

# Fair Ways School Medication Policy and Procedure

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## Fair Ways Vision, Mission and Values (2024)

### Our vision

To build a community that changes lives, makes a difference to society and leaves a legacy greater than ourselves and our contributions.

### Our mission

To grow a compassionate, resilient, and trauma-informed community, that embraces learning, so that we improve the lives and outcomes of individuals.

### Our values

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within Fair Ways to *play their part*:

<b>P</b> ROFESSIONAL	<b>A</b> CCEPTING	<b>R</b> EFLECTIVE	<b>T</b> RANSPARENT
<ul style="list-style-type: none"> <li>· We do what we say we will.</li> <li>· We approach challenges with optimism and enthusiasm.</li> <li>· We don't judge, we notice.</li> <li>· We put the needs of the service before our own personal gains.</li> </ul>	<ul style="list-style-type: none"> <li>· We don't give up on people.</li> <li>· We value all individuals and are willing to challenge them.</li> <li>· We embrace each other's differences as much as our similarities.</li> <li>· We accept responsibility for our actions.</li> </ul>	<ul style="list-style-type: none"> <li>· We give feedback, we invite feedback, we listen to feedback.</li> <li>· We look inward before we look outward.</li> <li>· We learn as much from our mistakes as from our successes.</li> <li>· We listen to each other, learn from each other and grow together.</li> </ul>	<ul style="list-style-type: none"> <li>· We are always willing to explain why.</li> <li>· We have the courage to be open and honest.</li> <li>· We earn trust through our transparency.</li> <li>· We live by our values even when no-one is watching.</li> </ul>

## **1 Introduction**

- 1.1 Fair Ways adheres to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) Regulations 1973 and the Safer Management of Controlled Drugs Regulations 2006.
- 1.2 In addition to the above, each service complies fully with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, “Management of Medicines”, which states that the registered person must, so far as reasonably practicable, ensure that medicines are handled safely, securely and appropriately, including Controlled Drugs.
- 1.3 In addition to the above, each Fair Ways Service will complete with regulations specific to their regulatory body.
- 1.4 Each Fair Ways Service has a policy and procedure which outlines the responsibilities of Fair Ways and staff in the use of medication for all service users.
- 1.5 The Department for Education (DfE) ‘Supporting pupils at school with medical conditions’ (2015) guidance has 3 key points:
  1. Young People at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
  2. The Fair Ways Board of Directors must ensure that arrangements are in place in schools to support young people at school with medical conditions.
  3. Fair Ways Board of Directors should ensure that school leaders consult health and social care professionals, young people and parents to ensure that the needs of young people with medical conditions are properly understood and effectively supported.
- 1.6 The guidance states that Fair Ways Board of Directors should ensure that all schools develop a policy for supporting young people with medical conditions that is reviewed regularly and is readily accessible to parents /carers and school staff. This Policy provides an explanation into the role and responsibilities of Fair Ways as an organisation in supporting young people with medical conditions in the two schools – GLADE School (ASC) and Fair Ways School (SEMH / ASC / Transition).
- 1.7 When a young person transfers from a school to a Fair Ways education provision, there needs to be a transitional arrangement between the schools and parents/Carers to ensure that all health needs are proactively identified. In cases where a young person’s medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what

support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents / carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **2 Confidentiality**

- 2.1 Medication management is an integral part of a young person's health care. As such, medication management requires the same degree and approach to consent and confidentiality as any aspect of a young person's records.
- 2.2 The management of medicines may be a core component of a service user's care whilst in placement with Fair Ways. The team involved with the service users will respect the confidentiality of its service users, including their medical history and medicines. There must be a system in place to manage information including sharing information only with relevant people in line with General Data Protection Regulations (GDPR 2018).
- 2.3 Staff should follow the rules on confidentiality and only share enough information to ensure safe care of the service user.

## **3 Medication Errors and Safeguarding**

- 3.1 Errors can occur in the prescribing, dispensing or administration of medicines. Whilst most medication errors do not harm the individual, some errors can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.
- 3.2 The following is a non-exhaustive list of some examples of administration errors:
  - Wrong dose is given, too much, too little
  - Medication is not given
  - Medication given to the wrong service user.
- 3.3 A safeguarding concern in relation to managing medicines includes:
  - The deliberate withholding of a medicine(s) without a valid reason;
  - The incorrect use of a medicine(s) for reasons other than the benefit of a service user;
  - A deliberate attempt to harm through use of a medicine(s);
  - Accidental harm caused by incorrect administration or a medication error.
- 3.4 Staff are responsible for following the Fair Ways Education policy and procedure on Safeguarding [DOC REF SC 11] when there is an issue with medication management.

## **4 Medication Reconciliation**

- 4.1 Each service will have a preferred method of handling and administering medication which will be detailed in their policy and procedure.
- 4.2 Medication stock and Medication Administration Record (MAR) sheets should be audited in accordance with the service policy and procedure.
- 4.3 As a minimum all services complete a monthly medication audit conducted by a designated individual (Appendix A). This audit must include all Medication Errors, both administration and recording errors.
- 4.4 Medicines should only be administered in school when it would be detrimental to a young person's health or school attendance not to do so.
- 4.5 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- 4.6 The school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to the school inside an insulin pen or a pump, rather than in its original container.
- 4.7 All medicines will be stored in a locked medication cabinet in the school medical room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to young people.
- 4.8 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- 4.9 All controlled drugs will be stored in the locked part of the medication cabinet. A controlled drug book will be needed to monitor the acceptance, administration and return of the control drug to the parent. A record will need to be kept of any doses used and the amount of the controlled drug held. The Deputy Head is responsible for auditing the control drug book on a weekly basis.
- 4.10 Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual young people, stating what, how and how much was administered, when and by whom. This needs to be recorded on the Medication Administration Record. Any side effects of the medication to be administered at school should be noted in school. (Within Individual Health Care Plan)
- 4.11 A designated person (Medication Coordinator) should check the medication cabinet at least once a week to ensure that medication has not reached its expiry date.

- 4.12 Daily checks are made by the school staff to reconcile dosage and administration, further check will be made by the Deputy Head on a weekly basis to enhance auditing checks. A designated person will attend the assessor's workshop for medication handling and ensure that all staff complete a medication competency assessment three times per year.

## 5 Consent

- 5.1 Consent needs to be obtained in regards the administering of medication, how this is gained will be dependent on the service and the type of service user. Please refer to the specific policies and procedures.
- 5.2 Medication may not be administered without consent.
- 5.3 No pupil under 16 should be given prescription or non-prescription medicines without their parents / carers written consent (**Appendix A**) – except in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parents. In such cases, every effort should be made to encourage the young person to involve their parents while respecting their right to confidentiality.
- 5.4 The only non-prescription medication the school will administer will be a dose of paracetamol/ ibuprofen or allergy relief that must be brought in from home, in the original packaging with instructions. No other non-prescribed medication will be administered. Parents need to give advance permission for this in writing and documented in the individual healthcare plan. Parents will also need to be contacted to seek consent before medication is administered.
- 5.5 Staff will identify and record anything that may hinder a young person giving informed consent. Things to look out for include mental health problems, lack of (mental) capacity to make decisions, health problems (such as problems with vision and hearing), difficulties with reading, speaking or understanding English and cultural differences. These will be taken into account when seeking informed consent and will be regularly reviewed.
- 5.6 If any health care needs are identified for a young person, then an individual health care plan will be required. Only young people with health care needs will require an individual health care plan. The Individual Health Care Plan provides clarity about what needs to be done, when and by whom. The school should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the young person's needs have changed. They should be developed with the young person's best interests in mind and ensure that the school assesses and manages risks to the young person's education, health and social wellbeing, and minimises disruption. The plan should be easily accessible to all who need to refer to them, while preserving confidentiality.



- 5.8 Plans should be drawn up in partnership between the school, parents / carers and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best give advice on the particular needs of the young person, they too should also be involved whenever appropriate.
- 5.9 An individual healthcare plan should include the following:
- The medical condition, its triggers, signs, symptoms and treatments.
  - The young person's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors.
  - Specific support for the young person's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
  - The level of support needed (some young people will be able to take responsibility for their own health needs) including in emergencies. If a young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
  - Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the young person's medical condition from a healthcare professional; and cover arrangements for when they are unavailable?
  - Who in school needs to be aware of the young person's condition and the support required?
  - Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff or self-administered by the young person during school hours.
  - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable will ensure the young person can participate, e.g. risk assessments.
  - Where confidentiality issues are raised by the parent or young person the designated individuals to be entrusted with information about the young person's condition.
  - What to do in an emergency, including whom to contact, and contingency arrangements. Some young people may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

- If a young person, for whatever reason, does not take the medication this needs to be recorded with the reason on the MAR sheet and school leadership team immediately informed. Parents will need to be immediately contacted about the refusal.
- All medication errors must be reported immediately to the Head of School and advice initially sought from a health care professional via NHS Direct (Telephone 111).
- Staff should report any adverse reaction to the medication immediately to the school leadership team and seek initial advice from NHS Direct (Telephone 111).

## **6 Training**

- 6.1 All staff who administer medication are required to undertake Medication training through Fair Ways. This training is in three parts and includes –
- Medication eLearning via The Training Hub platform
  - Medication Awareness (Face to Face)
  - Competency Assessment (Service Specific)
- 6.2 Designated senior staff identified as Medication Assessors within their services, attend a further course in order to complete the service specific Medication Competency Assessments.
- 6.3 Training should be organised at the earliest opportunity. No member of staff can administer medication until they have completed the training along with in house competencies. A copy of the competency assessment will be kept in the service and compliance is monitored by the Fair Ways Training Team.
- 6.4 When there is a requirement for any specialist training, as identified in a student's EHCP, this would be sourced and provided for all staff involved in the care of the service users.
- 6.5 For best practice, all staff must have an annual review of their knowledge, skills and competencies. This is the responsibility of the care provider.

## **7 Record Keeping**

- 7.1 There is a statutory requirement to maintain medication records, these must be correctly completed, legible and up to date. All current medication charts and records should be kept in the service user file at the service. Medication Administration Record (MAR) charts can only be signed by the member of staff who has provided the administration. The records must provide an audit trail so an audit can take place at the end of each episode of care and/or weekly as per service specification. This involves checking and ensuring that all medication has been correctly signed for and if appropriate, that the balances of medication and expiry dates are correct and correct procedures for the disposal have been followed. The MAR Chart must be signed by the person doing the check.

- 7.2 All medication records and charts must be kept for 3 years from the date of last entry.
- 7.3 All record keeping is checked weekly by the deputy head and MARS sheets are uploaded to clear care.

## **8 Self-Medication Management**

- 8.1 Students are not permitted to self-medicate any prescribed or non-prescribed medications.
- 8.2 All medications must be handed in to staff at the beginning of the school day and only trained staff will dispense these at the correct times. The only exception to self-medication is the use of an asthma inhaler or Epi pen (see below)

## **9 Dispensing**

- 9.1 Staff need to thoroughly wash their hands before dispensing medication.
- 9.2 Dispensing medication needs to be undertaken in line with the instructions on the original medication container and specific to the service user it has been prescribed for. Medication must not be taken from the original medication packaging and put into another container unless using an aid such as a medication pot, spoon, or oral syringe. If administration instructions require transfer into an aid, then the medication is to be taken immediately to the young person for dispensing. The member of staff who dispenses the medication must be the member of staff who administers it to the service user.
- 9.3 If tablets are to be crushed or cut, staff have to use an appropriate compliancy aid as advised by the pharmacist.
- 9.4 When administering medicine, the following must be adhered to by the trained staff member:
- Staff must have a general understanding of the type of medication they are administering. This information can be found via the NHS Choices website or the patient information leaflet provided with the medication.
  - Be certain of the identity of the young person to whom the medication is being given.
  - Check the prescription and the label on the medication is clear and unambiguous.
  - Check that the medication label matches what is on the MAR sheet.
  - Prepare the correct dose for the time of day.
  - When liquids, creams and ointments are opened a clearly written label should be attached with the date the medicine has been opened and when it should be dispensed with.
  - Check the expiry date.

- Keep clear and accurate signed records of all medication administered, withheld or refused on the MAR sheet.
- Oral medication to be taken with water unless otherwise indicated.
- Have a second member of staff counter sign the administration.
- If a young person, for whatever reason, does not take the medication this needs to be recorded with the reason on the MAR sheet and school leadership team immediately informed. Parents will need to be immediately contacted about the refusal.
- All medication errors must be reported immediately to the Head of School and advice initially sought from a health care professional via NHS Direct (Telephone 111).
- Staff should report any adverse reaction to the medication immediately to the school leadership team and seek initial advice from NHS Direct (Telephone 111).

9.5 Only medications that have been prescribed by a Doctor or Non-medical prescriber may be given as PRN medication. In addition to completing the PRN MAR sheet, the following information should be entered onto the individualised PRN MAR sheet:

- Date, Time and Dosage.
- Authorisation to administer PRN.
- The name of the medication.
- The name of the person administering the medication.
- The name of the person witnessing the administration of this medicine.

9.6 Staff can only administer PRN medication in line with the young person's individual Care Plan and when clearly requested by the Young Person.

9.7 Staff are not able to 'offer' or initiate the administration of PRN medication

9.8 Young People who have Diabetes and require blood glucose monitoring should have access to a clean, private area with working facilities. Staff agreeing to undertake this procedure must receive training from a Diabetes Specialist Nurse.

## **10 Storage of Medication**

10.1 All medication is stored within a series of lockable cabinets within a lockable medical room. This includes prescribed and PRN medication including inhalers.

10.2 Keys for the non-controlled medication cabinet are kept in a key-coded lock box. Each medication is stored in a labelled zipper pouch that signifies the names of the medication and who it belongs to.

10.3 The keys for the controlled medication cabinet are kept in a key safe in the locked SLT office for Fort Wallington and in the medical room at Swanwick. Only staff that are trained in

advanced medication are aware of the code for this key safe.

- 10.4 Controlled medication is stored in separate cabinet to all other medication, but again is stored in a labelled zipper pouch that signifies the names of the medication and who it belongs to.
- 10.5 Controlled medication is stored in accordance with the 'British Standard BS2881:1989' and the 'Misuse of Drugs (safe Custody) Regulations 1975'. For the school to be compliant with these regulations, controlled medication is stored in a compliant cabinet which is resistant to an attack on the cabinet in an attempt to obtain the controlled medication inside. This cabinet must be attached to an appropriate wall, or floor, that allows for the fixtures and fittings of the cabinet to secure the cabinet sufficiently.

## **11 Medication Errors**

- 11.1 In the event of an administration medication error, the staff member who finds/commits the error will apply the following procedure:
- Assess the condition of the service user and call 111 or in extreme cases an emergency ambulance.
  - Contact the relevant service manager as soon as the error has been discovered, if this is out of hours to contact the on-call manager.
  - To ensure Duty of Candour, the service user must be informed of the error.
  - Inform the service user's social worker.
  - The service user's next of kin must also be notified (if SU has given consent).
  - Details of the error, the circumstances of its discovery and the action taken to be recorded on Incident Form and Risk Assessment on ClearCare and for Fostering on CHARMS.
  - The manager's actions/responsibilities will vary dependent upon the nature of the error, and if unsure should be guided by the advice of the Director of the service.
  - The manager will then follow the procedure below:
    - The Regulator will be informed if appropriate using their notification form. A copy of the notification form will be placed in the Service User's records. Consideration should be given as to whether the error should also be referred to the local Safeguarding service.
    - A full investigation of the circumstances which led to the error will be conducted.
  - In all cases it is essential that the reasons for the error are understood, to enable measures to reduce the risk of re-occurrence to be actioned.

## **12 Disposal of Medication**

- 12.1 Any medication that is identified as being out of date can only be disposed of by a pharmacist. Arrangements will need to be made for the medication to be returned to the Pharmacist. A record needs to be kept of what the medication was, who it belonged to and how much is being disposed of. The pharmacist needs to counter sign this record on receipt of the medications. This information needs to be recorded in the disposal of medication book.

## **13 Staff Medication**

- 13.1 Fair Ways recognise that some staff will need to bring their own medication to work. Staff are expected to keep their own medication in their personal belongings which are kept in a room that is not accessible by children/young people.
- 13.2 If staff medication is of a nature that requires specific storage, then this needs to be raised with their line manager.

## **14 Alcohol and Illicit Drugs**

- 14.1 If there is suspicion that service users have been drinking alcohol or taking illicit substances (including legal highs), staff are not to administer medication until they have liaised with the prescriber or if out of hours, to contact 111 for advice.
- 14.2 If the service user drinks alcohol or takes illegal drugs on a regular basis then the service user's medication care plan needs to be clear on when medication cannot be administered.

NOTE: It is the responsibility of all registered managers / home managers / Head of Schools to ensure that employees are aware of, and follow, this Policy and Procedure.

Employees breaching this Policy and Procedure will be subject to further action in accordance with the Organisation's Disciplinary Policy and Procedure.

## **15 Day trips, residential visits and other offsite school activities**

- 15.1 A young person's medical needs will need to be assessed before any offsite activity are agreed. There should be enough flexibility for all young people to participate according to their own abilities and with any reasonable adjustments. The schools will need to make arrangements for the inclusion of young people with medical needs, making reasonable adjustments when required. If medication needs to be administered when off site, a plan will have to be included in the individual healthcare plan.
- 15.2 If medication is required during a school trip it should be carried by the young people if

this is normal practice i.e. asthma inhalers. If not, then the medication should be carried out by a member of staff who would be responsible for administering the medication when required. Details should be recorded within the young person's individual care plan

## **16 Roles and Responsibilities**

### **16.1 Head of School**

The Head of School should ensure that this policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting young people with medical conditions and understand their role in its implementation. The Head of School should ensure that all staff who need to know are aware of the young person's condition. They should also ensure that sufficiently trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. In all education provision the Head of School has overall responsibility for the development of individual healthcare plans.

### **16.2 Parents**

Parents should provide the school with sufficient and up-to-date information about their young person's medical needs. Parents should be given the opportunity to be involved in the development and review of their young person's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### **16.3 Young People**

Young people should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

### **16.4 Staff**

Any member of school staff may be asked to provide support to young people with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of young people with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support young people with medical conditions. Any member of the school staff should know what to do and respond accordingly when they become aware that a young person with a medical condition needs help.

### **16.5 Health Care Professionals**

Other healthcare professionals, including GPs, CAMHS, should notify the school Medical Coordinator when a young person has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans.

## **17 First Aid**

- 17.1 All staff are First Aid trained and will respond to all accidents and injuries during the school day. Staff will carry out normal reporting procedures and, in an emergency, if young people require medical treatment this will be sought as a matter of urgency. Parents /carers will be informed immediately. All staff participate in regular training.

## **18 Accidents / Sickness**

- 18.1 If a young person is feeling unwell or encounters any kind of sickness their parent / carer is contacted immediately, and an arrangement is made to take them home by the school staff. If they are uncontactable or whilst young people are waiting, they are taken to the designated area of the school supervised by a member of staff first aid trained where they can rest with toilet and wash basin facilities attached. If any young person encounters sickness or diarrhea, we adopt a strict policy of having to be 48 hours of no symptoms before returning to school.
- 18.2 In any type of emergency, medical advice from the emergency services or NHS direct will be sought if the injury is severe or the designated 'First Aider' is anyway unsure of correct treatment, advice then can be given.
- 18.3 All 3 school sites are within ten minutes' drive of Accident and Emergency units in Southampton and Portsmouth. Any potential fracture, serious burn, any injury which results in heavy bleeding, any head injury, or any incident that results in a child losing consciousness should automatically trigger an emergency ambulance call or visit to the hospital.  
**NHS Direct: 111**  
**Emergency services: 999 (direct line)**
- 18.4 All accidents and other medical emergencies are to be recorded in the accident log. Parents or the placing authorities (and where appropriate) should be informed when necessary and a record kept of the occasions when these have taken place.
- 18.5 Young People with medical conditions, such as epilepsy, asthma or severe allergies are to be identified. All staff should be aware of their conditions and alert to the need for prompt action – details will be kept on individual risk assessments and behaviour management plans.

## **19 Body Fluid / Spillage**

- 19.3 Chlorine releasing agents such as bleach are the only disinfectants that are effective in these situations.
- 19.4 Protective clothing, including apron and latex gloves must be used at all times when handling infected clothes / matter. These items will be found along with cleaning products which have been COSHH and risk assessed by the Unit Manager.
- 19.5 Any bodily spillage must be cleaned as soon as possible using the correct COSHH assessed cleaning agents.



19.6 Staff should not routinely use the homely remedies stored in the school for young people. Fair Ways School recognises that there may be occasions where staff need access to analgesia (e.g. paracetamol). On these rare occasions, staff need to liaise with the Deputy Head of School / Head of School to request access to these analgesics. Access can only be sorted with prior permission from parents.

## **20 Asthma Inhalers Procedure**

20.1 **Introduction** - The Department of Health has guidelines on the use for asthma inhalers in schools, 'Guidance on the use of emergency salbutamol inhalers in schools' (DoH 2015). All 3 school sites have asthma inhalers onsite for emergency uses, in adherence to the Human Medicines (Amendment) (No. 2) Regulations 2014 that allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

20.2 **Supply** - The school can buy an inhaler and spacer from a local pharmacy without a prescription, providing that the general advice relating to these transactions are observed. Pharmacies are not required to provide inhalers or spacers free of charge so the school will be required to pay for them as a retail item. To purchase the item the pharmacist will require a request signed by the Head of School on headed paper stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required

20.3 **The Emergency Kit** - Each school will require an emergency kit for the asthma inhaler which will need to include:

- a salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing the inhaler and spacers (see below);
- guidance on the use of emergency salbutamol inhalers in schools
- a list of young people permitted to use the emergency inhaler as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used)

20.4 **Storage of Emergency Inhaler** - Two staff will be responsible for maintaining the emergency inhaler kit. They will be responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has a sufficient number of doses available.
- That replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use (it is recommended to have 5 spacers in an emergency bag).
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or replacements are available if necessary.

20.4.1 The emergency inhaler kit will be stored in the clinical room which all staff will require to have access to. The room temperature will need to be below 30°C.

20.4.2 The inhaler and spacers should be kept separate from any young person's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

20.4.3 An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

20.5 **Disposal** - The spacer should only be used once disposed of. Inhalers will need to be disposed of at the pharmacy.

20.6 **Young people who can use the Inhaler** - The emergency salbutamol inhaler should only be used by those:

- who have been diagnosed with asthma, and prescribed a reliever inhaler  
OR
- who have been prescribed a reliever inhaler

**AND** for whom written parental / carer consent for use of the emergency inhaler has been given.

20.6.1 This information is required to be recorded in a young person's individual healthcare plan. Written consent by the parent / carer needs to be contained in a consent form (**Appendix A**) and documented in the individual healthcare plan. The annual review of the individual health care plan will determine whether there have been any changes to the pupil's condition and for consent to be sought again from parent / carer.

20.7 **Roles and Responsibilities** - The Deputy Head of each school is responsible for overseeing the protocol for use of the emergency inhaler and monitoring its implementation and for maintaining the asthma register.

20.7.1 Each school to have two individuals who are responsible for the supply, storage care and disposal of the inhaler and spacer.

20.8 **Procedure on how to respond to signs of an asthma attack**

20.8.1 Common 'day to day' symptoms of asthma are:

- cough and wheeze (a 'whistle' heard on breathing out) when exercising
- shortness of breath when exercising
- intermittent cough

20.8.2 These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the young person to be sent home from school or to need urgent medical attention.

20.9 **Signs of an asthma attack include:**

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- being unusually quiet
- the pupil complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- difficulty in breathing (fast and deep respiration)
- nasal flaring
- being unable to complete sentences
- appearing exhausted
- a blue / white tinge around the lips
- going blue
- If a young person is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

20.10 **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE YOUNG PERSON:**

- appears exhausted
- has a blue / white tinge around lips
- is going blue
- has collapsed

#### 20.11 Responding to signs of an asthma attack:

- Keep calm and reassure the young person.
- Encourage the young person to sit up and slightly forward.
- Use the young person's own inhaler – if not available, use the emergency inhaler.
- Remain with the young person while inhaler and spacer are brought to them.
- Immediately help the young person to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the young person. Stay with the young person until they feel better. The young person can return to school activities when they feel better.
- If the young person does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The young person's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a young person taken to hospital by ambulance and stay with them until a parent or carer arrives.

#### 20.12 Recording use of the inhaler and informing parents / carers

- Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
- Written records need to be kept of medicines administered to them.
- The young person's parents must be informed in writing so that this information can also be passed on to the GP (Appendix D).

#### 20.13 Staff Training in Asthma Procedure

##### 20.13.1 All Fair Ways education staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- aware of the asthma procedure
- aware of how to check if a young person is on the register

- aware of how to access the inhaler
- aware of who the designated members of staff are, and the policy on how to access their help

20.13.2 The Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attack

20.13.3 Details should be recorded within the pupils individual Care Plan

## 21 Associated Documentation & Legislation

- Safeguarding Children Policy [DOC REF SC 11]
- Human Medicines (Amendment) (No. 2) Regulations 2014

### Version Control Sheet

Document Ref:	Version No:	Summary of Changes:	Author:	Release Date:	Approved By:
SC20	1	Launch	Michael Crutchley	July 2016	
SC20	2	Review 2016 / 2017	Gareth Webb	November 2016	
SC20	3	Sections 2, 3, 5 and 14 added	Gareth Webb	March 2017	QSGC
SC20	4	Addition of section 16	Gareth Webb	June 2017	QSGC
SC20	5	Review 2017 / 2018	Gareth Webb	November 2017	QSGC
SC20	6	Review July 2018 Section 10.5.1 amended Addition to sections 4, 5 and 9 New Sections added 17 & 18	Victoria Horner	July 2018	QSGC
SC20	7	Updated Appendix A & C – Consent Forms	Fey Audin	April 2019	PSC

SC20	8	Updated / Reviewed	Laura Willis	July 2019	QSGC
SC20	9	Review 2019 / 2020	Laura Willis	November 2019	QSGC
SC20	10	Review 2020 / 2021	Laura Rowe	October 2020	QSGC
SC20	11	Amended appendices A & C	Laura Rowe	May 2021	PSC
SC20	12	2022 / 2024 Change review period to every 2 years	Laura Rowe	October 2022	PSC

## Appendix A – Fair Ways Education Consent Forms Medical Information

Please be advised that the information you provide below is recorded on our system within your Child’s Confidential Records. The information is only accessed by designated staff and used for the purpose of contacting you; your emergency contact and/ or your child’s GP. Medical information is relevant information to help us best monitor your young person’s health and wellbeing. This information is processed in line with General Data Protection Regulations and our Fair Ways Policies as follows: Confidentiality Policy, Data Protection Policy, Information Sharing and Acceptable Usage Policy.

<b>Full Name:</b>
<b>Date of birth:</b>
<b>GP Surgery &amp; Contact details:</b>
<b>Dentist Surgery &amp; Contact details:</b>

<b>Has your young person had any of the following?</b>			
Asthma or bronchitis	YES/NO	Is your registered disabled?	YES/NO
Fits, fainting or blackouts	YES/NO	Allergies to any known drugs?	YES/NO
Severe headaches	YES/NO	Any other allergies?	YES/NO
Heart condition	YES/NO	Is your young person receiving medical or surgical treatment?	YES/NO
Diabetes	YES/NO	Has your young person been given specific medical advice to follow in emergencies?	YES/NO
Other illness or disability	YES/NO	Are your child’s immunisations up to date?	YES/NO
If you have answered YES to any of these questions, please give details below:			
Does your young person take any prescribed medication? Please give details:			
Other important health information:			
Parent/Carer signature:			Date:

### Consent Form Administration of Prescription Medication

Please note that the school will not administer any medication prescribed or otherwise to your young person unless you have completed and signed this form.

*For further information please refer to Fair Ways School Health, First Aid and Medication Policy and Procedure SC02*

**Please use one form for each medication.** Additional copies will be provided on request.

Students Name:

D.O.B:

Name and Strength of Medication:

Dose to be given:

When to be given:

For how long will this medicine be administered?

Any other instructions:

Number of tablets/quantity given to school:

Expiry date:

**NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

Telephone number of parent/carer:

Name of GP:

G.P's Telephone Number:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature:

Date:

Print Name:



### Consent Form for Non-Prescribed Medication

Please note that the school will not administer medicine to your young person unless it is on prescription. We will not administer paracetamol/ ibuprofen/ allergy tablets unless you have completed and signed this form.

All medication needs to be brought in from home, complete with the packaging and information guide.

Please inform the school if your young person is coming to school with medication, as this will need to be stored appropriately.

**For further information please refer to Fair Ways Education Health, First Aid and Medication Policy and Procedure**

Students Name: D.O.B:

Name and Strength of Medication:

Dose to be given:

When to be given:

For how long will this medicine be administered?

Any other instructions:

Number of tablets/quantity given to school:

Expiry date:

Signed parent/ carer: Date:

Print name:

**If more than one medication is required a separate form should be completed**



**Appendix B - Medication Administration Record (MAR) Sheet**

<b>Name :</b>	<b>Medication Name and Strength:</b>	<b>Batch Number:</b>	YP Picture
<b>Date of Birth:</b>		<b>Date Obtained:</b>	
<b>Address:</b>		<b>Expiry Date:</b>	
<b>Doctor:</b>		<b>Known Allergies: None known.</b>	
	<b>Dose:</b>		
	<b>Method of Administration:</b>		

<b>Week Commencing:</b>		<i>Initial each administration. Complete the codes if medication was <u>not</u> administered and record overleaf. AD - Staff member administering medication. WT - Who witnessed the administration. If lone working please add code LW to the witness box.</i>
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Monday					Tuesday					Wednesday					Thursday				
Time	Dose	AD	WT	Stock Count	Time	Dose	AD	WT	Stock Count	Time	Dose	AD	WT	Stock Count	Time	Dose	AD	WT	Stock Count

Friday										Medication champion Audit	
Time	Dose	AD	WT	Stock Count						Date audit completed:	
										Count at audit:	
										Audit correct?	
										MAR sheet CD log book all signed correctly?	
					Signature						

**Codes to be used if medication not administered: R - Refused, H - In Hospital, L - On leave (holiday/trip), S - Given by school, U - Unwell, N - Not present.**

**Reason for Non-Administration of Medication**

*Codes to be used if medication not administered: R - Refused, H - In Hospital, L - On leave (holiday/trip), S - Given by school, U - Unwell, N - Not present.*

<b>Date:</b>	<b>Medication &amp; Dose</b>	<b>Code:</b>	<b>Explanation for non-administration of medication (<i>who has been informed and what action has been taken, do you need to seek further medical advice</i>)</b>	<b>Signed</b>	<b>Countersigned by management:</b>

## Appendix C – Asthma Consent Form

### Asthma

#### Consent Form for use of Emergency Salbutamol Inhaler Only to be filled in if the child has asthma

Student name:

Date of birth:

From 1st October 2014 the Human Medicines Regulations 2014 allows schools to keep a 'Salbutamol' inhaler for use in emergencies. For more details, please refer to the Fair Ways Education Health, First Aid and Medication Policy and Procedure SC20 - section 15: Asthma Inhalers Policy & Procedures

Where parental consent has been recorded the emergency Salbutamol Inhaler will only be used for any pupil with asthma or who has been prescribed an inhaler as a reliever medication,

The emergency Salbutamol Inhaler can only be used if the student's prescribed inhaler is not available

- I can confirm that my young person has been diagnosed with asthma and has been prescribed an inhaler
- My young person has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- I will provide the school with a spare in date inhaler, clearly labelled with their name to use in case my young person does not have their's with them.
- In the event of my young person displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my young person to receive Salbutamol from an emergency inhaler held by the school for such emergencies

Signed parent/ carer:

Date:

Print name:



**Appendix D – Specimen letter to inform parents / carers of emergency  
Salbutamol inhaler use**

Child's name: .....

Class: .....

Date: .....

Dear .....

**[Delete as appropriate]**

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when

.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given ..... puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

## **Appendix E – How to recognise an asthma attack**

### **THE SIGNS OF AN ASTHMA ATTACK ARE:**

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences (some children will go very quiet)
- may try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache)

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

- appears exhausted
- has a blue/white tinge around lips
- is going blue
- has collapsed
- 

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK:**

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child’s own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of Salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.



**Appendix F : MAR Audit**

**Medication Administration Record (MAR) Audit**

**Service Name:**

**Undertaken By:**

**Date:**

<b>CHECKS</b>	<b>FINDINGS</b>	<b>ACTIONS TAKEN AND TIMESCALES</b>	<b>COMPLETED DATE &amp; SIGNATURE</b>
<b>Training</b>			
All team members have completed medication training and competencies.			
<b>Storage</b>			
Are excessive quantities of medicines being stored?			
Are medicines requiring fridge storage stored appropriately?			
Are dates of opening recorded on appropriate medicines?			
<b>Administration</b>			
Are there any discrepancies in stock – if so has the discrepancy been accounted for?			
Are there any medication errors?			
<b>Recording</b>			
Information at the top of the MARS is correct?			
MARS signed for each day?			



Symbols and explanations given when medication has been omitted?			
<b>CHECKS</b>	<b>FINDINGS</b>	<b>ACTIONS TAKEN AND TIMESCALES</b>	<b>COMPLETED DATE &amp; SIGNATURE</b>
Are care plans up-to-date and have enough detail to ensure correct administration of medicines?			
Does the stock balance of Controlled Drugs tally with the CD register?			
<b>Disposal</b>			
Are there any excess or out of date medicines requiring disposal and return to pharmacy?			