

School Document/Policy



Title: Medication

This guidance is to be read in conjunction with related National Autistic Society Policies

Declaration

The Sybil Elgar School does not promote partisan political views. The school will have regard for The Human Rights Act, 1998, The Disability Discrimination Act, 1995, as amended by The Special Educational Needs and Disability Act, 2001, including new duties 2002, and The Principles of the New Code of Practice, 2001, with special focus on Student Empowerment, Parents in Partnership and Consultation and Joint Working initiatives. In addition the school has regard for the protected characteristics as defined in the Equality Act 2010.

| | |
|--|--|
| Policy lead (s) | Deputy Principal |
| Date of document | September 2014 |
| Latest revision | February 2019 |
| Signed Chloe Phillips Principal |  |

1. Purpose

The purpose of this document is to ensure the safe storage, handling and administration of medication.

2. Context

The procedure aims to address and outline the full range of issues relating to medication

- Consent
- Storage
- Administration
- PRN medication
- Rectal diazepam
- Recording
- Disposal
- Training

3. Consent

- 3.1. All students must have a current medical consent form signed by their parent/guardian, updated regularly via annual reviews.
- 3.2. All medication must be given with written parental/guardian consent.
- 3.3. Students have the right to refuse to take medication. If a student refuses their medication, this should be clearly recorded on their medication record, and their parents/guardian and the senior member of staff on duty should be informed.

4. Storage

- 4.1. The Principal will have overall responsibility for the safe storage of medication within the school.

- 4.2. All medication must be kept in the locked cupboards provided. Controlled drugs must be kept in an inner locked cabinet. The use of controlled drugs must be logged in the controlled drug register. These cupboards must be kept locked at all times, unless medication is being administered.
- 4.3. Medication that needs to be kept at a low temperature must be kept in a locked box in a refrigerator.
- 4.4. In the case of an asthmatic student, a decision regarding the carrying of personal inhalers will be made by the Deputy Principal with parental/guardian consent given in writing. Where this occurs, the risk assessment/management procedure will be undertaken.
- 4.5. All medication in liquid form, once opened must be dated accordingly.

5. Administration

- 5.1. It is the responsibility of the Staff Development Coordinator to ensure that staff are given adequate training to administer medication.
- 5.2. As an extra precaution and safety measure our local protocol is that two people will always be present when medication is being administered.
- 5.3. All oral medication for students, including proprietary medicines must be prescribed by the doctor.
- 5.4. All medication must be given in accordance with written instructions provided by the prescribing Doctor or the child's GP.
- 5.5. The following checks must be made when administering medication:
 - The timing of the dose matches the record sheet of the student

- The name on the record sheet matches the name on the container
- The medication on the record sheet matches the medication in the container
- The dose on the record sheet matches the does on the container
- The method of administration is correct
- The medication record sheet has been completed by 2 staff
- Students who administer their own medication i.e. inhalers, must also sign to say they have done so
- The expiry date of medication must be checked

6. PRN Medication

- 6.1. When medication is required at irregular times, the criteria used to administer the medication must be written clearly on the record sheet, including maximum dose in 24 hours. These instructions must be given by the prescribing doctor.
- 6.2. Where a member of staff is unable to ascertain whether the criteria given by the doctor apply, they must seek advice from either the senior staff, the person on call, the student's parents or doctor, or NHS Direct.
- 6.3. When recording PRN medication on the student's medication record staff must include the dosage given and the time of administration.

7. Rectal Diazepam

- 7.1. These may only be administered by staff who have been trained.

8. Recording

- 8.1 All medicines brought into the school must be recorded.
- 8.2 All medicines leaving the school must be recorded.
- 8.3 All medication administered to students must be recorded on their individual record sheet.
- 8.4 All medication refused by students will be recorded on their individual record sheet.
- 8.5 The Deputy Principal must be kept informed of all issues covering medication or changes to medication as soon as is practicable.

9. Disposal

- 9.1. All medicines that need to be disposed of must be returned to the student's parents or to the pharmacist with an appropriate record being made in the medication log. Ideally a pharmacist should provide a receipt for the drugs of which he has disposed.

10. Training

- 10.1. The administration of medication must only be carried out by staff who have received training.
- 10.2 Staff must demonstrate:
- Safe administration and storage of medication
 - What to do in the event of an error
 - How to dispose of medication

- 10.3 Staff must have knowledge of:
- The uses of medications within the school
 - The side effects of drugs used, the signs to look for, and the action to take
 - Where to find out about the uses and side effects of medication new to them
 - Abbreviations commonly used by doctors
- 10.4 There will be yearly training sessions/updates for all staff administering medication

Guidelines on administration of Rectal Diazepam

1. Each student prescribed rectal diazepam should have written guidelines on its administration.

These should include:

- Duration of seizure before rectal diazepam should be given
- Dosage to be given
- If second dose can be administered if first is ineffective
- Maximum dosage within 24 hours

2. Every reasonable effort should be made to respect a student's dignity when administering rectal diazepam especially in a public place.

3. Only designated members of staff can administer rectal diazepam.

4. Two members of staff must be present when rectal diazepam is given, and the senior member of staff should be contacted as soon as possible.
5. Student should be laid on their stomach or left hand side. Insert the tube into the anus with the nozzle angled downward. Empty the tube by pressing thumb and forefinger together – keep pressing whilst withdrawing the tube. The student should then be covered up, and laid in the recovery position. Staff should remain with the student until they are fully recovered.
6. If first dose is ineffective, call an ambulance in all cases. If second dose can be given, do so in accordance with student's individual guidelines.
7. Record on student's drug administration record – include dosage given and time of administration. Inform parents.
8. Mobile phone should be carried on all Community Based activities where a student is prescribed Rectal Diazepam.

Staff administering rectal diazepam must be aware of these guidelines for each student.

PRACTICAL GUIDANCE ON MEDICAL VISITS

Staff Responsibility

1. An up to date medical record should be taken on any medical or dental visit. Staff should be aware of any allergic reactions/special conditions that might affect the students.
2. All appointments should be cleared by Principal/Deputy Principal during the school day, as appropriate and should be made by immediate senior staff member or Class Teacher.
3. Staff taking students to Doctor/Hospital should ensure they are fully aware of requirements of students/parents and ensure that these are accurately relayed to the doctor etc. Staff should not take students on a medical visit unless they have been fully briefed by their line manager.
4. Staff taking students to Doctor/Hospital should ensure any medication prescribed is handed to the appropriate named/responsible staff member. Any special instructions regarding side effects, storage, dosage etc. should be relayed in writing at this time on a completed Hospital/Doctors visit form.
5. All medication should be locked away immediately and a 'Medication Record Sheet' needs to be completed at this time. The record should be completed fully with dosage, (including strength of suspension), frequency of dosage, any special conditions and start and finish of medication.
6. Parents should be informed by phone of any medical visits and outcome (including medication prescribed), and permissions should be sought prior to medication commencing. If parents are unavailable, clarification should be sought through the Principal/Deputy Principal.

7. All new medication/outcomes of medical visits should be communicated at the earliest possible instance via handover meetings. Written confirmation of medication etc. should be supplied in the Home School book for parents. This should include any special instructions, with conditions etc. to look out for in all instances.

8. Only those designated to dispense/take responsibility for potting-up/checking as stated in the school Health and Safety procedure shall do so. This shall be only after appropriate training/direction from Line Manager in Procedure/Process and good Practise as recognised in Sybil Elgar School Documentation.

Failure in any part of the above, for any reason, may lead to disciplinary Procedure or Dismissal from the service. It is the responsibility of all members of staff to ensure that they are fully conversant with all procedures, practise and criterion there in and to ensure their professional practise is as stated.