

MANAGING & ADMINISTERING MEDICATION FOR PUPILS POLICY

Prepared By: Mariann Szabo & Peter Mepsted

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Deputy Headteacher & Health & Safety

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Authorised By: Emma Hawkins

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Reviewed by: Robyn Evans & Mariann Szabo

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1. Purpose

- 1.1 Schools have a statutory duty to support pupils with medical conditions under section 100 of the Children and Family Act 2014. This document explains the policy and procedures of Jigsaw CABAS® School in respect of the management and administration of medicines for pupils.
- 1.2 The aims of the policy are:
 - to protect pupils with medical needs from discrimination
 - to ensure that pupils with medical needs receive proper care and support in school
 - to enable regular attendance for all pupils
 - to give clear guidance to school staff involved in medicine management and administration for pupils
 - to ensure all staff and parents understand and follow the legal framework governing medication and drugs

2. Definitions

- 2.1 “The school” and “Jigsaw School” means Jigsaw CABAS® School
- 2.2 “CABAS®” is an acronym for Comprehensive Application of Behaviour Analysis to Schooling.
- 2.3 “Staff” refers to employees, consultants, bank workers and volunteers of the Jigsaw CABAS® School.
- 2.4 “Medication” or “Medicines” for the purposes of this policy includes:
 - any medicines and drugs that have been prescribed for the pupil by a qualified medical practitioner or nurse prescriber, which includes legally controlled drugs
 - medication that might be administered through different routes other than orally, e.g. by injection or intravenously
 - any over-the-counter medicines and drugs obtained from a pharmacy and recommended by the pharmacist
 - any homely medicines such as pain relief tablets or cold remedies that the user has bought of their own accord
 - any homeopathic medicines that the pupil might be taking with or without professional advice
 - medicated creams, ointments, drops and lotions that might be prescribed or bought over the counter including medicated toothpaste, and excluding non-medicated creams, lotions such as sudocrem, E45 cream, suntan lotion and lip balm
- 2.5 “Medical Practitioner” refers to a regulated licensed medical professional i.e. GP, dentist, pharmacist.
- 2.6 “Medicine/medication incidents” is a term used to describe collectively mistakes and errors that are related to medicine administration and management.

3. Scope

- 3.1 All staff and parents/carers are required to comply with this policy and its related procedures.

- 3.2 All parents/carers are made aware of this policy as part of their initial parent meeting and can request a copy from the administration team. Staff are made aware of the policy and related guidance and procedures and can find a copy on the school's common drive.
- 3.3 The requirements of an individual Education Health Care Plan may supersede this policy.
- 3.4 For policy and procedures on staff medication refer to the Health & Safety policy.
- 3.5 This policy is closely linked to and should be interpreted alongside the Supporting Pupils with Medical Conditions, Health & Safety, Learning Outside the Classroom & Educational Visits, Safeguarding and Child Protection, Equality & Diversity and Data Protection policies.

4. Equal Opportunities and Inclusion

- 4.1 The procedures set out within this policy are free from bias, stereotyping and generalisation in respect of gender, gender reassignment, disability, sexuality, age, religion and belief.
- 4.2 All pupils can be given medicines provided by a medical practitioner. Medical advice may be sought for pupils with conditions where staff feel they need further knowledge to feel confident in supporting pupils' medical needs and when administering medication - parents will be informed when such advice is being sought.

5. The Policy

- 5.1 Jigsaw School is committed to providing the best possible care and support to all pupils and to fulfilling its statutory obligations to support pupils with medical conditions.
- 5.2 The School will ensure that pupils' medical needs and conditions are well-understood by all relevant staff and that there are sufficient staff who are suitably trained to support pupils.
- 5.3 All pupils will have an up-to-date Individual Health Care Plan (IHCP) including medication profile and emergency procedures sections.
- 5.3 Medication will not be given to any pupil without **written consent from parents/carers**. A Parental Request and Consent to Administer Medication form (available on school website and from school administration – see *Appendix A*) must be completed for each medicine. Any equipment required to administer the medication e.g. medicine spoons, oral syringes, syringes for injections, sharps containers must be provided by parents/carers.
- 5.4 The School will not keep generic medication on-site e.g. Calpol, except adrenaline auto-injector and Ventolin (Salbutamol) inhaler.
- 5.5 The School will ensure that records are kept on the management and administration of medicines.
- 5.6 The School will ensure safe and secure storage of medicines whilst kept on school premises and during school off-site visits.

6. Implementation & Related Procedures

6.1 Prescribed Medication

- 6.1.1 Medication will only be administered in school when essential; that is where it would be detrimental to a child/young person's health if the medication were not to be administered during the school day. Parents/carers are therefore requested to try to arrange the timings of doses accordingly.
- 6.1.2 Where prescribed medication is required on a daily basis at school, parents are encouraged to get two prescriptions one for home and one for school to avoid transporting medication between school and home.
- 6.1.3 Prescription medication must be provided in the original container and packaging, labelled by the pharmacist or prescriber & be prescribed by a UK medical practitioner.
- 6.1.4 Prescription medication will be administered according to the pharmacy label instructions.
- 6.1.5 Pharmacy labels must be intact and clearly state the dosage, frequency and/or time that the medication is to be administered, cautionary advice and instructions for administration.
- 6.1.6 Aspirin will only be given to pupils under the age of 16 if prescribed.

6.2 Non-prescribed Medication

- 6.2.1 Non-prescribed (over-the-counter) medication will not be administered for longer than 48 hours without authorisation from a medical practitioner. A separate authorisation letter is required for each bout of illness/sickness when non-prescribed medication is required, irrespective of the length of time between the illnesses.
- 6.2.2 Non-prescribed medication must be in the original container and packaging with the manufacturer's instructions intact.
- 6.2.3 Non-prescribed medication will be administered according to the manufacturer's instructions or the written instructions of a medical practitioner.

6.3 Storage of Medication

- 6.3.1 Medication will be stored in its original container and packaging in a locked Medication Cabinet or secure refrigerator at all times when not being administered.
- 6.3.2 Under no circumstances should any medication be transferred into another container for keeping/storage.

6.4 Carriage of Medication between Home and School and the Disposal of Medication

- 6.4.1 Medication must be brought to school by parents/carers or sent securely via a responsible adult. Where possible, parents/carers should notify the school before sending medication to school.
- 6.4.2 Unused/expired medication will be returned to parents either directly or via the pupil's transport provider or passenger assistant. Parents are responsible for the safe disposal of date-expired or unused medication.
- 6.4.3 All medication brought/sent to school will be signed in and out to keep accurate records of medication kept on-site. The school will not accept responsibility for the medication whilst in transit between home/respice/residential setting and school.

- 6.4.4 Any contaminated medication (e.g. dropped on the floor) or any medication that has been dispensed but not used (e.g. pupil refused) will be disposed of safely by staff and the MAR (medicine administration record) sheet will be amended.

6.5 Emergency Medication

- 6.5.1 Schools are permitted to keep spare auto-injectors and Salbutamol inhaler for emergency use. Individual pupils' and general school emergency medication are stored in locked medication cabinets during the school day. General school emergency medication includes spare adrenaline auto-injectors (AAI) 150mcg and 300mcg and a Salbutamol Inhaler.
- 6.5.2 The school AAI can be used instead of a pupil's own prescribed AAI(s) if these cannot be administered correctly, without delay. Separate written consent will be sought for the spare AAI from parents/carers.
- 6.5.3 The school Salbutamol inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, or empty). The school also has a spare compatible spacer for use with pupils who already use a spacer. Consent will be obtained from parents/guardians for the use of the emergency inhaler, only for those pupils who have been prescribed a reliever inhaler.
- 6.5.4 A pupil may be prescribed an inhaler which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol should still be used by these pupils in an emergency if their own inhaler is not accessible – it will still relieve their asthma and could save their life. This information will be recorded in the pupil's individual health care plan.

6.6 Medication Refusal

- 6.6.1 Some pupils may find taking medicines challenging and require specific strategies to teach them how to take medication. All efforts will be made to administer the required medication to a pupil in line with best practice guidance and according to procedures agreed with parents and /or medical professionals.
- 6.6.2 When a pupil refuses to take a medicine, staff will not force them to do so. Medication refusal will be documented and agreed procedures for contacting parents/carers and/or medical professionals will be followed. *Refer to Medication Administration Guidance (Appendix 2) for more details on refusals.*
- 6.6.3 'Covert' administration of medicines must be avoided. Medicines should not be mixed with food or drinks in order to disguise them or to deceive someone. When pupils have difficulties taking medicines, parents/carers should contact the medical practitioner to see if different medication/formulation can be prescribed. If all other options have been exhausted, 'covert' administration can be agreed by medical professionals, parents and school as part of a 'Best Interest' meeting. The agreement and procedures must be recorded in writing.

7. Arrangements for Administering Medication

7.1 Self-administration by Pupils

- 7.1.1 Parents/carers must indicate and give written consent on the Parental Request & Consent to Administer Medication form if they wish their child to take responsibility for

self-administering medication. A medication risk assessment will be completed for all pupils to identify the level of support they require.

- 7.1.2 Due to the vulnerability of pupils, self-administration of medication by pupils will always be supervised by staff.

7.2 Administration by Staff

- 7.2.1 Medicines will be administered by suitably trained staff competent in the technique for which the medication is to be given, and familiar with the identity and needs of the pupil receiving the medication.

- 7.2.2 Administration of medication will be witnessed by a second member of staff.

- 7.2.3 Unless it is an emergency situation, medication will be administered in a location where the privacy of the child/young person can be maintained. The medical room should be used if the child/young person needs to rest and recover.

- 7.2.4 Staff will take standard precautions to minimise the risk of infection and contamination when administering medication (i.e. wash hands before and after administering medication).

- 7.2.5 Before administering medication, staff will check:

- the identity of the child/young person and the prescription label matches
- the written parental consent form for administration
- that parent/carer instructions match prescription label or manufacturer's instruction, i.e. name of the medication, formulation, strength and dose instructions
- dose and route of medication required to be administered
- any additional or cautionary information on the label which may affect the times of administration, give information on how the medication must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness
- the medication administration record to ensure the medication is due at that time and it has not already been administered
- the expiry date of the medication
- all the necessary equipment required to administer the medication is available e.g. medication spoon, oral syringe, scales, injecting syringe

- 7.2.6 Staff must not interfere with the medicine formulation prior to administration (e.g. crushing a tablet) unless there is specific agreement with the prescriber in place.

- 7.2.7 Medication administration must be recorded immediately using the Medication Administration Record (MAR) sheets in the class medical folders. On off-site trips, a separate Off-Site MAR sheet must be completed, and information transferred onto the MAR sheet in the class medical folder.

8. Record Keeping

- 8.1 The school will ensure that the following documentation and records are completed and kept up to date:

- training records for all staff who are trained and competent in managing and administering medication

- individual healthcare plans for all pupils including a medication profile and management procedures for conditions such as diabetes, epilepsy, asthma and allergy and an action plan in case of a medical emergency
 - completed written parental consent forms each time there is a request for a medicine to be administered or if there is a change to previous instructions
 - medication administration record for each pupil requiring medicines during school hours
 - risk assessments and medication guidelines for individual pupils which highlight the level of support a pupil requires and the details of instructions for administering medicines
 - register, checks and audit of medication kept on-site.
- 8.2 To ensure consistency and effective management of pupils' medical needs, the school has standard forms/documents in place. Staff, parents/carers and medical professionals are required to complete these standard forms/documents as required in line with this policy.
- 8.3 J The School is committed to comply with data protection legislation and regulations. All records and information related to medical needs will be treated in a confidential manner and kept secure in line with the school's records management and retention procedures. Details on the school's policies and procedures (e.g., data protection policy, privacy notice and retention schedule) can be found on school's website.
- 8.4 Medication Administration Record (MAR) sheets:
- A MAR sheet for each specific medication must be completed and kept in the relevant pupil's individual class folder.
 - The MAR sheet must be completed immediately after the administration of any medication. Pages must be numbered in a sequential order to show a continuous record.
 - Records must not be altered, and mistakes must not be crossed out. Mistakes/errors are to be indicated with an asterix (*) or crossed out with a single line and initialled. An explanation must be provided in the comments section.

9. Educational Visits and Residential Trips

- 9.1 The school will ensure that secure procedures are in place for managing and administering medication (including emergency medication) during educational visits and residential trips. The group leader and first aider for each educational visit/residential trip will make decisions on contacting emergency services and parents if there are concerns for the welfare of a pupil. Further information can be found in the Learning Outside the Classroom and Educational Visits policy.
- 9.2 The Group leader must ensure that emergency medication is taken off-site and is signed out and returned immediately after the trip/visit to the relevant medication cabinet. The school's general use emergency medication should also be taken to provide a spare in case the pupil's own medication fails.
- 9.3 A Sign in/out folder is kept in the administration office, where staff must sign emergency medication in and out for off-site visits.
- 9.4 Those administering emergency medication must be trained in administering emergency medication and at least one first aider must be on any off-site trip. On the

instruction of emergency services first aiders are also permitted to administer emergency/rescue medication.

- 9.5 Emergency Medication (and any other medication) must be securely stored during any visit (i.e. kept on staff in risk assessment bag or secure bum-bags) and within easy reach of the relevant pupil.
- 9.6 Group leader must ensure that MAR sheets are completed for relevant pupils should emergency medication (or any other medication) be administered while off-site.

10. Staff training

- 10.1 The School will ensure that staff receive the appropriate training for the administration of basic medication. All staff will receive training on the school's policy and procedures for managing and administering medication and on how to call emergency services. Staff who agree to administer medication receive specific medication training - refer to Appendix 3
- 10.2 An up-to-date list of staff who are trained and competent to administer medication will be kept on the school's common drive (Home Page).
- 10.3 Parents/carers should bear in mind that additional training will need be required for specialist medication or treatment which includes: eye drops, ear drops, nebulisers, pessaries, suppositories, auto-injectors, injections, emergency medication. Therefore, the School will not be able to administer these medications until such training has been carried out and alternative arrangements for the administration of these medications will need to be put in place.

11. Staff Indemnity

- 11.1 There is no legal or contractual obligation for teachers to administer medication. Staff at the School undertake this on a voluntary basis.
- 11.2 All staff members who have responsibility for the management and administration of medication must act within the remit of their job and responsibilities. The school's insurance will indemnify staff against allegations of negligence provided they acted within their remit and responsibilities and followed policy and procedures.

12. Immunisations

- 12.1 The school participates in the school immunisation programme. Parents/carers will be notified of any immunisations scheduled to take place at school and asked to complete a consent form online. Immunisations will only be carried out where consent is received by the immunisation team. The immunisations are administered by trained medical professionals on school premises. Parents/carers will be advised if immunisations cannot be administered at the scheduled time.

13. Responsibilities

- 13.1 All staff are responsible for complying with this policy and for responding to and supporting colleagues and pupils in emergency situations.
- 13.2 **The Governing Body** has oversight of this policy and will seek to ensure to the extent practical that :

- pupils with medical conditions can access and enjoy the same opportunities as any other child and that they are effectively supported
- there is a designated staff member(s) with responsibility for pupils with medical conditions

13.3 The School Management Team will:

- ensure this policy and procedures are reviewed regularly and updated as appropriate
- ensure that all staff, parents and pupils are aware of and comply with the policy and procedures linked to the management and administration of medication
- ensure that there are sufficient staff with appropriate training to support pupils with medical conditions and to administer medicines
- provide appropriate, safe, secure and functional resources for the storage and administration of medication
- ensure that emergency procedures are regularly (at least once a term) tested, reviewed and outcomes recorded
- appoint an emergency response team who would respond to any -site medical emergency situation

13.4 The School Nurse will:

- respond to medical incidents concerning pupils and staff and take the lead on managing the incident
- keep staff team, MERT & school management up to date on medical developments, changes to pupil's needs and conditions
- be first point of contact for staff and parents when concerns regarding medication or welfare arise and advise staff and parents on school policy and procedures
- oversee the management and administration of medication for pupils, including completing daily and weekly medication checks; record keeping, completing risk assessments, audits & spot checks ...etc.
- ensure that medication brought into school is signed in by class teachers and taken to secure medical cabinets at the earliest opportunity
- review and update Individual Health Care Plans with parents annually in line with annual review meetings or when there is a change to pupils' needs
- oversee the Medical Emergency Response Team including running regular meetings at least half termly
- facilitate required training for staff involved in medication management and administration, including emergency medication training for new staff, competency assessments and school-wide training on policy and procedures
- Maintaining an up-to-date register of all staff who have completed training and agreed to administer medication
- Maintaining an up-to-date training log of all staff involved in the management and administration of medication including the following details: trainer/provider details, provenance, duration and type of training, those trained, date trained, date of expected update and date completed
- liaise with health professionals as appropriate to confirm medication requirements, special storage or administration details
- liaise with the School Immunisation Team, facilitate on-site immunisations and communicate details of immunisations to staff team

- make appropriate arrangements and checks in the absence of the relevant school supervisor to ensure pupils receive their required medication and ensure that parents/carers are contacted regarding any medication issues in these circumstances.
- investigate any medication incidents and implement measures to reduce the of these recurring. .

13.5 The Medical Emergency Response Team (MERT) will:

- respond to, manage and lead on-site medical emergencies and emergency medication requests
- call emergency services and liaise with operators and emergency services staff
- accompany pupils to hospital when required
- debrief staff team after medical emergencies
- record medical emergencies as part of the incident reporting
- review regularly (half termly) the emergency medication drill reports and first aid incidents
- liaise with parents and medical professionals as required.

13.6 School Supervisors will:

- ensure that all staff in their classes are familiar with pupils' needs, medical conditions, allergies & medication routines
- discuss regularly (at least half-termly) within class meetings pupils' medical needs and review medication and emergency procedures for pupils
- ensure that pupils receive medication as required; in their absence make arrangements and establish procedures for each of their pupils requiring medication
- support the school Nurse to complete medication risk assessments
- ensure that new staff are inducted appropriately and shown how to complete records for signing medication in & out
- ensure that parents/carers are contacted/ made aware via communication book when a pupil requires medication such as pain relief or antihistamines and informed of the time and dose of medication administered.

13.7 Staff Involved in the Administration of Medication will:

- follow policy and school and individual pupil medication procedures
- ensure that the agreed and documented level of support is provided to the pupil on a day-to-day basis
- complete MAR sheets accurately immediately after administering medication
- inform their Supervisor and the School Nurse (in their absence, SMT) in the event of medication refusal or non-administration of medication
- ensure that parents/carers are informed of any medication refusal, non-administration of medication and/or emergency medication administration
- inform their Supervisor and the School Nurse (in their absence, SMT) of any significant change/s or issues that may trigger the need for a medication review
- ensure that incidents and 'near-misses' are recorded appropriately (on SchoolPod under Health & Safety) and used as a learning tool to improve the service
- provide feedback on the policy and procedures to aid evaluation and review.

13.8 All Teaching Staff are responsible for:

- checking communication books for messages from parents and school bags, lunch boxes for medication
- ensuring that no medication is left unattended and return medication to secure medical cabinets at the earliest opportunity
- informing their lead teacher and/or supervisor (in their absence SMT) of any messages related to medication from parents at the earliest opportunity
- informing their lead teacher and /or supervisor (in their absence SMT) of any medication brought into school at the earliest opportunity
- ensuring that they are familiar with any medical conditions and emergency and medication procedures for pupils they regularly work with
- ensuring that pupils receive their medication as required.

14. Monitoring and Evaluation

- 14.1 The implementation, monitoring and evaluation of this policy is the responsibility of the School Management Team.
- 14.2 This policy will be reviewed by the School Nurse and SMT and agreed by Governors on an annual basis.
- 14.3 Policies and procedures are subject to change in light of new legislation or guidance.

15. Policy Review

- 15.1 This policy will be reviewed and updated annually or as necessary to reflect best practice and to ensure compliance with any changes or amendments to relevant legislation.
- 15.2 This policy was last reviewed in July 2022.

16. Version History

No.	Date	Amendment
1.1		
1.2	July 19	Date update
1.3	Nov 19	6.1.6 amended on advice from OPUS Pharmacy Services and local pharmacist at Cranleigh Pharmacy on the use of ibuprofen. Section deleted include 'and medication containing ibuprofen (e.g. Nurofen)'
1.4	July 2020	Policy reviewed and updated. Parent Consent form and guidelines updated in line with change in administration of Nurofen. Supervisor and M & WO responsibilities updated.
1.5	July 2021	Purpose – relevant legislation referenced, and links added under point 17.
1.6	September 2021	Merged separate medication procedures document with policy document. Appendix 2 & 3 added. Amendments made to sections 2.6 definition of medicine occurrences added, 6.5 emergency medication, 8.4, 9.2-6 added and 10.2 added.
1.7	July 2022	Changed Medication & Welfare officer to School Nurse throughout. Minor changes to responsibilities to reflect current practice.

17. Related Legislation & Guidance

Document	Location
Children and Family Act, 2014	https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

18. Related Internal Documentation

Document	Electronic Copy Location
Managing & Administering Medication Procedures	Jigsaw server O-drive/Policies and Procedures
Health & Safety Policy	common / MyJigsaw / Policies / School
Hygiene & Infection Control Procedures	Jigsaw server O-drive/Policies and Procedures
Department of Health – Guidance on the use of adrenaline auto –injectors in schools	Jigsaw server O-drive/Policies and Procedures
Department of Health – Guidance for the use of emergency Salbutamol inhalers in schools	Jigsaw server O-drive/Policies and Procedures

Surrey County Council Guidance on Supporting Pupils with Medical Conditions, January 2016	Jigsaw server O-drive/Policies and Procedures
Department for Education & Skills & Department of Health – Managing Medicines in Schools & Early Years Settings, 2007 Guidance	Jigsaw server O-drive/Policies and Procedures

APPENDIX 1 – Parental Request & Consent to Administer Medication

PARENTAL REQUEST & CONSENT TO ADMINISTER MEDICATION

PLEASE READ THE GUIDELINES OVERLEAF **BEFORE** COMPLETING THIS FORM

Full Name of Pupil		Date of Birth	
Address			
Reason for Medication			
Name of Medication <i>(as described on container)</i>	Prescribed <i>(indicate if applicable)</i>		
	Non-prescribed, over-the-counter <i>(indicate if applicable)</i>		
Dosage & Method			
Frequency / Timings			
Self-Administration <i>(delete as applicable)</i>	Yes / No		
Special precautions / other instructions			
Are there any side effects the school needs to know about?			

FOR NON-PRESCRIBED, OVER-THE-COUNTER MEDICATION ONLY:

- I confirm my child has taken this over-the-counter medicine without ill effect.
- I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition

- I give consent to school staff administering the above medicine.
- I confirm that the information I have provided is accurate at the time of writing and I agree to inform the school immediately, in writing, if there is any change to my child's medical needs and/or medicines.
- I confirm that the medicine provided to Jigsaw CABAS School is in its original packaging and has not exceeded the expiry date.
- I have read the guidelines on the back of this form.

.....
Parent/carer name

.....
Signature

Date:

GUIDELINES FOR PARENTS/CARERS

Please read these guidelines & procedures carefully before completing the form overleaf

- Medicines will only be administered if written parental consent was provided.
- The term 'medicine' or 'medication' applies to all prescribed medicines and drugs, over-the-counter medicines and drugs obtained from a chemist, over-the-counter creams, ointments and lotions, home remedies such as pain relief or cold remedies, homeopathic or herbal medicines.
- Where possible the need for medicines to be administered at school should be avoided. Parents/Guardians are therefore requested to arrange the timing of doses accordingly.
- Parents are asked to notify the school before sending any medication in for their child.
- Prescription medicines must be prescribed by a UK Medical Practitioner and provided in their original container and packaging with the pharmacy label intact. Prescription label must clearly state the dosage, frequency and/or time that the medication is to be administered, cautionary advice and instructions for administration. Prescription medication will be administered according to the pharmacy label instructions.
- Non-prescribed medicines must be provided in their original container and packaging. Non-prescribed medicines will be administered according to the manufacturer's instructions.
- Jigsaw CABAS School will not administer non-prescribed medicines for longer than 48 hours without authorisation from a medical practitioner.
- A new parental consent form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of medication.
- **A child/young person under 16 will only be given aspirin if prescribed.**
- Unused/expired medication will be returned to parents/carers either directly or via the child's transport provider or passenger assistant.
- Parents/carers have the responsibility to dispose of any unused or expired medication.
- Parents/carers will be notified if a child has refused to take the medication recorded on this form or if the medication has not been administered.
- Staff administer medication on a voluntary basis and Jigsaw CABAS School will ensure that they receive the appropriate training for the administration of basic medication.
- Parents/carers should bear in mind that additional training will need to be organised for specialist medication or treatment, for example, eye drops, ear drops, nebulisers, pessaries, injections, emergency medication. Therefore, Jigsaw CABAS School will not be able to administer these medications until such training has been carried out and alternative arrangements for the administration of these medications will need to be put in place.

APPENDIX 2 – Medication Administration Guidance

1. General Guidance

- 1.1 The following guidance must be read and interpreted alongside the school's policy for managing and administering medication.
- 1.2 When giving medications by mouth such as pills or liquids, there are some basic things to remember.
- 1.3 Make sure that the pupil is in an upright and sitting position. Never give pills or liquids to a client lying down.
- 1.4 Many pupils can only swallow one pill at a time. Be careful to give only the number of pills and amount of liquid the pupil can swallow safely and easily.
- 1.5 If a pupil is having trouble swallowing pills or liquids, record it on the MAR sheet under comments and notify senior member of staff immediately (supervisor).
- 1.6 Make sure that the pupil is completely alert when giving medications. Never give medication to a pupil who is drowsy or not fully awake.
- 1.7 Stay with the pupil to make sure that all medication has been taken and swallowed.
- 1.8 Some pupils need to have their medication put into food or liquid to help them to swallow it. This must only be done if it is agreed with the pupil's GP and is recorded on the pupil's Individual Health Care Plan and Medication Risk Assessment.
- 1.9 If you have been given permission to mix a medication with food or liquid, stay with the pupil until they have finished the food or liquid to make sure that they have taken all of the medication.
- 1.10 Never leave medications lying around and be especially careful when medications are mixed in food or liquid: other pupils could mistake them for a snack and take the medication. This is a poisoning and is a very serious issue.
- 1.11 Good hygiene is essential when administering medicines. Wash hands before and after administering medicines and where required wear gloves, i.e. steroid creams.
- 1.12 6-point check must be followed when administering any medicines including: RIGHT pupil, medicine, dose, time, route and right to refuse. Cautionary warnings must also be checked.



2. Liquid Medications



2.1 When giving liquid medications, always:

- Check expiry date.
- Mark new bottles with dates of opening and the new expiry date (if applicable).
- Shake the bottle well before giving liquid medications.
- Measure carefully using an approved measuring device. This could be a small clear plastic measuring cup, a syringe, a dropper or a specially designed measuring spoon.
- Hold the measuring device at eye level, fill to the right level using the markings on the device as a guide and then re-check on a level surface.
- Pour the bottle with pharmacy label facing up to minimise spillage onto the label and making it difficult to read.
- If using an oral syringe, remove air gap and direct the syringe to the side of the mouth, squirting a little liquid at a time.
- Wipe off the bottle with a damp cloth after pouring to prevent the label from becoming soiled.



3. Sublingual Medications



- 3.1 Sublingual medications are also given orally. They are different from other oral medications because they must not be swallowed.
- 3.2 Sublingual medications are placed under the tongue where they are left until they dissolve.

4. Eye Medications



- 4.1 Eye drops or ointments may not be administered by staff unless they have received specialised training.
- 4.2 When giving eye medications, such as eye drops or eye ointment, there are some basic things to remember:

- Check expiry date.
- Mark new bottles with date of opening and the new expiry date (if applicable).
- Check the label: eye medications should always be labelled as "ophthalmic" drops, solutions or ointments.
- Inspect the eye drops even if still in date.
- Wash hands and wear gloves if appropriate.
- Use a warm moist facecloth to remove any crusting around the eye. Wipe from the inside part of the eye to the outer part of the eye.
- Use a separate facecloth for each eye and use only warm water on the face cloth.
- Ask the pupil to sit with their head tilted back, looking "up" or lying down on their back.
- Use your finger to gently pull the lower lid down to form a "pocket".
- Hold the drops or the ointment container between your thumb and index finger and rest your hand against the pupil's forehead to steady your hand.
- Do not touch the dropper to the eyeball.



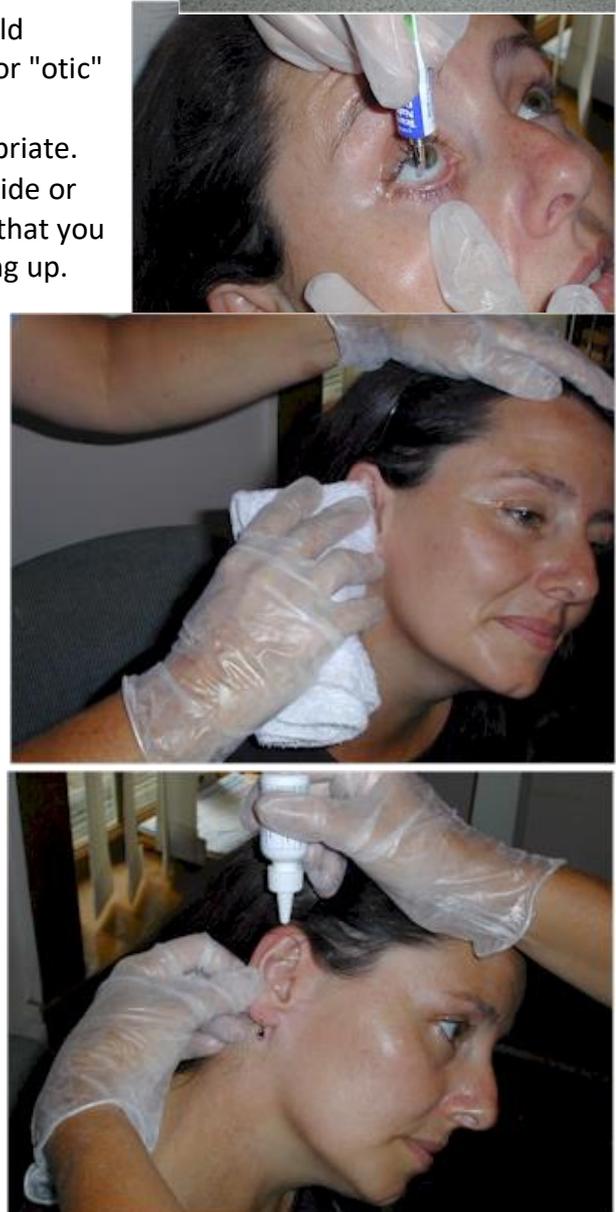


- For eye drops, gently squeeze the drop(s) into the “pocket” that you have made with the lower lid.
- For eye ointment, gently squeeze the ointment from the inner part of the “pocket” toward the outer part of the “pocket”.
- Wipe away any liquid from the pupil’s cheek with clean tissue.

5. Ear Medications

- 5.1 Ear medication may not be administered by staff unless they have received specialised training.
- 5.2 When giving ear medication, there are some basic things to remember:

- Check expiry date.
- Mark new bottles with date of opening and the new expiry date (if applicable).
- Check the label: ear medications should always be labelled as "otic" solutions or "otic" drops.
- Wash hands and wear gloves if appropriate.
- Ask the pupil to tilt their head to the side or to lie down on their side with the ear that you will be putting the ear drops into facing up.
- Use a warm moist facecloth to remove any crusting within or around the ear and use a separate facecloth for each ear.
- Gently grasp the ear lobe/ or the top of the ear and lift it slightly up and outward. This helps to straighten the ear canal so that the drops can get in to do their work.
- Do not touch the ear with the dropper. Gently squeeze the dropper and allow the medication to flow into the ear canal.
- Ask the pupil to keep their head tilted or to remain lying on their side for 5 minutes to keep the medication from draining back out of the ear.
- If instilling drops into both ears, wait 5-10 minutes between ears to allow the ear drops to turn into the ear canal.

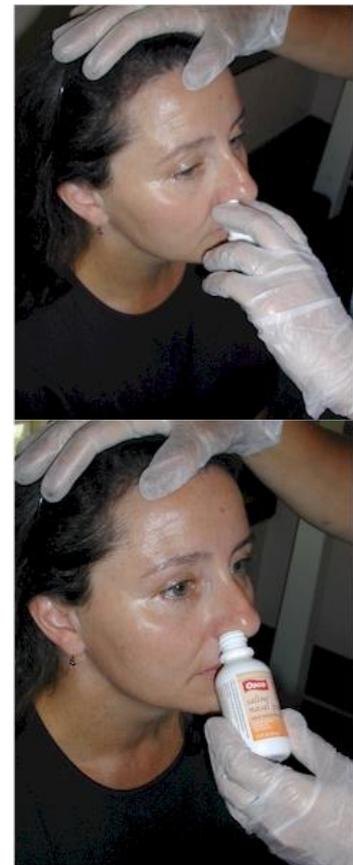


6. Nasal Medications



6.1 When giving nasal medications, there are some basic things to remember:

- Nasal medication may not be administered by staff unless they have received specialised training.
- Check expiry date.
- Mark new bottles with date of opening and the new expiry date, if applicable.
- Wash hands and wear gloves if appropriate.
- When giving nasal medications, ask the pupil to blow their nose to clear the nostrils. Using a warm, moist facecloth, remove any crusting or debris within or around the nose.
- When giving nasal sprays or a nasal inhaler, ask the pupil to sit up with their head in an upright position.
- Shake the bottle prior to use.
- Gently insert the rounded spray nozzle or the inhaler nozzle into the nostril. Ask the pupil to “sniff” as you gently squeeze the bottle or pull down on the spray nozzle.
- Ask the pupil to stay in a still position for 2 minutes.



7. Inhalers

7.1 When giving medications by inhaler, there are some basic things to remember:

- Wash hands and wear gloves, if appropriate.
- Check expiry date.
- Ensure pupil is in an upright position.
- Always shake the inhaler well.
- If inhaler is new or has not been used for a week or more, spray it into the air first to check it works.
- Ask the pupil to exhale/breathe out deeply just before placing the device into the mouth.
- Place the inhaler in the pupil's mouth and ask the pupil to breathe in slowly and deeply as you push down on the top of the inhaler canister to deliver a "puff" of medication.
- Ask the pupil to hold the medication in for 10 seconds with each puff.
- You may be using a device called a "spacer". This helps to make sure that the medication gets into the lungs and also helps if the pupil is unable to follow directions about inhaling or holding the medicine in.
- If you are using a spacer, connect the inhaler to the spacer and place the spacer mouthpiece in the pupil's mouth. Squeeze the inhaler to deliver a "puff" or inhalation. Ask the pupil to breathe in deeply for 10 breaths after each "puff" has been squeezed into the spacer.





- If you are giving more than one "puff" or if you are giving more than one medication by inhaler, wait at least 30 seconds each puff and between each medication.
- Assist the person to rinse out their mouth with water after giving medications by inhaler.
- Wash and rinse the spacer after each use and let it air dry.
- Although inhalers are a very common way of giving medications by this route, there are also other types of inhaled medications, including dry powder inhalers and nebulizers that you might be giving.
- You will be provided with specific education and training in order to understand how to give different types of inhaled medications.



(Inhaler picture reference: <http://www.caritas.ab.ca/ther/images/>)

8. Topical Medications



8.1 When giving topical medications, there are some basic things to remember:

- Check expiry date.
- Mark new containers, tubes with date of opening and new expiry date, if applicable.
- Wash hands before and after administering topical medicines. Wear gloves.
- Gently clean the skin with a warm moist facecloth and pat dry before applying a topical medication unless you have been specifically instructed not to.
- You can use warm water or warm water with a mild soap.
- Gently apply a small amount of the topical medication.
- Do not touch the medication container to the pupil's skin.
- Do not rub or massage or cover the area with a band-aid or gauze unless you have been instructed to.
- If applying a steroid cream, administer small amount and apply thinly.
- If using both a steroid cream and an emollient, it is important to leave sufficient time (approx. 30 minutes) between the two treatments.
- Follow directions from pharmacy label or manufacturer's instructions for barrier creams.
- Apply topical medications in a thin layer (unless otherwise ordered) and only to the area(s) of the body indicated in the medication order.



- Monitor for any signs of skin irritation or reactions. If there are any signs of skin irritation, report to senior staff (supervisor, in absence SMT) immediately.
- Be aware that emollients transfer onto fabrics easily and the clothes, towels, bedding and make these items flammable.

9. Transdermal Patches



9.1 When applying a Transdermal patch, there are some basic things to remember:

- Do not allow the medication from the patch to touch your skin. Always wear gloves when applying and removing Transdermal patches.
- Gently clean the skin with a warm moist facecloth and pat dry before applying a Transdermal patch unless you have been specifically instructed not to. You can use warm water or warm water with a mild soap.
- Apply Transdermal patches in areas where there is minimal body hair. If you have been instructed to apply the patch to a specific body part, do so.
- Do not apply a Transdermal patch to an area of skin that is scabbed, scratched or has a rash.
- To apply the patch, carefully peel the backing off the patch.
- Keep the patch clean and dry.
- Apply the patch and peel off the covering that is on top of the patch. Press down on the patch or cover it with your hand gently for 30-60 seconds to help the patch stick.
- Don't forget to remove the patch according to the medication order. When you put the next patch on, put it in a slightly different place.
- If a patch falls off before it is time to remove it, report this immediately according to your agency's policy for medication occurrences.
- Do not re apply a new patch until you have been specifically instructed to do so.



10. Rectal Medications

10.1 When giving a rectal suppository there are some basic things to remember:

- Provide privacy for the pupil. Think about how you would like to be assisted if you needed a suppository. Be sensitive to the pupil's sense of modesty.
- Be careful to fully explain what you are doing.
- Wash hands before and after administration and wear gloves.
- Unwrap the suppository. Most suppositories are wrapped in a foil or plastic wrap: you must unwrap the suppository before you insert it into the rectum.
- Lubricate the suppository with K-Y Jelly or another water-based lubricant (not Vaseline).
- Assist the pupil to lie on their side.



- Gently lift up the top cheek of the buttocks and locate the rectum.
- Gently insert the suppository into the rectum and push it in gently but as far as you can (the length of your index finger). Tuck the suppository up against the rectal wall.
- Ask the pupil to hold the suppository in for as long as possible.

10.2 When giving an enema, there are some basic things to remember:

- Follow the same guidelines regarding privacy, wearing gloves and positioning. In most (if not all) cases you will be giving a pre-filled, lubricated and measured enema. Remove the cover on the tip of the enema and gently insert the enema into the rectum as far as you can (the length of the enema tip). Squeeze the enema until all of the liquid goes into the rectum.
- Ask the pupil to hold the enema contents in for as long as possible.

11. Vaginal Suppositories

11.1 When giving a vaginal suppository there are some basic things to remember:

- Provide privacy for the pupil. Think about how you would like to be assisted if you needed a suppository. Be sensitive to the pupil's sense of modesty.
- Be careful to fully explain what you are doing.
- Wash hands and wear gloves.
- Unwrap the suppository. Most suppositories are wrapped in a foil or plastic wrap: you must unwrap the suppository before you insert it into the vagina.
- Lubricate the suppository with K-Y Jelly or another water- based lubricant (not Vaseline).
- Assist the pupil to lie on her back with her legs open, or if she is more comfortable, on her side with the top leg bent and forward.



- If the pupil is lying on her back, gently spread open the labia. If the client is lying on her side, gently lift up the top cheek of the buttocks and locate the vagina.
- The rectum is farther back. Sometimes it is helpful to use the rectum as a guideline: locate the rectum first and move forward. The vagina is located closer to the front.
- Gently insert the suppository into the vagina and push it in gently but as far as you can by using your forefinger. Tuck the suppository up against the vaginal wall.

12. Medication Refusal

- 12.1 Pupils have the right to refuse medication.
- 12.2 Pupils may tell you or show you that they do not want to take medication.
- 12.3 There are many reasons why a pupil might refuse to take medication.
- 12.4 The effects and side effects of medication can cause resistance to taking medication as the pupil associates the feelings with medication. The feelings may sometimes be connected with the pupil's religious, cultural, ethnic, moral beliefs.
- 12.5 Careful listening and attention may help us to better understand the reasons why pupils don't want to take particular medications and to better explain why a medication is needed and how it works.
- 12.6 Some of the reasons why people may not want to take medication are:
 - Our society sometimes gives people the message that medication should not be taken as a way to solve problems.
 - People are concerned about the possibility of becoming "addicted" or "dependent" on a drug.
 - Side effects of the medication are making them feel sick
 - Lack of information or understanding about an illness can lead people to think they don't need medication – even when the illness is very serious.
 - Inability to communicate effectively.
- 12.7 If a pupil refuses a medication, first try to find out why:
 - Is the pupil experiencing an unpleasant side effect?
 - Does the pupil dislike the taste, smell or feel of the medication?
 - Is the pupil having problems swallowing the medication?
 - Is the pupil afraid of the medication for some reason? Why?
 - Is refusing medication part of a behavioural pattern of resisting medical care? For example, does the pupil have difficulty participating in health care exams or appointments?
- 12.8 Some ways to help solve problems of refusing to take medication are:
 - Give the pupil as much choice and control as possible.
 - Invite the pupil to work with you in learning how to take their medications. Develop an educational plan to help the person become more independent with medications. Invite the pupil politely to take the medication. Never dictate or command.
 - Whenever possible, give a choice of the type of liquid or other substance that the medication is given with.
 - Schedule medication administration, whenever possible, at the most convenient time(s) of day for the pupil.
 - Observe and report any side effects of medication. Report any possible side effects to the parent and where relevant to the prescribing practitioner.
 - Educate the pupil about the reason for taking the medication and the consequences of not taking the medication.
 - Consider whether a change in the method of giving medication might help. For example, might changing from a pill to a liquid make a difference?

- Consult with the Behaviour Support Team and supervisor to see if a formal behavioural approach is needed.

- 12.9 If a pupil refuses medication, offer the medication again in 15 or 20 minutes, if appropriate to do so. If the pupil refuses again, check Individual Health Care Plan or specific medication administration guidelines for instructions. Follow the directions agreed with parents.
- 12.10 Make sure that the parent/primary carer is informed of medication refusals. It is very important that the primary carer knows when a medication is not being taken as ordered.
- 12.11 Document all medication refusals according to the Medication Administration Procedures.

13. Mistakes

- 13.1 Sometimes, even when you try your best, mistakes happen.
- 13.2 If a mistake involves a poisoning or an overdose, follow the procedure for poisoning/accidental overdose.
- 13.4 The most important thing to do when you make a mistake or discover a mistake is to report it immediately by following the school's policy for reporting medication errors.
- 13.5 By reporting mistakes, you can get advice about corrective action that helps to minimize the effect of the mistake on the pupil. This is the most important thing.
- 13.6 It is understandable to feel bad or embarrassed when you make a mistake. We all hope to provide the best possible medication administration to pupils and try hard not to make mistakes. Don't let your feelings hold you back from reporting.
- 13.7 After you have followed the policy for reporting and responding to medication occurrences/errors, take some time to think about ways that the mistake could be avoided in the future.
- 13.8 Most mistakes happen because of a variety of factors. You can help to prevent future mistakes by carefully evaluating each mistake and taking steps to avoid the factors that lead to mistakes.

14. Poisoning and Accidental Overdose

- 14.1 By following the procedures that you have been taught to administer medications, you will have the best possible chance of avoiding accidental overdose (when the pupil receives more of a medication than they should have) or poisoning (when a pupil receives another pupil's medication).
- 14.2 If a poisoning or accidental overdose happens, remember to follow three important steps:
1. Stay calm.
 2. Stay in control.
 3. Act immediately to get advice and treatment.

ALWAYS:

- seek medical advice either call NHS 111 or emergency services on 999 depending on the severity of poisoning.
- Inform parent/s immediately (or as soon as possible without compromising the wellbeing of the pupil)

Do Not:

- Give the pupil anything to eat or drink unless told to do so by a health care professional.
- Give fluids or food if the pupil is unconscious, having a seizure, or very drowsy. (If the person can't swallow well, they could choke and the food and fluid may enter the lungs.)

APPENDIX 3 - Administering & Managing Medication – Staff training requirements

Only staff who are suitably trained and competent should administer and/or manage medicines.

There is no requirement for individuals to be First Aid trained to administer or manage medicines.

Administering Medicines:

Staff require the following training and assessment to be deemed suitably trained and competent:

- Induction and ongoing training on updates on the School's medication policy, guidance & procedures including emergency medication procedures, and
- Medicine Awareness Foundation Course provided by OPUS
- Advanced Medicine Management and Competency Assessment course provided by OPUS, or
- Internal Medication Administration Competency Assessment by a member of staff who has completed the Advanced Medication Management and Competency Assessment course (internal competency assessments must be renewed every 6 - 12 months)

Witnessing Administration of Medicines and Signing in/Out Medicines:

Staff require to have the following training to be deemed suitably trained:

- Induction training on the School's medication policy, guidance & procedures including emergency medication procedures, and
- Medicine Awareness Foundation Course provided by OPUS

Emergency Medication:

Only staff who received specific training in the use of rescue medication should administer the following medicines:

- Buccal Midazolam
- Adrenaline Auto-Injectors
- Inhalers (Ventolin – Salbutamol)

Suitable training includes:

- First Aid training that includes the use of Adrenaline Auto-Injectors – including Epipens & other Auto-injectors
- OPUS Epilepsy & Buccal Midazolam training
- OPUS Supporting Pupils with Asthma training
- OPUS Anaphylaxis (Epipen & Auto-Injectors) training

NB: on off-site trips, all first aiders are able to administer all emergency medication if instructed by emergency services.

Anyone involved in the management of medicines (i.e. auditing, checking) should also have suitable training, including:

- Induction training on the School's medication policy & procedures including emergency medication procedures, and
- Medicine Awareness Foundation Course provided by OPUS, and
- Advanced Medicine Management and Competency Assessment course provided by OPUS.