



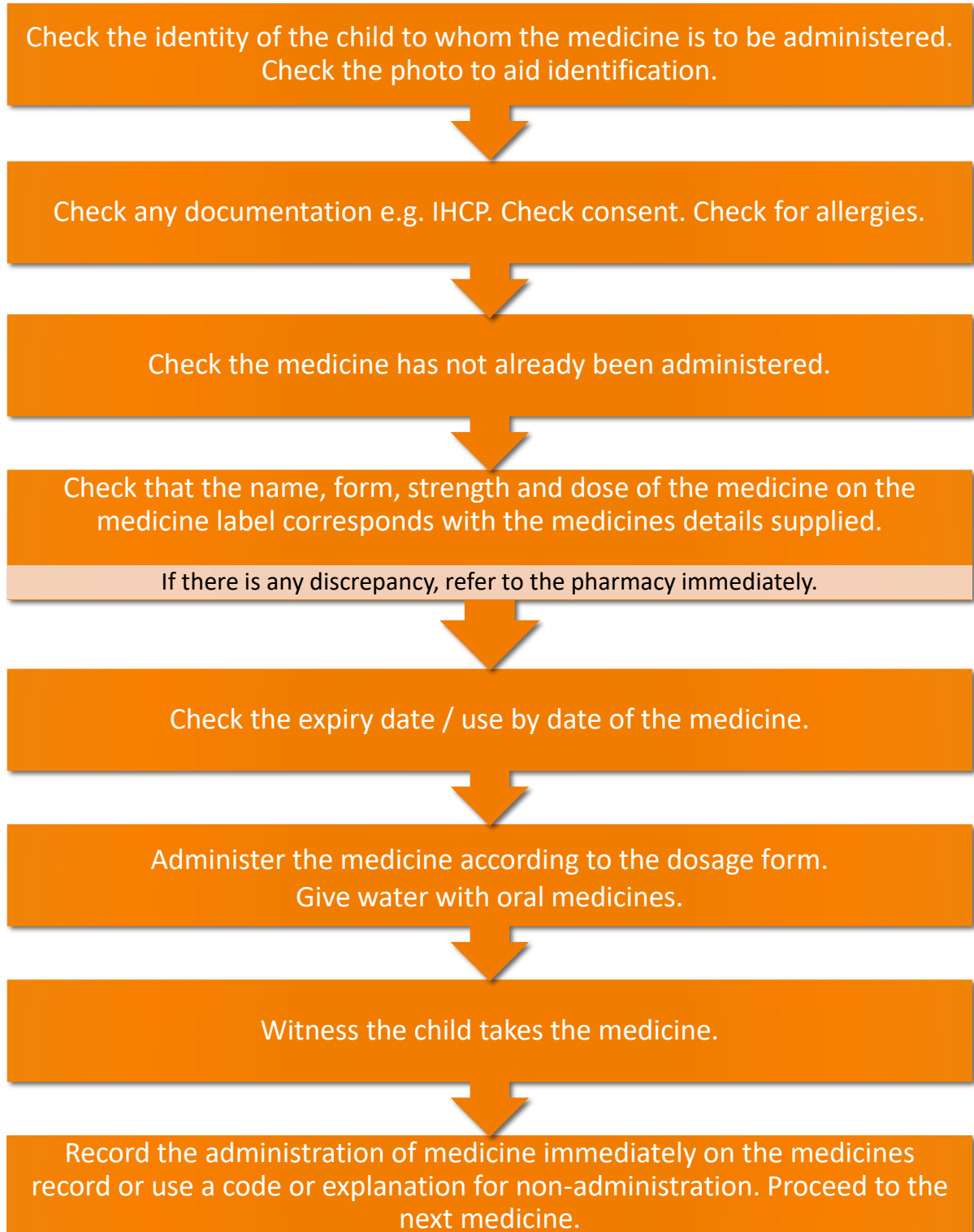
# Schools & Children's Services

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MEDICINES PROCEDURES

1 of 1

# Medicines Administration Procedure



# Controlled Drugs: Administration Procedure

1

Take the child's medicine record to the Controlled Drug cupboard.

2

Two appropriately trained members of staff 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 child's name on the medicines label. Note 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 School Nurse/Designated Person.

6

Both members of staff must take the medicine to the child.

7

Check the label and child's medicine record and take the prescribed amount of medicine from the container.

8

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

9

Record the details in the Controlled Drugs register.

10

Both members of staff must sign the register. The member of staff administering the Controlled Drug must make the entry. The second member of staff must act as a witness to the whole procedure.

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 House Matron/staff member and monthly by the School Nurse/Designated Person. A full record of these checks must be maintained.
- ✓ Any complex dosage calculations must be checked by a second member of staff.

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# Controlled Drugs: Hints & Tips

## Information for all support 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

### For Controlled Drug tablets and capsules

- Count the remaining stock after each administration and record








Report any discrepancies **immediately** to the School Nurse/Designated Person.

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# Buccal Midazolam: Administration Procedure

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

-  An Individual Healthcare Plan (IHCP) detailing the treatment to be received by the child and responsibilities of all those involved in this care
-  Details of the action required in the IHCP should the child have an epileptic seizure
-  Buccal midazolam dispensed with clear labelled instructions
-  A medicine record sheet for the child reflecting the details above
-  Clear, accurate and unambiguous records maintained on the child's medicine record sheet and in their IHCP

2 of 3

# Buccal Midazolam: Administration Procedure

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



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



Undertake refresher training at least every 2 years



Complete competency assessments and/or knowledge checks every 6 months



Familiarise themselves with the child's IHCP and protocol for administration of buccal midazolam

## Notes

Following administration of buccal midazolam, the trained and competent staff member will:

1. Carry out the instructions as detailed in the child's IHCP and protocol
2. Record the time, duration of seizures and the intervals between seizures

If, having followed the guidelines, the seizures continue, **call an ambulance**.

The appropriate paperwork must be completed and handed to the paramedics on arrival.

3 of 3

# Buccal Midazolam: Administration Procedure

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



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



If the child requires administration of buccal midazolam and there is no trained staff member available, call 999



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

## Notes

- The pharmacy-labelled supply of medicines should be with the child at all times.
- A suitable robust container should be used for transport that affords appropriate protection and security.

## Training/ Competency Assessment



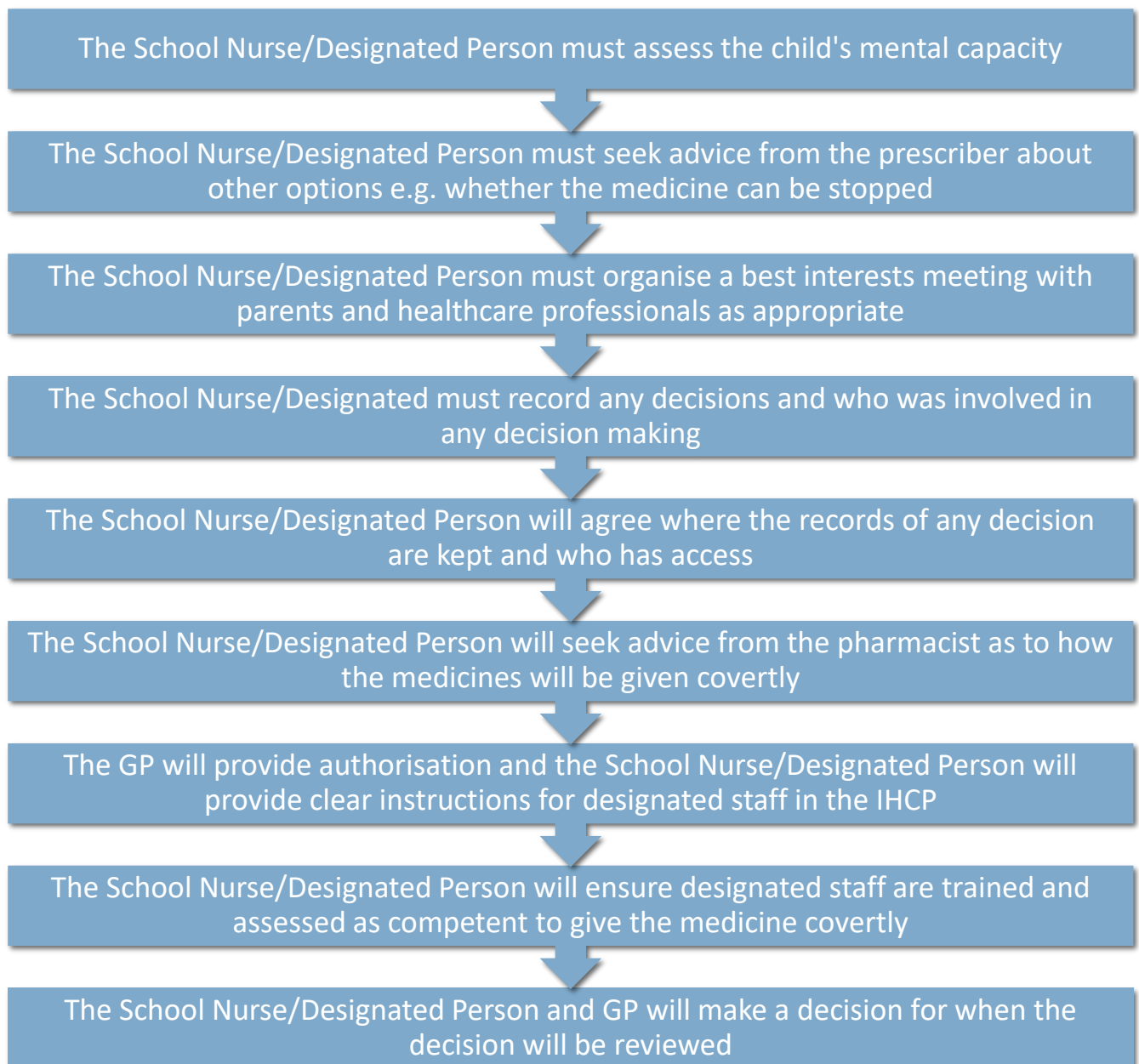
1. All training and competency assessments must be documented.
2. Due to the emergency nature of the medicine, competency assessment is often difficult. An alternative is to undertake knowledge checks every 6 months to ensure staff are up to date.

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# Covert Administration Procedure

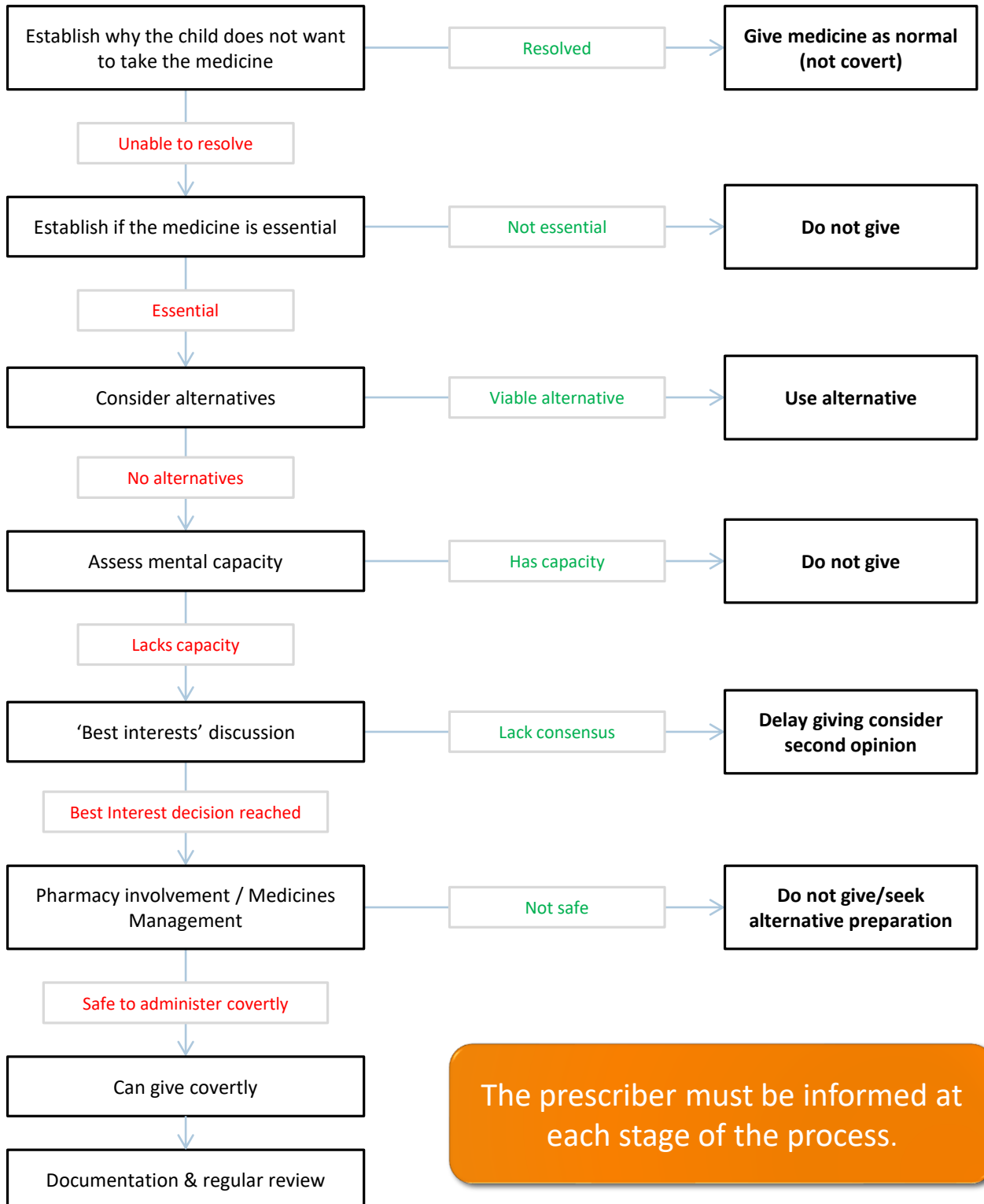
Staff must NOT give medicines by covert administration unless there is **clear authorisation** and **instructions to do this in the IHCP**.

**The process for covert administration is as follows:**





# Covert Administration Flowchart



The prescriber must be informed at each stage of the process.

1 of 1

## Self-Administration Procedure

Complete a risk assessment using the 'Self-Administration Risk Assessment Form' to determine the support the child needs with their medicines

Agree with the child the support that will be provided; document in the IHCP and ask the child to sign that they agree

Record "Self-Administering" on the medicines record against those items. Record details of when medicines were supplied to the child

Undertake a discreet compliance and monitoring check every month

Set a reassessment date for self-administration to monitor the support required and any changing needs of the child

### 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 will be provided in rooms (depending on need) for storage of medicines and the child may hold the key (as per risk assessment).

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# Record Keeping Procedure

## Where to record the following items:

Medicines  
ordered, received  
and administered

Record on child's individual medicines record

Child-specific  
details

For children/young people with a medical  
condition, record details in their IHCP

PRN 'when  
required'  
medicines  
protocols

Record administration on the child's medicine  
record and details of when and how to give  
the medicine should be documented on the  
PRN protocol and in the IHCP

Refusal of  
medicines

Write a code or explanation on the child's  
medicine record

Medicines for  
disposal

Record in the Returned Medicines book

### Notes

All medicine records should be retained with the child's medical records. They are archived until the child reaches 25 years of age or 10 years after leaving the school/setting.

1 of 2

# Recording Procedure

## Administration of Medicines

Immediately after the medicine has been given and you have witnessed the child taking it, make a record on the child'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 child'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 staff (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.

2 of 2

# Recording Procedure

## 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 child's folder and/or maintain copies in the medical room.



File all records such as emails, phone messages, prescription copies, consent forms, letters from parents, health questionnaires etc. in an ordered manner.



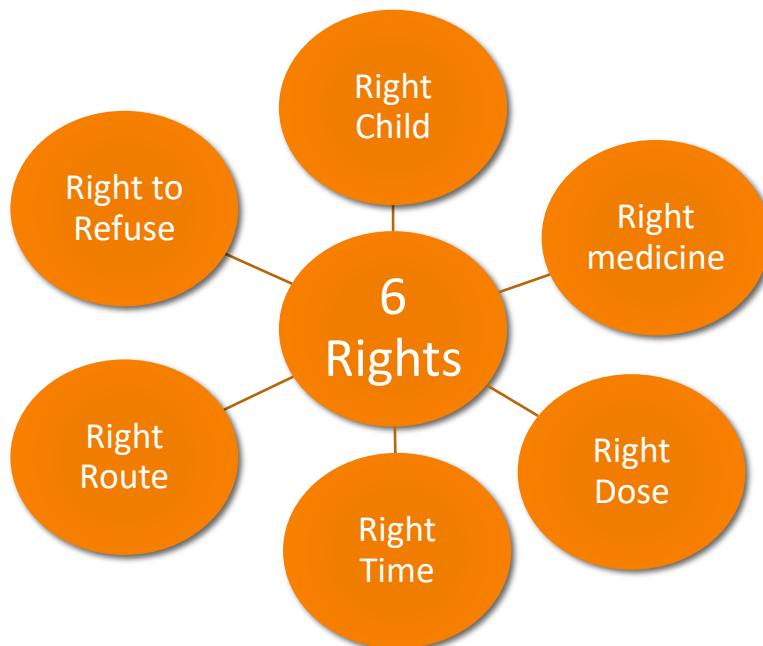
Keep an up-to-date log of sample signatures and initials of those staff eligible to undertake medicines administration.

1 of 2

# Handwriting on Medicine Records Procedure

1

The School Nurse/Designated Person or staff member deemed competent should copy all the details and instructions (no abbreviations) from the medicines label directly onto the medicines record, ensuring the 6 Rights have been verified:



2

This person should sign to take accountability for the entry

3

A second trained member of staff should check both the entry on the medicines record and the original label. If both agree in all details, then the witness should countersign

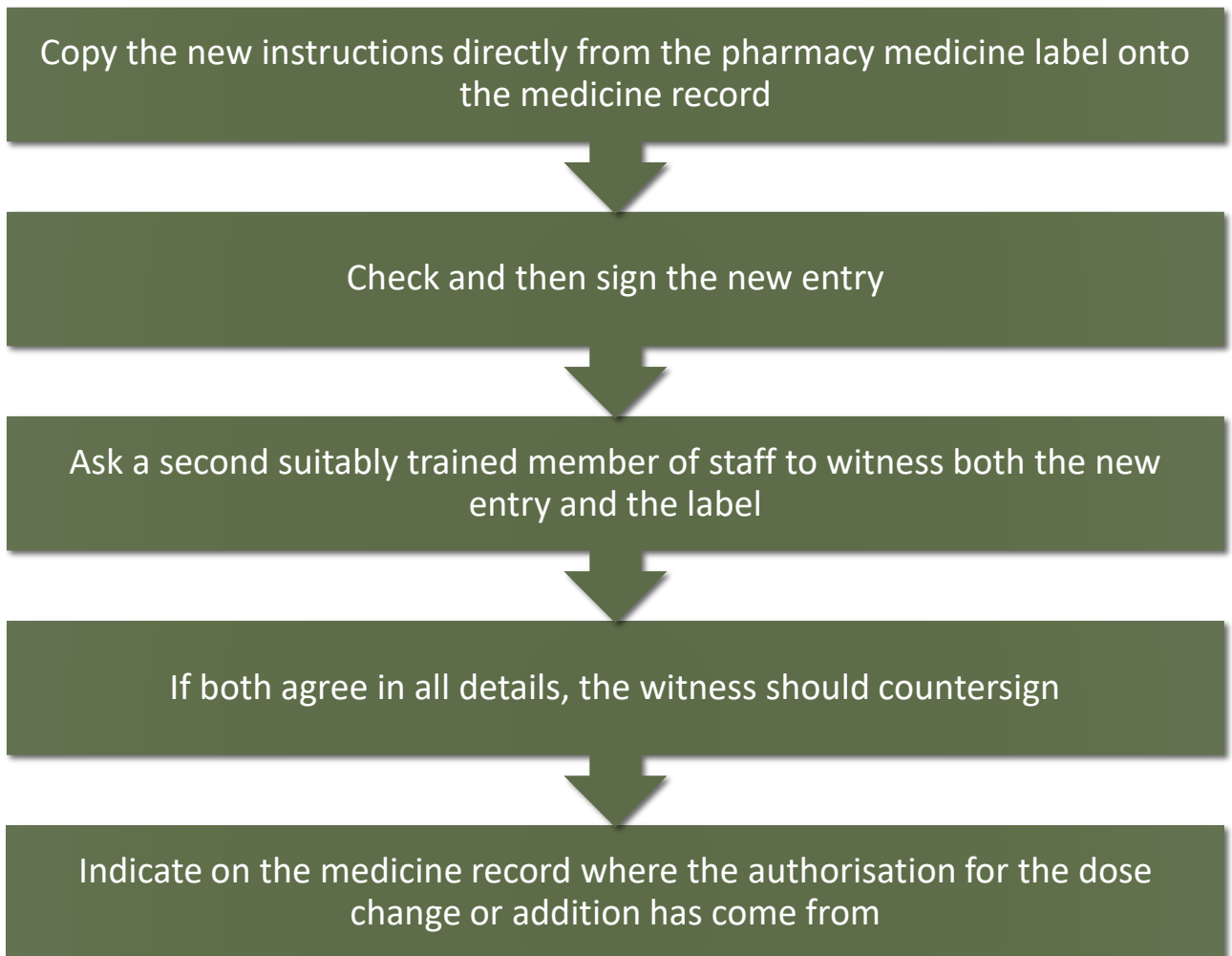
4

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

2 of 2

## Handwriting on Medicine Records Procedure

If a handwritten entry is required on a medicine record because of a **dose change or new supply**, the School Nurse/Designated Person or staff member deemed competent must:



1 of 2

# “When Required” (PRN) Medicines Procedure

## ACTION 1

The designated staff member should draw up a PRN protocol (in conjunction with the prescriber where appropriate) for any young person who is prescribed “when required” medicine.

This should include:

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.

If a pain scale is used for when required painkillers, the type of pain scale should be stated.

## REMEMBER

There may be more than one PRN protocol per person.



2 of 2

## “When Required” (PRN) Medicines Procedure

### ACTION 2

Amend the young person’s care plan to include the following:

Details of  
“when  
required”  
medicines  
prescribed

Details of  
when to  
contact the  
prescriber

### ACTION 3

At the time of offering the medicines, either:

- 1) Record on the MAR sheet when the medicine was given noting the dose and time on the back of the MAR sheet.

OR

- 2) Record on the MAR sheet when and why medicines have been offered but not taken.

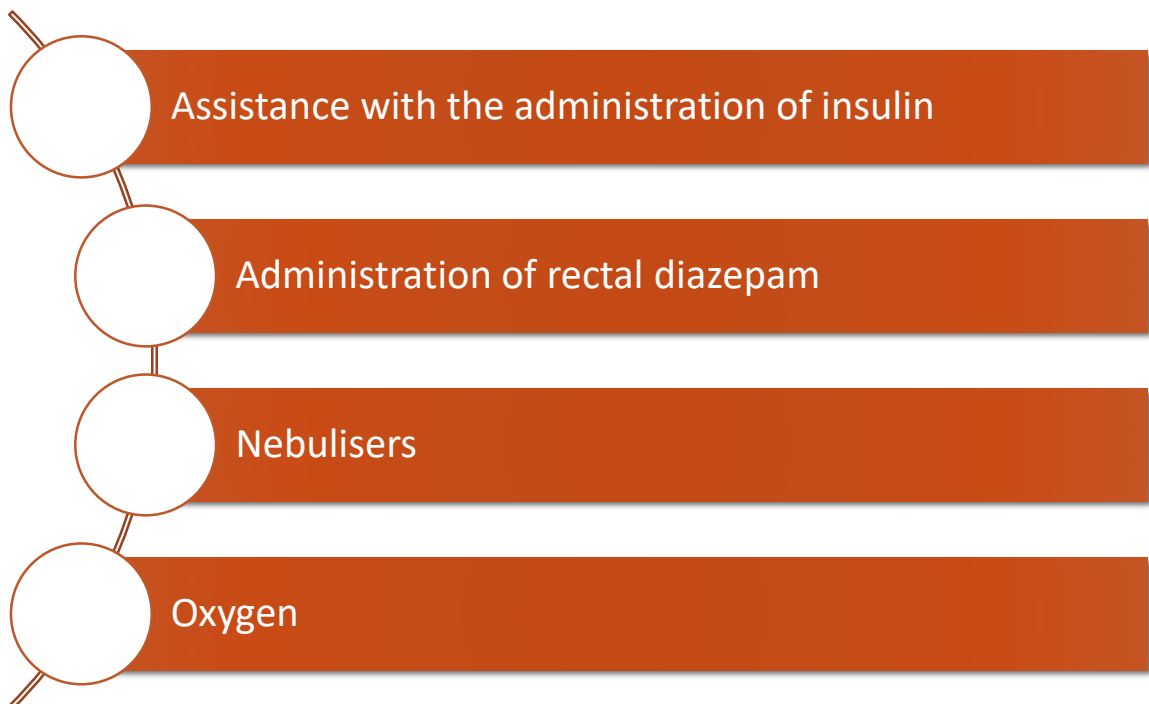
1 of 2

# Specialised Techniques: Administration Procedure

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

This will normally be undertaken by the School Nurse/Designated Person but occasionally a task may need to be delegated to a member of staff.

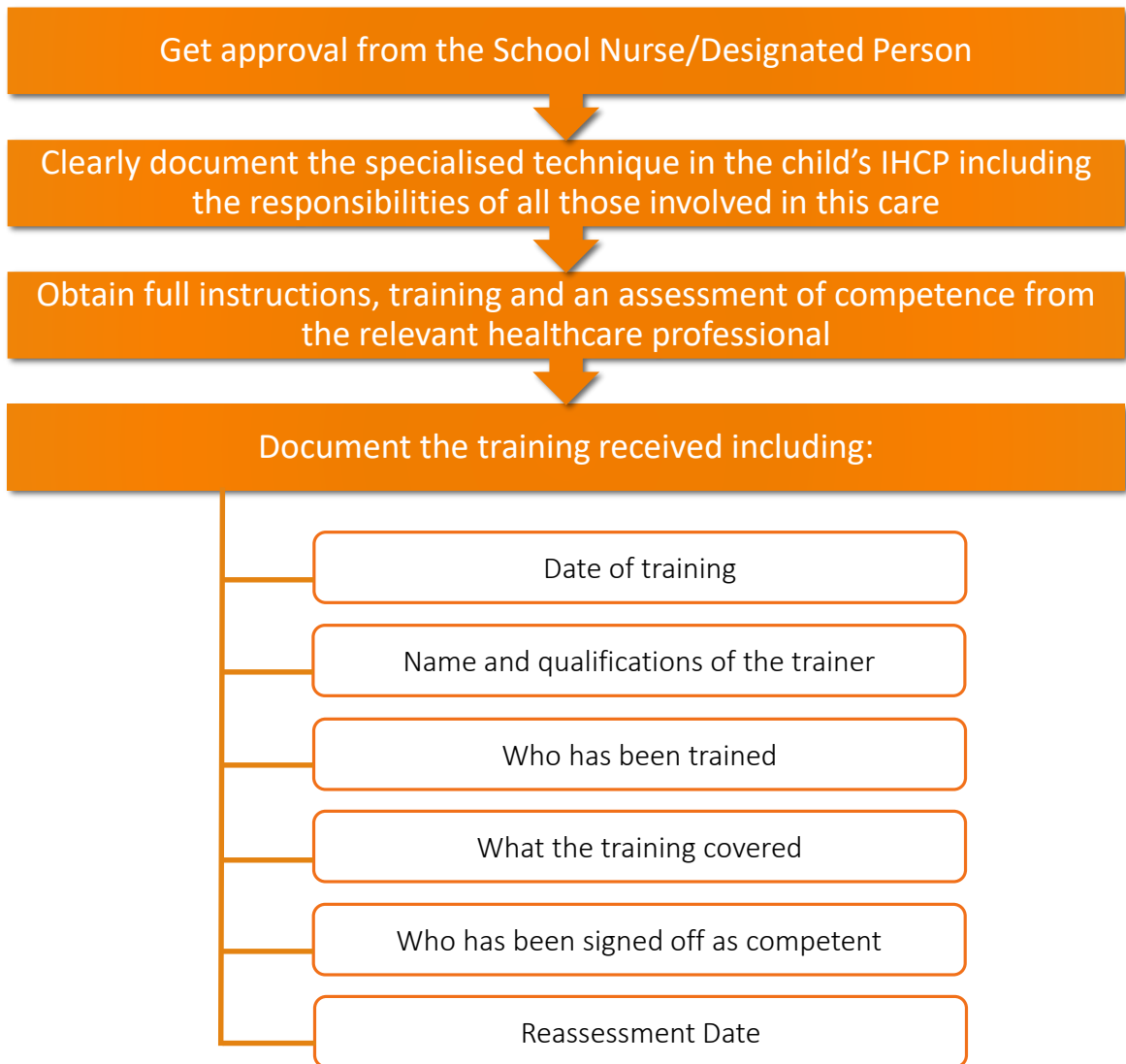
## Administration by specialised techniques may include:



NB this list is not exhaustive

# Specialised Techniques: Administration Procedure

When undertaking any specialised techniques, designated staff must:



## Remember

Competency must be reassessed every year.

## Remember

Administration may only proceed with the express recorded agreement of the child/parent (as appropriate).

1 of 2

# Homely Remedies Procedure

Homely Remedies are simple over-the-counter medicines authorised by the School/Service GP for the treatment of minor ailments, such as headaches, coughs or indigestion



Only designated staff may administer Homely Remedies.

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



Check that the child requiring the medicine is covered by the Homely Remedy policy which should be signed by the School/Service GP and School Nurse/Designated 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 child to see their GP if the minor ailment is persisting



Record the administration on the child'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 under 16s, only children/young people whose parents have given written parental consent can be administered a Homely Remedy.

2 of 2

## Homely Remedies Procedure



All purchases of medicines as Homely Remedies will be made by the School Nurse/Designated Person



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



Staff must 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 child.



Records must include:

- i. Receipt - name of Homely Remedy, date received, quantity, balance of stock plus staff signature.
- ii. Administration - Child name, medicine name, form, strength, dose, date, time given and reason. Stock remaining must be recorded plus staff signature.
- iii. Return - Name of Homely Remedy, quantity returned, date and balance of stock plus staff signature.

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# Non-Prescribed Medicines Brought Into School/Children's Service By Children/Young People Procedure

## Staff must:

- ➔ Encourage children/young people to tell the school/service of any medicines they purchase and to check with the School Nurse/Designated Person, GP or Pharmacist before buying any over-the-counter medicines.
- ➔ Ask the School Nurse/Designated Person for authorisation if a child requests administration of an over-the-counter preparation.
- ➔ Before actioning the request, the School Nurse/Designated Person must contact the GP or Pharmacist if appropriate to ensure there is no risk of drug interaction or contra-indication.
- ➔ For non-prescribed medicines brought into school/service, these must have a signed parental consent form including confirmation that the medicine has been taken before without ill effect. For children/young people with medical conditions, only if written authorisation is received from a healthcare professional, can staff administer the over-the-counter medicine.
- ➔ Records of administration must be made including child's name, name of medicine, form, strength, dose, date and time given and reason.  
A record of receipt, administration and return must be kept.

## Remember

Staff must **NOT** offer advice to a child about over-the-counter medicines

Examples of this include:

- |  |                         |
|--|-------------------------|
| ⇒ Homeopathic preparations   | ⇒ Painkillers           |
| ⇒ Vitamins, minerals and supplements that have not been prescribed | ⇒ Cough linctus         |
|  | ⇒ Cold and flu remedies |
- This list is not exhaustive.

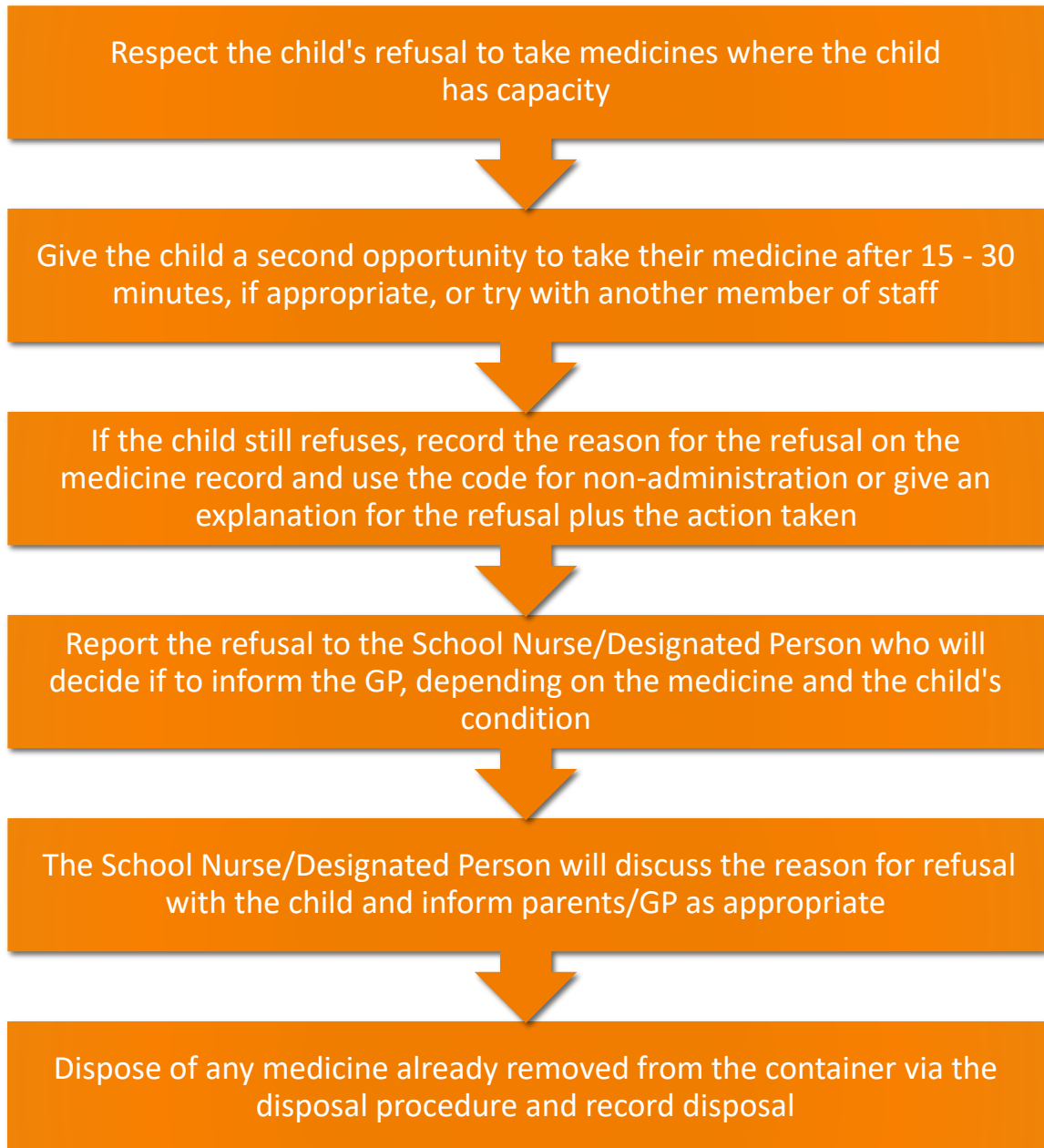
## Remember

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

1 of 2

# Refusal of Medicines Procedure

When a child refuses medicine, staff must:




2 of 2

## Refusal of Medicines Procedure

When a child consistently refuses to take their medicine, the School Nurse/Designated Person must:

- 
- Make an attempt to try to find out why the child is refusing the medicine
  - Ask the child whether they would like more information about their medicines, including the risks of not taking it
  - Suggest to an alternative member of staff that they explain and reassure the child
  - 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 child agrees, ask the parent to contact the GP who prescribed the medicine and inform the supplying pharmacy to prevent further supply and overstock.



1 of 1

# Stock Control Procedure

Check incoming medicines against the order forms



Enter quantity of incoming medicines on the medicines record sheet



Contact the supplying pharmacy in the event of a discrepancy



Complete stock sheets for all incoming medicines



Undertake regular stock checks



Check PRN medicines on a weekly basis



When the new stock arrives, count and carry forward any PRN medicines remaining



Document the number carried forward and add it to the stock received, date and sign



Report any discrepancy in the medicines stock immediately to the School Nurse/Designated Person

1 of 2

# Ordering Medicines Residential Schools/Children's Services Procedure

If medicines are prescribed when a Doctor visits the School/Service they will be given from pre-labelled stock if available, or sent over with the GP the next day

Any prescribed and dispensed medicines will be collected by a nominated member of staff from .....

Any medicines prescribed will be added to the child's medicines record by the School Nurse/Designated Person

The medicines will initially be received into a designated place and then distributed to the appropriate Boarding House/Accommodation (records must be kept)

The House Matron/staff member will sign the medicine in at the Boarding House/Accommodation. To avoid running out of medicines, House Matron/staff member must ensure the School Nurse/Designated is informed well in time of any medicine running low for a child

For repeat medicines, staff and/or the child must inform the School Nurse/Designated Person when there is only 2 weeks' supply remaining for a child. The School Nurse/Designated Person is then responsible for ordering from the GP

## Ordering and Supply: Tips & Hints



*It is the school's/service's responsibility to ensure there are adequate supplies of medicines for each child and that repeat prescriptions are ordered in a timely manner.*



*New children/young people should bring 28 days' supply of their medicines with them (including any non-prescribed medicines) when they start school/service; Check these against parental agreement forms to make sure all are correct (make sure non-prescribed medicines are authorised).*

Designated Staff who may order medicines:

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

### Local Arrangements

#### Surgery Details

Surgery:

Address:

Tel. No:

#### Pharmacy Details

Surgery:

Address:

Tel. No:

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# Prescribed Medicines Brought Into School/Children's Service Procedure

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

**1** All medicines brought into school/service must be handed in IMMEDIATELY and checked into stock by the School Nurse/Designated Person

**2** A letter/completed form by the parent must accompany the medicine giving full instructions including when the last dose was given (Use Appendix 2)

**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 School Nurse/Designated Person for advice, who may contact the GP

**4** Record all medicines in on arrival (Use Appendix 3)

**5** Medicines will be distributed to the individual House Matron and recorded on Appendix 4

## Remember

If there is any doubt about the medicines received or if they are not in their original packaging, refer immediately to the School Nurse/Designated Person.

1 of 3

## Storage Procedure

1 Medicines should be stored safely in lockable cupboards. Keys to the cupboards will be held by the senior staff member on duty/Matron/House Master /House Mistress

2 Emergency medicines and devices e.g. asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should be stored safely out of reach and sight of children/young people 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

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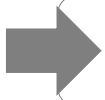
## Storage Procedure

3

### Lock Controlled Drugs away immediately



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



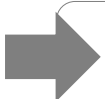
Only named staff should have access

4

### Store fridge items away immediately



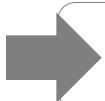
In a locked drugs fridge or in a locked container in a kitchen fridge  
(make sure you are measuring and recording the temperature every day - it  
should be between 2 - 8 °C)



Only named staff should have access

5

The designated staff member must label any medicines  
with a short expiry or limited shelf life once opened with:



The date of opening



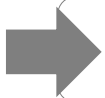
The last date for disposal

3 of 3

## Storage Procedure

6

Count and carry forward any of the same medicines remaining when new medicines are received



Write the quantity carried forward quantity  
e.g. 20 c/f, dated and signed



- X** Never leave keys to medicine cupboards unattended. A designated person 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.
- X** Don't forget to reset the fridge thermometer after each reading

### Oxygen Storage:

Store oxygen cylinders upright and securely in a well-ventilated, cool environment. Separate full and empty cylinders. The storage area should be free from combustible substances and not directly in contact with a source of heat or combustion. Display a sign indicating the presence of oxygen.

When in use, store oxygen cylinders upright either in a stand or with a chain to prevent them falling over. A sign indicating oxygen storage and "No Smoking" should be attached to the door.

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# Auditing Medicines Procedure

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 an individual's room

It is not usually necessary to record the temperature of an individual'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 staff learn from your findings.



2 of 2

## Auditing Medicines Procedure

2

Designated staff must:

- Use a risk-based approach to auditing
- Undertake monthly audits
- Ensure the [Community Coordinators/ assessor] undertake gap monitoring of a sample of MAR sheets on a weekly basis and action, as appropriate
- Keep records
- Create an action plan if necessary
- Action any issues raised

3

The audits should include, at appropriate times:

- |   |                                    |
|---|------------------------------------|
| ✓ Review of medicines records                       | ✓ GP reviews                       |
| ✓ 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 |

A suite of tools can be found in the Appendices

1 of 2

## Disposal of Medicines Procedure

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" and the child's name

Make an entry in the Returned Medicines Record, recording the date, medicine name, form, strength, quantity and the child's name plus the staff signature

Return the medicine to the parent ASAP. If the parent fails to collect the medicine, it may be returned to the pharmacy for disposal or via a waste contractor, with a record kept as above

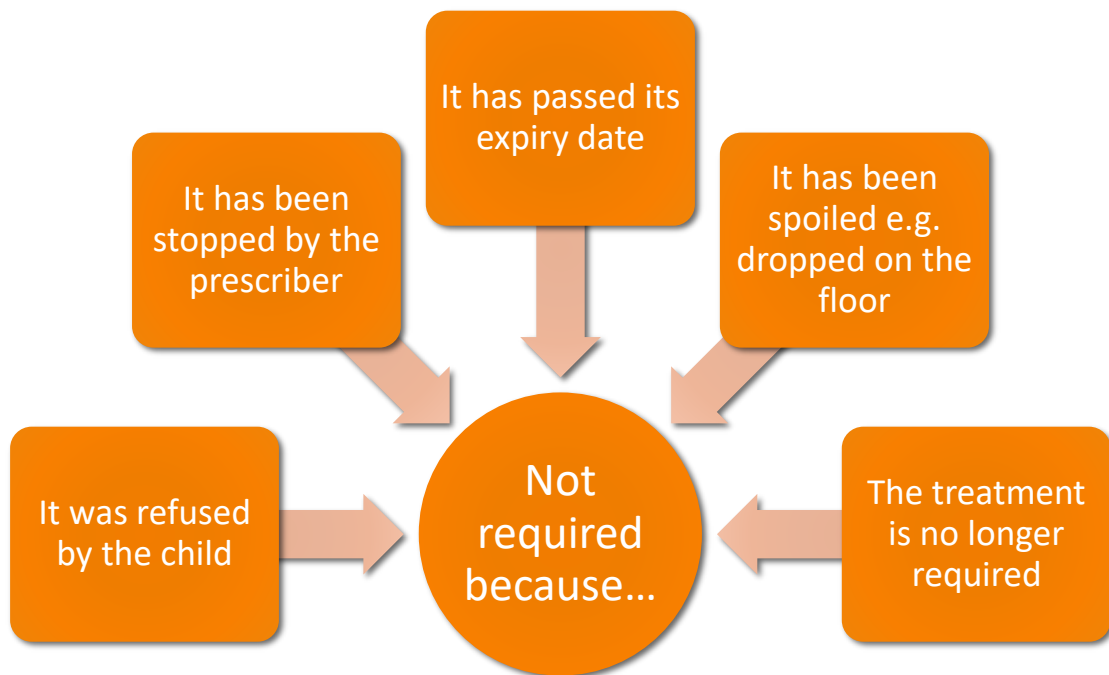
### Remember

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/service.

Ask the parent also to sign.

# Disposal of Medicines Procedure

Why might the medicine no longer be required?



## Remember

In the unlikely event a child 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 schools/service.

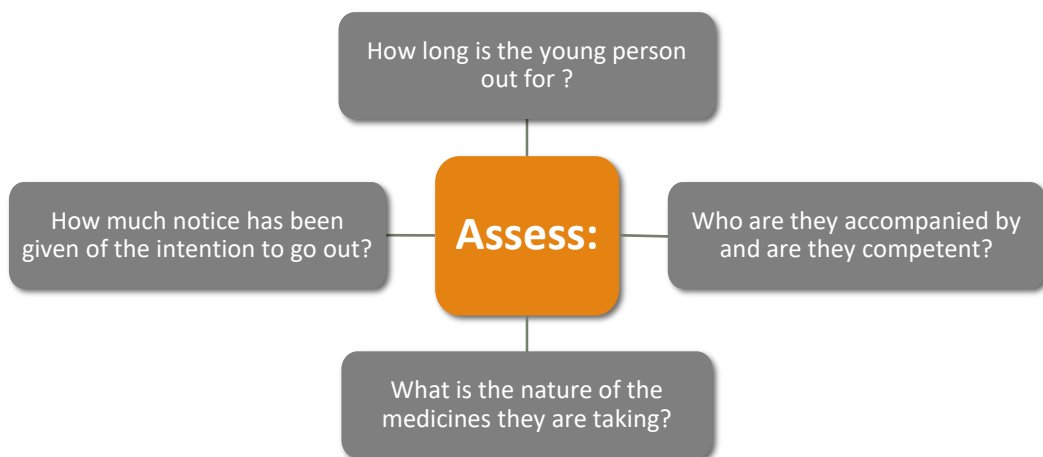
Syringes and needles must be disposed of by putting in a sharps box.

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# Day Trips: Medicines Handling

1

## Undertake a risk assessment



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/ carer/ young person themselves (if competent to administer)
- Obtaining a separate labelled supply for 'leave' (advanced warning required to obtain a prescription and get it dispensed)

2 of 2

## Day Trips: Medicines Handling

3

**The option that will generally be selected will be to take out the original dispensed medicine**

Record on the in/out log the details of the medicine being taken out - name of medicine, strength, form, dose, quantity and young person's name

Document on the MAR sheet the code for social leave

Provide young person / carer with a record slip to indicate to you on return if the medicine was given or refused

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# Medicines Errors Handling Procedure

On discovering the error, the **Staff Member**  
and **Designated Person** must:



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# Verbal Orders Handling Procedure

Verbal orders for dose changes, additional medicines or discontinuation of medicines may only be accepted in exceptional/emergency circumstances by School Nurses/Designated Person or staff deemed competent only.

Written confirmation e.g. a secure email/fax, should be requested from the surgery immediately before the next dose or first dose is given.

## In exceptional circumstances:



The School Nurse/Designated Person should write down the verbal order in the communications book, then repeat back the instructions to the prescriber to confirm



A second member of staff should witness the verbal order and repeat back where possible



An entry should be made on the child's medicines record by the School Nurse/Designated Person, signed and referenced back to the original authorisation



The second member of staff should check the medicines record entry and sign as a witness



A secure email/fax should be requested from the GP. This must be checked on arrival against the entry on the medicines record

1 of 1

# Medicines Reconciliation Procedure

1

The following people might be involved in the medicines reconciliation:

- ➔ The child
- ➔ Parents/guardians
- ➔ Carers
- ➔ Pharmacist
- ➔ Other health and social care practitioners

2

Ensure the following information is available on the day the child arrives at the school/service:

- ✓ Child's details (full name, date of birth, address)
- ✓ GP details
- ✓ Details of other relevant contacts available from the child/family e.g. regular Pharmacist, GP
- ✓ Known allergies and reactions to medicines and the type of reaction experienced
- ✓ Medicines the child is currently taking
- ✓ 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 child needs to carry on taking the medicine
- ✓ What information has been given to the child/family/carers

3

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



1 of 1

# Raising Concerns Procedure

Staff should raise any concerns about a child's medicines with the School Nurse/Designated Person. These concerns may include:



The child declining to take the medicines



Medicines not being taken in accordance with the prescriber's instructions



Possible adverse effects



The child stockpiling their medicines



Medicine errors or near misses



Possible misuse or diversion of medicines



The child's mental capacity to make decisions about their medicines



Changes to the child's physical or mental health

# Training and Competency Procedure

1

## **All staff who administer medicines must complete:**

- ✓ An accredited training programme such as the Medicines Awareness Foundation Course for Schools
- ✓ A competency assessment

2

**Staff must complete a refresher course every 2 years and a competency assessment yearly or sooner if there has been an error or incident**

3

## **Staff must be aware of:**

- ✓ The medicines they are administering
- ✓ The consequences of administration and non-administration
- ✓ The outcomes for children/young people

4

**Advice on medicines issues should be sought from the Pharmacist, School GP or School Nurse**

5

**Staff are responsible for monitoring the effects of the medicines they administer and taking action if the child's condition changes**

1 of 2

# Salbutamol: Emergency Supply in Schools Procedure

1 The School Nurse plus ..... (names) will be responsible for implementing the Department of Health “Guidance on the use of emergency salbutamol inhalers in schools”. (Appendix 16).

2 The “guidance” allows for the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for students included on the “emergency salbutamol register”.

3 To be included on the register 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 child/young person’s prescribed inhaler is not available.

5 An asthma protocol must be drawn up so 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 child/young person. This should also be recorded in the IHCP.

7 A register will be kept which documents each child/young person who is permitted to use the emergency inhaler as detailed in their IHCP. 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 the School Nurse using the contents list of the kits in the “guidance” and following the recommendations for the supply order in the “guidance”.

9 Six kits will be held in the school, one in each of the following locations: each boarding house, PE department, main reception, staff room.

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## Emergency Supply of Salbutamol in Schools Procedure

- 10 In each kit location, a number of staff will be trained in how to assist a child/young person with the emergency inhaler (designated staff). Designated staff should be identified in the school asthma policy so that all members of staff may contact them in an emergency situation.
- 11 All 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 staff in the school must be aware of the asthma policy, how to check if a child/young person is on the register, how to access the inhaler and who are the designated members of staff they can access for support if necessary.
- 13 The designated members of staff 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 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 child/young person who used it).
- 15 The emergency inhalers should not be locked away. Staff should have access to the inhalers at all times but with them being out of the reach and sight of children/young people.
- 16 A record will be made each time the inhaler is administered.
- 17 The child/young person’s GP, School Nurse and child/young person’s parents should be informed whenever a child/young person has an asthma attack that requires emergency salbutamol use. A sample letter is available in the “guidance”.
- 18 The School Nurse 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”.

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# Adrenaline Auto-injectors: Administration in Schools Procedure

## General Points

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 staff in an emergency situation but only to a 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 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 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 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 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 child/young person’s condition.

# Adrenaline Auto-injectors: Administration in Schools Procedure

1 The School Nurse plus ..... (names) will be responsible for implementing the Department of Health “Guidance on the use of adrenaline auto-injectors in schools”. (Appendix 22).

2 The “guidance” allows for the school to purchase AAIs without a prescription from a chemist for use in an emergency for children/young people 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 child/young person including:

- Known allergens and risk factors for anaphylaxis
- Whether a 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 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 child/young person’s own AAI cannot be administered correctly without delay.

5 An allergy protocol must be drawn up so 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 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 School Nurse 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:.....

# Adrenaline Auto-injectors: Administration in Schools Procedure

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

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

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

14 Named 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 children 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 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 child/young person’s GP, School Nurse and child/young person’s parents should be informed whenever a child/young person requires the use of an emergency AAI.

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

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# Individual Healthcare Plan Preparation Procedure




For children/young people with long term or complex medical conditions, an Individual Healthcare Plan (IHCP) should be drawn up with input from parents, children/young people and healthcare professionals where necessary. (Template Appendix 6)



If a 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” (Appendix 23) must be followed.



The following information should be recorded in the IHCP:

- 
- ✓ Medical condition, its triggers, signs, symptoms and treatments
  - ✓ The child/young person’s resulting needs including medicine (dose, side effects and storage), other treatments, testing, access to food and drink, dietary requirements, environmental issues, etc.
  - ✓ Specific support for 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 child/young person’s condition and the support required
  - ✓ Arrangements for written permission from parents for medicine to be administered by staff or self-administered by the 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 child/young person refuses to take their medicine



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# Immunisation Procedure

- 1 A schedule of routine vaccinations will be prepared and updated by the school nurse and school doctor based on current DOH recommendations.
- 2 These routine vaccinations will be offered to each child/young person unless review of previous vaccinations and medical history suggests that a different schedule is required in which case this will be proposed instead.
- 3 Parental consent to the proposed vaccination will be sought.
- 4 Once consent has been given any vaccinations will be administered by the appropriately trained School Nurse. Additional procedures will be followed for administration according to the individual product information leaflet and procedures for injections and vaccinations.
- 5 If any additional travel vaccinations are requested by the child/young person / child/young person's parents' full details of travel itinerary including dates and duration of travel and regions to be visited must be provided to allow the school doctor to assess which vaccinations are needed. This will be communicated to the parents to give their consent prior to the vaccination being administered.
- 6 If any staff become aware of travel plans by child/young person, they should be referred to the school nurse to ensure that appropriate vaccinations are considered.
- 7 Children/young people will also be offered annual influenza immunization. Parental consent will be sought annually and must be given before the vaccine is administered.
- 8 Individual medical records must be updated with details of all vaccines given.

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# Creams and Ointments: Administration Procedure

1 Check the identity of the young person to 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

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)

7 Only administer to the young person whose name is on the label

2 of 4

# Creams and Ointments: Administration Procedure

8

All emollients are a potential fire hazard

- See risk assessment

9

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 School Nurse to get correct instructions
- Will a review be necessary after stopping the preparation?

10

Check where the cream/ointment is to be applied. For side effects or allergic reactions refer to Patient Information Leaflet (PIL) if needed

11

Make sure the area is clean and free from moisture

12

Check how much to use

3 of 4

# Creams and Ointments: Administration Procedure

## 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, block hair follicles or create more heat in the skin. (*Ref National Eczema Society*)
- e) Remove gloves and wash your hands

4 of 4

## Creams and Ointments: Administration Procedure

- 13 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
- 14 Do not put any unused cream/ointment back into the container. Dispose of any unused cream/ointment appropriately
- 15 Make sure the cream/ointment is stored correctly (e.g. does it need to go in a fridge?)
- 16 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.
- 17 If applying another cream/ointment go back to point 1
- 18 Report back any concerns to the School Nurse

1 of 2

## Emollients: Fire Risk Procedure

All emollients pose a risk for young people and staff who support them

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

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




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

The fire risk should be considered when a young person in any setting is dispensed, or treated with an emollient product






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

2 of 2

## Emollients: Use Procedure

-  Provide the 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
-  Assess smoking status of a young person BEFORE commencing treatment. Where appropriate, offer stop smoking support
-  Ascertain if the young person is subject to additional fire risk e.g. using oxygen

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

-  Undertake a risk assessment
-  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
-  Record full information in young person's IHCP
-  Ensure fire safety information is displayed prominently in every area where young people may be treated with significant quantities of emollients
-  Ensure staff know what to do if a young person does not comply with safety advice and instructions during treatment involving significant quantities of emollients

1 of 2

# Eye Drops: Instillation Procedure

- 1 Check the identity of the young person to 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 If needed, cleanse eyelids and lashes using cotton balls moistened with saline solution, wipe from the inner to the outer corner of the eye
- 9 Take off the top of the bottle
- 10 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

## Eye Drops: Instillation Procedure

- 11 Let go of the eyelid and keep the eye closed for as long as possible (2-3 minutes at least) after application of the eye drop, with the head tilted down towards the floor
- 12 Press gently on the tear duct (inner corner of the eye) with one finger for a minute if possible
- 13 Wipe away any liquid that falls onto the cheek with a tissue
- 14 Repeat in the other eye if the medicine is prescribed for both eyes
- 15 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
- 16 Do not wipe or rinse the dropper tip. Replace the top on the bottle
- 17 Record administration on the MAR sheet immediately, date and sign
- 18 Report back any concerns to the School Nurse

1 of 2

# Ear Drops: Instillation Procedure

- 1 Check the identity of the 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

## Ear Drops: Instillation Procedure




- 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 the School Nurse

1 of 2





# Insulin: Assistance by Authorised Staff Procedure

Young people who require insulin can be assisted but are responsible for their own administration.

**Before any designated member of staff assists a young person, there must be:**

-  An Individual Healthcare Plan detailing the checks, treatment and responsibilities of all those involved in this care
-  Details of the action to take if the young person has a hypoglycaemic attack
-  Details of the relative importance of mealtimes and information on foods that should be avoided

**Before any designated member of staff assists a young person, they must:**

-  Undertake specific training on the practical aspects of caring for young people with diabetes plus correct preparation of the prescribed dose
-  Undertake refresher training annually
-  Complete competency assessments and/or knowledge checks every 6 months
-  Familiarise themselves with the young person's Individual Healthcare Plan and protocol for assisting with insulin

**All training and competency assessments must be documented.**

2 of 2

# Insulin: Assistance by Authorised Staff Procedure

## Notes: Blood Glucose Monitoring

- Designated staff may undertake blood glucose monitoring if requested by the GP or District Nurse.
- The responsibility of the designated member of staff 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.