



Administration of Medicine

Senior Leader Named Contacts:

In order to ensure that parents/carers, staff, Management Committee and outside agencies that have contact with young people with medical needs have an easy route to communication with the Centre/Service, the identified Senior Leader Named Contacts are:

1. Lindsay Watson
2. Emma Rushton

As well as acting as first contact for parents/carers and outside agencies, the named contacts will be responsible for:

- The Centre's/Service's system of record keeping for young people with medical needs.
- Ensuring the confidentiality of all records of young people with medical needs.
- Ensuring that Centre/Service staff understand the nature of the condition where they have a young person with medical needs in their class and that all staff have appropriate access to information and training in order that young people with medical needs are able to attend centre regularly and, with appropriate support, take part in all, or almost all, normal centre activities (see form M6).
- Ensuring that risk assessments are carried out wherever necessary, for both in-Centre/Service and off-site activities (see also HSE Guidance on Centre Trips).
- Ensuring that trained staff are available wherever and whenever necessary to ensure the safety of young people with medical needs.
- Monitoring the attendance of young people with longer term medical needs.
- Assisting in maintaining contact with young people out of Centre/Service because of medical needs.
- Attending multi-agency reviews as required.
- Ensuring that, wherever appropriate, young people out of Centre/Service for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- Providing appropriate agencies with confidential access to Centre/Service records in order to ensure that young people transferred to specialist provision are able to maintain their learning and progress as far as is possible.

3.4 Designated Medical Administration Staff and Other Staff:

There is no statutory/contractual duty for staff to administer medicine in Centre/Service. However, in an emergency swift action will need to be taken by any member of staff to secure assistance for any young person. The consequences of not helping a young person in an emergency may be more far-reaching than the consequences of making a mistake by trying to help. Staff in charge of young people have a common law duty to act as any reasonably prudent parent/carer would, to make sure that young people are healthy and safe on

Centre/Service premises. This duty extends to staff leading any activities taking place off the Centre/Service site.

The following Designated Medical Administration staff have agreed to take responsibility for administering medicine and supervising young people taking medication, whenever requested to do so by the parent/carers:

1. Angie Adams
2. Tracey Haytree

- Designated Medical Administration staff will receive suitable and sufficient training and achieve the necessary level of competency to support young people with medical conditions. This also includes staff who escort young people to and from the Centre/Service.
- Designated Medical Administration staff will know what to do and will respond accordingly when they become aware that a young person with a medical condition needs help.

Medication coming into Centre/Service:

- Most medication prescribed for a young person will be able to be administered once, twice or three times a day. In these circumstances parents/carers will be able to manage this before and after their day at the Centre/Service and there is no need for medication to come into the Centre/Service.
- No medication will be allowed into Centre/Service unless it is clearly labelled with:
 - the young person's name
 - the young person's date of birth
 - the name and strength of the medication
 - the dosage and when the medication should be given
 - the expiry date

This information is to be checked each and every time that medication is administered by the Designated Medical Administration staff. If there are any doubts about the procedure, Designated Medical Administration staff will check with parents/carers before proceeding.

Medication administered short term or occasionally will be recorded using form M3 and for young people requiring regular medication form M4 should be used. Wherever possible, it is good practice to have the dosage and administration witnessed by another responsible adult.

- All medication must come into Centre/Service in the original child-proof container and be accompanied by the original guidance literature.
- Where two or more types of medication are required, each should be in a separate container and labeled as above.
- Where medication is required long-term, a letter from the young person's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication.
- Parents/carers will hand all medication to the Named Contact on arrival at Centre/Service.

- Medicines will normally be stored in a locked cupboard in the Centre/Service main office or, where necessary in the lockable refrigerator and accessed only by staff
- Certain medicines, e.g. salbutamol, adrenaline etc., may need to be readily available to young people. These will be kept by:
 - A Designated Medical Administration staff
 - the young person

6.1 Storage of Medication:

- With the exception noted below, any medication received into Centre/Service must be stored in a locked, wall-mounted, cabinet in a designated area of Centre/Service, such as the Centre/Service office. The key must be kept in an accessible place known to Medical Administration staff but inaccessible to young people. In most cases, where there are no specific issues related to privacy, medication should be administered in a designated area such as the Centre/Service office.
- Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in the same designated area of the Centre/Service.
- Where Centre/Service do not currently have a lockable wall-mounted cupboard and/or a lockable fridge, these should feature as short-term objectives in the Accessibility Plan.
- Some medicines may be needed by the young person at short notice, for example asthma inhalers (see appendix A). In most cases young people should be allowed to carry these with them, to ensure easy access. Where this is not appropriate, other arrangements for easy access must be established.
- All staff will be made aware that Centre/Service have been provided with emergency salbutamol inhaler and will have been given information and training as to how and when to access them and how to and when to administer them as per the Asthma Policy.

THE EMERGENCY INHALER MUST REMAIN ON THE CENTRE/SERVICE SITE AT ALL TIMES

- All staff will be made aware where a young person is off-site for activities e.g. football or swimming etc. the young person's own emergency inhaler and spacer needs to always be taken with them.

6.2 Prescribed and Non-Prescribed Medication:

Medications issued on the instructions of e.g. GP/Consultant are known as prescribed drugs. Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for young people. These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this guidance.

6.3 Emergency Medication:

This type of medication, such as an adrenaline auto injector e.g. EPIPEN, must be readily available.

A copy of the Health Care Plan (Emergency Action Plan) should be kept with the medication.

If emergency services/medical intervention is necessary the plan should accompany the young person with details of what has been done and when already.

For this type of medication, the Centre's/Service's procedures should identify:

- where the medication is stored
- who should collect the medication in an emergency
- who should stay with the young person concerned
- supervision of other young people in the vicinity
- support other young people witnessing the incident
- arrangements/requirements for an ambulance/other medical support (see form M1)
- recording systems
- Arrangement for regular staff training. (see form M6)
- The policy of the use of the emergency asthma inhaler and the RCPCH allergy action plan see appendix A.

Defibrillators in Centre/Service:

"Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use inexpensive and safe.

- Staff members appointed as first aiders should already be trained in the use of CPR.

Centre/Service are advised to consider purchasing a defibrillator as part of their first aid equipment. If Centre/Service install a defibrillator, they should notify the local NHS ambulance service of its location. "(DfE, 2015). Staff should also receive annual training in the use of the defibrillator.

6.4 Non-Prescription Medications:

Normally this type of medication should not be given at Centre/Service. However, there may be exceptional circumstances where this is appropriate, for example where a young person is known to suffer from recurring acute pain. Parents/carers will be required to complete Form M4 as appropriate.

6.5 Homeopathic Medicines:

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in Centre/Service so Centres/Services are therefore advised only to agree to parental requests where the young person is capable of self-administering this type of medication. Parents/carers will be required to complete Form M4.

6.6 Herbal Medicines

Many over-the-counter herbal medicines may be contra-indicated if a young person is taking prescribed medication. If parents/carers request that herbal medicines are administered on Centre/Service premises, this should only be agreed to upon receipt of written consent from their G.P.

6.7 Refusal to take medication:

If young people refuse to take medication, Centre/Service staff will not force them to do so unless deemed life threatening. The Centre/Service will inform the young person's parent/carer as soon as possible and seek medical advice as a matter of urgency. If the young person's parent/carer is not contactable, advice may be sought from a Community Paediatrician or another suitably qualified practitioner at the Gem Centre/Service/Service (Centre/Service/Service Nurse Administration Team – (01902) 444161). Parents must always be notified, even when professional advice has been sought.

6.8 Disposal Procedures:

Safe Disposal of Medicines

Medicines should be returned to the young person's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by the Named Contact. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal. All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

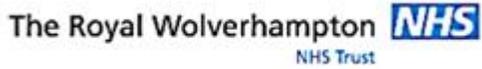
6.9 Safe Disposal of Medical Waste:

If a young person requires enhanced provision of medical needs e.g. requiring injections, it is the parents'/carers' responsibility to provide the required equipment for this procedure. Parents/carers must also provide the Centre/Service/Service with an empty sharps container, which **must** be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once) depending on the box design prior to safe storage and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharp containers must only be kept in the designated medical area of Centre/Service. Policy and practice are reviewed by the Centre/Service nurse on an annual basis when reviewing the working together agreements.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Local Authority.

Form M2



Healthcare Plan for a Pupil with a Medical Need

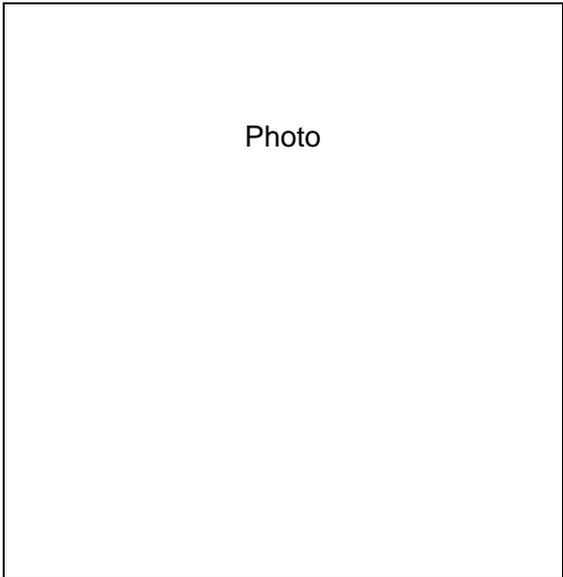
Name Date of Birth

Condition

Name of Centre

Class/Form Date

Review Date



This plan has been completed in consultation between the parent(s)

and

Name	Organisation/Position

Contact Information

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	
Clinic/Hospital Contact		G.P	
Name		Name	
Phone No		Phone No	

Describe condition and give details of pupil's individual symptoms:

Daily Care Requirements (e.g. before sport / at lunchtime):

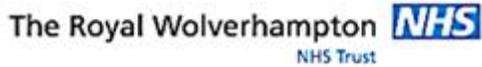
Describe what constitutes an emergency for the pupil and the action to take if it occurs:

Follow-up Care:

Who is responsible if there is an emergency (NB different people may be responsible in different circumstances):

Copies of this form sent to (e.g. centre nurse etc):

Form M3



Request to centre for administration of medication

The centre will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and centre have given you a photocopy of this form.

DETAILS OF PUPIL

Surname

Forename

Condition or illness

Class/Form

MEDICATION

Medication/Type of Medication (as described on the container)

How long will your child take this medication:

Date dispensed

Medication expiry date

Full directions for use:

Dosage and method

Timing

Special Precautions

Side Effects

Who will keep the medication? Centre Pupil

Self Administration Yes No

Procedures to take in an Emergency:

CONTACT DETAILS

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the centre is not obliged to undertake.

Date

Relationship to pupil

Signature(s)

It is agreed that _____ (name of the child) will receive the medication detailed above.

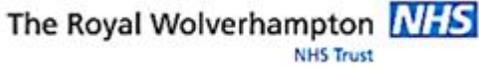
The arrangement will continue either to the end of the course or treatment or until instructed by parents/carers

Name: _____ (Member of Staff)

Signed: _____

Date; _____

Form M4



Record of medicine administered to an individual child

Name of centre/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

/ /	/ /	/ /

Form M4 (Continued)

Date
Time given
Dose given
Name of member of staff
Staff initials

/ /	/ /	/ /

Date
Time given
Dose given
Name of member of staff
Staff initials

/ /	/ /	/ /

Date
Time given

/ /	/ /	/ /

Dose given

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Name of member of staff

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Staff initials

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Date

/ /	/ /	/ /
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Time given

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Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

/ /	/ /	/ /
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Time given

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Dose given

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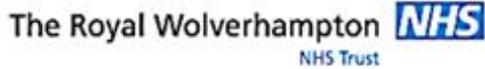
Name of member of staff

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Staff initials

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Form M6



Staff training record – administration of medical treatment

Name

Name of centre/setting

Type of training received

Training provided by (organisation)

Date of training

completed

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

I confirm that the procedures/drugs administered do not fall within a category that under legislation is required to be carried out/administered only by a qualified practitioner.

Re-training/re-assessment required by _____(date).

Trainer's signature _____ Date _____.

I confirm that I have received the training detailed above.

Staff signature _____ Date _____.

Suggested Review Date

Parental Consent for Off-Site and Residential Activities

Dear Parents/Carer

Please complete this form and return it to centre. It relates to the journey or activity about which you have already received information. The organiser will take this form with him/her on the activity.

The form gives your consent for your child to take part in the activity. Without this form, accurately completed and signed, **YOUR SON/DAUGHTER WILL NOT BE ALLOWED TO ACCOMPANY THE GROUP.**

No child will be refused permission to accompany the group because of information given below.

Parents/carers should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff are obeyed.

SECTION A DETAIL OF CHILD AND JOURNEY

Name of Child

Surname Forenames

Date of Birth

Name of Centre/College

Destination of Journey and Proposed Activities (these should be specific):

Date (s) inclusive From To

SECTION B MEDICAL INFORMATION

1. Does your child suffer from any condition requiring treatment or any recurring illness (including asthma, diabetes or epilepsy)?

Yes No

If YES give details below

2. Is your child currently receiving medication?

Yes No

If yes, you must complete either (i) a request for your child to carry own medication or (ii) request for staff to administer medication.

3. Does your child have any known allergies?

Yes No

If YES, please give details below

4. Does your child have any specific dietary requirements?

Yes No

If YES, please give details below

5. Does your child suffer from travel sickness?

Yes No

6. Has your child been immunised against Tetanus?

Yes

No

If YES, please give the date the last injection was given.

FAMILY DOCTOR INFORMATION

Child's NHS Number

Name

Address

Telephone No

SECTION C DECLARATION

1. I would like my son/daughter to take part in the above mentioned visit or activity and, having read the information provided, I agree to him/her taking part in the activities described.
2. I confirm that my child is fit to participate
3. I agree to advise the Headteacher as soon as possible, of any changes in circumstances referred to on this form between the date signed and the start of the journey.
4. I understand that following a risk assessment, certain activities may be considered too hazardous for my child to participate in. (Alternative activities will be offered in these circumstances)

IN AN EMERGENCY

5. I consent to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
6. I agree to any appropriate form of transport being issued.
7. I may be contacted by telephoning the following numbers.

Home

Work

Mobile

My home address is:

An alternative person to contact is:

Name

**Telephone
No**

Signed

 Parent/Carer

Date

THIS FORM MUST BE TAKEN BY THE ORGANISER OF THE ACTIVITY

REFERENCES

HSE Guidance on Centre trips

Misuse of Drugs Act 1971

Education Act 1996

Department for Education (2014) Supporting pupils at centre with medical conditions. Statutory guidance for governing bodies of maintained centres and proprietors of academies in England.

Department for Education (2015) Supporting pupils at centre with medical conditions Statutory guidance for governing bodies of maintained centres and proprietors of academies in England.

DFES (2002) Access to education for children and young people with medical needs

Local Authority guidance on the management of off-site visits

Local Authority SEN Policy