - Aware of legislation that relates to storage and administration of medicines and aware of 'DfES managing medicines in schools document Q
  
- 2 Safe administration (5 R's):
  - Right child
  - Right medicine
  - Right dose
  - Right route
  - Right time (NB: Check medicine has not already been given in school or at home within recommended time span)
  - Safe hand washing technique. **D**
  - Storage of medicines (fridge/locked cupboard). **D**
  - How long can medicine be stored once opened? **Q**
  - Check medicine is in appropriately labelled container with child's name, from pharmacy
  - Check medicine has not already been given **D**
  - Medicine checked against a prescription **D**
  - Medicine given as prescribed **D**
  - Correct positioning of child during administration. **D**
  - Clean environment for administration and demonstrate knowledge of cleaning and storing equipment used for administration. **D/Q**
  - Observe safe administration **D**
  - Sign medicine chart to confirm medicine has been given. **D**
  - Observe for any side effects and report to health care professional appropriately **Q**
  - Do not return any decanted medicine back into bottle – **Q/D**
  
- NB:** If medicine to be given via gastrostomy, Carer must be trained and competent in gastrostomy care. (E.g. check tube position prior to administration. **Check pH 5.5** or below and flush in between medicines). **D**
  
- 3 Awareness of controlled drug in school (if applicable)
  - Understanding of Misuse of Drugs Act 1971- Controlled drugs of addiction.
  - Safe storage, in lockable non-transferable cupboard and 2 staff to check.
  - Keep running balance (stock level check) and know what to do if medicine goes missing



## Appendix 2 FORM 3B

### Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

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

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]:* \_\_\_\_\_

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

Parent /carer signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

### Appendix 3

## Documentation of Medication NOT Transcribed Form

(May also be used for medication administered in the absence of a Medication Chart i.e. where no transcription, or for emergency administration of adrenaline)

<b>Childs Name:</b>	<b>Date of Birth:</b>
<b>MEDICATION NAME:</b>	
<b>DOSE GIVEN:</b>	
<b>AMOUNT GIVEN:</b>	
<b>ROUTE:</b>	
<b>DATE ADMINISTERED:</b>	
<b>TIME ADMINISTERED:</b>	
<b>SIGNATURE:</b>	

**CONSENT FROM PARENT / MAIN CARER RECEIVED BY:**

**FROM:**

**CONTACT WITH SPECIAL SCHOOL NURSING SERVICE:**

**Detail of message left:**

**Date:**

**Message left by:**

**Date Transcription completed:**

Title of Policy/Function (Function Includes: Services; Projects; Strategy; Processes; Systems; Practices; Procedures; Protocols; Guidelines; Care Pathways etc..)	New	Existing/Revised
Medication administration guideline in Special school nursing	new	
<b>Short description of Policy/Function (aims and objectives, is the policy/function aimed at a particular group if so what is the intended benefit):</b>		
To provide written guidance on safe administration of medication in special schools with Worcestershire		

Name of Lead/Author(s)	Job Title	Contact details
S Courts	Childrens Nurse Consultant	global
Debbie Bolt	Childrens clinical practice facilitator	global
Kay Taylor	Team leader	global

When the policy/function involves patients/staff/partners/stakeholders etc please where possible include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact.

<b>Does this Policy/Function have any potential or actual impact that is positive(+), neutral (N) or negative (-) impact on the following protected characteristics please indicate:</b>			
	+	N	- Please provide a rational/justification for <u>each</u> of the following regardless of impact
<b>Age</b>		✓	This policy applies to all children and Young people who require medication in school
<b>Disability</b>		✓	This policy applies to anyone irrespective of any disability
<b>Gender Reassignment</b>		✓	This policy applies to anyone irrespective of their gender and /or reassignment
<b>Pregnancy &amp; Maternity</b>		✓	This policy would still be relevant to anyone who is pregnant although specific guidance may be needed from pharmacy regarding safety of their medication and effect on unborn child
<b>Race</b>		✓	This policy applies to anyone irrespective of their race
<b>Religion &amp; Belief</b>		✓	This policy applies to all religions and beliefs
<b>Sex</b>		✓	This policy applies to males and females equally within the school setting
<b>Sexual orientation</b>		✓	This policy is relevant and inclusive for patients,

			parents/carers and staff of any sexual orientation
<b>Marriage &amp; Civil Partnership</b>		✓	Marriage and civil partnership has no impact on delivery of this care.
<b>Other Groups who could experience inequality</b> , eg carers, homeless, travelling communities, unemployed, people resident within deprived areas, different socio/economic groups eg low income families, asylum seekers/refugees, prisoners, people confined to closed institutions or community offenders, people with different work patterns eg part-time, full-time, job-share, short-term contractors or shift workers - <i>Access, location and choice of venue, timings of events and activities. Support with caring responsibilities</i>			
<b>Not applicable</b>			

<b>Analysis conducted by: (minimum of 3 people)</b>			
	<b>Name</b>	<b>Job Title</b>	<b>Contact details</b>
1	S Courts	Children's Nurse consultant	07786067748
2	Carol Farrell	CNS Children's palliative care	global
3	Debbie Bolt	Childrens practice facilitator	global

<b>Start date of policy/function</b>	Sept 15	<b>Period valid for :</b>
<b>Review date of policy/function</b>		

<b>Service Delivery Unit:</b>								
<b>Reference/Version:</b>		<b>Date Equality Analysis completed:</b>	D	D	M	M	Y	Y
			2	3	1	1	1	5

If you have identified a potential discriminatory impact on the policy/function please refer it to the author together with suggestions to avoid or reduce the impact.

A copy of the completed Equality Analysis must be attached to the policy/function and a copy sent to:

Patrick McCloskey  
 Equality Inclusion Practitioner  
 Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW  
 Tel: 01905 761324  
[patrick.mccloskey@nhs.net](mailto:patrick.mccloskey@nhs.net)