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Trust procedures

Medicines Management in Special Schools

This procedure applies Trust wide



Document control page

Name of Procedure	Medicines Management in Special Schools
Name of linked Policy	Medicines Management Policy
Accountable Director	Medical Director
Author with contact details	Carol Humphries Carol.humphries@nwbh.nhs.uk
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Brief description of changes following review	This is a combination of the procedures used in separate schools across Knowsley and St Helens. The principles are the same but there are slight differences which are highlighted within the main text of the document that pertain to a named site. Updated appendices and forms to be used.
Equality Impact Assessment	The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This Procedure has been Equality Impact Assessed and does not discriminate. ‘Staff are encouraged to recognised and record the differing needs of patients who come under protected characteristics, this includes but is not limited to:- <ul style="list-style-type: none"> • Prescribing of drugs to women of child bearing age that impact on fertility/foetal development. • Reduced cognition of older people with dementia/people with learning disabilities • Religious observances and impact on medication regimes.’

Version control

Version number	Development Timeline	Date
DRAFT 0.1	Sent to Medicines Management and Special School Nurses in Knowsley	July 2017
DRAFT 0.2	Post Special School Nurse Comments in St Helens	August 2017
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1. Introduction

This procedure provides a framework for Trust nurses working in Special Schools in order to manage the risks associated with medicines use to children and the Special School Nursing Team.

It covers all activities related to the safe and secure handling of medicines.

All medicines related activity including administration will be undertaken by nominated and competent individuals who have undergone approved training with documented authority in accordance with legislation and local policy.

This procedure is restricted to:-

- Administration of medicines by Trust staff.
- Medicines where the dose frequently fluctuates
- Child/young persons who require more than one medicine administered during the school day.

This procedure must be read in conjunction with the Trust Medicines Management Policy and associated procedures which can be accessed on the Trust Intranet Page.

<http://nww.5boroughspartnership.nhs.uk/policies-and-forms/policies-and-procedures/m-r/medicines-management-policy-and-procedure>

1.1 Responsibilities

1.1.1 Education and Care Staff and Home-School Escorts

This procedure does not apply to any Education Staff or One to One Carers or Home-School Escorts who must work in accordance with the Local Authority Schools Medicines Policy.

A copy of this procedure will be made available to the school for reference.

However, there is an expectation that:-

- The Head Teacher will ensure key medicines policy information for parents/guardians is enclosed in the Schools Prospectus and agree what support can be provided with respect to medicines.
- The Head Teacher will have overall responsibility for ensuring that any Education Staff, One to One Carers and Home-School Escorts tasked with handling and/or administering medicines have appropriate training and competencies.

1.1.2 Parents/Guardians and Carers

Whoever has parental responsibility for a child must be given the opportunity to provide the Head Teacher and the Special School Nursing Team with sufficient information about their child's medical needs, including medication required to be administered through the school day and any emergency medication if prescribed.

They must, jointly with the Head Teacher, reach agreement on the school's role in supporting their child with medical needs. This will include the extent to which the Special School Nursing Team are required and the provision of support from Education Staff, One to One Carers and School Escorts.

All new pupils entering the school must have their health and medical information screened in order to establish if a care plan is necessary.

Please see Appendix A for a sample screening tool template.

Children and young people with significant medical needs and requiring medication during the school day must have a detailed individual integrated Health Action Plan (HAP) agreed by Parents/Guardians, care providers and health care professionals. and this must be recorded in the medical notes.

If it is agreed by the Head Teacher and Special School Nursing Team medication needs to be administered during school hours the person with parental responsibility must ensure:-

- A consent form is completed.
Please see Appendix B for a sample consent form for administration of medicine in school.
- Sufficient medication is available for use in the school and to replace the supply of medication at the request of the relevant school/health professional when supplies in school are running low.
- Medication supplied is labelled with the current prescribed dosing information in the original dispensed container.

2.0 Procedural Details

2.1 Ordering and Delivery/ Transport of Medication

The responsibility for ordering prescribed medication to be supplied to the Special School Nursing Team for administration lies with whoever has parental responsibility for a child.

These medicines will be brought into school with the adult who is accompanying the child and must be in the original dispensed containers.

Parents/Guardians are to be informed that if their child requires medicines to be transported into school they must not put the medication into the child's school bag but give the medicines directly to the escorts on Local Authority transport or they must transport the medicines into school themselves.

All medicines are to be handed to nominated staff on arrival at school
At the end of the school day, medicines to go home are to be returned to escorts or parents/guardians from the nominated staff member.

The Special School Nursing Team will inform parents/guardians/carers when a medicine stock is running low so that a new prescription can be requested and dispensed in good time before the supply runs out.

Stocks of Paracetamol used as discretionary medicines (or by accredited nurses under Patient Group Direction) must be ordered from the Trust approved medicines supplier in the authorised manner in accordance with the Trust Procedure for the Ordering, Receipt, Storage and Stock Control of Medicines (Excluding Controlled Drugs).

2.2 Prescribing Medication For Use In School

The Special School Nursing Team must liaise with the parent/guardian/carer and the medical prescriber to obtain a current list of medicines that require administration by their team during school hours. This list will be reviewed regularly at least annually at the locally agreed frequency.

It is the responsibility of the person with parental responsibility for the child/young person to provide information relating to any medication. This information must be documented in the child/young person's Health Action Plan and local records. (See Appendices).

The Administration of Medication in School Consent Form (Appendix B) is to be signed by the child's GP/Prescriber/ School Medical Officer at least annually if the medication is for long term use. The details must be confirmed to ensure doses stated are current.

On return to school the completed form will be filed with the Medicines Administration Record (MAR). A photocopy of the form will be made and held in the child's records.

The School Medical Officer, Prescriber or the authorised School Nurse Transcriber will correctly transcribe all details of each medicine from the Administration of Medication in School Consent Form onto the Trust approved MAR.

See Transcribing section below.

The School Nurse will review the Administration of Medication in School Consent Form at least every September. In the event of a change of medication it is the parent's / guardian's responsibility to inform the School Nurse and a new form issued to the parents to be completed. This can be confirmed by fax or email. Any

change must be recorded on the MAR immediately and reflected on the labelled medication even if the change is temporary. Labels must not be altered or amended by staff.

The Special School Nursing Team will request parents/guardians/carer to obtain sufficient medication to cover the doses to be given during school hours. Ideally this would consist of a regular supply which would remain in school until used or end of term or no longer required.

Short courses of medicines e.g. antibiotics, may be brought into school and sent home again with the child each day.

2.3 Transcribing

Refer to the Trust Transcribing Procedure

<http://nww.5boroughspartnership.nhs.uk/policies-and-forms/policies-and-procedures/m-r/medicines-management-policy-and-procedure/procedures>

Any act by which medicinal products are written from one form of **direction to administer** to another form of **direction to administer** is transcribing.

Transcribing must only be undertaken in **exceptional** circumstances where there is no access to a medical prescriber (NMC 2008).

The exceptional circumstances for Transcribing in the Special School scenario are when there is no access to a medical prescriber and there is need to:-

- Transfer details of prescribed medications from the Administration of Medication in School Consent Form onto the Trust approved Medicines Administration Record (MAR).
- Transfer details of a new medicine from a written record or dispensed label onto the MAR
- Medication that needs to be added/amended or for continuing medication from one MAR to another new MAR.

Only registered nursing staff who have completed the training and competency assessment for transcribing are permitted to transcribe.

If a short course of prescribed medication not exceeding 14 days(e.g. antibiotics) is presented for administration without the details being recorded on the Administration of Medication in School Consent Form – the details may be recorded using the template Short Term Medication Form in Appendix C on the proviso that :-

- The parent/guardian consents to the medicine being given
- The parent/guardian can confirm details of the prescriber and length of course
- The medicines has been recently prescribed and dispensed during the last 10 days

If the medicine is indicated for any longer than 14 days or is to be used as prophylaxis, the Short Term Medication Form must not be used. In these cases, the Administration of Medication in School Consent Form must be completed by the prescriber.

The short term medication may then be transcribed onto the Medicines Administration Record and administration recorded accordingly.

Prescribing responsibility remains with the prescriber.

If you transcribe medication from one direction to administer to another direction to administer you must get a countersignature from another registered practitioner.

Any cancellation of the prescription must be demonstrated by drawing a bold line diagonally across the prescription and the administration section. The cancellation must be dated and signed in full and all detail must remain legible. It must be countersigned by another registered practitioner.

2.4 Receipt of Medication into School

Prescribed medication will only be accepted by the Special School Nursing Team under the following circumstances:

- Medicines must be sent in the original pharmacy container and be labelled by the dispensing pharmacy with the current dosage instructions
- No alterations must be made to the dispensing label provided by the pharmacy under any circumstances. If the label has been altered the medicine must not be administered. The parent/guardian/carer must be informed and arrangements made for a new supply of medicine to be obtained with the correct details to be used in school
- Parents/guardians/carers must not decant medicines into other containers as this is unacceptable for administration. If medicines are sent into school in alternative containers, the parent/guardian/carer must be informed and arrangements made for a new supply of medicine in original dispensed container to be obtained for use in school
- Special School Nursing Team will request parents/guardians/carer to contact them directly when sending any medication to school in order for it to be stored immediately on arrival

2.5 Storage

The minimum and maximum and current temperatures of clinic rooms where medicines are stored and refrigerators must be monitored daily as detailed in the Trust Cold Chain Procedure.

<http://nww.5boroughspartnership.nhs.uk/policies-and-forms/policies-and-procedures/m-r/medicines-management-policy-and-procedure/procedures>

Records must be kept and if any excursion identified outside the recommended temperature range must be reported to the Medicines Management Team and advice sought.

The nominated person in the Special School Nursing Team responsible for the storage of medicines must regularly stock check that required medicines for each individual are present and correct and are in date.

The details must be checked against the individual's Medicines Administration Record (MAR) which will list the current medication for that child/young person. The stocks received must be recorded and added to the stock balances.

If correct, the medicines must be stored appropriately in a locked cupboard or, for items requiring refrigeration, a locked fridge. Items requiring refrigeration are identified on the pharmacy dispensing label on the container by "STORE IN FRIDGE".

The School Nurse holds the key to access the keys for the lockable medicines cupboards and fridges. For Controlled Drugs (See Controlled Drugs Section 2.12 below).

Receipt of emergency medication such as Buccal Midazolam and Rectal Diazepam will be acknowledged and stored in accordance to the individual school's medicine policy so that staff (nursing and education) can access the medicines if needed urgently.

Relevant forms must be completed If Rectal Diazepam (Refer to Appendix D1) or Buccal Midazolam (Refer to Appendix D2) are prescribed as emergency medicines.

If medicines are not present or are nearing the end of the supply, the parent/guardian/carer must be informed and arrangements made to supply the medication to the school as soon as possible.

Please see sample template for Medication Request Form Appendix E

If the supplied medicines do not match the details on the individual's MAR or are out of date, the matter must be clarified with the prescriber and dispensing pharmacy as appropriate. The medicines must be isolated in the appropriate storage facility and not administered until clarification is complete.

The medication must remain within the lockable store until required for administration or, if the medication is to be returned home, until the child/young person is ready to leave the premises.

If there is any doubt about the condition, quality or storage conditions of the item, advice must be sought from the dispensing pharmacy.

Medication requiring self administration (e.g. inhalers) must not be locked away but stored in a safe location accessible to the child/young person if they require it.

Children who self-medicate must know where their medicines are at all times and be able to access them immediately. Where relevant, they must know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must always be readily accessible in an emergency

2.6 Administration of Medicines In School

Administration means selecting and preparing the medicine for use, observing the child/young person taking the medicine and recording accurately at that point in the process.

Medicines must only be administered by appropriately trained and competent persons with documented authority. This would normally be a registered nurse, but this procedure allows the delegation of administration to non-registered members of the nursing team who are trained specifically for the role, deemed competent and approved by the Team Manager.

Refer to the Supply and Administration of medication by Health Care Support Workers (HCSW) Procedure.

<http://nww.5boroughspartnership.nhs.uk/policies-and-forms/policies-and-procedures/m-r/medicines-management-policy-and-procedure/procedures>

Only a qualified nurse can delegate medicine administration tasks. The supervising nurse is accountable for this delegation even though they may not be physically present during administration of medicines.

Medication must never be administered without up to date, relevant, specific and accurate dosage instructions from a health professional which must be recorded on a medicines administration record (MAR).

Only prescribed medicines may be administered from original pharmacy containers.

Non prescribed medicines including herbal, complementary, over the counter medicines and vitamins must not be administered.

All medicines must be labelled by the dispensing pharmacy with specific dosage instructions. Unless supplied to be given under Patient Group Direction.

Any medicines labelled 'as directed' must not be administered until written confirmation of the correct dosage is obtained from the prescriber and details recorded on the MAR.

Labels on containers must not be removed or altered. If the label is removed or

cannot be read, advice must be sought from the supplying pharmacy.

Any “when required” medication must detail full instructions i.e. when required, for what condition and the maximum dose. If this is unclear advice must be sought from the supplying pharmacy or prescriber and detailed on the MAR.

If the child/young person is unable to communicate the need for the medicine required, staff must be aware of and respond to presenting symptoms. This must be agreed and documented in the Health Action Plan by the relevant healthcare professional.

Medication is prepared and administered in the specified location in the school where the School Nursing Team can work away from distraction and concentrate on the task. If outside an identified clinic room, nurses are advised to wear red aprons to signify to others that they must not be distracted whilst administering medicines

Preparation of medication is carried out separately for each pupil and each medication must be administered one at a time to the individual child/young person.

Prior to administration, the labelled medication for the named child/young person must be checked against the detail in the individual’s MAR.

Particular attention must be placed on individuals with similar names.

The name of the medicine, the dosage and time to be taken must be checked together with any additional instructions or warnings on the pharmacy label e.g. ‘on an empty stomach’.

The medicines must be checked to ensure it is in date and has been stored appropriately. If there is any doubt about the condition, quality or storage conditions of the item advice must be sought from the dispensing pharmacy (contact number on label).

The Patient Information Leaflet (PIL) accompanying the medicine must be read by the staff before administration takes place (if available).

Any discrepancies between the pharmacy label and the information on the MAR must be clarified with the prescriber. All information received must be documented in writing e.g. faxed confirmation. The medicine must not be administered until clarification is complete.

The individual must be observed taking the medicine and not be left unattended..

The MAR must be completed immediately after administration.

Medicines dispensed for one child/young person must never be used for another

child/young person.

PRN Medication e.g. for pain relief must never be administered without first checking maximum dosages and when the previous dose was taken. Parents must be informed.

If a dose is vomited or expelled, the medicine must not be re-administered. It must be recorded on the MAR sheet and advice sought from a nurse, GP or pharmacist.

If a dose is refused, gentle persuasion must be attempted. If this fails, the refusal must be documented on the MAR sheet

The School Nurse or trained member of education staff must inform the child's parent/guardian as soon as possible within the school day if a child refuses medication.

2.7 Self- Administration of Medicines

It is good practice to allow child/young persons who can be trusted to do so to manage their own medication from a relatively early age, and schools must encourage this, provided the safety of other child/young persons is not compromised. If child/young persons can take their medication themselves, then school staff may only need to supervise and/or assist the child to take their medication.

All inhalers are stored safely in the child's classroom and must be correctly labelled with the child's details. A spacer device must be prescribed where appropriate and available to be used with the inhaler. Children must know where their inhalers are at all times, where appropriate, and be able to access the immediately. Where relevant, they must know who holds the key to the storage facility.

2.8 Supply and Administration of Medicines for Educational Visits

When children go out on educational visits the child may need medicines administering, and/or have their supply of emergency medicines with them in case they are needed, and this must not prevent them from taking part in educational visits wherever possible.

The responsibility for the safe secure handling and administration of medication whilst on a school trip is the responsibility of Education Staff. There is an expectation that the training and competency assessment for the administration of medicines off site by Education Staff is covered under the Local Authority School Medicines Policy.

The Special School Nursing Team will not administer medicines outside school premises.

The Special School Nursing Team will prepare the medicines to be taken out of school by placing the medicines in their original containers and any measuring devices required in a bag labelled with child/young person's name and given to the nominated member of Education Staff responsible for administering the medicine off site.

This medication must be itemised and recorded both in and out of the Special School by completing the form in Appendix F. The form must be dated and signed by the nurse responsible for issuing the medicines at the setting and the person who will be responsible for administering the medicine off site.

Any medicines administered off site must be recorded on the form by education staff so that the balance of medicine booked out and returned to school corresponds.

If there is any discrepancy in the quantities of medicine returned after the off site visit, a DATIX must be raised and the matter reported to the Head Teacher.

2.9 Rescue Medication

Rescue medication must only be administered:-

- To those individuals for whom it has been prescribed
- By staff who are specifically trained to administer it.
- As prescribed in the individual's care plan.

If a dose is vomited or expelled, the medicine must not be re-administered. It must be recorded on the MAR sheet and advice sought from a nurse, GP or pharmacist.

If a dose is refused, gentle persuasion must be attempted. If this fails, the refusal must be documented on the MAR sheet

2.10 Adverse Reactions

If a child/young person appears to have an adverse drug reaction (ADR) following administration;-

- Medical advice must be sought immediately.
- The individual must not be left alone, they they must be observed for a minimum of 30 minutes until advice is received on how to proceed.
- **If their condition deteriorates quickly then call 999 immediately.**

ADRs must be reported via the national Yellow Card Scheme.

www.yellowcard.gov.uk and reported as an incident in line with the Trust Incident Reporting and Management Policy.

The parents/guardian/carer and GP must also be informed. In any event, the

reaction must be documented in the child/young person's records.

Any incident, near miss or dangerous occurrence must be reported by the line manager in accordance with the Trust Incident Reporting and Management Policy. This includes any medication error including administration errors.

2.11 Administration of Paracetamol

Parents must not send supplies of Paracetamol into school unless they have been prescribed.

Paracetamol may only be administered without a prescription when required for the treatment of acute pain or fever under Patient Group Direction (PGD) from stocks received from the Trust's approved medicines supplier.

NB Only Registered Nurses in the Special School Nursing Team are authorised to work under PGDs, if the individual nurse has completed the PGD Declaration and has had a line manager countersign approval.

All criteria in the PGD must be fulfilled before Paracetamol can be administered.

The parent/guardian must be contacted to provide verbal consent for administration of Paracetamol and this must be recorded.

Paracetamol will not be administered before midday (12.00) to ensure the dose and the frequency is not exceeded, unless informed consent is obtained, and all other criteria in the PGD is fulfilled.

Enquiries must always be made as to whether the child/young person is taking any other medication.

Checks must be made to ensure that there are not likely to be any adverse health effects from the interaction of other medicines.

The child/young person must be supervised whilst taking any medicines e.g. tablets, capsules to ensure that they are swallowed and not accumulated.

A written record of the dates and times of each administration is made in the MAR (if one is in use or in the child's health records).

Frequent requests for analgesia or requests on more than two consecutive days must be raised with the child/young person's parent/guardian so that further medical assessment can be made.

The parent/guardian must be informed of the details of any doses administered and this must be recorded.

2.12 Health and Safety Issues

Hands must be washed in accordance with the Trust Infection Prevention and Control Policy before and after administration. Approved wipes or solutions may be used if hand-washing facilities are not available.

Unnecessary handling of the medicine must be avoided. The medication must be removed from its container and administered immediately to the child/young person.

Medicines must be administered to one child/young person at a time.

Medication must not be left out for use later with the exception of inhalers for self administration.

Where the medication is an oral liquid requiring accurate dosing measuring devices oral/enteral syringes or graduated measures must be used as appropriate.

Tablets or capsules must not be crushed or opened unless specifically stated in the individual's care plan e.g. administration via gastrostomy.
Or if no care plan – on the advice of the parent in the best interest of the child/young person. This must be recorded.

Staff must protect any cuts to the skin on their hands with a sticking plaster.

Disposable gloves and aprons and alcohol gel must be provided for external (topical) applications of cream, ointments, emollients, lotions, eye drops, ear drops, sprays and transdermal patches.

2.13 Controlled Drugs (CDs): Schedule 2 and 3 only

CDs prescribed for a child/young person must be kept in safe custody within the Special School to ensure that the product cannot be accessed by unauthorised persons.

CDs must be stored in a dedicated CD cabinet.

A CD register must be kept to document the receipt, administration and return of CDs in the school

However CDs used as Rescue Medication (e.g Buccal Midazolam) must be easily accessible in an emergency and be stored in an agreed secure location in the school. Buccal Midazolam does not require any entry in the CD register.

Where appropriately trained Education Staff or Escorts are responsible for the storage, transport and administration of Buccal Midazolam they will follow the school's own procedures.

In these circumstances only if Buccal Midazolam is administered does the event need to be recorded by the School Nursing Team in the individual pupil's clinical notes.

The balances of any controlled drug medication will be checked and recorded daily on the appropriate page of the CD register. Ideally this will be undertaken with a witness.

NB In St Helens – It is recognised that nurses work alone and no witness is available. The CD stock balance must be maintained and the individual nurse is responsible for their own actions.

Any discrepancies must be investigated immediately. If the discrepancy cannot be resolved the matter must be reported as an incident in accordance with the Trust Incident Reporting and Management Policy and to the Accountable Officer for Controlled Drugs. (This is the Chief Pharmacist).

If an educational visit is to take place the CD must be booked out of the register as issued to education staff and booked back in after the medication is returned together with details of doses given on the trip.

e.g.

Date and Time	Drug Name	Balance
01/10/2018	XXXX Tablets	10
02/10/2018 09.00	10 tablets Issued to (name of education staff) for off-site visit	0
02/10/2018	Stock returned by (name of education staff) after 1 tablet given on visit	9

In line with NICE Guidance NG46 – the child will be informed of the name and dose of any Controlled Drug given prior to administration unless circumstances prevent this

Any unused/out of date CDs must be returned to the child/young person's parent/guardian/carer. The names of the CDs and quantities returned must be documented in the individual's record and CD register plus any advice given on the safe disposal of CDs.

If the parent/guardian/carer does not or cannot accept the Controlled Drugs, arrangements for disposal must be made with the Medicines Management Team.

A child who has been prescribed a CD may legally have it in their possession if they are competent to do so, but passing it to another child is an offence. Arrangements must be in place to keep CDs that have been prescribed for a child/young person securely stored in a non-portable container and only named staff must have access.

2.13 Covert Administration of Medicines

Covert administration of medicines must not be undertaken without a full multidisciplinary team assessment which will consider that administering

medicines in this way may alter their therapeutic properties and they would no longer be covered by their product licence. This must be documented in the child/young person's individual care plan.

Any missed doses, refusals or omissions must be documented and reported to the qualified nurse immediately and the parent/guardian/carer informed. A second or double dose must not be given.

2.14 Medication Errors

Examples of medication errors include:

- A medicine given to the wrong child
- The wrong medicine given to a child
- An incorrect dose of medicine
- Wrong route used for administration
- A medicine is omitted without due reason or record

The Special School Nursing Team must inform their line manager immediately of an error and report the event via the Trust Incident Management System DATIX.

The error must be recorded in the child's school health records and reported by the School Nurse to parents/guardians, Child's GP and the Head Teacher.

2.15 Disposal of Medicines

Medication is the property of the child/young person and must not be disposed of without their parental/guardian/carer consent.

Any unused or out of date medicines must be returned to the parent/guardian/carer with advice to take to a local community pharmacy for disposal.

Any medicines returned to the parent/guardian/carer for disposal must be documented in the child/young person's record stating quantities returned and reason.

Any stock of medicines supplied by approved suppliers and/or used under Patient Group Direction must be disposed of in line with the Trust Disposal of Pharmaceutical Waste Procedure.

2.16 Returning Medication Home

The parent/guardian/carer must be informed if medication is to be returned home. The returned medication must not be placed in the school bag but given directly to

the child/young person's escort to be returned to the parent/guardian/carer

3. Monitoring of compliance with this procedure

Minimum requirements to be monitored	Process for monitoring e.g. audit	Responsible individual, group or committee	Frequency of monitoring	Responsible individual, group or committee for review of results	Responsible individual, group or committee for development of action plan	Responsible individual, group or committee for monitoring of action plan
Safe and Secure Handling of Medicines	Audit	Medicines Management Team	At least annually	Medicines Management Committee	Medicines Management Committee	Medicines Management Committee
Safe and Secure Handling of Controlled Drugs	Audit	Medicines Management Team	Quarterly	Medicines Management Committee	Medicines Management Committee	Medicines Management Committee
Medication Incidents	DATIX	Quality and Safety Group	Monthly	Quality and Safety Group	Quality and Safety Group	Quality and Safety Group

4. References

The Nursing and Midwifery Council (NMC) Standards for Medicines Management – Standard 3 Transcribing Guidance states:

- As a registrant, you may transcribe medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'.
- This should only be undertaken in exceptional circumstances and should not be routine practice. However, in doing so you are accountable for your actions and omissions. Any medication that you have transcribed must be signed off by a registered prescriber. In exceptional circumstances this may be done in the form of an email, text or fax before it can be administered by a registrant.
- Any act by which medicinal products are written from one form of direction to administer to another is transcribing. This includes, for example, discharge letters, transfer letters, copying illegible patient administrations charts onto new charts, whether hand-written or computer-generated.
- When medicine administration records in a care home are hand-written by a registrant, they may be transcribed from the details included on the label

attached to the dispensed medicine. However, in doing so, the registrant must ensure that the charts are checked by another registrant where possible, and where not, another competent health professional.

- The registrant is accountable for what they have transcribed.
- Managers and employers are responsible for ensuring there is a rigorous policy for transcribing that meets local clinical governance requirements.
- As care is increasingly being provided in more 'closer to home' settings that are often nurse-led, managers and employers should undertake a risk assessment involving registrants, pharmacists and responsible independent prescribers to develop a management process to enable transcribing to be undertaken where necessary. It should not be routine practice. Any transcription must include the patient's full name, date of birth, drug, dosage, strength, timing, frequency and route of administration.
- Transposing is the technical term used by pharmacists for transcribing.
- Registrants are advised to read the Health Care Commission guidance for the transcribing of prescribed medicines for individuals on admission to children's hospices. The principles apply to all settings. Go to www.cqc.org.uk
Registrants in Northern Ireland should refer to the Regulation and Quality Improvement Authority website at www.rqia.org.uk

5. Associated Documents

- Carlin J. Including me (2005) Managing Complex Health Needs in Schools and Early Years Settings DFES
- Statutory Guidance – Supporting Child/young persons at School with Medical Conditions <https://www.gov.uk/government/publications/supporting-child/young-persons-at-school-with-medical-conditions--3>
- Medicines Management Policy
- Disposal of Pharmaceutical Waste Procedure
- Incident Reporting Procedure.

6. Appendices

Appendix A Sample Template for New Special School Admission Information and Health Assessment

Surname		First name:
Known as		
Date of Birth		NHS number:
Home address		
Ethnicity		Religion:
Parent/Guardian name and address		
Parent/Guardian Contact details		
GP name and practice		
Dentist Date last attended		
Diagnosed medical conditions		
Medication required in school.		
Allergies		
Immunisations (are they up to date? Check child health records)		
Professionals involved	•	
	•	
	•	
	•	
	•	
	•	

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People present at new admission meeting (when completed face to face)

If applicable how may this Impact upon the child during school day?

Maintaining a safe environment within school	
Breathing	
Communication	Vision Hearing Speech and Language
Mobility/co-ordination	
Eating & Drinking (include any special dietary requirements)	
Elimination/ Toileting (If over the age of 4 advise eligible for free products)	
Personal Hygiene & Dressing	

Maintaining Temperature	
Behaviour/ Working/Playing	
Sleeping/rest	
Expressing sexuality/maintaining dignity	
Emotional wellbeing/feelings	

Is an Individualised healthcare plan required at this time?

Yes No

- ❖ If yes advise parent/ guardian that the information above will be used to formulate the care plan. A copy will be sent to parent for checking and signing as per healthcare plan guidance. **Complete the emergency plan below:**
- ❖ If no: this information will be used as an update of information and filed within the child's health record.

Emergency Management plan:

--

Any other actions regarding the child's health needs (eg referrals to other agencies)

Action required:	To be completed by? (school nurse/ parent/ school staff)

Information completed by:

Designation: School nurse

Date:

Appendix B Administration of Medication in School Consent Form

Name of Child			
Date of Birth			
Address including postcode			
Emergency Contact Name and Number			
Allergies			
GP Practice Name and Address And Telephone Number			
Medicines to be given during school day including PRN (when required) and emergency medication			
Medicine Name	Dose	Route	Time to be given in school

Please state any special instructions?	
Declaration by Parent /Guardian	
I declare that the medication listed above is complete and accurate and I give consent for it to be administered to the named child by nurses or education staff during school hours.	
PRINT NAME	
SIGNATURE	
DATE	

NB FOR ST HELENS ONLY

This form must also be signed by GP/Prescriber or Specialist Consultant

PRESCRIBER NAME	
PRESCRIBER SIGNATURE	
DATE	

Appendix C

**Request Form for Short Term Medication (no longer than 14 days)
to be given in school when no Administration of Medication in School
Consent Form has been completed by the prescriber**

Name of Child	
Date of Birth	
Address	
Allergies	
Consent Given	In Writing <input type="checkbox"/> Verbally <input type="checkbox"/>
Name of Person with Parental Responsibility giving consent	
Name of GP/Prescriber	
Name of Medication	
Strength	
Dose to be given in school	
Route	
Frequency	
Time to be given	
Start date	
Finish date	

Name of Registered Nurse	
Signature	
Date	

These details must be transcribed and checked onto the Medicines Administration Record by a Trust registered transcriber in accordance with the Transcribing Procedure

Appendix D1 Administration of Rectal Diazepam in School

Name of Child*.....Date of Birth.....

Address.....

.....Postcode.....

Emergency Contact Number.....

Name of School.....

Allergies

Name of GP/Practice Address

Description of my child's seizures

.....

.....

.....

How long must a seizure last before rectal diazepam is given?.....

.....

Dose of rectal diazepam to be given.....

.....

- I consent to my child receiving rectal diazepam in school, or on a school trip, to be given by a member of staff who has been appropriately trained.
- If my child continues in the seizure, or there are concerns, an ambulance will be called

Parent/Guardian Signature.....Date.....

Name of GP.....

Address

Telephone Number.....

*To be completed by Parent/Guardian

Appendix D2 Administration of Buccal Midazolam in School

Name of Child*.....Date of Birth.....

Address.....

.....Postcode.....

Emergency Contact Number.....

Name of School.....

Allergies

Name of GP/Practice Address

Description of my child's seizures

.....

.....

.....

How long must a seizure last before buccal midazolam is given?.....

.....

Dose of buccal midazolam to be given.....

.....

- I consent to my child receiving buccal midazolam in school, or on a school trip, to be given by a member of staff who has been appropriately trained.
- If my child continues in the seizure, or there are concerns, an ambulance will be called

Parent/Guardian Signature.....Date.....

Name of GP.....

Address

Telephone Number.....

*To be completed by Parent/Guardian

Appendix E Template Medication Request Letter

Contact Details of School

Date:

Our Ref:

Dear Parent/Guardian

Medication Request Form

Would you please send a further supply of

Tablets./medicine for.....

into school. There are approximatelydays remaining.

Medication must be provided in the original container with the original pharmacy label showing current dosage and instructions.

If you have any queries, please do not hesitate to contact me on the number below.

Yours sincerely

School Nurse

