GLADE School
Medication Policy and Procedure

Document Ref:	Version No:	Summary of Changes:	Author:	Release Date:	Approved By:
SC20	1	Launch	Michael Crutchley	July 2016	
For details of Versions 2 to 11 please refer to Control Sheet at the end of this policy					
SC20	12	2022 / 2024 Change review period to every 2 years	Laura Rowe	October 2022	PSC
SC20	13	GLADE Review	Laura Rowe	July 2023	PSC
GSC20	14	GLADE Review to bring in line with ORG policy . Added Appendix F; MAR Audit	Emma Moore	April 2024	PSC
GSC20	15	GLADE Review 2024/2025	Emma Moore	October 2024	PSC
GSC20	16	Full Review 2025/ 2027	Emma Moore	March 2026	PSC

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Review Date : March 2027 (Annually)

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Fair Ways Vision, Mission and Values

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 the organisation to *play their part*:

P ROFESSIONAL	**A CCEPTING**	**R EFLECTIVE**	**T RANSPARENT**
· We do what we say we will. · We approach challenges with optimism and enthusiasm. · We don't judge, we notice. · We put the needs of the service before our own personal gains.	· We don't give up on people. · We value all individuals and are willing to challenge them. · We embrace each other's differences as much as our similarities. · We accept responsibility for our actions.	· We give feedback, we invite feedback, we listen to feedback. · We look inward before we look outward. · We learn as much from our mistakes as from our successes. · We listen to each other, learn from each other and grow together.	· We are always willing to explain why. · We have the courage to be open and honest. · We earn trust through our transparency. · We live by our values even when no-one is watching.

1 Introduction

1.1 The Department for Education (DfE) 'Supporting pupils at school with medical conditions' (2015) guidance has 3 key points:

- Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Fair Ways Board of Directors must ensure that arrangements are in place in schools to support students at school with medical conditions.
- Fair Ways Board of Directors should ensure that school leaders consult health and social care professionals, students, and parents to ensure that the needs of students with medical conditions are properly understood and effectively supported.

1.2 The guidance states that Fair Ways Board of Directors should ensure that all schools develop a policy for supporting students 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 GLADE School in supporting students with medical conditions.

1.3 When a student transfers from a school to GLADE School, 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 student'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 student's health care. As such, medication management requires the same degree and approach to consent and confidentiality as any aspect of a student's records.

3 Safeguarding

3.1 A safeguarding issue 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 the student, deliberate attempts to harm through use of a medicine(s), or accidental harm caused by incorrect administration or a medication error.

3.2 Staff are responsible for following the GLADE School policy and procedure on Safeguarding [DOC REF SC 11] when there is an issue with medication management.

4 Medication Reconciliation

4.1 Medicines should only be administered in school when it would be detrimental to a student's health or school attendance not to do so.

4.2 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.

4.3 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.

5 Medication Storage

5.1 All medicines will be stored in a locked medication cabinet in the school medical room. Medicines and devices such asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students.

5.2 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.

5.3 All controlled drugs will be stored in the locked part of the medication cabinet. A Medication Folder will monitor the acceptance, administration and return of the control drug to the parent. A record will need to be kept of any dose used and the amount of the controlled drug held. The Deputy headteacher is responsible for auditing the Medication Folder on a weekly basis.

5.4 A designated person (coordinator) should check the medication cabinet at least once a week to ensure that medication has not reached its expiry date. A further check will be made by the Deputy headteacher on a weekly basis to enhance auditing checks. A designated person will attend the assessors' workshop for medication handling and ensure that all staff complete a medication competency assessment three times per year.

6 Dispensing

6.1 Staff need to thoroughly wash their hands before dispensing medication.

6.2 Staff administering medicines should do so in accordance with the prescriber's instructions on the original medication container and specific to the student 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 student.

7 Record Keeping

7.1 There is a statutory requirement to maintain medication records, these must be correctly completed, legible and up to date. Schools should keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. This needs to be recorded on the Medication Administration Record (MAR) charts and can only be signed by the member of staff who have provided the administration. Any side effects of the medication to be administered at school should be noted in school. (Within Individual Health Care Plan).

7.2 All MAR charts must be kept for 3 years from the date of last entry.

8 Consent

8.1 No student 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 student without the knowledge of the parents. In such cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.

8.2 The only non-prescription medication the school will administer will be a dose of paracetamol/ ibuprofen or allergy relief that school will complete a supply of/ 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.

8.3 Staff will identify and record anything that may hinder a student 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 considered when seeking informed consent and will be regularly reviewed.

9 Training

9.1 Role specific staff working in GLADE School need to undertake Medication training through Fair Ways. This training includes online Medication training, First Aid and Health and Safety training. This includes the Headteacher, Senior Leadership Team, and Coordinators. The organisation is responsible for sourcing and providing specialised health training when students have specific health and/or medication needs that is beyond the competency of school staff. These needs will be identified in the Individual Health Care Plan. It is the responsibility of the Deputy or Headteacher to identify any specific training needs for the staff.

9.2 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. This must be reflected in the individual health care plan.

9.3 Medication and Health and Safety training must be repeated every two years after the completion of initial induction training. First Aid training must be repeated every three years after the completion of initial induction training.

10 Individual Healthcare Plans

10.1 If any health care needs are identified for a student, then an individual health care plan will be required. Only students 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 termly. They should be developed with the students' best interests in mind and ensure that the school assesses and manages risks to the student'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.

10.2 Plans should be drawn up in partnership between the school, parents / carers, and a relevant healthcare professional, e.g., nurse, specialist or children's community nurse or pediatrician, who can best advise on the needs of the student, they too should also be involved whenever appropriate.

10.3 An individual healthcare plan should include the following:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The students' 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 students 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 students will be able to take responsibility for their own health needs) including in emergencies. If a student 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 student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable?
- Who in school needs to be aware of the student's condition and the support required?
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable will ensure the student can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent or student the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

11 Medication Procedure

11.1 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 student to whom the medication is being given.
- Check that 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 to counter sign the administration.
- If a student, 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 Headteacher or Deputy Head, and advice initially sought from a health care professional via NHS 111.
- Staff should report any adverse reaction to the medication immediately to the school leadership team and seek initial advice from NHS 111.

12 Day trips, residential visits, and other offsite school activities

12.1 A student's medical needs will need to be assessed before any offsite activity are agreed. There should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments. The schools will need to plan for the inclusion of students 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.

12.2 If medication is required during a school trip it should be carried out by the students if this is normal practice i.e., asthma inhalers. If not, then the medication should be carried in a locked bag or tin, by a member of staff who would be responsible for administering the medication when required. Details should be recorded within the student's individual care plan.

12.3 If staff are carrying medication offsite to administer it should be transported securely and the MAR sheet carried with it to ensure accuracy of recording.

13 Roles and Responsibilities

13.1 **Headteacher**

The Headteacher should ensure that this policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the students' 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 provisions, the Headteacher has overall responsibility for the development of individual healthcare plans.

Deputy Headteacher

The Deputy headteacher is responsible for oversighting the management and administration of all medications as well as ensuring that staff are competent in the part that they play.

13.2 **Parents**

Parents should provide the school with sufficient and up-to-date information about their students' medical needs. Parents should be given the opportunity to be involved in the development and review of their students' 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 always contactable.

13.3 **Students**

Students 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.

13.4 **Staff**

The selected role specific school staff will be asked to provide support to students with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should consider the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take responsibility to support students with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

13.5 **Health Care Professionals**

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

14 First Aid

14.1 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 students require medical treatment this will be sought as a matter of urgency. Parents /carers will be informed immediately. All staff participate in regular training

15 Accidents / Sickness

15.1 If a student is feeling unwell or encounters any kind of sickness their parent / carer is contacted immediately, and arrangement is made for them to be taken home. If they are un-contactable or whilst students 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 student encounters sickness or diarrhea, we adopt a strict policy on having to be 48 hours with no symptoms before returning to school.

15.3 In any type of emergency, medical advice from the emergency services or NHS 111 will be sought if the injury is severe or the designated 'First Aider' is in any way unsure of correct treatment, advice then can be given.

15.4 Both sites of GLADE School are within a fifteen/twenty minute drive of the Accident and Emergency unit in Southampton. 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: 111
Emergency services: 999 (direct line)

15.5 All accidents and other medical emergencies are to be recorded on Clear Care. 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.

15.6 Students 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.

16 Body Fluid / Spillage

16.1 Chlorine releasing agents such as bleach are the only disinfectants that are effective in these situations.

16.2 Protective clothing, including aprons and latex gloves must be always used 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.

16.3 Any bodily spillage must be cleaned as soon as possible using the correct COSHH assessed cleaning agents.

17 Staff Medication

17.1 GLADE School 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 students.

17.2 If staff medication is of the nature that requires specific storage, then this needs to be raised with their line manager. A MARS chart will be kept and completed in the Medication Folder when staff administer their own medication.

17.3 Staff should not routinely use the homely remedies stored in the school for the students.

GLADE School recognises that there may be occasions when staff need access to analgesia (e.g. paracetamol). On these rare occasions, staff need to consult with the Deputy headteacher / Headteacher to request access to these analgesics.

18 Asthma Inhalers Procedure

18.1 **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.

18.2 **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 Headteacher 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.

18.3 **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 students 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)

18.4 **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 enough 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 that replacements are available if necessary.

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

18.4.2 The inhaler and spacers should be kept separate from any student'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.

18.4.3 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, it should be regularly primed by spraying two puffs.

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

18.6 **Students 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.

18.6.1 This information is required to be recorded in a student'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 student's condition and for consent to be sought again from parent / carer.

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

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

18.8 Procedure on how to respond to signs of an asthma attack.

18.8.1 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

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

18.8.3 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 student 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

18.8.4 If a student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

18.8.5 **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:**

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

18.8.6 Responding to signs of an asthma attack:

- Keep calm and reassure the student
- Encourage the student to sit up and slightly forward.
- Use the student's own inhaler – if not available, use the emergency inhaler.
- Remain with the student while inhaler and spacer are brought to them.
- Immediately help the student to take two separate puffs of the salbutamol via the spacer immediately.

making a difference, not a profit

- 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 student. Stay with the student until they feel better. The student can return to school activities when they feel better.
- If the student 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 student's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

18.9 Recording use of the inhaler and informing parents / carers

18.9.1 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.

18.9.2 Written records need to be kept of medicines administered to them.

18.9.3 The student's parents must be informed in writing so that this information can also be passed onto the GP **(Appendix D).**

18.10 Staff Training is Asthma Procedure

18.10.1 All GLADE School 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 student 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

18.10.2 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 attacks

19 Alcohol and Illicit Drugs

19.1 If there is suspicion that any student has been drinking alcohol or taking illicit substances (including legal highs), staff are not to administer medication. The school should contact parents / carers immediately and arrange for them to be collected from School. In an emergency, the school should dial 999.

20 PRN Medication

20.1 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.

20.2 Staff can only administer PRN medication in line with the student's individual Care Plan and when clearly requested by the student.

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

21 Diabetes

a. Students 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
b. Details should be recorded within the students individual Care Plan

22 Associated Documentation & Legislation

- Safeguarding Children Policy [DOC REF SC 11]
- Human Medicines (Amendment) (No. 2) Regulations 2014
- The Department for Education - Supporting pupils at school with medical conditions 2015
- The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools 2015

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
SC20	13	GLADE Review	Laura Rowe	July 2023	PSC
SC20	14	GLADE Review	Emma Moore	March 2026	

Appendix A – GLADE School Medication 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.

Full Name:
Date of birth:
GP Surgery & Contact details:
Dentist Surgery & Contact details:

Has your young person had any of the following?			
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 ORGINAL 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

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

Week Commencing:	

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.

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				
Time	Dose	AD	WT	Stock Count

Medication champion Audit	
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.					
Date:	**Medication & Dose**	**Code:**	**Explanation for non-administration of medication** ***(who has been informed and what action has been taken, do you need to seek further medical advice)***	**Signed**	**Countersigned by management:**

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

Medication Audit

Service Name: **Undertaken By:** **Date:**

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

CHECKS	FINDINGS	ACTIONS TAKEN AND TIMESCALES	COMPLETED DATE & SIGNATURE
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?			
Disposal			
Are there any excess or out of date medicines requiring disposal and return to pharmacy?			