



Felsted

# ADMINISTRATION OF MEDICINES BY FELSTED SCHOOL MEDICAL TEAM

## COVERING BOTH SCHOOLS INCLUDING EYFS AND BOARDING

<b>Governors' Committee normally reviewing:</b>	Senior Leadership Team
<b>Date last formally approved:</b>	Summer Term 2018
<b>Date policy became effective :</b>	January 2010

<b>Period of Review:</b>	Annually
<b>Next Review Date :</b>	Summer Term 2019

<b>Person responsible for implementation and monitoring :</b>	Deputy Head (Welfare)
<b>Other relevant policies :</b>	<ul style="list-style-type: none"><li>• First Aid Policy</li><li>• Medication Policy</li><li>• Anti-Bullying Policy</li><li>• Positive Handling Policy</li><li>• Death of a Child Policy</li><li>• Equal Opportunities Policy</li><li>• Sex and Relationship Education Policy</li><li>• Health and Safety Policy</li><li>• Safeguarding (Child Protection and Staff Behaviour) Policy</li></ul>

**The following Policy encompasses the Aims and Ethos of the Preparatory School and the Senior School**

**Mr Simon James  
Head, Preparatory School**

**Mr Chris Townsend  
Head, Senior School**

**[Aims and Ethos](#)**

**SAFEGUARDING STATEMENT**

*Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its 'Safeguarding (Child Protection and Staff Behaviour) Policy'.*

**EQUAL OPPORTUNITIES STATEMENT**

*The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.*

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## Glossary of Terms

IHCP-Individual Healthcare Plan

GP- General Practitioner

CD- Controlled Drug

## 1. ADMINISTRATION OF MEDICINES

- 1.1. Prescribed medicines are the property of the pupil to whom they have been prescribed and dispensed.
- 1.2. Medicine must be administered to the pupil whose name appears on the label and according to the prescriber's instructions. These instructions are indicated on the pharmacy label. At each administration, medicine must be recorded and signed for.
- 1.3. Non-prescribed medicines will not have a pharmacy label so should be administered in conjunction with the Individual Healthcare Plan ( IHCP) or homely remedy policy as appropriate plus any specific instructions for administration in medicine's Patient Information Leaflet.
- 1.4. Potential allergies must be checked before administration. It is the parent's responsibility to inform the school of any known allergies. The School Nurse will be responsible for ensuring that this information is shared appropriately with staff in school.
- 1.5. Medicine should never be pre-dispensed or dispensed for another person to administer.
- 1.6. Medication must not be transferred from one container to another.
- 1.7. If there is any query or concern regarding a pupil's medicine, then that medicine should not be given and the School Nurse or prescriber must be consulted immediately.
- 1.8. The label on the container provided by the pharmacist must not be altered under any circumstances. If the label becomes detached from the container or is illegible, the medicine must not be given. The School Nurse must be contacted for advice and instruction from the supplying pharmacist must be sought. A new supply must be requested.
- 1.9. The 6 Rights of Administration must be applied.
  - The identity of the pupil must be ascertained. This must be checked with the name on the medicines record, their photograph , the pharmacy label on the medicine and by addressing the pupil by name. (RIGHT PUPIL)

- The name, form and strength of the medicine must be checked during the administration process i.e. the pharmacy label on the medicine should be compared with the medicines record. (RIGHT MEDICINE)
  - Medicine should be given at the time indicated on the medicines record. If medicine is administered more than one hour either side of the time stated, advice may need to be sought from the School Nurse or GP before the medicine is administered. (RIGHT TIME)
  - The dose of medicine must be administered in accordance with the prescriber's instructions. Again, reference must be made between the medicines record and the pharmacy label to ensure this. If there is any discrepancy between the dose on the medicines record and that stated on the label, advice must be obtained from the School Nurse or GP before the medicine is given. (RIGHT DOSE)
  - Each medicine must be administered in its prescribed form i.e. tablet, capsule, patch, inhaler etc and by the prescribed route i.e. oral, sublingual, topical etc (RIGHT ROUTE).
  - The pupil's RIGHT to REFUSE must be respected.
- 1.10. It is essential that administration of medicine and subsequent signing of the medicines record is completed for one pupil before selecting medicines for the next.
- 1.11. A diary or prompt sheet should be used to ensure all pupils who require medicines receive them at the correct time.
- 1.12. For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and / or date of expiry e.g. eye drops, creams, liquids.
- 1.13. Medicine must not be left unattended with the pupil. The trained staff member should remain with the pupil until administration is complete.
- 1.14. Medicine should not be opened or prepared until the pupil is ready to accept it.
- 1.15. For application of creams and ointments, disposable gloves must be worn.
- 1.16. Medicine should not be given if:
- The medicines record is missing or is difficult to read
  - The pharmacy label is missing or is difficult to read

- A significant change in the physical or emotional condition of the pupil is observed
- The 6 Rights of Administration cannot be verified
- The pupil has queries about the medicines e.g. colour, size, shape, consistency of liquids etc
- There are any doubts or concerns

In these situations, the medicine should not be given until advice has been sought from the School Nurse who may need to contact the original prescriber.

- 1.17. Medicine must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or specific directions have been given to do so, in writing, by the prescriber and this has been documented in the pupil's IHCP.
- 1.18. 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 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. For doses of less than 5ml, an oral syringe should be provided for measurement of the dose.
- 1.19. All bottles of liquid should be wiped after use.

## **2. TRAINING**

- 2.1. Medicine may only be administered by designated staff who will only administer medicine when it is within their competence and within the parameters set out in this policy and when authorised to do so by the School Nurse.
- 2.2. All staff who administer medicines must have had training by the school nurses and been signed off as competent to administer medication as instructed by the medical centre. Competence of staff must be assessed at least annually or more frequently if required e.g. following an incident or error.
- 2.3. Advice on medicine issues, policies and procedures should be sought from a Pharmacist in conjunction with the school GP and school nurses.
- 2.4. Medicine reviews will be performed by the GP or other healthcare professional and staff must be aware of potential changes to a pupil's medication regime.
- 2.5. Staff must be aware of the medicines they are administering and the consequences of administration and non-administration. Full consideration must be given to whether the best outcomes are being achieved for pupils.
- 2.6. Staff must be mindful of the arrangements that must be in place for medicines that need to be given at specific times to ensure the dose interval is appropriate.
- 2.7. Staff are responsible for monitoring the effects of the medicines they administer and taking action if a pupil's condition changes.

### 3. RECORDS AND RECORDING

- 3.1. All medicines brought into school must be accompanied by a letter / completed form from the parent giving full instructions including when the last dose was given, where appropriate.
- 3.2. Medicines received into school must be recorded on arrival and recorded when distributed to the boarding houses.
- 3.3. Records must be kept of all medicines administered to pupils including what, how and how much was administered, when and by whom. Any side effects of the medication should be noted. A record must also be made for non-administration e.g. refusal.
- 3.4. The medicines record must contain an up-to-date record of all medicines administered. After each administration, the trained staff member should sign the medicines record to verify that the medicine has been administered. This must occur **immediately** after the medicine has been administered but after witnessing that the pupil has taken it. A code or explanation must be used for non-administration.
- 3.5. Medicines records should be signed in black ink. If a mistake in recording is made, a single line should be made across the incorrect entry and a new clearly legible entry made.
- 3.6. For pupils with a long term condition, an individual healthcare plan (IHCP) will be developed with parents, the pupil and School Nurse. This will be reviewed annually.
- 3.7. An up-to-date sample signature and initials list should be kept for those staff eligible to undertake medicine administration.
- 3.8. For medicines that are administered regularly, but infrequently - e.g. monthly or every 3 months, a system must be in place to record when these medicines are due. This may include marking the relevant box on the medicines record for monthly items and recording the date in the diary to remind staff e.g. for 3-monthly medicines.
- 3.9. The School Nurse must be informed of any unusual incidents e.g. medicine given out of the time frame, refusal etc.
- 3.10. Discontinued medicines may only be documented on the medicines record by the School Nurse.
- 3.11. All entries must be written clearly, unambiguously and with no abbreviations.



- 3.12. An audit trail of medicines needs to be maintained i.e. a record of all medicines received, administered and returned.
- 3.13. Matrons will provide a record of all medicines leaving and returning to school with pupils on day trips, residential visits and sporting activities. An in/out log must be used.
- 3.14. For pupils who have more than one medicines record, these must be labelled 1 of 2, 2 of 2 etc
- 3.15. Any changes to medication made by the prescriber by phone can only be accepted if it is supported in writing (by fax or secure email) before the next or first dose is given. The records (and IHCP if appropriate) must be updated as soon as possible (usually within 24 hours).
- 3.16. A gap monitoring system should be in place to ensure medicine has been administered and signed for and action taken if a member of staff consistently fails to record the administration of medicines. Any discrepancies and the remedial action taken must be documented.
- 3.17. Medicines records must be kept with the individual medical records and retained for the time specified by the regulator and thereafter destroyed securely. This is currently advised at 25 years of age or 10 years after leaving the school.
- 3.18. The Controlled Drugs register must be used when Controlled Drugs are received into the school, administered or returned to the parent/pharmacy.

#### **4. CHOICE AND CONSENT**

- 4.1. Medicine may not be administered without consent.
- 4.2. All pupils should be given the choice to take or refuse medicines and their dignity and independence should be maintained at all times.
- 4.3. If a pupil refuses to take medicine, they should not be forced to do so but staff should follow directions in the pupil's IHCP. The School Nurse should be informed who will in turn inform the pupil's parents and GP so that alternative options can be considered.
- 4.4. Non-prescription and prescription medicines should only be given if parents/guardians have provided written consent (for under 16's). Over 16's will provide their own consent.
- 4.5. When the pupil joins the school, parents will be requested to complete a questionnaire outlining 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 medicines.
- 4.6. Parents will be requested to update their parental consent at the beginning of the autumn term detailing any treatment or changes that have occurred in the school holidays.
- 4.7. For medicines prescribed during the school term, it is good practice to inform parents/ guardians that they have been prescribed and every effort made to encourage pupils to involve their parents whilst respecting their right to confidentiality. Fraser competence guidelines should be followed for under 16s without parental consent.

## 5. COVERT ADMINISTRATION

- 5.1. Disguising medicines in food and drink is generally not permitted.
- 5.2. In exceptional circumstances, covert administration of medicines (disguising medicine in food or drink) may be necessary but is only permissible where the patient lacks capacity **and** it is in that patient's best interest. Refer to Mental Capacity Act Code of Conduct.
- 5.3. Before covert administration of medicines can proceed, there must be an assessment of capacity undertaken followed by a best interests meeting. A decision will then be made on whether to administer the medicines covertly. If this is agreed, a plan should be developed on how to safely administer the medicines covertly. A date should be set for review.
- 5.4. The decision, action taken and details of all parties concerned should be documented in the care plan and reviewed at appropriate intervals. The signature from the GP must be obtained, the Pharmacist must be updated of the intention to administer the medicine covertly and DoLS must be informed.
- 5.5. It should be noted that if a pupil requests that their medicine is added to food or drink, this is not "covert" as they are fully aware that the medicine is being administered to them.

## **6. PRN MEDICINES**

- 6.1. PRN (when required) medicines must be given in accordance with the prescriber's instructions, details of which should be recorded in the pupil's IHCP and on the PRN protocol. The PRN protocol should be pupil-centered and focus on outcomes. Details should include the name and reason for the medicine, dosage criteria i.e. how and when the medicine 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 medicine, any actions taken prior to administration, expected outcomes and follow up actions.

## **7. REFERENCE SOURCES**

- 7.1. The Medical Centre should have access to a copy of the Children's British National Formulary (CBNF) which is less than 2 years old, to use as a reference source.
  
- 7.2. Patient Information Leaflets are supplied with medicines. These also provide a useful reference source.

## 8. MEDICINE ERRORS AND SAFEGUARDING

- 8.1. Felsted School recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. If a mistake occurs, this must IMMEDIATELY be reported to the School Nurse so as to prevent any harm to the pupil. There must be no concealment or delay in reporting the incident.
- 8.2. Advice must be sought from the school nurse who will contact the GP/ emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. The pupil must be observed and monitored for side effects and emergency action taken if required. The parents must be informed immediately.
- 8.3. All medication errors, incidents and near misses must be fully and carefully investigated and documented by the School Nurse to determine the root cause and action taken as appropriate. Detailed audits must be carried out on a regular basis and used in school briefing meetings to improve practice.
- 8.4. The Head should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. All medicine errors must be reported to the School Nurse initially and forwarded to the Head.
- 8.5. If the School Nurse believes an error/ incident could be a safeguarding issue as defined below, they should report to the local safeguarding team.
- 8.6. 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 a pupil
  - Deliberate attempt to harm through use of a medicine
  - Accidental harm caused by incorrect administration or a medicine error
- This list is not exhaustive.
- 8.7. Accurate details of any medicine-related safeguarding incidents must be recorded as soon as possible so that the information is available for any investigation and reporting. The GP must be informed straight away.

## **ANNEXE 1: LIST OF APPENDICES (Kept in medical Centre).**

<b>Appendix 1</b>	AGREEMENT TO ABIDE BY MEDICATION POLICY
<b>Appendix 2</b>	FORM FROM PARENT ACCOMPANYING MEDICATION
<b>Appendix 3</b>	AUDIT TRAIL OF ALL MEDICATION RECEIVED
<b>Appendix 4</b>	AUDIT TRAIL OF ALL MEDICATION RECEIVED BY HOUSE MATRONS
<b>Appendix 5A</b>	FRIDGE TEMPERATURE RECORD
<b>Appendix 5B</b>	ROOM TEMPERATURE RECORD
<b>Appendix 6</b>	INDIVIDUAL HEALTHCARE PLAN
<b>Appendix 7A</b>	HOMELY REMEDY POLICY
<b>Appendix 7B</b>	HOMELY REMEDY AUTHORISED STAFF LIST
<b>Appendix 8</b>	ACCOUNTABILITY OF HOMELY REMEDIES
<b>Appendix 9</b>	PRN PROTOCOL FELSTED
<b>Appendix 10</b>	RECORD OF MEDICINES ADMINISTERED TO A PUPIL
<b>Appendix 11</b>	STAFF SIGNATURES
<b>Appendix 12</b>	AUDIT TRAIL OF RETURNED MEDICATION FROM HOUSE MATRONS
<b>Appendix 13</b>	MEDICINES RETURNED TO PHARMACY
<b>Appendix 14</b>	RISK ASSESSMENT FOR SELF-ADMINISTRATION
<b>Appendix 15</b>	IN/OUT LOG FOR TRIPS
<b>Appendix 16</b>	GUIDANCE ON THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS
<b>Appendix 17</b>	EMERGENCY SALBUTAMOL CONSENT FORM
<b>Appendix 18</b>	SCHOOLS AUDIT TOOLS
<b>Appendix 19</b>	MEDICATION ERROR REPORT FORM
<b>Appendix 20</b>	COMPETENCY ASSESSMENT FOR MEDICATION HANDLING
<b>Appendix 21</b>	COMPETENCY ASSESSMENT FOR DESIGNATED MEMBER OF STAFF FOR EMERGENCY SALBUTAMOL
<b>Appendix 22</b>	ADRENALINE AUTO-INJECTORS IN SCHOOLS GUIDANCE
<b>Appendix 23</b>	STATUTORY GUIDANCE ON SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS
<b>Appendix 24</b>	TOPICAL MEDICINES ADMINISTRATION RECORD