



Children's Services & Schools

MEDICINES PROCEDURES

School:	
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CHILDREN'S SERVICES & SCHOOLS

Children's Services

01

ORDERING AND SUPPLY PROCEDURE

Ordering and Supply

The Designated Safeguarding Lead (other delegated senior please specify) should complete the Local Arrangements form

A designated support staff member should check each pupil/child/young person's stock at the start of week 2 of the monthly medicine cycle.
Check what needs to be ordered for the next month and complete the reorder form.

Send the reorder form to the surgery/pharmacy. Retain a copy for your reference.

A designated support staff member will agree timescales with the pharmacy regarding collection of prescriptions and delivery of medicines.

A designated support staff member must check the medicines received match the medicines ordered. Inform the pharmacy if there are ANY discrepancies.

Ordering and Supply

Interim or mid-month supplies

Interim or mid-month supplies of medicines should be obtained from the monthly pharmacy supplier as a first option.

Keep an audit trail of the ordered medicine and sign in the medicine on arrival.

On receipt of the interim supply prescription from the GP, telephone the pharmacy to advise them that you are going to scan the prescription and need the medicine blistered.

Ensure that the medicine will be delivered that day or collected by the designated support staff member. Ensure a printed MAR is supplied with the medicines.

Interim Supplies from Local Pharmacies

If medicines are normally blistered, interim supplies from a local pharmacy may not be blistered and a MAR sheet may not be supplied. The instructions for such supplies may need to be handwritten onto the MAR sheet.

The Designated Safeguarding Lead (other delegated senior please specify) or a support staff member deemed competent must write the medicine onto the MAR sheet copying exactly what is on the label and the second designated support staff member must check the entry for accuracy and countersign.

Dropped Medicines

To order any replacements for "dropped medicine," the name of the medicine should be written at the end of the prescription request form exactly as it appears on the medicine label, the amount needed should be indicated and then ticked to say it is required.

Tips & Hints: Ordering & Supply



It is the Designated Safeguarding Lead's (other delegated senior please specify) responsibility to ensure there are adequate supplies of medicines for each pupil/child/young person and that repeat prescriptions are ordered in a timely manner.



New pupils/children/young people should bring 28 days supply of their medicines in original packaging (not dosette boxes) with them (including any non-prescribed medicines) when they move in; Check these against their doctor's current medication list to make sure all are correct (make sure non-prescribed medicines are authorised).



CHILDREN'S SERVICES & SCHOOLS

Children's Services

02

RECEIVING MEDICINES INTO THE HOME PROCEDURE

Receiving Medicines into the Home

When the new supply of medicines is delivered, support staff must:

1 Check the seals on the bags/boxes to ensure they are intact

➔ If the seals are broken, do NOT sign for receipt until the contents have been checked

➔ Inform the supplying pharmacy immediately if there are any discrepancies

2 Check all medicines received from the pharmacy to ensure they are exactly as ordered. Resolve any queries or discrepancies with the pharmacy or surgery immediately

3 Keep all new MAR sheets together

➔ Retain the reorder forms in the folder ready to order the next 4-week supply of medicines

4 Check all medicines individually against the MAR sheet

Receiving Medicines into the Home

5

Record the quantities received as follows:



In the "recd" (received) box, insert the date



In the "quant" (quantity) box, insert the quantity received



In the "by" box, sign as the support staff member receiving the medicine into the home



In the "cfwd" box (where applicable) write the amount of stock carried forward and add to any quantity received

6

Keep all blistered tablets, capsules on their respective frame/pack until the evening medicine round has been completed on the last day of the 4 week medicine cycle



On the last day of the 4 week medicine cycle, change the entire medicine frame

Receiving Medicines into the Home

7

Store medicines securely

- ➔ In locked medicines cupboard
- ➔ Separate internal and external medicines
- ➔ Make sure that you are measuring and recording the room temperature every day. It should be below 25°C
- ➔ Emollient creams/prescribed toothpastes may be safely stored in the pupil/child/young person's room for access during personal care.
- ➔ Distribute medicines to any pupil/child/young person who self-administers to store in their locked facility in their room.

8

Lock Controlled Drugs away immediately

- ➔ In the Controlled Drugs cupboard (enter in the CD register with a witness)

Receiving Medicines into the Home

9

Store fridge items away immediately



In a locked medicines fridge or in a locked container in a kitchen fridge (make sure you are measuring and recording the temperature every day - it should be between 2 - 8° C)

10

The support staff member administering the medicine must mark the date of opening on any medicines with a short expiry date or limited shelf life once opened

11

Count and carry forward any PRN medicines remaining at the end of the previous cycle onto the new cycle



Write the quantity carried forward in the "Received" section of the MAR sheet e.g. 20 c/f, then date and sign.



- X** *Never leave keys to medicine cupboards unattended. A designated support staff member should keep them, or store them in a key safe.*
- X** *Keep storage areas clean and fridges de-frosted. Record how often you do this using the 'cleaning schedule' form.*



CHILDREN'S SERVICES & SCHOOLS

Schools

03

RECEIVING MEDICINES INTO THE SCHOOL PROCEDURE

Medicines Brought into the School

Medicines brought into school must be in the original pharmacy labelled container bearing the instructions from the prescriber.

- 1 All medicines brought into school must be handed in IMMEDIATELY and checked into stock by the Designated Safeguarding Lead (other delegated senior please specify).
- 2 A letter/completed form by the parent giving consent must accompany the medicine giving full instructions including when the last dose was given (Use the *Parental Consent to Administer Medicines* form).
- 3 Check the medicine label and accompanying instructions are in English.
 - ➔ If the medicine is from abroad, contact the GP to obtain the UK equivalent with instructions in English
 - ➔ If authorisation from the parent does not match the label, contact the senior person for advice, who may contact the GP.
- 4 Record all medicines in on arrival.
- 5 Medicines will be distributed to the Designated Safeguarding Lead (other delegated senior please specify) only and recorded.

Remember

If there is any doubt about the medicines received or if they are not in their original packaging, refer immediately to the senior person who will need to contact the parent or healthcare professional for advice.

Transport – Where appropriate (for example, child/pupil/young person arriving by taxi) remind the responsible adult transporting the child/pupil/young person to hand over any medicines to the responsible member of staff.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

04

MEDICINES RECONCILIATION PROCEDURE

Medicines Reconciliation

Medicines reconciliation is the process of accurately listing a pupil/child/young person's medicines. This could be when they first arrive or when their treatment changes.

1

Make sure you are familiar with who is involved in medicines reconciliation for each pupil/child/young person you support. The following people might be involved:

- ➔ The pupil/child/young person
- ➔ Their family (where appropriate)
- ➔ Carers (where appropriate)
- ➔ Pharmacist
- ➔ Other health and social care practitioners

2

Ensure the following information is available on the day the pupil/child/young person moves into the service or transfers from another service:

- ✓ Pupil/child/young person's details (full name, date of birth, address)
- ✓ GP details
- ✓ Details of other relevant contacts available from the pupil/child/young person/family e.g. regular pharmacist
- ✓ Known allergies and reactions to medicines and the type of reaction experienced
- ✓ Accurate and up to date information about the medicines the pupil/child/young person is currently taking (e.g. from the most current GP repeat medication list)
- ✓ Changes to medicines including medicines started, stopped, dosage changed, and reason for change
- ✓ Date and time of the last dose for any "when required" medicines, or any medicine given less often than once a day (e.g. weekly or monthly medicines)
- ✓ When the medicine should be reviewed or monitored
- ✓ Any support the pupil/child/young person needs to carry on taking the medicine
- ✓ What information has been given to the pupil/child/young person/family/carers

3

Record the name and job title of the support staff member completing the medicines reconciliation and the date.

Medicines Reconciliation

When a pupil/child/young person is discharged from hospital, they should be supplied with a discharge summary and ideally a 4-week supply of medicines.

The senior person or designated support staff should coordinate when a pupil/child/young person first arrives and check that the medicines tally with the summary.

Obtain a MAR sheet or handwrite one from the summary or labelled supply and initial the entry.

A suitably trained support staff member should double check the entry and countersign for accuracy.

Where there is no discharge summary, or if there are any discrepancies or concerns, contact the discharging ward as soon as possible and obtain written confirmation of any details provided.

Medicines Reconciliation

When a pupil/child/young person comes into the service:

Ask the pupil/child/young person to bring their medicines in original pharmacy-labelled containers. Cut strips in blister packs where the name and strength of the medicine are not visible, will not be accepted. An alternative, appropriately labelled supply will be needed to enable administration to the pupil/child/young person.

In the event of an unlabelled supply, contact the pupil/child/young person's GP to arrange a new labelled supply.

Advise relatives that they should not bring in any other prescribed or non-prescribed medicines without telling the designated support staff member.

Notes

- A pupil/child/young person should come to the service with the amount of medicine required for their stay. Cut blister packs will not be accepted.
- Any dose changes for medicines should only be accepted in writing from the prescriber (GP or other healthcare professional).
- A pupil/child/young person will leave the service with their remaining medicine. A check should be made to ensure there is a sufficient supply. The pupil/child/young person or their relative should sign to accept the medicine.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

05

MEDICINES STORAGE PROCEDURE

Medicines Storage

1

Medicines must be stored securely

- Keys to all medicines storage facilities must be kept/stored securely.
- Only designated support staff that have authority to access medicines should be able to do so.

2

Medicines must be stored under appropriate conditions

- Check and record the temperature of the medicines storage room daily. The temperature must not exceed 25°C.
- When the storage temperature exceeds the recommended maximum inform the senior person. A record must be made of actions taken to reduce the room temperature. The following actions can be considered (NB this list is not exhaustive):
 - ✓ Use a fan or air conditioning unit in the storage area
 - ✓ Close curtains or blinds and open any windows (maintaining security)
 - ✓ Relocate storage to an area that conforms to the recommended storage requirements maintaining safe storage requirements
- Contact the supplying pharmacist for advice if the storage temperature exceeds the recommended maximum on any consecutive days. It may be necessary to obtain a new supply.
- Support staff must not administer any medicine if any changes to its appearance are identified (e.g. cream separated/cracked, tablet discoloration or loss of integrity, an unusual smell). Seek advice immediately from the supplying pharmacist/NHS 111.
- Where temperatures appear raised in a pupil/child/young person's room, carry out and record random temperature checks. Follow the guidance above for actions to take when manufacturer's recommendations for storage temperatures are exceeded.

TOP TIP

Where medicines are stored in a pupil/child/young person's room (e.g. self-administering) there is no requirement for the room temperature to be recorded daily. However a needs-based risk assessment should be completed when indicated and actioned appropriately (see suggested actions above).

Medicines Storage

3

Medicines requiring fridge storage

- ➔ Must be stored in a lockable fridge specifically designed for this use or in a locked container in a domestic fridge.
- ➔ Medicines must only be stored between 2°C - 8°C
- ➔ Check and record the maximum and minimum fridge temperature daily. The thermometer must be reset after every reading.
- ➔ When the temperature is out of range inform the senior person. Action taken must be recorded, this may include (NB this list is not exhaustive):
 - ✓ Rearrange stock in the fridge to improve air flow, shelves should be used for storage rather than the floor or door of the fridge
 - ✓ Make sure the fridge is in a well-ventilated location away from heat sources
 - ✓ Do not open the door in the event of power failure unless absolutely necessary
 - ✓ Defrost the fridge if necessary
 - ✓ Move stock to an alternative fridge ensuring secure storage of medicines
- ➔ Contact the supplying pharmacist for advice if fridge maximum/minimum temperatures are outside of range on any consecutive days. It may be necessary to amend expiry dates or obtain a new supply.
- ➔ Support staff must not administer any medicine if any changes to its appearance are identified (e.g. cream separated/cracked, clouding of injections). Seek advice immediately from the supplying pharmacist/NHS 111.
- ➔ Do not store any other items including food or drinks in the medicines fridge.
- ➔ Use a switchless socket or apply a clear warning label to the plug socket stating it should NOT be unplugged or switched off.

TOP TIP

Medicine fridges must be cleaned monthly and defrosted according to the manufacturer's recommendations and a record made of this using the 'cleaning schedule' form.

Medicines Storage

4

Controlled Drugs Storage

- Controlled Drugs (CDs) must be stored securely in a CD cupboard with specifications that meet current regulatory requirements.
- The CD cupboard must be used to store Controlled Drugs only.
- Only support staff with authority can hold keys to the CD cupboard. Spare keys to the CD cupboard must be stored securely.
- Store CDs requiring fridge storage in a separate lockable container in the fridge.
- Store CDs for disposal separately from other stock in the CD cupboard.

5

Other storage requirements

- Store thickeners in a lockable facility (for example, in a separate lockable cupboard or container in the kitchen).
- Store prescribed nutritional supplements in a lockable cupboard or container labelled 'Nutritional Supplements).
- Store medicines for disposal securely in a tamper proof container.
- Emergency (rescue) medicines (e.g. adrenaline, buccal midazolam) must be stored securely and must be able to be accessed quickly when needed.
- Homely remedies must be stored securely, separated from the prescribed medicines.



CHILDREN'S SERVICES & SCHOOLS

Schools

06

MEDICINES STORAGE PROCEDURE

Medicines Storage

1 Medicines will be stored safely in lockable cupboards. Only designated support staff members will hold the key.

2 Emergency medicines and devices e.g. asthma inhalers, blood glucose testing meters and adrenaline auto-injectors will be stored safely out of reach and sight of children but always be readily accessible i.e. not locked away but stored safely but accessible in an emergency.

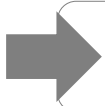
Remember

Remember to date check medicines on a regular basis.

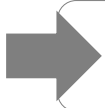
Medicines Storage

3

Lock Controlled Drugs away immediately



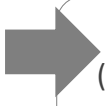
In a locked non-portable container or Controlled Drugs cupboard
(enter in the CD register)



Only named support staff should have access

4

Store fridge items away immediately



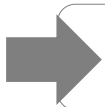
In a locked medicines fridge or in a locked container in a kitchen fridge
(make sure you are measuring and recording the temperature every day - it
should be between 2 - 8 °C)



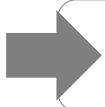
Only named support staff should have access

5

Label any medicines with a short expiry or limited shelf life once opened with:



The date of opening



The last date for disposal



CHILDREN'S SERVICES & SCHOOLS

07

ADMINISTRATION OF MEDICINES PROCEDURE

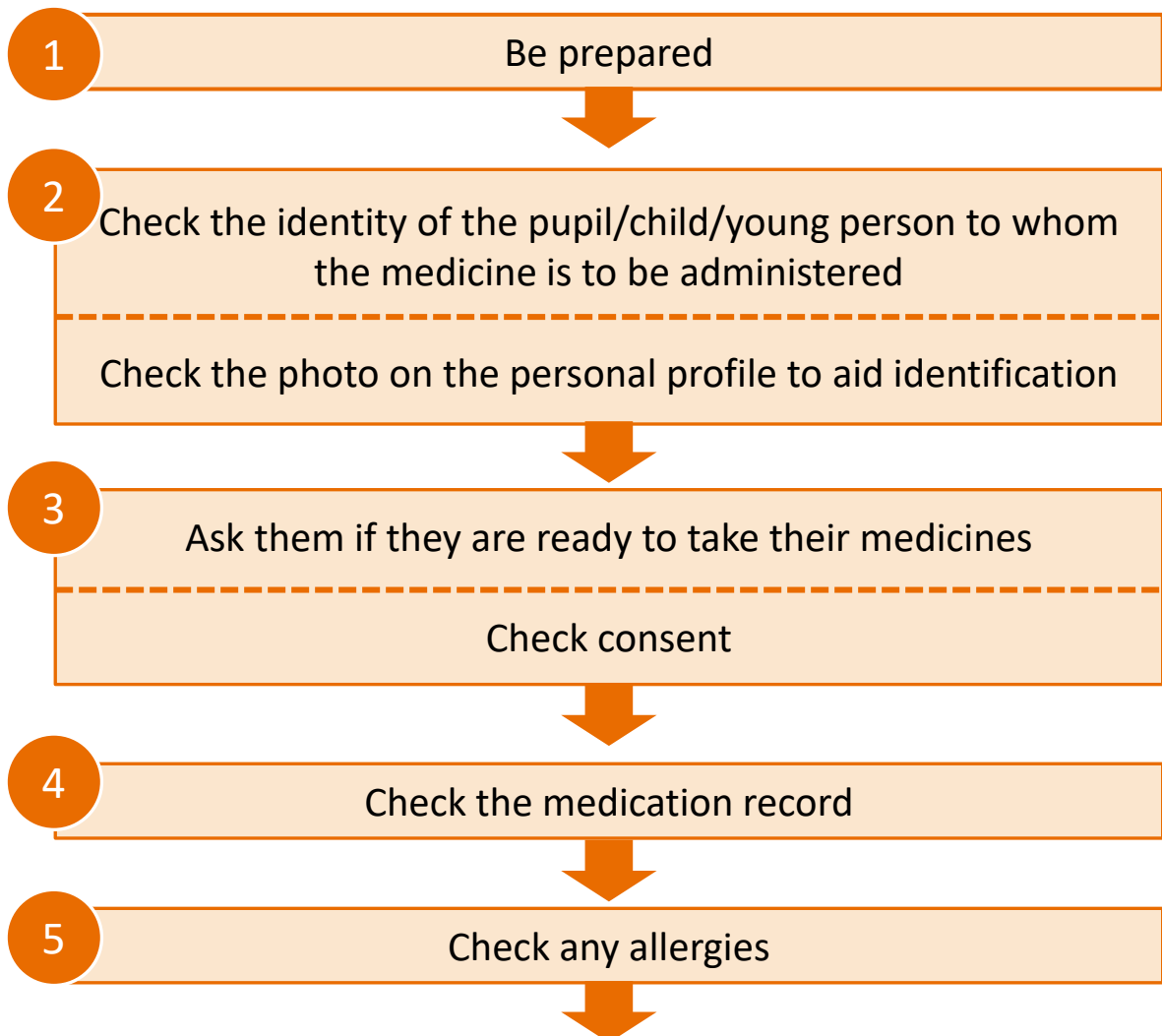
1 of 3

Administration of Medicines

Following appropriate risk assessment, localised procedures may require two members of staff to be involved in the medicines administration process

- One member of staff to administer and make a record of administration
- A second member of staff to witness and make a record of witnessing

Make sure you are aware of the local procedure at your place of work



2 of 3

Administration of Medicines

Always administer medicine using an aseptic (no touch) technique and in line with infection control and health and safety policies.

6

Check the medication has not already been given

7

Find the medicine and check expiry

8

Check the label against the MAR (Check 6 rights)

Check that the name, form, strength and dose of the medicine on the medicine label corresponds with the medicine chart

If there is ANY discrepancy, do NOT administer, refer to the pharmacy immediately

9

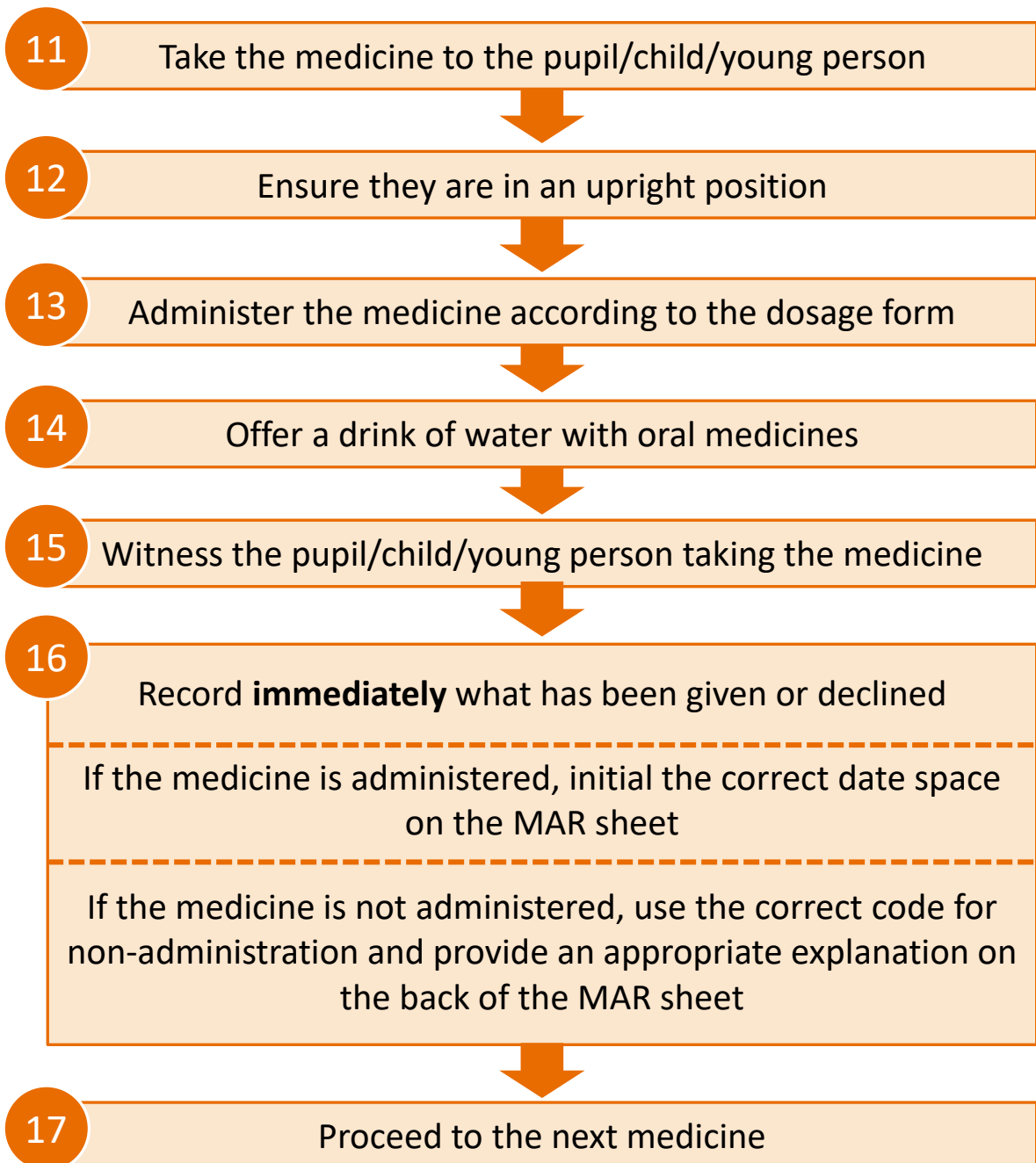
Check back of MAR for any additional information e.g. if a non-prescribed medicine has been administered

10

Measure the dose

3 of 3

Administration of Medicines





CHILDREN'S SERVICES & SCHOOLS

08

ADMINISTRATION OF CREAMS AND OINTMENTS PROCEDURE (including managing fire risk with emollients)

1 of 6

Administration of Creams and Ointments

- 1 Check you have the right pupil/child/young person for whom the cream/ointment is to be administered
- 2 Check consent
- 3 Check that the cream/ointment hasn't already been applied
- 4 Wash hands and wear a clean pair of disposable gloves
- 5 Check that the name, form, strength and dose on the label corresponds with the MAR/TMAR (as appropriate) and that where the cream is to be applied is detailed (on the body map)
- 6 Check expiry date of cream/ointment. Once the seal is opened write the date of opening on the tube/jar. Some are subject to environmental contamination and should be discarded after a period of use. Any product whose appearance suggests it is unfit for use should be discarded. Refer to Patient Information Leaflet (PIL)

2 of 6

Administration of Creams and Ointments

7

Check full instructions of how to apply including full details of PRN (when required) or as directed instructions e.g.:

- How long does the preparation need to be used for?
- Where is it to be applied?
- Should any previous creams/ointments be stopped?
- Has the TMAR been amended accordingly? If not, check with the senior person to get correct instructions
- Will a review be necessary after stopping the preparation?

8

For side effects or allergic reactions refer to Patient Information Leaflet (PIL) if needed

9

Make sure the affected area of skin is clean and free from moisture

10

Check how much to use

3 of 6

Administration of Creams and Ointments

- 11 If more than one cream/ointment is to be applied, leave at least 30 minutes between applications. There are no standard rules which has to be applied first, however, if unsure, apply thinnest cream first and thickest last
- 12 Do not put any unused cream/ointment back into the container. Dispose of any unused cream/ointment appropriately
- 13 Make sure the cream/ointment is stored correctly (e.g. does it need to go in a fridge?)
- 14 Record administration on the MAR sheet (for prescribed medicated creams) immediately, date and sign. Record administration on the TMAR immediately, date and sign for non-medicated creams.
- 15 If applying another cream/ointment go back to point 1
- 16 Report back any concerns to the senior person

4 of 6

Administration of Creams and Ointments

Steroid Cream/Ointments

- a) Measure the appropriate number of fingertip units (FTU) for the area to be covered if using a steroid cream, for quantity see:
<https://patient.info/health/steroids/fingertip-units-for-topical-steroids>
- b) Steroid creams and ointments need to be applied thinly to the affected area(s)
- c) Apply the cream or ointment to the skin and gently rub in
- d) Remove gloves and wash your hands

Emollients (Moisturisers)

- a) Emollients are used for a range of dry skin conditions
- b) They hydrate the skin and can be applied frequently e.g. 3-4 times a day. Check the label
- c) Regular use of emollients can reduce the amount of steroid cream used
- d) Apply liberally and gently in the direction of the hair growth. Never rub up and down vigorously as this could trigger itching, blocked hair follicles or create more heat in the skin. (*Ref National Eczema Society*)
- e) Remove gloves and wash your hands

Important – All emollients are a potential fire hazard

5 of 6

Managing Fire Risk with Emollients

All emollients pose a risk for pupils/children/young people and staff.

1

All emollients when in contact with dressings, clothing and bed linen can be easily ignited by a naked flame

2

The risk will be greater when these preparations are applied to large areas of the body, and clothing or dressings become soaked with the product

3

Pupils/children/young people should be advised to keep away from fire, flames or other potential cause of ignition, and not to smoke when using these preparations

4

The fire risk should be considered when a pupil/child/young person is dispensed, or treated with an emollient product

5

Support staff must be trained and competent in the administration and risks associated with emollients

6 of 6

Managing Fire Risk with Emollients

- 6 The Designated Safeguarding Lead (other delegated senior please specify) must provide the pupil/child/young person with information about the potential fire risks of smoking (or being near to people who are smoking), or exposure to any open flame or other potential cause of ignition during treatment. This should be given in both verbal and written form
- 7 Assess smoking status of a pupil/child/young person **before** commencing treatment. Where appropriate, offer stop smoking support
- 8 Ascertain if the pupil/child/young person is subject to additional fire risk e.g. using oxygen

Where a pupil/child/young person smokes or is in contact with people who smoke or there is an additional fire risk, support staff must:

- 1 Undertake a risk assessment
- 2 Regularly change clothing or bedding impregnated with emollients (preferably on a daily basis) and ensure that the specific washing instructions at high temperature is followed
- 3 Record full information in the pupil/child/young person's care plan
- 4 Ensure fire safety information is displayed prominently in every area where pupils/children/young people may be treated with significant quantities of emollients
- 5 Ensure support staff know what to do if a pupil/child/young person does not comply with safety advice and instructions during treatment involving significant quantities of emollients



CHILDREN'S SERVICES & SCHOOLS

09

INSTALLATION OF EYE DROPS PROCEDURE

1 of 2

Instillation of Eye Drops

- 1 Check you have the right pupil/child/young person for whom the eye drops are to be administered
- 2 Check consent
- 3 Check that the drops haven't already been instilled
- 4 Wash hands
- 5 Check that the name, form, strength and dose on the label corresponds with the medicine chart
- 6 Check the expiry date of the eye drops. Date the bottle on opening (most eye drops only keep for 28 days once opened)
- 7 Check which eye the medicine is prescribed for (left, right or both)
- 8 Take off the top of the bottle
- 9 Tilt the head back. Hold the dropper above one eye. Squeeze one drop into the pocket formed by gently pulling down the lower eyelid. Try not to touch the eye, eyelashes, or anything else with the dropper tip in order to keep it clean

2 of 2

Instillation of Eye Drops

- 10 Let go of the eyelid and keep the eyes closed for as long as possible (1 minute at least) after application of the eye drop
- 11 Wipe away any liquid that falls onto the cheek with a tissue
- 12 Repeat in the other eye if the medicine is prescribed for both eyes
- 13 When two different eye drop preparations are used at the same time of day, wait for at least five minutes before putting the second drop into an eye. This stops the first drop from being diluted or washed away
- 14 Do not wipe or rinse the dropper tip. Replace the top on the bottle
- 15 Record administration on the MAR sheet immediately, date and sign
- 16 Report back any concerns to a Designated Safeguarding Lead (other delegated senior please specify)



CHILDREN'S SERVICES & SCHOOLS

10

INSTILLATION OF EAR DROPS PROCEDURE

1 of 2

Instillation of Ear Drops

- 1 Check the identity of the pupil/child/young person to whom the ear drops are to be administered
- 2 Check consent
- 3 Check that the drops haven't already been instilled
- 4 Wash hands
- 5 Check that the name, form, strength and dose on the ear drop label corresponds with the medicine chart
- 6 Check the expiry date of the ear drops. Date bottle on opening (most ear drops only keep for 28 days once opened)
- 7 Check which ear the medicine is prescribed for (left, right or both)
- 8 Take off the top of the bottle
- 9 Tilt the head to one side so the affected ear is facing upwards

2 of 2

Instillation of Ear Drops

- 10 Gently pull the outer ear lobe backwards and upwards to straighten the ear canal
- 11 Release the correct number of drops into the ear canal (squeeze bottle very gently if necessary). Try not to touch the inside of the ear with the dropper as you do this
- 12 Keep the ear facing upwards for a few minutes to keep the solution in the ear. Straighten the head and wipe away any excess liquid with a clean tissue
- 13 Repeat for other ear if required
- 14 Record administration on the MAR sheet immediately, date and sign
- 15 Report back any concerns to a Designated Safeguarding Lead (other delegated senior please specify)



CHILDREN'S SERVICES & SCHOOLS

11

METERED DOSE INHALER AND SPACER PROCEDURE

Metered Dose Inhaler and Spacer Procedure

Inhalers are commonly used by pupils/children/young people with asthma and chronic obstructive pulmonary disease (COPD) as they allow the medicine to effectively reach the lungs, where it is needed.

Different types of inhaler devices

- The most commonly used inhaler device is a pressurised metered dose inhaler (pMDI or MDI), also sometimes known as a ‘puffer’
- However, there are a number of other types of inhaler devices
- It is important to familiarise yourself with the device used by the pupil/child/young person you support

If the pupil/child/young person can self-administer but they require assistance to use their MDI inhaler properly, the following procedure should be followed:

- 1 Ask the pupil/child/young person to sit or stand upright
- 2 Remove the cap from the inhaler and check that there is no dust or debris inside the inhaler mouthpiece
- 3 Shake the inhaler well (normally 4 or 5 times)
This should be done before every spray so that the medicine is evenly mixed with the propellant and to allow the correct dose to be administered

Continued...

Metered Dose Inhaler and Spacer Procedure

- 4 Ask the pupil/child/young person to tilt their head back slightly with their chin up
This helps the medicine reach the lungs
- 5 Ask the pupil/child/young person to gently and slowly exhale (breathe out) as fully as possible
- 6 Ask the pupil/child/young person to place their lips around the mouthpiece of the inhaler to form a tight seal
- 7 In one smooth action, ask the pupil/child/young person to inhale (breathe in) slowly and steadily through their mouth and just as they begin to breathe in, press the inhaler once to release the medicine
- 8 The pupil/child/young person should continue to breathe in slowly and steadily for a further 3-5 seconds after pressing the inhaler
- 9 Ask the pupil/child/young person to remove the inhaler from their mouth and whilst still keeping their lips closed, continue to hold their breath for 10 seconds or as long as is comfortable
- 10 Ask the pupil/child/young person to breathe out slowly
- 11 If more than one puff is needed, wait 30 seconds and repeat steps 3 to 10
- 12 Replace the cap of the inhaler immediately to keep out dust or debris

Metered Dose Inhaler and Spacer Procedure

Spacer Devices

- A spacer is a plastic, empty tube or device that helps pupils/children/young people using a metered dose inhaler (MDI) with their technique to achieve the best possible dose reaching their 'lungs'
- For example, pupils/children/young people with co-ordination issues may benefit from using a spacer device because the pressing of the inhaler device and the breathing does not need to be synchronised

Procedure for administering a MDI inhaler with a spacer device using the 'tidal breathing' or 'multiple breath technique'

- There are a number of techniques that can be used with a spacer device
- The procedure outlined below describes the 'tidal breathing' or the 'multiple breath' technique
- This is usually recommended for pupils/children/young people who struggle to co-ordinate their breathing with the pressing of the inhaler
- Obtain advice and instruction from the relevant healthcare professional if a different technique has been advised for the pupil/child/young person

Metered Dose Inhaler and Spacer Procedure

The following procedure should be followed:

- 1 Ask the pupil/child/young person to sit or stand upright
- 2 Assemble the spacer/remove the cap of the spacer (as appropriate) and remove the cap from the inhaler. Check that there is no dust or debris inside
- 3 Shake the inhaler well (normally 4 or 5 times)

This should be done before every spray so that the medicine is evenly mixed with the propellant and to allow the correct dose to be administered
- 4 Insert the inhaler upright into the endcap of the spacer
→ Check that the connection between the inhaler and the spacer device is tight
- 5 Ask the pupil/child/young person to tilt their head back slightly with their chin up
This helps the medicine reach the lungs
- 6 Ask the pupil/child/young person to gently and slowly exhale (breathe out) as fully as possible
- 7 Ask the pupil/child/young person to place their lips around the mouthpiece of the spacer to form a tight seal
- 8 With the spacer in place, now press the inhaler canister down just once to release the medicine into the spacer

Continued...

Metered Dose Inhaler and Spacer Procedure

- 9 Ask the pupil/child/young person to breathe in and out steadily into the spacer five times
 - It is important that there is not too much of a delay between pressing the inhaler canister into the spacer chamber and inhaling because the medicine will start to stick to the inside of the spacer and will not be inhaled at all
 - Ensure that the pupil/child/young person is ready for their medicine and that they know when to start breathing
- 10 Gently remove the spacer from the pupil/child/young person's mouth
- 11 If more than one puff is needed, with the spacer away from the pupil/child/young person's mouth, wait 30 seconds and repeat steps 3 to 10
- 12 Replace the caps on both the inhaler and the spacer immediately to keep out dust or debris

IMPORTANT:



- **There are many types of inhalers and spacer devices available**
- **Always read the information leaflet supplied with the inhaler or spacer**
- **If you have any queries, questions or concerns about a pupil/child/young person's inhaler treatment, seek advice from the relevant healthcare professional**

Metered Dose Inhaler and Spacer Procedure

**Useful resources and videos are also available on the
following websites:**

- Asthma UK
www.asthma.org.uk
- Right Breathe
www.rightbreathe.com



CHILDREN'S SERVICES & SCHOOLS

Schools

12

EMERGENCY SUPPLY OF SALBUTAMOL PROCEDURE

Emergency Supply of Salbutamol

- 1 The Designated Safeguarding Lead (other delegated senior please specify) plus (names) will be responsible for implementing the Department of Health “Guidance on the use of emergency salbutamol inhalers in schools”.
- 2 The “guidance” allows for the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for pupils/children/young people included on the “emergency salbutamol register”.
- 3 To be included on the register pupils/children/young people 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 inhaler must be given in each of these circumstances.
- 4 The emergency inhaler can be used if the pupil/child/young person’s prescribed inhaler is not available.
- 5 An asthma protocol must be drawn up so support staff know who to contact in an emergency and procedures to be followed in line with the “guidance”.
- 6 Written parental consent should be obtained for each pupil/child/young person. This should also be recorded in the care plan.
- 7 A register will be kept which documents each pupil/child/young person who is permitted to use the emergency inhaler as detailed in their care plan. This register must be kept updated and a copy kept with the emergency inhaler.
- 8 Supplies for the emergency asthma kits will be ordered by a Designated Safeguarding Lead (other delegated senior please specify) using the contents list of the kits in the “guidance” and following the recommendations for the supply order in the “guidance”.
- 9 Kits will be held in the school, in accessible locations (for example, PE department, main reception, staff room.)

Emergency Supply of Salbutamol

- 10 In each kit location, a number of support staff members will be trained in how to assist a pupil/child/young person with the emergency inhaler (designated support staff). Designated support staff should be identified in the school asthma policy so that all members of support staff may contact them in an emergency situation.
- 11 All support staff in the school will be trained on how to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms and when to call an ambulance or initiate the asthma attack procedure. Training will be documented and repeated at least annually.
- 12 All support staff in the school must be aware of the asthma policy, how to check if a pupil/child/young person is on the register, how to access the inhaler and who are the designated support staff members they can access for support if necessary.
- 13 The designated support staff members will be responsible for the storage and care of the inhaler as detailed in the “guidance”.
- 14 Priming the inhaler regularly will also be the responsibility of the designated support staff. They will also check the availability of spacers (No spacer should be re-used to avoid cross-infection although it may be used again/retained by the pupil/child/young person who used it).
- 15 The emergency inhalers should not be locked away. Support staff should have access to the inhalers at all times but with them being out of the reach and sight of pupils/children/young people.
- 16 A record will be made each time the inhaler is administered.
- 17 The pupil/child/young person’s GP, senior person and pupil/child/young person’s parents should be informed whenever a pupil/child/young person has an asthma attack that requires emergency salbutamol use. A sample letter is available in the “guidance”.
- 18 The Designated Safeguarding Lead (other delegated senior please specify) is responsible for disposing of expired or used inhalers and they should be returned to the supplying pharmacy as per the waste instructions in the “guidance”.



CHILDREN'S SERVICES & SCHOOLS







13

APPLICATION OF TRANSDERMAL PATCHES PROCEDURE

Transdermal Patch Procedure


Patches (sometimes known as transdermal patches) are thin pads that contain medication, that are applied to the skin. The medicine from the patch is absorbed into the body over a period of time.

Key Points About Applying Transdermal Patches

-  Always follow the instructions of the prescriber and manufacturer.
-  Always gain verbal consent from the pupil/child/young person before applying/checking/removing a patch.
-  Vary the site of patch application each time a new patch is applied
 - This is to avoid skin irritation that might occur if the patch is always applied to the same site. This skin irritation could alter the absorption of the medicine from the patch.
 - Record the site of each application on the Transdermal Patch Application Record (TMAR).
-  Know the date the patch is due to be changed
 - MAR charts should be clearly marked with this detail to support safe administration.
-  Patches should be applied at the same time of day on each due date.
-  Be aware that different patches will have different intervals between each application (e.g. 24 hours/48 hours/72 hours). Always check the instructions from the prescriber and manufacturer.

Transdermal Patch Procedure

Preparing for Application of a Patch



Wash your hands before and after applying/disposing of a patch.

- *Always take care not to touch the adhesive surface or medicine reservoir when handling patches.*

- 1 Using the MAR and the TMAR, check if there is an old patch on the pupil/child/young person that is the same as the new patch to be applied. If there is, remove it. (*See section – “Removal of Patches” and “Disposing of Patches”*)
- 2 Identify a new site to apply the new patch that is different to where the old patch was applied.
 - *This will usually be on the upper arm, chest or back (the patient information leaflet (PIL) of the patch will specify the site of application).*
- 3 Prepare and clean the skin to remove any dirt, lotions, oils, or powders. Clean the skin using warm water alone or with a clear soap.
 - *Avoid cleaning with alcohol, scented soaps or soaps that contain lotion as these can alter the absorption of the medicine from the patch.*
- 4 The patch is best applied on non-hairy skin. If hair needs to be cut, with the pupil/child/young person’s consent, hair should be clipped with a scissors and not shaved. This is because shaving is more irritating to the skin. This skin irritation could alter the absorption of the medicine from the patch.

Transdermal Patch Procedure

Application of Transdermal Patches

- 1 Open the packaging carefully taking care not to damage the patch. If using scissors to open the packaging, cut as close to the outside edge as possible.
- 2 Once the patch has been applied to the pupil/child/young person, gently apply pressure over the entire patch with the palm of your hand for a minimum of 30 seconds to ensure the adhesive surface is attached to the skin. The patch should be smooth with no bumps or folds.
- 3 Clearly record the administration/application the MAR sheet and/or the Transdermal Patch Application Record (as appropriate).

Transdermal Patch Procedure

Hints and Tips



If more than one patch with the same ingredient is prescribed (to give a combined dose) they should be applied to the same area of the body but the patches should not overlap.



Care must be taken not to damage the patch as this may result in changes to how the medicine is absorbed through the skin. Contact the supplying pharmacist/NHS 111 for advice if needed.

- *It is not recommended to cut a patch. Consult with the prescriber for an alternative solution where a request is made for a patch to be cut.*



Heat can increase the absorption of some medicines through skin.

- *Do not apply patches directly after a pupil/child/young person has had a shower or bath and observe pupils/children/young people with a fever for signs of toxicity.*
- *Avoid hot water bottles/electric blankets at all times when patches are applied.*

Transdermal Patch Procedure

Patch Checks



Check daily that prescribed patches have been applied correctly and are still in place.



If the edges begin to peel or the patch will not stay in place, a mild adhesive tape can be used to increase the adherence of the patch.

- *Manufacturers recommend the use of a microporous tape applied around **the edges of the patch only**.*
- ***Do not** apply dressings over the whole of a patch as this may increase pressure and affect the rate of absorption of the medicine through the skin.*
- *Always follow the manufacturer's guidance.*



Report any concerns to the supplying pharmacist/GP where patches consistently do not stick.

Transdermal Patch Procedure

Removal of Patches

Old patches must be removed and safely disposed of before the application of a new patch.

Remove patches by peeling off very gently taking care not to touch the inside of the patch.

Fold the removed patch in half with the medicated side to the middle. Record in the care notes when the old patch is removed.

Disposing of Used Patches

Used patches contain some residual drug and must be handled carefully.

Following removal of the patch, fold it in half with the medicated side to the middle and dispose in a clinical waste bin.

REMEMBER

- Refer to the Disposal Procedure for how to dispose of unused patches.
- Ensure patch application information is transferred when a pupil/child/young person is admitted to hospital/moves to a different service.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

14

ADMINISTRATION OF CONTROLLED DRUGS PROCEDURE

Administration of Controlled Drugs

- 1 Take the MAR sheet for the pupil/child/young person to the Controlled Drugs cupboard.
- 2 Two designated and trained support staff members must check the instructions for administration.
- 3 Open the Controlled Drugs cupboard and remove appropriate medicine together with the Controlled Drugs register.
- 4 Check the pupil/child/young person's name on the medicines label. Count the amount of medicine in stock and compare against the Controlled Drugs register.
- 5 If the amounts do not match, report any discrepancies IMMEDIATELY to the senior person.
- 6 Both support staff members must take the medicine to the pupil/child/young person.
- 7 The designated support staff member must check the label and MAR sheet and take the prescribed amount of medicine from the container. This must be witnessed by the second support staff member.
- 8 The designated support staff member must administer the medicine and sign the MAR sheet.
- 9 Both support staff members must sign the CD register. The designated support staff member must make the entry. The second support staff member must witness the medicine being taken and sign the CD register.
- 10 Both support staff members must count and check the remaining balance of medicine and record in the register.
- 11 Both support staff members must return the remaining medicine to the Controlled Drugs cupboard and lock the cupboard securely.

REMEMBER

- ✓ Controlled Drugs must be checked by two senior staff members at least weekly. A full record of these checks must be maintained.
- ✓ Any complex dosage calculations must be independently checked by the witness before administration.

Administration of Controlled Drugs

If a discrepancy is identified between calculated stock figures (running balances) and actual stock the following guidance is provided:

Check back through the entries for that drug and ensure that there has not been a bookkeeping or numerical error.

Check the MAR chart and also any records of disposed medicines.

If the discrepancy can be identified, record the outcome and make any corrections to the CD register with a signed and dated entry (this a retrospective entry) in the margin or at the bottom of the relevant page making reference any supporting documentation that was used to resolve the discrepancy. There must be no cancellation, obliteration or alteration of any entry in the CD register.

If the discrepancy cannot be explained or rectified then the CQC should be informed and also the Area Team Controlled Drugs Accountable Officer and the police.

Administration of Controlled Drugs



If you discover a discrepancy between the expected and actual quantity of a controlled drug in stock, you **must** immediately report it to one of the following:

- the registered manager
- operations manager
- on-call manager



Support staff must report the discrepancy using the incident form. The senior person **must** investigate the discrepancy as soon as possible.



The senior person **must** be familiar with the controlled drugs local intelligence network (CD LINS) in their area, and must follow their procedure for reporting controlled drug concerns and errors to the area team lead controlled drugs accountable officer (CDAO).

Tips & Hints: Administration of Controlled Drugs

Information for all support staff:

For Controlled Drug patches

- Write in the patch administration chart where the patch has been applied and clearly record on the MAR sheet which day it needs to be changed

For Controlled Drug liquids

- After administration visually check the remaining volume of liquid and record the remaining balance in the CD register

For Controlled Drug tablets and capsules

- Count the remaining stock after each administration and record in the CD register



Report any discrepancies **immediately** to the senior person

REMEMBER

Support staff are **not** allowed to administer injections of Controlled Drugs.

CONTACT



For out of hours contact NHS 111 or the pharmacist/GP, as appropriate.

List of Controlled Drugs

Care Homes have additional requirements regarding the management of Controlled Drugs compared to Supported Living Services. This page outlines the most common Controlled Drugs and their storage and recording requirements in Care Homes.

Schedule 2:

- | | |
|---------------|-------------------|
| ▪ Morphine | ▪ Methylphenidate |
| ▪ Diamorphine | ▪ Dexamfetamine |
| ▪ Methadone | ▪ Ketamine |
| ▪ Oxycodone | ▪ Tapentadol |
| ▪ Fentanyl | |
- store in the CD cupboard → record in CD register

Schedule 3:

- | | |
|-----------------|-------------|
| ▪ Buprenorphine | ▪ Temazepam |
|-----------------|-------------|
- store in CD cupboard
→ no need to record in CD register (some services may choose to do so)

Schedule 3 (without safe custody):

- | | |
|-----------------|--------------|
| ▪ Midazolam* | ▪ Gabapentin |
| ▪ Phenobarbital | ▪ Pregabalin |
| ▪ Tramadol | |
- no need to store in the CD cupboard or record in the CD register (some services may choose to do so)

Schedule 4 and 5

- | | |
|--------------|-----------------------------------|
| ▪ Diazepam | ▪ Zopiclone |
| ▪ Lorazepam | ▪ Zolpidem |
| ▪ Loprazolam | ▪ Codeine |
| ▪ Nitrazepam | ▪ Pholcodine |
| ▪ Alprazolam | ▪ Oramorph 10mg/5ml oral solution |
- no need to store in the CD cupboard or record in the CD register (some services may choose to do so)

*Buccal Midazolam needs to be immediately accessible for emergency treatment

Seek guidance from a pharmacist if you are unsure if a medicine is a controlled drug and what schedule it is.



CHILDREN'S SERVICES & SCHOOLS

Schools

15

ADMINISTRATION OF CONTROLLED DRUGS PROCEDURE

Administration of Controlled Drugs

1 Take the pupil/child/young person's medicine record to the Controlled Drug cupboard.

2 Two appropriately trained support staff members must check the instructions for administration.

3 Open the Controlled Drug cupboard and select the appropriate medicine together with the Controlled Drugs register, then lock the cupboard.

4 Check the pupil/child/young person's name on the medicines label. Count the amount of medicine remaining and compare against the Controlled Drugs register.

5 If the amounts do not match, report any discrepancies IMMEDIATELY to the senior person.

6 Take the pupil/child/young person to a quiet area. Both members of support staff must take the medicine to the pupil/child/young person where possible.

7 Check the label and pupil/child/young person's medicine record and take the prescribed amount of medicine from the container.

8 Administer the medicine. The support staff member who administered the medicine must sign the medicine record.

9 Record the details in the Controlled Drugs register.

10 Both support staff members must sign the register. The support staff member administering the Controlled Drug must make the entry. The second support staff member must witness the pupil/child/young person taking it and sign the CD register.

11 Count and check the remaining balance of medicine and record in the register.

12 Return the remaining medicine to the Controlled Drug cupboard and lock the cupboard securely.

REMEMBER

- ✓ Controlled Drugs must be checked each week as part of the weekly audit by the senior person or designated support staff member and monthly by the senior person. A full record of these checks must be maintained.
- ✓ Any complex dosage calculations must be checked by a second support staff member.
- ✓ Two support staff members should witness the whole procedure. On occasions, there may only be one support staff member.

Tips & Hints: Administration of Controlled Drugs

Information for all staff:

For Controlled Drug patches

- Indicate on the body map where the patch has been applied and clearly record on the medicine record which day it needs to be changed

For Controlled Drug liquids

- After administration do a visual check of the remaining volume of liquid and record the remaining balance in the CD register

For Controlled Drug tablets and capsules

- Count the remaining stock after each administration and record in the CD register



Report any discrepancies **immediately** to the senior person.





CHILDREN'S SERVICES & SCHOOLS

16

USE OF THICKENERS PROCEDURE

1 of 2

Use of Thickeners

1

Risk assess the storage of the thickener product to ensure it can only be accessed by authorised support staff and to prevent accidental or mistaken use of the thickener.
Thickeners must be kept in locked storage at all times.

2

Check that a Speech and Language Therapist (SALT) assessment has been undertaken and that the results of the SALT assessment are available.

3

Develop a care plan as a result of the SALT assessment (or request for a care plan).

4

Thicken the food, fluid, medicines as appropriate according to the SALT assessment and detail in the care plan.



CAUTION

- Only use the scoop provided with the thickener
- There are different scoops for different brands
- Each brand uses a different number of scoops
- Follow the manufacturer's instructions for the correct texture to be achieved

2 of 2

Use of Thickeners

5

Record the use of the thickener on the *Use of Thickeners Record sheet*.

6

Monitor the record sheets to evidence delivery of the care plan.

7

Ensure support staff are trained on the procedure and use of thickeners and on broader issues e.g. spotting warning signs e.g. dehydration, chest infection, choking, etc.

8

Review and update the care plan regularly or as required.



CHILDREN'S SERVICES & SCHOOLS

17

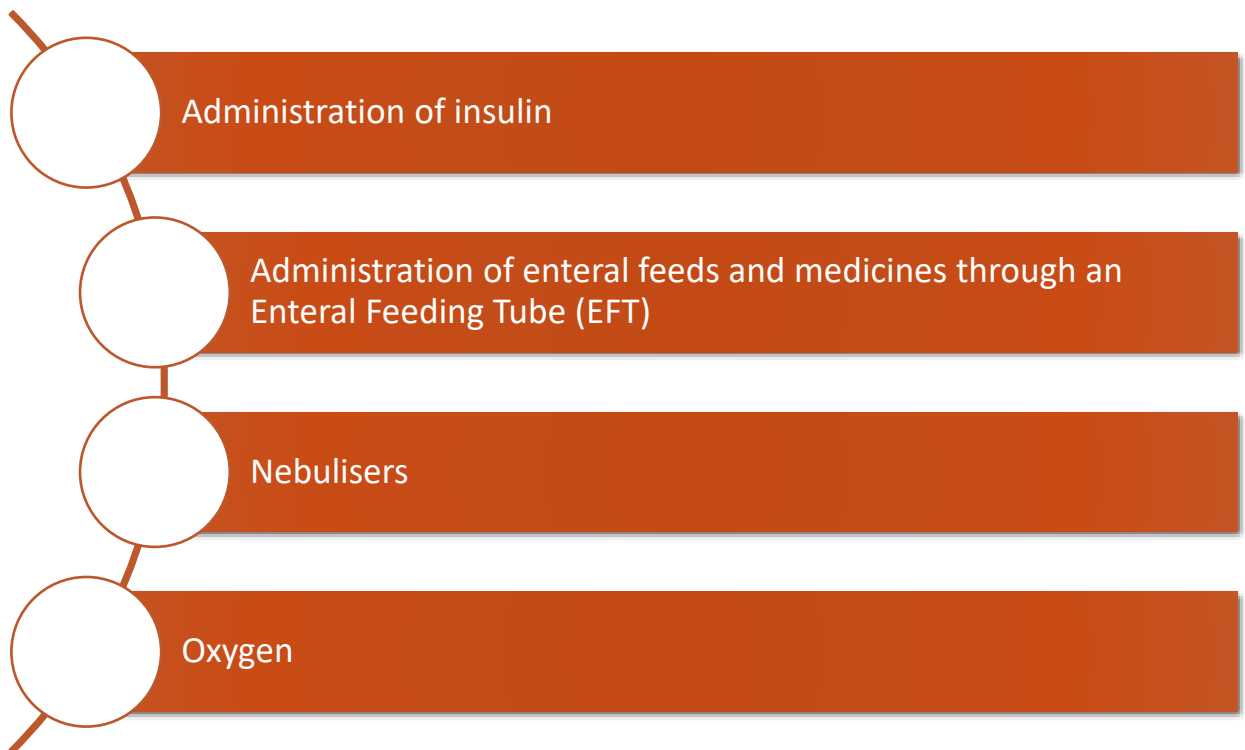
ADMINISTRATION BY SPECIALISED TECHNIQUES PROCEDURE

Administration by Specialised Techniques

On occasions, support staff may be requested to administer medicines by a specialised technique - see examples below.

This will normally be undertaken by a healthcare professional e.g. Registered Nurse, but occasionally a task may need to be delegated to a support staff member.

Administration by specialised techniques may include:

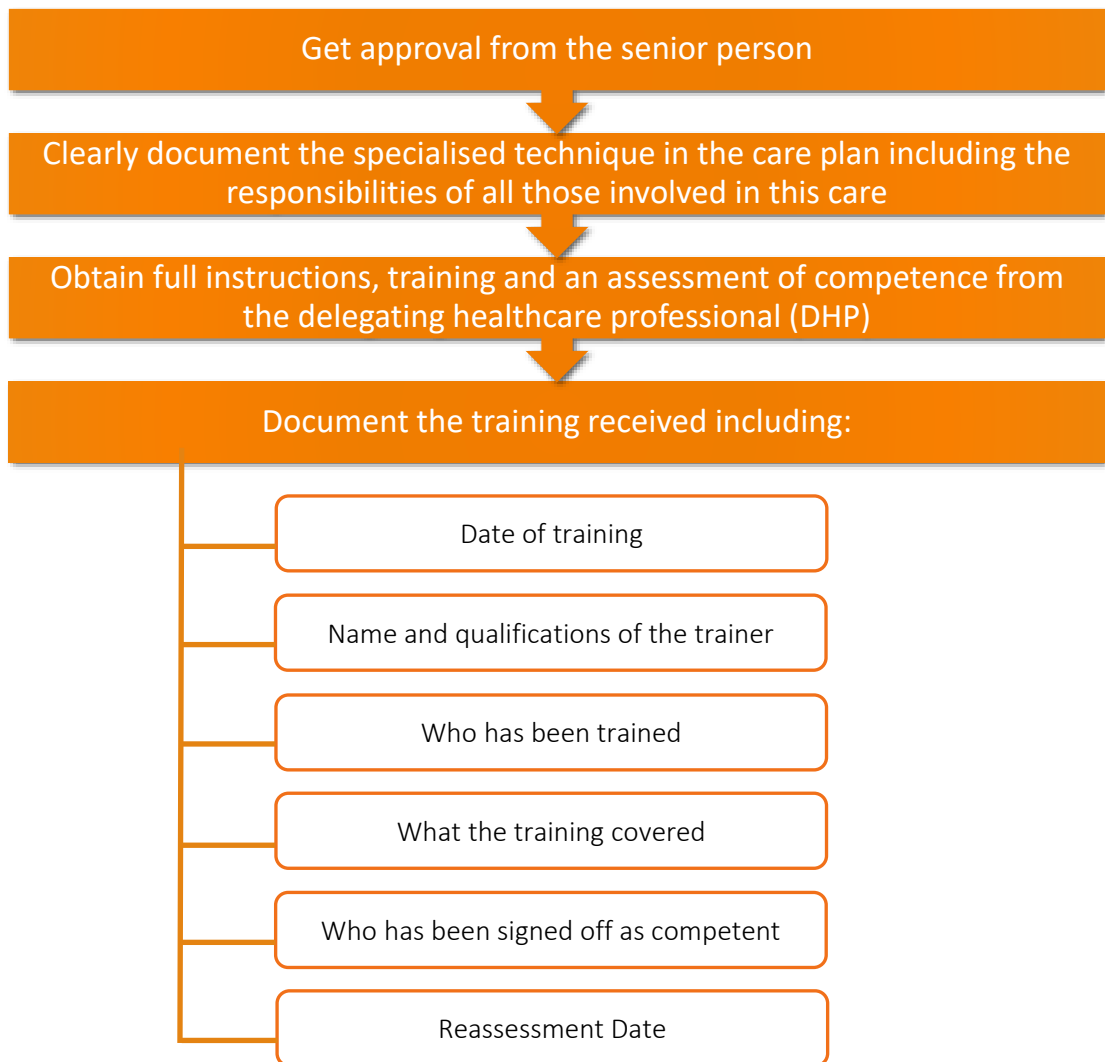


NB: this list is not exhaustive

2 of 6

Administration by Specialised Techniques

When undertaking any delegated specialised techniques, authorised support staff must:



REMEMBER

Competency must be reassessed every year.

3 of 6

Responsibilities of the Delegating Healthcare Professional (DHP)

The DHP must:

- 1 Only delegate tasks that are within the support staff's competence
- 2 Assess the whole process to identify any risks (this may include the requirement for PPE (Personal Protective Equipment))
- 3 Provide specific training and regular competency checks
- 4 Make sure that support staff are adequately supervised and supported
- 5 Make sure the outcome of the delegated task meets the required standard
- 6 Support the support staff with ongoing development to make sure their competency is maintained

The DHP must be **confident** that support staff are **competent** to take on the task

Delegation must always be in the pupil/child/young person's best interest

4 of 6

Responsibilities of Staff

Support staff must:

- 1 Receive specific training for the delegated task
- 2 Make sure they feel comfortable in carrying out the task safely and correctly
- 3 Administer the medicines in line with the prescribed instructions
- 4 Make sure they accurately follow the details in the pupil/child/young person's care plan
- 5 Understand their limitations
- 6 Know when and how to seek help and escalate concerns
- 7 Know what to do in an "out of hours" situation
- 8 Know what to do if a pupil/child/young person refuses their medicines

5 of 6

Responsibilities of the Care Organisation

Care organisations must:

1

Make sure specific training is provided from the DHP which is pupil/child/young person-specific, task-specific and staff-specific

2

Make sure full records of training given including dates are kept

3

Make sure regular competency assessment checks are carried out by the DHP and records kept

4

Make sure support staff are supervised properly until they are competent

5

Make sure that there are clear guidelines and protocols in place so that support staff are not making a standalone clinical judgement

6

Make sure both the DHP and support staff understand accountability, liability and responsibility. Make a record of their understanding of this

7

Make sure the pupil/child/young person's care plan is detailed and specific

6 of 6

Responsibilities of the Care Organisation

Care organisations must:

8

Consider how to obtain consent from the pupil/child/young person being supported

9

Make sure the support staff's responsibility is covered in the organisation's Medicines Policy

10

Make sure the role is covered within the support staff's job description

11

Make sure the insurance policy covers delegated tasks



CHILDREN'S SERVICES & SCHOOLS

Children's Services

18

ADMINISTRATION VIA AN ENTERAL FEEDING TUBE PROCEDURE

Administration via an Enteral Feeding Tube

For Administration of Feeds and Medication via an Enteral Feeding Tube (EFT)

Support staff can administer water, medicines and feeds through an Enteral Feeding Tube (EFT), provided they have been trained by an appropriate Specialist Nurse Advisor (SNA) and feel competent to implement the training independently. If a support staff member does not deem themselves competent or confident this must be escalated to a senior person immediately.

Administration via an Enteral Feeding Tube



- The care plan should include the pupil/child/young person's current feeding regimen and details of the pupil/child/young person's enteral feeding dietitian who should be contacted in the event of any concerns. It must also include a record of:
 - a) The type of feeding tube in situ and the date when it was placed
 - b) How often 'advance and rotate' should be undertaken (as advised by the Specialist Nurse Advisor)
 - c) Completion of each 'advance and rotate' (including date and signature of support staff member who undertook this)
 - d) For balloon gastrostomies only, the care plan must also include a record of:
 - i. Volume of sterile water to be used to inflate balloon
 - ii. How often balloon check should be completed
 - iii. Completion of each balloon check (including date, volume of water withdrawn, volume of sterile water replaced, signature of support staff member who undertook this)
 - iv. Record of each tube change (including date, signature of support staff member who changed the tube)
- All support staff who care for a pupil/child/young person's feeding tube and/or administer feed, water or medications via the pupil/child/young person's feeding tube (including bank staff) must have received training and/or a competency assessment from a Specialist Nurse Advisor within the last 12 months

Administration via an Enteral Feeding Tube



- Where possible annual update training by the Specialist Nurse Advisor should be accepted and attendance at this training by all relevant support staff prioritised and considered mandatory
- Support staff must provide daily care of the feeding tube and stoma as advised by the Specialist Nurse Advisor and this should be documented
- Support staff should work with the designated supplier to ensure that adequate feed and plastics supplies are maintained to avoid either overstocking or running out of stock before the next delivery
- Support staff must understand which equipment/products are provided and how to use these for each task
- Support staff should know who to contact in the event of concerns about a pupil/child/young person or a change in their requirements

Position during feeding:

- Tube feeding should take place while pupils/children/young people are sitting or well supported (e.g. by an adjustable bed and/or adequate pillows) so that their head and shoulders remain at a 45 degree angle for the entire time over which they are fed AND for at least 30 minutes afterwards
- If a pupil/child/young person is unable to remain supported at 45 degrees for the entire time over which they are fed, then continuous pump feeding may not be appropriate for that pupil/child/young person. Supporting a pupil/child/young person to remain at a 45 degree angle can be particularly difficult while pupils/children/young people are asleep and this is why tube feeding overnight may not be recommended
- Continuing to feed a pupil/child/young person when they are supported at less than a 45 degree angle or if they are lying flat can significantly increase the pupil/child/young person's risk of aspirating stomach contents, which could lead to possible chest infection and/or hospital admission



CHILDREN'S SERVICES & SCHOOLS

Children's Services

19

ASSISTING WITH INSULIN PROCEDURE

Assisting with Insulin

Before support staff assists a pupil/child/young person, they must have been delegated to do so by a district nurse

Pupils/children/young people who require insulin can be **assisted** but are responsible for their own administration.

Support staff will not administer insulin.

If a support staff member is involved in the administration of insulin for a pupil/child/young person, please refer to the procedure "Administration by specialised techniques"

Before support staff assists a pupil/child/young person, **there must be:**



A care plan detailing the checks, treatment and responsibilities of all those involved in this care



Details of the action to take if the pupil/child/young person has a hypoglycaemic or hyperglycaemic attack



Details of the relative importance of meal times and information on foods that should be avoided

Assisting with Insulin

Before they assist a pupil/child/young person, support staff must:



Undertake specific training on the practical aspects of caring for pupils/children/young people with diabetes plus correct preparation of the prescribed dose



Undertake refresher training annually



Complete competency assessments and/or knowledge checks every 12 months



Familiarise themselves with the pupil/child/young person's care plan and protocol for assisting with insulin

All training and competency assessments must be documented.

Notes: Blood Glucose Monitoring

- Support staff may undertake blood glucose monitoring as a designated nursing task if requested to by the GP or district nurse.
- The responsibility of the support staff member is purely to obtain the reading and document it and **not** to adjust the medicine dose or alter treatment as a result.
- **Any alteration of treatment or adjustment of medicines must only be undertaken by the prescriber.**



CHILDREN'S SERVICES & SCHOOLS

Children's Services

20

ADMINISTERING OF INSULIN BY AUTHORISED SUPPORT STAFF PROCEDURE

Administration of Insulin by Authorised Support Staff

Registered Nurses (following appropriate training) may administer insulin injections.

This task may be delegated to a support staff member following appropriate training and competency sign off. The healthcare professional retains overall responsibility for care.

Before support staff administers insulin, there must be:



A care plan detailing the checks, treatment and responsibilities of all those involved in this care



Details of the action to take if the pupil/child/young person has a hypoglycaemic or hyperglycaemic attack



Details of any necessary pupil/child/young person-centred information (e.g. Details of the importance of meal times and information on any foods that should be avoided)

Administration of Insulin by Authorised Support Staff

Before support staff administers insulin, they must:



Undertake specific training on the practical aspects of caring for pupils/children/young people with diabetes plus correct preparation and administration of the prescribed dose



Undertake refresher training annually



Complete competency assessments and/or knowledge checks every 6 months



Familiarise themselves with the pupil/child/young person's care plan and protocol for assisting with insulin

All training and competency assessments must be documented.

Blood Glucose Monitoring by Authorised Support Staff

Blood Glucose Monitoring

- Blood Glucose Levels should be checked before administration of insulin and be within the correct range for administration. Further detail of how this should be done will be provided in training.
- In addition to Nurses and following specific training, support staff may undertake blood glucose monitoring if requested by the GP or District Nurse.
- The responsibility of the support staff member is purely to obtain the reading and document it and **NOT** to adjust the medicine dose or alter treatment as a result.
- Any alteration of treatment or adjustment of medicines must **ONLY** be undertaken by the prescriber. However, if the blood glucose monitoring range is not appropriate for administration, do not administer and seek further medical advice immediately.



CHILDREN'S SERVICES & SCHOOLS

Schools

21

ADMINISTRATION OF ADRENALINE AUTO- INJECTORS IN SCHOOLS PROCEDURE

Administration of Adrenaline Auto-injectors

General Points

Support staff may be requested to administer adrenaline auto-injectors (AAIs) (e.g. EpiPen). Full training and competency assessment must be undertaken.

The “spare” adrenaline auto-injector (AAI) obtained without a prescription for use in an emergency may be administered by support staff in an emergency situation but only to a pupil/child/young person at risk of anaphylaxis where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school’s spare AAI can be administered to a pupil/child/young person whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If a pupil/child/young person appears to be having a severe allergic reaction, you **must** call 999 immediately even if they have already used their own AAI device or a spare AAI.

If a pupil/child/young person does not meet the criteria above, call 999 and ask advice as to whether administration of the spare emergency AAI is appropriate.

WARNING: Delays in administering adrenaline have been associated with fatal outcomes. Allowing pupils/children/young people to keep their AAIs with them will reduce delays and allows confirmation of consent without the need to check the register.

Consent should be updated regularly, ideally annually, to take account of changes to a pupil/child/young person’s condition.

Administration of Adrenaline Auto-injectors

1

The senior person plus (names) will be responsible for implementing the Department of Health “Guidance on the use of adrenaline auto-injectors in schools”.

2

The “guidance” allows for the school to purchase AAI’s without a prescription from a chemist for use in an emergency for pupil/child/young person who have both medical authorisation and written parental consent for the use of the spare AAI.”.

3

An allergy register must be set up and contain details for each pupil/child/young person including:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil/child/young person has been prescribed AAIs (type and dose)
- Whether parental consent has been obtained for use of the spare AAI and not just the personal AAI
- A photo of each pupil/child/young person to allow a visual check to be made (parental consent required)

4

The school’s spare AAI can be used if the pupil/child/young person’s own AAI cannot be administered correctly without delay.

5

An allergy protocol must be drawn up so support staff know who to contact in an emergency and procedures to be followed in line with the “guidance”.

6

Written parental consent should be obtained for each pupil/child/young person and this should also be recorded in the IHCP.

7

The allergy register will be kept with the spare AAIs in.....
This register must be kept updated.

8

Supplies of spare AAIs will be ordered by the senior person following the recommendations for the request in the “guidance” and taking medical advice if necessary for which devices and strengths to purchase.

9

Spare AAIs will be held as part of an emergency anaphylaxis kit in the school together with the emergency asthma inhaler kit-in each of the following locations:

Administration of Adrenaline Auto-injectors

10

In each kit location, a number of support staff members will be trained in how to assist a pupil/child/young person with the emergency spare AAI. Multiple designated support staff should be identified so that all support staff members may contact them in an emergency situation.

11

All support staff in the school will be trained on how to recognise the symptoms of anaphylaxis and what to do in an emergency situation. Training will be documented and repeated at least annually.

12

All support staff in the school must be aware of the anaphylaxis policy, how to check if a pupil/child/young person is on the register, how to access the spare AAI and who are the designated support staff members they can access for support if necessary.

13

The designated support staff members will be responsible for the storage (at room temperature) and care of the spare AAIs as detailed in the “guidance”.

14

Named support staff below are responsible for checking:

- on a monthly basis the AAIs are present and in date
- that replacement AAIs are obtained when expiry dates approach (using the expiry alert offered by the relevant AAI manufacturer).
- NAMES:

15

All AAIs (including personal ones for younger pupils/children/young people and spare AAIs) should not be locked away but be accessible in a safe and suitably central location.

16

Spare AAI devices should be kept separate from any pupil/child/young person’s own prescribed AAI which might be stored nearby. The spare AAI should be labelled to avoid confusion.

17

A record will be made each time an AAI is administered.

18

The senior person should inform the pupil/child/young person’s parents and GP whenever a pupil/child/young person requires the use of an emergency AAI.

19

The senior person is responsible for disposing of expired or used AAI’s in line with the manufacturer’s guidance. Used AAIs can be disposed of in a sharps bin or handed to ambulance paramedics on arrival.



CHILDREN'S SERVICES & SCHOOLS

22

ADMINISTRATION OF BUCCAL MIDAZOLAM PROCEDURE

1 of 3

Administration of Buccal Midazolam

Where a pupil/child/young person is prescribed buccal midazolam for the emergency treatment of their epilepsy, there must be:



A care plan detailing the treatment to be received by the pupil/child/young person and responsibilities of all those involved in this care.



Details of the action required in the care plan should the pupil/child/young person have an epileptic seizure.



Buccal midazolam dispensed with clear labelled instructions.



A medicine record sheet for the pupil/child/young person reflecting the details above.



Clear, accurate and unambiguous records maintained on the pupil/child/young person's medicine record sheet and in there care plan.

2 of 3

Administration of Buccal Midazolam

Before administration of buccal midazolam,
a competent support staff member **MUST**:



Undertake specific training on the practical aspects of caring for pupils/children/young people with epilepsy and the administration of buccal midazolam.



Undertake refresher training annually.



Complete competency assessments and/or knowledge checks annually.



Familiarise themselves with the pupil/child/young person's care plan and protocol for administration of buccal midazolam.

Notes – Buccal Midazolam Competency Assessment Tool(s)

- These competency tools contain detailed instructions and guidance about how to administer buccal midazolam
- Support staff should use these tools to help them become familiar with the procedure for administration that relates to the correct brand (**Epistatus[®]** or **Buccolam[®]**) and the correct formulation (**pre-filled syringe** or **bottle**) that they will need to use for the pupil/child/young person that they support

3 of 3

Administration of Buccal Midazolam

For pupils/children/young people requiring buccal midazolam on day trips:



Pupils/children/young people should be accompanied by a trained and competent support staff member who can administer buccal midazolam if necessary.



If the pupil/child/young person requires administration of buccal midazolam and there is no trained support staff member available, call 999.



The support staff member must consider how to transport the buccal midazolam safely (see Notes below).

Notes

- The pharmacy-labelled supply of medicines should be available if needed for the pupil/child/young person at all times.
- A suitable robust container should be used for transport that affords appropriate protection and security.

Training/Competency Assessment



1. All training and competency assessments must be documented.
2. As buccal midazolam is only used in an emergency situation and not regularly, observation of practice is not practical. It is recommended that competency is assessed using a knowledge assessment annually to ensure support staff remain **competent** and **confident** to administer buccal midazolam when needed.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

23

RECORDING AND RECORD KEEPING PROCEDURE

Recording

Administration of Medicines

Immediately after the medicine has been given and you have witnessed the pupil/child/young person taking it, make a record on the pupil/child/young person's medicine record.

If the medicine is not given, use the appropriate code or provide an explanation of the reason for refusal plus the action taken.

The pupil/child/young person's medicine record must contain a full record of what has been given, i.e.:

- date
- time
- medicine (name, form, strength, dose, frequency)
- initials of support staff member (if medicine is administered), and
- appropriate codes (for non-administration)

For creams, ointments and patches - remember to check the body map before administration and sign the MAR/TMAR following administration.

Remember

Appropriate codes or explanation should be used for: refusal, absence, sleeping and other reasons such as medicine unavailable, spillage, dropped tablets etc.

Recording

Administration of Medicines (Continued)

Remember

Any entries or changes to the medicine record must be carried out in accordance with the Handwriting on Medicine Records Procedure.

Filing:



Keep medicines risk assessments in the pupil/child/young person's file.



File all records such as emails, phone messages, prescription copies, consent forms, letters from a person who holds parental responsibility, health questionnaires etc. in an ordered manner.



Keep an up-to-date log of sample signatures and initials of those support staff members eligible to undertake medicines administration.

Record Keeping

Where to record the following items:

Medicines ordered, received and administered

- Record on pupil/child/young person's individual medicines record

Pupil/child/young person-specific details

- For pupils/children/young people with a medical condition, record details in their care plan

PRN 'when required' medicines protocols

- Record administration on the pupil/child/young person's medicine record and details of when and how to give the medicine should be documented on the PRN protocol.

Refusal of medicines

- Write a code or explanation on the pupil/child/young person's medicine record with the reason, where known

Medicines for disposal

- Record in the Returned Medicines book

Notes

In line with the Children's Homes Regulations, we will keep medication administration records for at least 75 years from the pupil/child/young person's date of birth.

If a pupil/child/young person dies before reaching the age of 18 we will keep their records for 15 years.

For central records - these must be kept for 15 years.



CHILDREN'S SERVICES & SCHOOLS

Schools

24

RECORDING AND RECORD KEEPING PROCEDURE

Recording

Administration of Medicines

Immediately after the medicine has been given and you have witnessed the pupil/child/young person taking it, make a record on the pupil/child/young person's medicine record.

If the medicine is not given, use the appropriate code or provide an explanation of the reason for refusal plus the action taken.

The pupil/child/young person's medicine record must contain a full record of what has been given, i.e.:

- date
- time
- medicine (name, form, strength, dose, frequency)
- initials of support staff member (if medicine is administered), and
- appropriate codes (for non-administration)

For creams, ointments and patches - remember to check the body map before administration and sign the medicine record following administration.

Remember

Appropriate codes or explanation should be used for: refusal, absence, sleeping and other reasons such as medicine unavailable, spillage, dropped tablets etc.

Recording

Administration of Medicines (Continued)

Remember

Any entries or changes to the medicine record must be carried out in accordance with the Handwriting on Medicine Records Procedure.

Filing:



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File all records such as emails, phone messages, prescription copies, consent forms, letters from a person who holds parental responsibility, health questionnaires etc. in an ordered manner.



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Record Keeping

Where to record the following items:

Medicines ordered, received and administered

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Pupil/child/young person-specific details

- For pupils/children/young people with a medical condition, record details in their care plan

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- Record administration on the pupil/child/young person's medicine record and details of when and how to give the medicine should be documented on the PRN protocol.

Refusal of medicines

- Write a code or explanation on the pupil/child/young person's medicine record with the reason, where known

Medicines for disposal

- Record in the Returned Medicines book

Note

Medication records should be archived when pupils/children/young people leave. The school's archiving procedures should then be followed.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

25

PREPARING A MAR PROCEDURE (including dose changes)

Preparing a MAR

The MAR must allow for a full record of the pupil/child/young person and medicine details to be readily and clearly seen, including (but not limited to):

Full name of the pupil/child/young person

Date of birth of the pupil/child/young person

Allergy information

Name, strength and form of the medicine

Dosage and any other special instructions appearing on the medicine label (for example, 'Take with or after food')

GP contact information

The MAR must allow a full record of the medicines support provided to be made including (but not limited to):

Date medicines support was provided

Time medicines support was provided

Details of the support staff member providing the support

NOTE:

- There is no regulatory standard format for MARs. This page highlights the main pieces of information that must be available.
- Template MARs are provided in the appendices.

Preparing a MAR

1

A trained and competent support staff member should enter all the details and instructions (with no abbreviations) from the medicines label directly onto the MAR, ensuring the 6 Rights have been checked.



2

The support staff member making the entry should make a record to take accountability for the transcription.

3

A second trained support staff member should check both the entry on the MAR and the original label. If both agree in **all** details, then the witness should make a record of this check.

4

Any medicine that has been discontinued must be clearly indicated to avoid it being given in error.

Preparing a MAR (dose changes)

If an entry is required on a MAR because of a **dose change** or **interim supply**, the designated support staff member must:

Copy the new instructions directly from the secure email or pharmacy medicine label onto the MAR.

Check and then make a record of accountability for the new entry on the MAR.

Ask a second suitably trained support staff member to check both the new entry and the original secure email or label.

If both agree in all details, the witness should make a record of this check.

Indicate clearly on the MAR where the authorisation for the dose change or addition has come from. Remember that this authorisation can only be from a clinician or appropriate healthcare professional.

Tips & Hints: Preparing a MAR (dose changes)



Sometimes, when changes are made to the MAR one month, these changes may not be reflected on MARs for future months. This may happen for a number of reasons such as the GP not updating the computer records appropriately with the new instructions.



To minimise the risk of this, within 2 days of the new dosage instructions, the support staff member who made the changes to the MAR (or a designated support staff member) should follow up with the surgery to confirm that subsequent prescriptions will reflect the most recent dosage instructions.

Preparing a MAR

NOTES

If lone working:

- Care must be taken at all times when transcribing a MAR but this is especially important if you are lone working.
- Where lone working occurs, extra safeguards may be needed to reduce the risk of transcribing in the absence of a second trained and competent support staff member to check. This will need to be risk assessed by a senior person.

Some options include the support staff member who has made the transcription taking steps to confirm the accuracy of their transcription.

For example:

- 1 Phone another trained and competent support staff member and read back the information that has been transcribed. This process may allow any errors to be identified by both support staff members in the absence of the second support staff member being able to make a visual check.
- 2 Have a trained and competent support staff member check the transcription at shift hand-over.



CHILDREN'S SERVICES & SCHOOLS

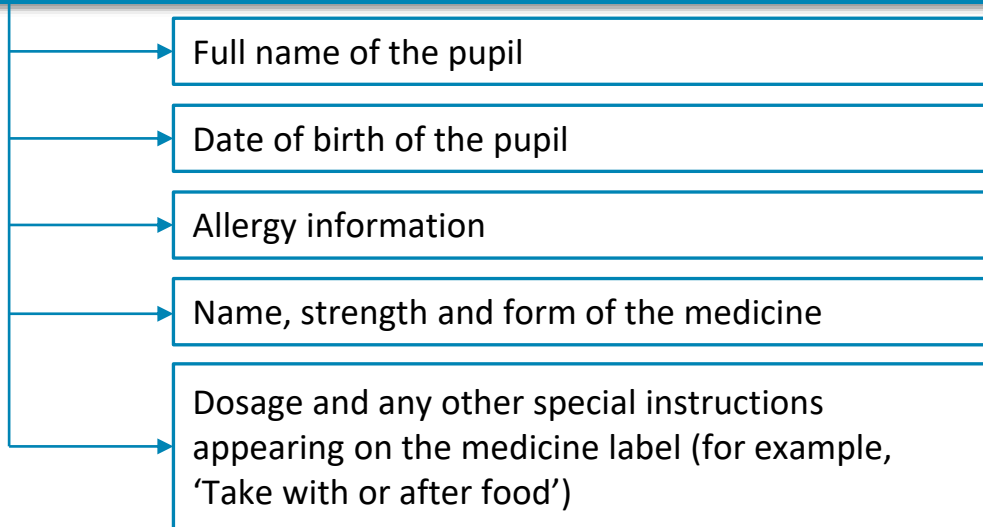
Schools

26

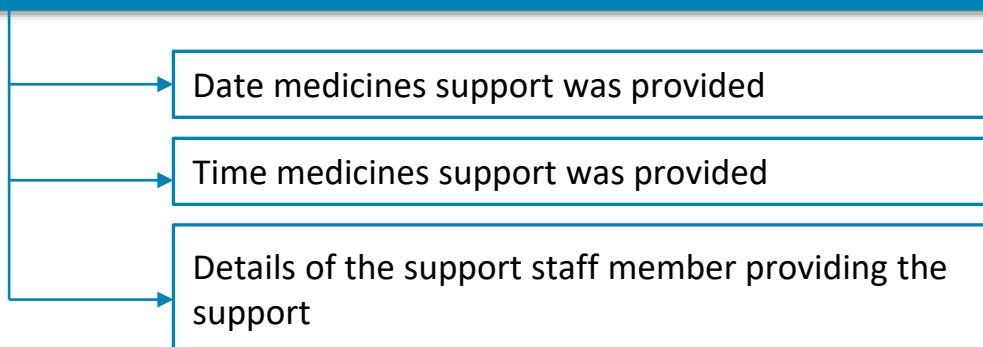
PREPARING A MAR PROCEDURE (including dose changes)

Preparing a MAR

The MAR must allow for a full record of the pupil and medicine details to be readily and clearly seen, including (but not limited to):



The MAR must allow a full record of the medicines support provided to be made including (but not limited to):



NOTE:

- There is no regulatory standard format for MARs. This page highlights the main pieces of information that must be available.
- Template MARs are provided in the appendices.

Preparing a MAR

1

A trained and competent support staff member should enter all the details and instructions (with no abbreviations) from the medicines label directly onto the MAR, ensuring the 6 Rights have been checked.



2

The support staff member making the entry should make a record to take accountability for the transcription.

3

A second trained support staff member should check both the entry on the MAR and the original label. If both agree in **all** details, then the witness should make a record of this check.

4

Any medicine that has been discontinued must be clearly indicated to avoid it being given in error.



CHILDREN'S SERVICES & SCHOOLS

27

HANDLING VERBAL ORDERS PROCEDURE

1 of 1

Handling Verbal Orders

Verbal orders for dose changes, additional medicines or discontinuation of medicines may be accepted in exceptional/emergency circumstances only by authorised support staff.

Written confirmation e.g. a secure email, should be requested from the surgery immediately for prompt confirmation.

In exceptional circumstances:



The senior person (or designated support staff member) should write down the verbal order then repeat back the instructions to the prescriber to confirm. The '**Verbal Instruction form**' should be used for this purpose if available



A second support staff member should witness the verbal order being taken and repeat back where possible



An entry should be made on the MAR sheet by the senior person (or designated support staff member), signed and referenced back to the original phone instruction



The second support staff member should check the MAR sheet entry and sign as a witness where possible



An email should be obtained from the GP immediately before the next or first dose is given. If the GP is not able to provide this written confirmation, a record should be made of this request

Verbal Instruction Form – It is recommended that this form should be readily available so that information can be recorded in a structured and easily auditable manner.



CHILDREN'S SERVICES & SCHOOLS

28

SELF-ADMINISTRATION PROCEDURE

1 of 1

Self-Administration

The designated support staff member should complete the **Self Administration Risk Assessment Form** to determine the support the pupil/child/young person needs with their medicines.

Agree with the pupil/child/young person the level of support that will be provided and document in the care plan.

Record "Self-Administering" on the MAR sheet against those items.
No other recording is required.

Review the risk assessment every month.

Undertake spot checks on a risk assessed basis to monitor the support required and any changing needs of the pupil/child/young person.

REMEMBER

Monitoring Supplies

Pay attention to 'when required' (PRN) items and medicines such as inhalers to ensure continuity of supply but not excess stock.

Lockable cupboards/drawers must be provided in rooms for safe storage of medicines and the pupil/child/young person will hold the key. Undertake checks on storage conditions on a risk assessed basis.



CHILDREN'S SERVICES & SCHOOLS

29

MANAGEMENT OF 'WHEN REQUIRED' (PRN) MEDICINES PROCEDURE

1 of 2

‘When Required’ (PRN) Medicines

ACTION 1 – by a designated senior person

Complete a PRN protocol (in conjunction with the prescriber where appropriate) for anyone who is prescribed a ‘when required’ medicine.

This includes (not exclusively):

The reasons for giving the “when required” medicine.

How much to give if a variable dose has been prescribed.

What the medicine is expected to do.

The minimum time between doses if the first dose has not worked.

The maximum dose in 24 hours.

For PRN painkillers, state the type of pain scale used to assess the level of pain.

For PRN psychotropic medicines, refer to the STOMP plan (Stopping Over Medication of People with a learning disability, autism or both).

REMEMBER

- 1) Each PRN medicine prescribed requires its own protocol.
- 2) Ensure that each PRN protocol is pupil/child/young person-centred and contains a review date.
- 3) Monitor the use of PRN medicines and flag up those that are being used on a regular basis, not being used at all or where there is an overstock. Contact the prescriber to review.

2 of 2

‘When Required’ (PRN) Medicines

ACTION 2 - by a designated senior person

Make sure the details of the PRN medicines are accurately reflected in the care plan and are accessible to any support staff member who supports pupils/children/young people with their medicines

ACTION 3

**At the time of offering the medicines, either
[Select an Option]:**

- 1) Record on the MAR including the details of the dose administered and the exact time of administration.

OR

- 2) Use the relevant code if the medicine is not required, unless the PRN protocol indicates the pupil/child/young person has capacity and is able to request their medication when necessary.



CHILDREN'S SERVICES & SCHOOLS

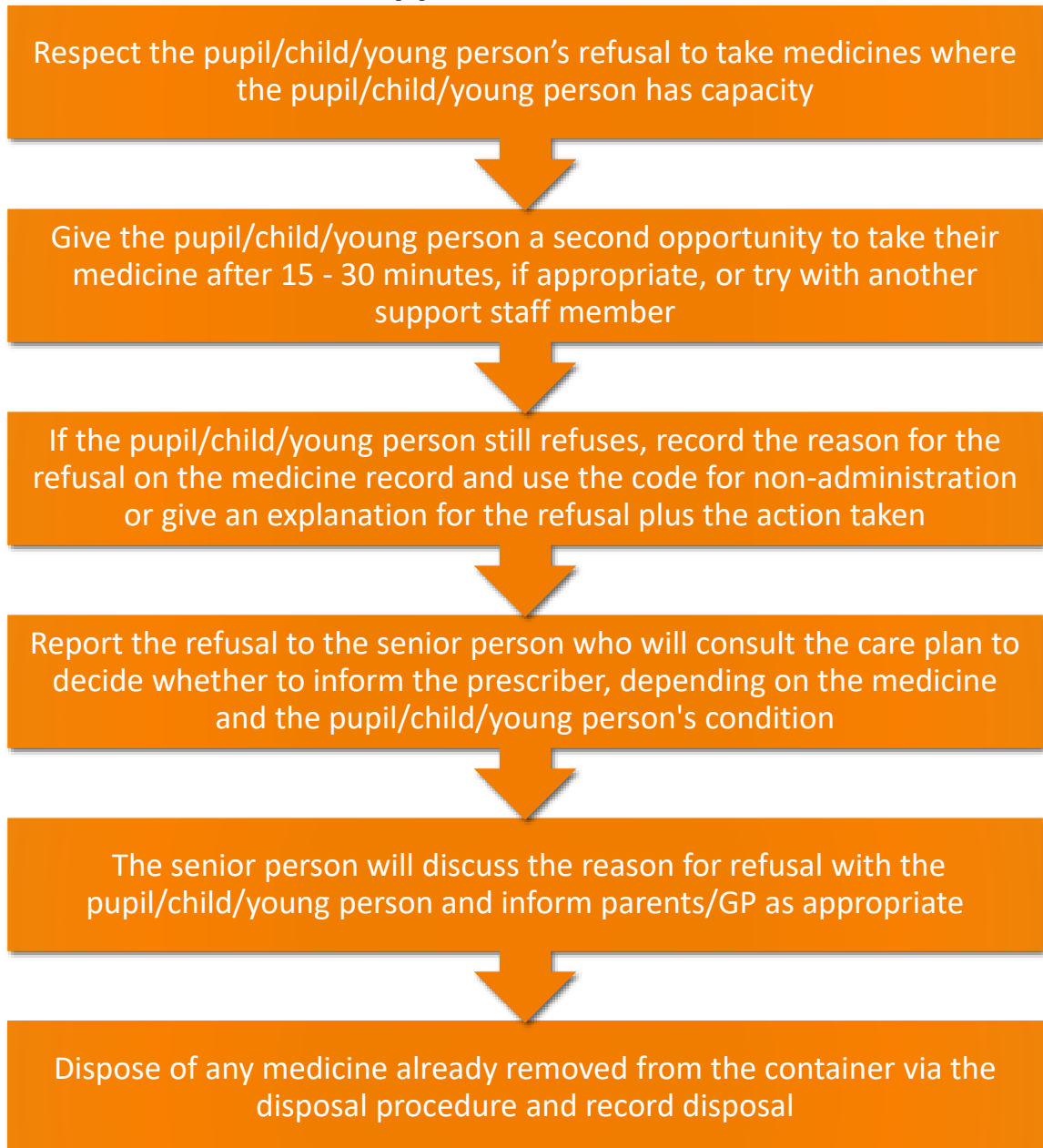
30

REFUSAL OF MEDICINES PROCEDURE

1 of 2

Refusal of Medicines

**When a pupil/child/young person refuses medicine,
support staff must:**



2 of 2

Refusal of Medicines

When a pupil/child/young person consistently refuses to take their medicine, the senior person must:



Make an attempt to try to find out why the pupil/child/young person is refusing the medicine



Ask the pupil/child/young person whether they would like more information about their medicines, including the risks of not taking it



Suggest to an alternative support worker that they explain and reassure the pupil/child/young person



Discuss with a healthcare professional whether the medicine could be offered at a different time or in a different form to aid compliance



If the pupil/child/young person agrees, ask the parent to contact the GP who prescribed the medicine and inform the supplying pharmacy to prevent further supply and overstock.



CHILDREN'S SERVICES & SCHOOLS

31

COVERT ADMINISTRATION PROCEDURE

1 of 2

Covert Administration

Do **not** give medicines by covert administration unless there is **clear authorisation** and **instructions to do this in the care plan**.

The senior person and the Principal/Deputy Principal or their nominated deputies must approve the assessment for covert administration.

The process for covert administration is as follows:

The GP in consultation with the senior person will assess the pupil/child/young person's mental capacity

The senior person must seek advice from the prescriber about other options e.g. whether the medicine can be stopped

The senior person must organise a best interests meeting with family/advocates and healthcare professionals as appropriate

The senior person must record any decisions and who was involved in any decision making on the ***Covert Administration Authorisation*** form

The senior person will agree where the records of any decision are kept and who has access

Continued

2 of 2

Covert Administration

Continued

Where appropriate, the senior person will apply for a Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS) or if there is already one in place, an authorisation for covert administration must be sought (consult your local DoLS team for clarity if required)

The senior person will seek advice from the pharmacist as to how the medicines will be given covertly. This should be documented

The GP will provide written authorisation and the senior person will provide clear instructions for support staff in the care plan

The senior person will ensure support staff are trained and assessed as competent to give the medicine covertly

The senior person and GP will make a decision for when the decision will be reviewed. This will be at least every three months (and more frequently if necessary).



CHILDREN'S SERVICES & SCHOOLS

32

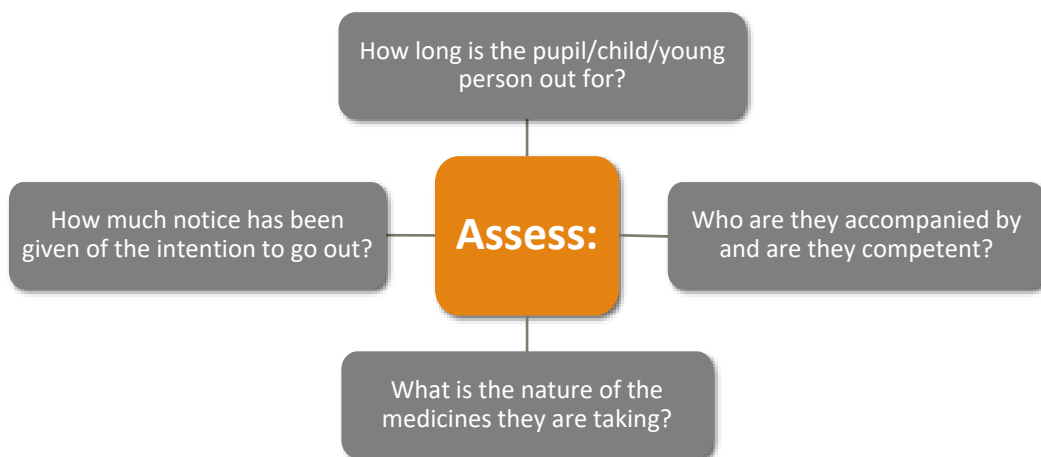
HANDLING MEDICINES AWAY FROM USUAL CARE SETTING PROCEDURE

1 of 5

Medicine Handling for Day Trips

1

Undertake a risk assessment using the *Risk assessment for handling medicines away from the usual care setting form*.



2

Consider the following options:

- Missing the dose out altogether (after confirmation with the GP)
- Giving the dose early or late (after confirmation with the GP)
- Giving the original dispensed medicine to the relative/staff/pupil/child/young person themselves (if risk assessed and they are competent to administer)
- Obtaining a separate labelled supply for 'leave' (advanced warning required to obtain a prescription and get it dispensed)
- As a last resort-taking out the dose required and putting it in a labelled container. **Important** – See guidance on secondary dispensing on the next page.

2 of 5

Medicine Handling for Day Trips

Preparing a dose to be administered away from the service

- If the option:

Taking out the dose required and put it in a labelled container

is selected, this is considered secondary dispensing. This is when medicines that have already been dispensed by a pharmacist or a dispensing doctor are re-packaged.

- **Secondary dispensing is not good practice and should be considered as the last resort when supporting a pupil/child/young person with their medicines away from the service.**

- If this option is selected, you must:

- 1) Assess the need and the risk of this using the *Risk Assessment for Handling Medicines Away from Care Setting* form
- 2) Fully document any decisions and actions taken
- 3) Prepare the dose required in accordance with *section 3* of this procedure



Controlled Drugs

- ❖ Best practice is for these to remain in their original pharmacy-labelled container.
- ❖ A separate labelled supply containing only the quantity required should be obtained from the pharmacy wherever possible.

3 of 5

Medicine Handling for Day Trips

3

If the option to 'Take out the dose required and put it in a labelled container' is selected, the following procedure must be followed:

Only trained and competent support staff can carry out this task.

A second, trained and competent support staff member must be present to check and act as a witness for the whole process and counter signatory.

The medicine must be transferred into a clean container (for example, a box or bottle)

The new container should be labelled with the following information:

- the name of the pupil/child/young person
- the name, formulation and strength of the medicine
- the dose (how often or the time the medicine should be taken)
- any additional instructions (for example, take after food)

These instructions should be **copied directly from the original pharmacy-labelled container.**

The label should also include:

- the quantity supplied (i.e. the quantity being transferred from the original pharmacy-labelled container into the new container)
- the date the dose is prepared (i.e. not the date of dispensing on the original pharmacy-labelled container).

4 of 5

Medicine Handling for Day Trips



When the required dose has been transferred to the new container and the label has been applied:

- the support staff member preparing the dose and label should sign the label
- the second support staff member should confirm that all the details are correct and countersign the label.

5 of 5

Medicine Handling for Day Trips

4

For any medicine leaving the service and to be administered whilst away from the service:

Record on the 'Out' section of the 'In/out log' the details of the medicine being taken out - (please note, the 'In/out log' must be kept in the service).

Document on the regular MAR sheet the code for social leave.

Provide the pupil/child/young person/staff/relative (as appropriate) with an 'Administration Record for Medicines Administered Away from the Usual Care Setting' form to record if the medicine was given or refused when the pupil/child/young person is away from the service.

On return to the service, the 'In' section of the '*In/Out Log*' should be completed to confirm what has been returned to the service.

Any medicines taken out that were not administered should be returned into appropriate secure storage. Keep the 'Administration Record for Medicines Given Away from the Usual Care Setting' form with the regular MAR sheet so that all medicines administration records can be readily accessed.



CHILDREN'S SERVICES & SCHOOLS

Children's Services

33

HANDLING HOMELY REMEDIES PROCEDURE

Homely Remedies



Homely Remedies are simple over-the-counter medicines authorised by the GP, purchased by and kept in stock by the home for the treatment of minor ailments, such as headaches, coughs and sore throats



Only named support staff may administer Homely Remedies.

If a homely remedy is required, the designated support staff member should:



Check that the pupil/child/young person requiring the medicine is covered by the Homely Remedy policy which should be signed by GP and senior person



Check when they were last given the medicines and whether another dose is appropriate



Check how long they have been using the Homely Remedy; they should not be used for more than 2 days. Arrange for the pupil/child/young person to see their GP if the minor ailment is persisting



Record the administration on the pupil/child/young person's medicines record, including why it was needed



Record the administration in the Homely Remedy Record book, including a record of the balance of medicine left in stock

Remember

For pupils/children/young people under 16, the person who holds parental responsibility must give written consent before homely remedies can be administered.

Homely Remedies



All purchases of medicines as Homely Remedies will be authorised by the senior person



Only support staff named on the authorised list may administer Homely Remedies



Support staff be aware of the content of the Homely Remedy policy, the limited list they are able to administer and the contra-indications before administering a Homely Remedy to a pupil/child/young person



Records must include:

- i. **Receipt** - name of Homely Remedy, date received, quantity, balance of stock plus support staff signature.
- ii. **Administration** - pupil/child/young person's name, medicine name, form, strength, dose, date, time given and reason. Stock remaining must be recorded plus support staff signature.
- iii. **Return** - name of Homely Remedy, quantity returned, date and balance of stock plus support staff signature.



CHILDREN'S SERVICES & SCHOOLS





34

OVER THE COUNTER (OTC) MEDICINES PROCEDURE

1 of 2

Over the Counter (OTC) Medicines Purchased by the Pupil/Child/Young Person/Family

SUPPORT STAFF MUST:

-  Encourage a pupil/child/young person who self-administers to check with their GP or Pharmacist before buying any OTC medicine.
-  Check with a senior person that authorisation has been given by the GP or Pharmacist if a pupil/child/young person requests administration of an OTC medicine.
-  Before actioning the request, the senior person must contact the GP, Pharmacist or relevant healthcare professional if appropriate to ensure there is no risk of drug interactions or other contra-indications.
-  Only if written authorisation is received from a healthcare professional, can support staff administer the over-the-counter medicine purchased by the pupil/child/young person or their family.
If written authorisation cannot be obtained, details of the advice received, the date the advice was received and from whom the advice was received should be documented in form "Confirmation of pharmacist's (or GP's) advice on non-prescribed medicine".

2 of 2

Over the Counter (OTC) Medicines Purchased by the Pupil/Child/Young Person/Family

SUPPORT STAFF MUST:



Record the administration of non-prescribed/OTC medicines on the pupil/child/young person's MAR sheet.



If a request for non-prescribed medicine is made at the weekend or out of normal working hours and a senior person cannot be contacted, contact NHS 111 or the GP on-call service.

REMEMBER

Support staff must **NOT** offer advice to a pupil/child/young person about OTC medicines or complementary treatments.

Examples of this include:

- ⇒ Homeopathic preparations
- ⇒ Vitamins, minerals and supplements that have not been prescribed
- ⇒ Painkillers
- ⇒ Cough linctus
- ⇒ Cold and flu remedies

This list is not exhaustive.



CHILDREN'S SERVICES & SCHOOLS

Schools

35

PREPARING INDIVIDUAL HEALTH CARE PLANS (IHCP) PROCEDURE

Preparing Individual Health Care Plans




For pupils/children/young people with medical conditions, an Individual Health Care Plan (IHCP) should be drawn up with input from parents, the pupil/child/young person and healthcare professionals where necessary.



If a pupil/child/young person has a medical condition, in addition to the details in the IHCP, the procedures in the guidance “Supporting Pupils at School with Medical Conditions” must be followed.



The following information should be recorded in the IHCP:

- 
- ✓ Medical condition, its triggers, signs, symptoms and treatments
 - ✓ The pupil/child/young person’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 a pupil/child/young person’s educational, social and emotional needs
 - ✓ Level of support needed to manage the condition (including in emergencies)
 - ✓ Who will provide the support (including training)
 - ✓ Who in the school needs to be aware of the pupil/child/young person’s condition and the support required
 - ✓ Arrangements for written permission from parents for medication to be administered by support staff or self-administered by the pupil/child/young person
 - ✓ Separate arrangements for school trips, outings, activities
 - ✓ Confidentiality issues
 - ✓ What to do in an emergency
 - ✓ If parents have consented to emergency use of Salbutamol in asthma and/or use of the spare AAI in an emergency
 - ✓ Actions to be taken if a pupil/child/young person refuses to take their medication
 - ✓ A suggested template for the IHCP is provided in the appendix



CHILDREN'S SERVICES & SCHOOLS

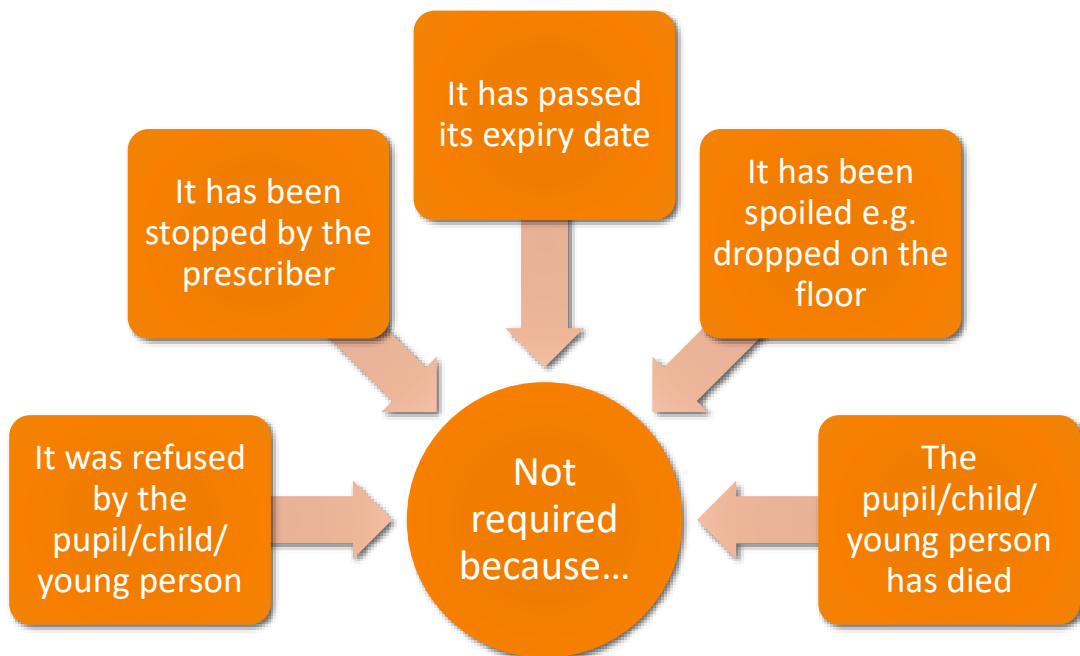
Children's Services

36

DISPOSAL OF MEDICINES PROCEDURE

Disposal of Medicines

Why might the medicine no longer be required?



REMEMBER

If a pupil/child/young person dies, put their medicines to one side in the medicines cupboard, separated from current stock and labelled clearly for return.

- If the death is not subject to a coroner's inquiry - retain medicines for a minimum of 7 days.
- If the death is subject to a coroner's inquiry - the medicines must be retained for "sufficient time" in case the coroner wishes to see them. Check with the coroner when they can be returned if you have not received any notification.

Disposal of Medicines: (Residential)

Remove any medicine that is no longer required from the medicine cupboard as soon as possible.

Put single tablets which have been refused or spoiled in an envelope and write the pupil/child/young person's name, the name of the medicine, date and time on it.
Two support staff members should sign the label.

Place the medicine in a tamperproof container kept in a locked cupboard and make an entry in the *Returned Medicines Record Sheet*, recording the medicine name, strength, quantity, reason for return and the pupil/child/young person's name.

Medicines for disposal may be returned to or collected by the pharmacy. The pharmacy representative should be requested to sign the 'Returned Medicines Record' sheet as a receipt of collection (this may not always be possible). Retain this document with the care records.

REMEMBER

If the medicine is a Controlled Drug, leave it in the CD cupboard for secure storage, but separated from current medicines in use and indicate it is awaiting collection. You will need to sign it out of the CD register when it leaves the premises.

Disposal of Medicines

NEVER put unwanted medicines down the sink or toilet.

Syringes and needles must be placed in a sharps box for disposal.

Disposal of patches

Hints & Tips

Disposal of used patches (CD and non-CD patches)

- Following removal of the patch, fold it in half with the medicated side to the middle and dispose in a sharps/clinical waste bin or as directed by your local Clinical Commissioning Group (CCG)

Disposal of unused CD patches in Residential Homes

- Follow the procedure for disposal of CDs in Residential Homes requiring return or collection by the pharmacy.



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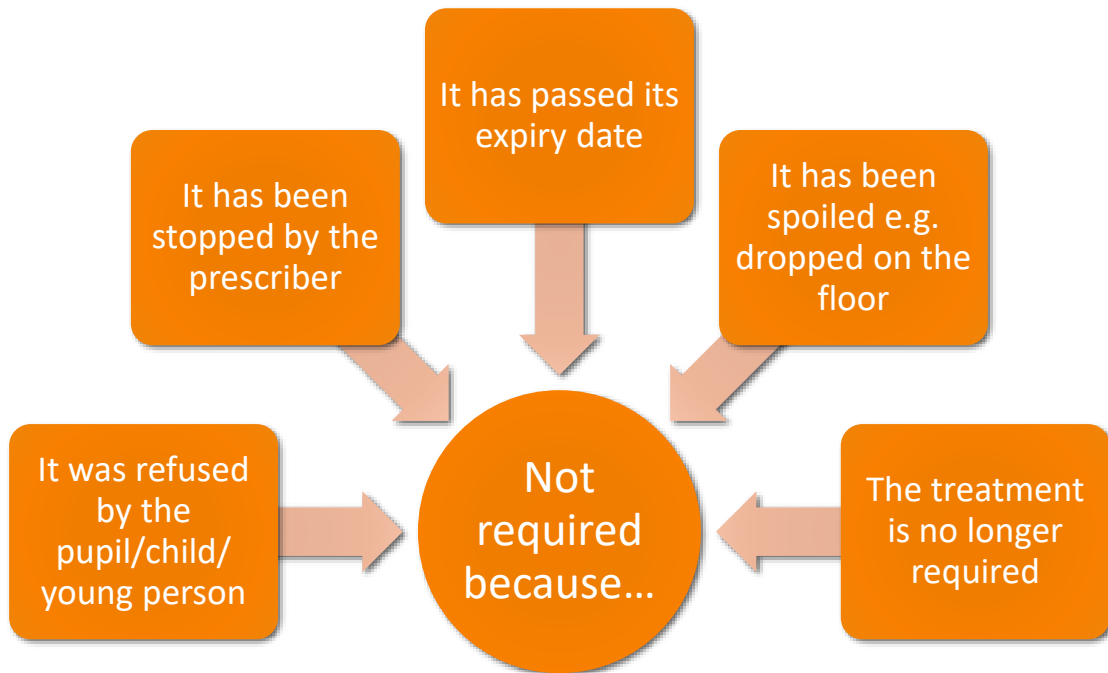
Schools

37

DISPOSAL OF MEDICINES PROCEDURE

Disposal of Medicines

Why might the medicine no longer be required?



Remember

In the unlikely event a pupil/child/young person dies, put their medicines to one side in the medicines cupboard separated from current stock and labelled clearly:

“DO NOT USE. DO NOT RETURN UNTIL CHECKED WITH CORONER”.

You should not send them for disposal until ‘sufficient time’ has passed in case the coroner wants to see them.

NEVER put unwanted medicines down the sink or toilet. Medicines should not be disposed of or destroyed in the school.

Syringes and needles must be disposed of by putting in a sharps box.

Disposal of Medicines

Remove any medicine that is no longer required from the medicine cupboard as soon as possible. Place it in a separate locked cupboard labelled “For Return to parent/pharmacy as applicable” and the pupil/child/young person’s name

Make an entry in the Returned Medicines Record, recording the date, medicine name, form, strength, quantity and the pupil/child/young person’s name plus the support staff member’s signature

Return the medicine to the parent/pharmacy ASAP. Ask the parent to sign for receipt where possible. If the parent fails to collect the medicine, it may be returned to the pharmacy for disposal

Remember

If the medicine is a Controlled Drug, leave it in the CD cupboard for secure storage, but separated from current medicines in use and indicate it is awaiting collection. You will need to sign it out of the CD register when it leaves the school.

Ask the parent also to sign if it is being returned home.



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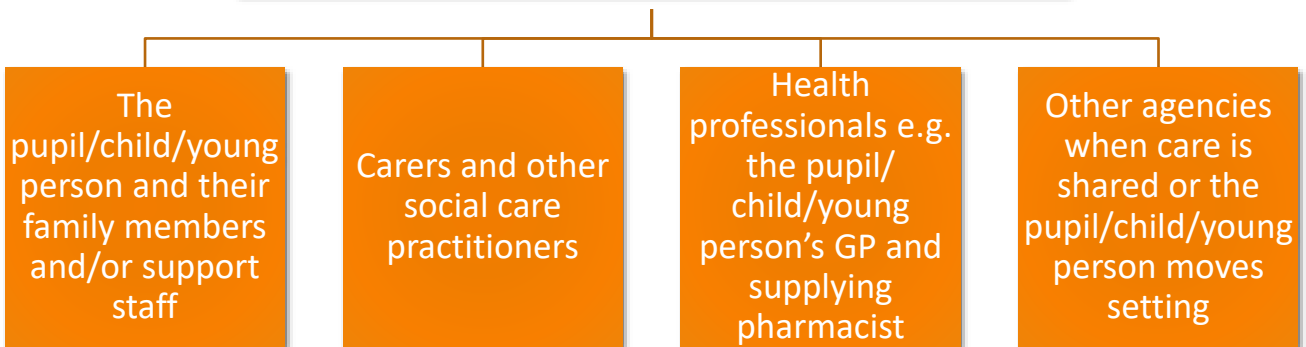
38

SHARING OF INFORMATION PROCEDURE

1 of 1

Sharing of Information

You should communicate and share information about a pupil/child/young person's medicines, taking into account the pupil/child/young person's expectations for confidentiality, with the following people:



If a pupil/child/young person has cognitive decline or fluctuating mental capacity:



Actively involve the pupil/child/young person and their family members (and where appropriate, named advocates)/support staff in discussions and decision making



Record the pupil/child/young person's views and preferences



Take action in the pupil/child/young person's best interest if they lack capacity to make decisions in the future



CHILDREN'S SERVICES & SCHOOLS

39

RAISING CONCERNS PROCEDURE

1 of 1

Raising Concerns

Support staff should raise any concerns about a pupil/child/young person's medicines with the senior person. These concerns may include:



The pupil/child/young person declining to take the medicines



The pupil/child/young person not taking the medicine in accordance with the prescriber's instructions



Possible adverse effects (including falls after changes to medicines)



The pupil/child/young person stockpiling their medicines



Medicines errors or near misses



Possible misuse or diversion of medicines



The pupil/child/young person's mental capacity to make decisions about their medicines



Changes to the pupil/child/young person's physical or mental health



CHILDREN'S SERVICES & SCHOOLS

40

HANDLING MEDICINES ERRORS PROCEDURE

1 of 4

Handling Medicines Errors

On discovering the error, the **STAFF** and/or **SENIOR PERSON** must:

- | | | | |
|-------------------|---|----------------------------|--|
| 1
STAFF | Notify the senior person immediately | 7
STAFF | Inform the pupil/child/young person and contact the family/next of kin, as appropriate |
| 2
STAFF | Stay with the pupil/child/young person | 8
STAFF | Complete medicines error report form |
| 3
STAFF | The support staff member who is with the pupil/child/young person must notify the GP immediately and ask for advice | 9
SENIOR PERSON | The senior person must conduct an inquiry and initiate any actions necessary to prevent reoccurrence |
| 4
STAFF | Document the advice received and the advice actioned | 10
SENIOR PERSON | Check the local authority's safeguarding protocol and inform as necessary. Notify the regulator where required |
| 5
STAFF | Monitor the pupil/child/young person closely for any obvious side effects of the medicine | 11
SENIOR PERSON | Complete a regular audit of medicines errors and incidents and share with staffs as a learning tool |
| 6
STAFF | Take emergency action if required | | |



If at any point the pupil/child/young person suffers an adverse reaction, call the emergency services.

2 of 4

Handling Medicines Errors

If you make an error or identify that a colleague or third party - for example, prescriber or pharmacist - has made an error, you must follow the steps below.

Immediately seek advice from pharmacist/GP/surgery's out-of-hours service/NHS 111.



Follow health professional's advice and record in the pupil/child/young person's care plan, medical notes or MAR chart, directing staff member to info as appropriate - for example, by use of communication book.



Inform the senior person of error and actions taken.

3 of 4

Handling Medicines Errors

We have a duty of candour to the pupils/children/young people we support. This means you **must** tell the pupil/child/young person concerned what happened.



The relatives or representatives of the pupil/child/young person should also be informed. Consent should be sought before any information about a pupil/child/young person with capacity is shared.

If they do not want you to, a written record should be completed, signed and filed away in the pupil/child/young person's care plan to evidence this.



Apologise for the error and offer them the opportunity to make a complaint.

CONTACT



For out of hours contact NHS 111 or the pharmacist/GP, as appropriate.

4 of 4

Handling Medicines Errors

The senior person must:

Review the error. Take action appropriate to the error

The process is:

- Supervision
- Reflection of the error
- Removal from medicines administration
- Shadowing and Observations
- Competency assessment

Inform:

- 1) The Principal/Deputy Principal (if not already informed)
- 2) The Regulator (as appropriate)
- 3) Local safeguarding team (as appropriate)

Initiate any actions to prevent recurrence of the error

Do a lessons learnt exercise and document appropriately

Brief team members

Audit errors on a regular basis for trends



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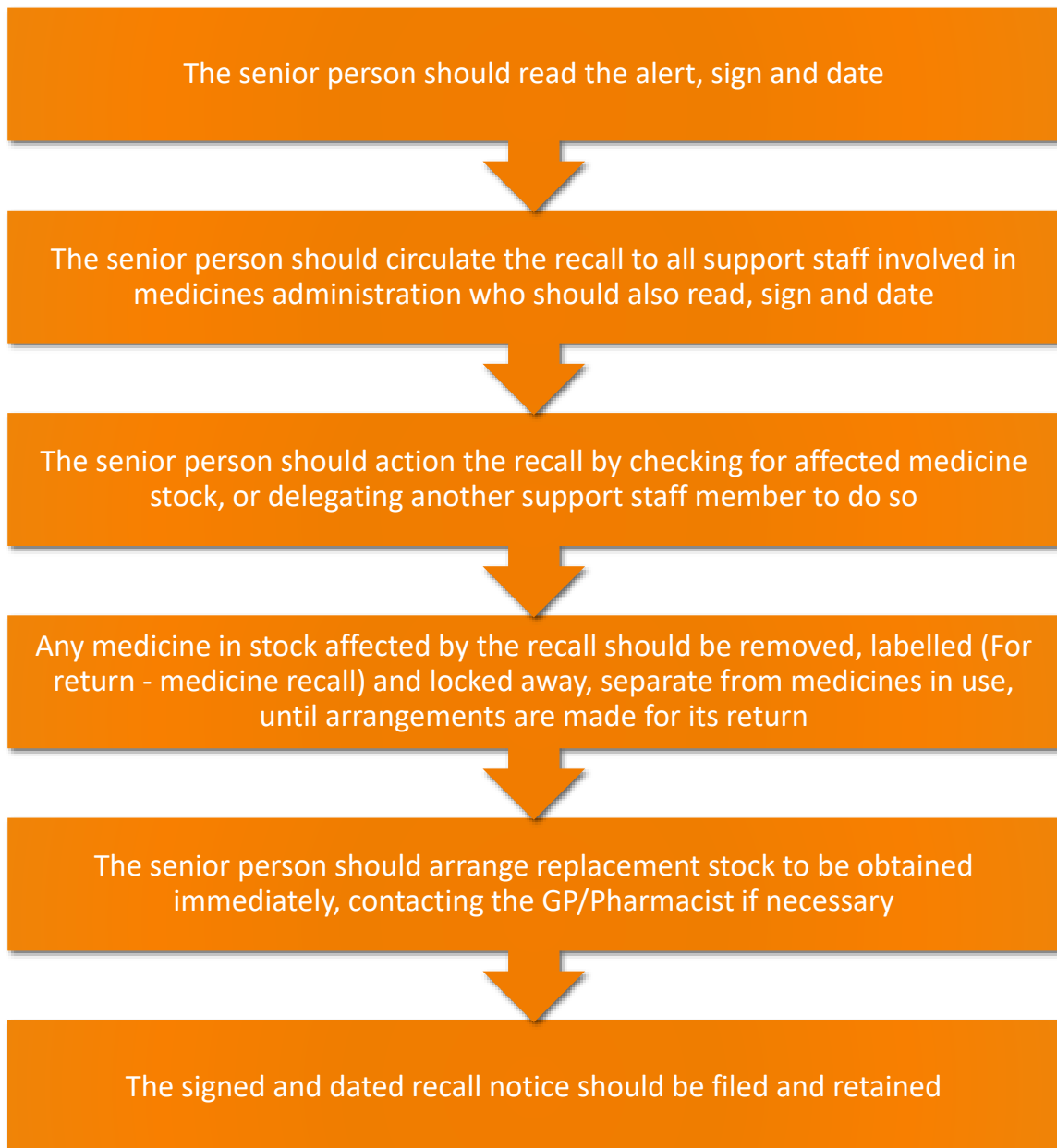
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41

HANDLING MEDICINES RECALLS PROCEDURE

Handling Medicines Recalls

A medicine recall alert is issued if a medicine has been identified as being a hazard and no longer appropriate for use.





CHILDREN'S SERVICES & SCHOOLS

42

AUDITING MEDICINES PROCEDURE

1 of 2

Auditing Medicines

1

Adopt a risk-based approach for when and how medicines are audited



E.g. Counting medicines

It is usually only necessary to count stock at the beginning and end of the 28-day cycle (except for Controlled Drugs) however if an issue is identified, then further counts may be needed for a short period to identify and rectify the issue.



E.g. Recording the temperature of medicines storage

Daily records of ambient storage and medicines fridge temperatures should be made and actions taken to address any out of range temperatures documented.

It is not usually necessary to record the temperature of a pupil/child/young person's room however if you notice it is particularly hot, it may be necessary to address the issue and record the temperature for a short period until the issue has been rectified.



E.g. Gap monitoring

It will be necessary to risk assess how frequently gap monitoring of the MAR sheets needs to occur. This might be weekly or monthly or might be daily. You must action the result of the gap monitoring to ensure there are no missed signatures and support staff learn from your findings.

2 of 2

Auditing Medicines

2

A senior person or designated support staff member must:

- Use a risk-based approach to auditing
- Undertake audits at least monthly
- Keep records of all audits undertaken
- Create an action plan if necessary
- Action any issues raised

3

The audits should include, at appropriate times:

- | | |
|---|--|
| ✓ Review of medicines records | ✓ GP reviews (ideally every 6 months) |
| ✓ Loose medicine counts | ✓ Stock control |
| ✓ Labelling of creams/ointments | ✓ Controlled Drugs |
| ✓ Date of opening on eye drops and liquid medicines | ✓ All forms and paperwork |
| ✓ Date check of “PRN” (when required) medicines | ✓ Staff competency checks |
| ✓ Fridge temperatures | ✓ Medicines training of staff team |
| | ✓ Pharmacy audit (ideally on a yearly basis) |

A suite of tools can be found in the Appendices



CHILDREN'S SERVICES & SCHOOLS

43

TRAINING AND COMPETENCY ASSESSMENT PROCEDURE

1 of 2

Training and Competency Assessment Roles and Responsibilities

NICE recommend that competency assessments should be undertaken annually.

CQC guidance states that competency assessment should be undertaken BEFORE a member of staff administers medicines.

Member of staff	Notes	When and how often
New staff	New staff should shadow an experienced member of staff and then be competency assessed before administration of medicines is undertaken.	<p>→ New staff should shadow an experienced member of staff on several occasions until the experienced member of staff is satisfied the new member of staff has witnessed sufficiently. They should then be competency assessed until the assessor is satisfied that competency has been achieved.</p> <p>NOTE: The number of occasions for shadowing and competency assessment will vary and will be dependent on the individual and the outcome being met i.e. competency of the staff member.</p>

2 of 2

Training and Competency Assessment Roles and Responsibilities

Member of staff	Notes	When and how often
Existing staff	<p>For an existing member of staff</p> <ul style="list-style-type: none"> • Who has an in-date training certificate AND • Where there are no concerns 	→ 1 observation annually or until competent
A member of staff who has made an error or where there are concerns	Supervision will be required following the error/concern	→ Sufficient observations until fully competent then annually (or until competent)
Staff members working in services where medicines are only administered occasionally		→ At least 1 observation annually. However, observations every 3 months are recommended to maintain competence
Agency or relief staff	<ul style="list-style-type: none"> • Competency assessed as per new staff requirements, where possible • Risk assessments and control measures should be put in place where this is not possible 	→ As determined by risk assessment



CHILDREN'S SERVICES & SCHOOLS

44

TRAINING PATHWAYS

OPUS Gold Standard Medication Training Pathway



Care/ Support Staff in Care Services



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OPUS Gold Standard Medication Training Pathway



Managers & Senior Staff in Care Services



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45

DO'S AND DON'TS OF MEDICINES HANDLING

Do's & Don'ts of Medicines Handling

DO'S

- 1) It is essential that administration of medicine and subsequent signing of the Medication Administration Record sheet (MAR) is completed for one pupil/child/young person before selecting medicines for the next.
- 2) For medicines with a limited expiry, containers of the medicine should be marked with the date of opening e.g. eye drops, creams, liquids.
- 3) For pupils/children/young people who refuse to be directly observed whilst taking their medicine, or wish to take their medicine themselves at a later time, a risk assessment should be undertaken to ascertain if they are competent and have capacity to administer the medicine themselves. The risk assessment should also take into account whether the pupil/child/young person has the memory, physical capabilities to take the medicine safely and is aware of the need to keep the medicine safe from other pupils/children/young people, etc. This should be undertaken in association with the GP. If it is deemed appropriate for the pupil/child/young person to administer their own medicine after it has been prepared by support staff, a disclaimer should be signed by the pupil/child/young person and a statement made in the care plan and on the MAR sheet to indicate that the support staff signatures on the MAR sheet indicate preparation of the medicine only by support staff and that the pupil/child/young person has undertaken administration.
- 4) For application of creams and ointments, disposable personal care gloves must be worn. A Topical Medicines Administration Record (TMAR) and body map will be used to indicate where the cream needs to be applied. This may be kept in the pupil/child/young person's room for certain creams. Support staff should be aware of the fire hazard associated with emollients and follow the advice on the label and the patient information leaflet regarding safe use and washing requirements of night clothes and bed linen.
- 5) 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. All bottles of liquid should be wiped after use.
- 6) Health and safety risk assessments and close supervision will be undertaken for any medicine that is unsafe to handle e.g. cytotoxic preparations (medicines used to treat cancer). Advice on the medicine label, patient information leaflets and advice from the pharmacy/hospital must be followed to ensure safe handling of this type of medicine due to the risk to the pupil/child/young person and support staff.

Do's & Don'ts of Medicines Handling

DO'S

- 7) For medicines that are administered regularly, but infrequently - e.g. weekly, 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 MAR sheet for weekly or monthly items and recording the date in the diary to remind support staff e.g. for 3-monthly medicines.
- 8) The communication book should be used for the recording of any unusual incidents e.g. medicine given out of the time frame, refusal etc. and the senior person informed.
- 9) Be aware that an advance decision to refuse medicine can be made. This enables the pupil/child/young person to make treatment decisions in the event of losing their capacity at some time in the future. Refer to the Mental Capacity Act 2005.
- 10) Support staff should have access to reference information sources on medicines, for example:
 - a copy of the British National Formulary (BNF) which is less than 2 years old.
 - reputable websites e.g. www.evidence.nhs.uk/formulary/bnf.current/ www.medicines.org.uk/emcPatient Information Leaflets will be supplied with most medicines. These also provide a useful reference source.
- 11) Paper MAR sheets should be signed in black ink. Correction fluid or similar products may not be used on the MAR sheets. If a mistake in recording is made, a single line should be made across the incorrect entry and a new clearly legible entry made. An entry should be made in the care notes explaining clearly and accurately what occurred.

Do's & Don'ts of Medicines Handling

DON'TS

- 1) Medicine should never be dispensed in advance (unless under specific cases) or dispensed for another support staff member to administer.
- 2) If there is any query or concern regarding a pupil/child/young person's medicine, then that medicine should not be given and the GP must be consulted as soon as possible. If out of hours then contact NHS 111 or the supplying pharmacy.
- 3) Unsecured medicine must not be left unattended. It must remain in sight of the support staff member. The support staff member should remain with the pupil/child/young person until administration is complete. The medicines trolley must be kept in the sight of the support staff member administering. Support staff should directly observe the taking of medicine and medicine must never be left out "to take later". A dot should be marked in the appropriate date space on the MAR sheet to indicate that the medicine has been taken out of the container to administer to the pupil/child/young person. Support staff should then sign the pupil/child/young person's medicine chart after the medicines have been taken and if this has been directly observed. If medication is not given for any reason, then the appropriate code should be used, the reason recorded in the care plan and reported to the senior person.
- 4) Medicine should not be opened or prepared until the pupil/child/young person is ready to accept it.
- 5) Medicine should not be given if:
 - The MAR is missing or difficult to read.
 - The pharmacy label is missing, difficult to read or has been altered.
 - A significant change in the physical or emotional condition of the pupil/child/young person is observed.
 - The 6 Rights of Administration cannot be verified.
 - The pupil/child/young person has queries about the medicines e.g. colour, size, shape, consistency of liquids or the pupil/child/young person requires further information regarding the medicine.
 - There are any doubts or concerns expressed by the pupil/child/young person or support staff.
 - In these situations, the medicine should not be given until advice has been sought from the senior person, Registered Nurse, Pharmacist or GP as appropriate.
- 6) 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 a healthcare professional and this has been documented in the pupil/child/young person's care plan.