

Kingsbrook School

'A unique service for unique young people'

Educational Procedural Practice for the Receiving Storage & Administration of Medication for DAY STUDENTS

Kingsbrook School
Southburgh
Norfolk
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MEDICATIONS FOR DAY STUDENTS

PRESCRIBED MEDICINES

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Staff at Kingsbrook School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents/carers could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:-

1. Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
2. Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabeling of medicines by parents

CONTROLLED DRUGS

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Designated members of staff, Sophie Dennis and Lynne Westley have received appropriate medication training and may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access.

A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Schools should have a policy in place for dealing with drug misuse.

NON-PRESCRIPTION MEDICINES

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the Head of School agrees to administer a non-prescribed medicine it **must** be in accordance with the employer's policy.

The employer's policy should set out the circumstances under which staff may administer non-prescribed medicines.

A child under 16 should never be given aspirin or medicines containing Ibuprofen unless prescribed by a doctor or written permission from the parent/carer has been given that aspirin or Ibuprofen is the only effective medication for their child's medication needs.

SHORT TERM MEDICAL NEEDS

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school setting where it would be detrimental to a child's health if it were not administered during the school day.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children.

This can include:-

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

RECEIVING AND RETURNING MEDICATION

All medications are to be checked in on arrival and out on departure by the designated responsible person for that day.

The procedure for this is as follows:-

- Transportation of medication should be via a locked box system where the parent/carer and the designated trained medicine administrator have a key.
- For non-prescribed medication the parent/carer must only place the required amount of medication required for the school day i.e. two paracetamol in the original packaging.
- The parent/carer must write on the label provided; their child's name, date of birth, the date and time of when medication was last administered and the date and time of when the dose is to be administered at school.
- If the child arrives to school via taxi; the locked box (minus the key) should be given directly by the parent/carer to the taxi driver.
- The taxi driver must pass the locked box of medication to the designated trained medicine administrator.
- The designated trained medicine administrator must check that the prescription labels are for the correct child and if a non-prescribed medication, the label has been written in full by the parent/carer.
- Quantity of medication is to be checked and recorded in the educational medication received and Returned book this is to be logged **in, in black ink only** and **out, in red ink only**
- **Medication is then to be locked away in the secure medication cabinet located in the Medical Room**
- The designated medicine administrator must complete a 'taken' medication label, stating the child's name, date of birth and the date and time the medication was administered. This label must be placed with the original packaging in the locked box to go home.
- Medication that is to be returned home is to be placed into the locked box, ensuring it is in the original packaging and passed from the designated medicine administrator to either the parent/carer or taxi driver.

ADMINISTERING CHECKS

Staff are to ensure that the following points are adhered to:-

- Check you have the **right** young person
- Check you have the **right** medication
- Check you are giving the **right** dose
- Check that you are administering at the **right** time and date
- Check the **correct** method of administration for the medication
- Check that the medication has not already been administered by checking the Mar record
- Ensure that two delegated staff prepare and witness the giving of medication

ADMINISTERING MEDICINES

- Young peoples dignity must be protected whilst medication is administered
- A drink of fresh water should be offered to young people to take their medication
- Staff are to observe that young people have swallowed their medication
- where possible the administration of medication should take place at the designated room provided
- all records are to be completed at the time of administration and to be locked away on completion for confidentiality purposes
- All medication keys are to be kept in a wall mounted security cabinet **SELF MANAGEMENT**

This section is to be added at a later date when applicable.

REFUSING MEDICINES

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day.

If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

SPOILT or DAMAGED MEDICATION

Any medication that is spoilt or damaged either in transit or in preparation for administration is to be recorded as spoilt and a spoilt medication label must be written by the person responsible for administering medication. Returning the spoilt medication is as per the locked box procedure to include the 'spoiled medication' label.

The locked box is to be passed from the designated medicine administrator to either the parent/carer or taxi driver to be sent home and disposed of by parents/carers.

The term spoilt means:-

- Sealed packaging compromised on receipt
- Dropping tablets onto the floor
- Handling medication without sterile gloves
- Getting tablets wet prior to administration
- Young People regurgitating medication