



# Walbottle Village Primary School

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## MEDICINES PROCEDURES



## **Walbottle Village Primary School**

01

# RECEIVING MEDICINES INTO THE SCHOOL PROCEDURE

1 of 1

# Medicines Brought into the School

1

All medicines brought into school must be handed in immediately and checked in by the senior person.

2

Medicines must be in the original packaging and with all required details on the packet. Do not accept medicines that are in damaged, out of date or unreadable packaging.

3

A completed *Parental Consent To Administer Medicines* form must accompany the medicine, giving full instructions.

4

Confirm that the instructions provided by the parent are the same as the information on the pharmacy label (for prescribed medicines) and/ or the original container (for non-prescribed medicines).

Resolve any queries immediately with the parent/ GP/ healthcare professional as appropriate.

5

Record all medicines in on arrival using the *Medicines Received into School/ Returned to Parents* form.



# **Walbottle Village Primary School**

02

## **MEDICINES STORAGE PROCEDURE**

1 of 2

## Storage

1 Medicines will be stored safely in lockable cupboards. Only designated members of support staff will hold the key.

2 Emergency medicines and devices e.g. asthma inhalers, blood glucose testing meters and adrenaline auto-injectors will be stored safely out of reach and sight of pupils but always be readily accessible i.e. not locked away but stored safely but accessible in an emergency.

### Remember

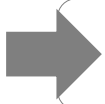
Remember to date check medicines on a regular basis.

2 of 2

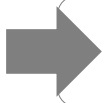
## Storage

3

### Lock Controlled Drugs away immediately



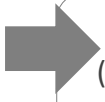
In a locked non-portable container or Controlled Drugs cupboard  
(enter in the CD register)



Only named support staff should have access

4

### Store fridge items away immediately



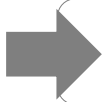
In a locked medicines fridge or in a locked container in a kitchen fridge  
(make sure you are measuring and recording the temperature every day - it  
should be between 2 - 8 °C)



Only named support staff should have access

5

### Label any medicines with a short expiry or limited shelf life once opened with:



The date of opening



The last date for disposal



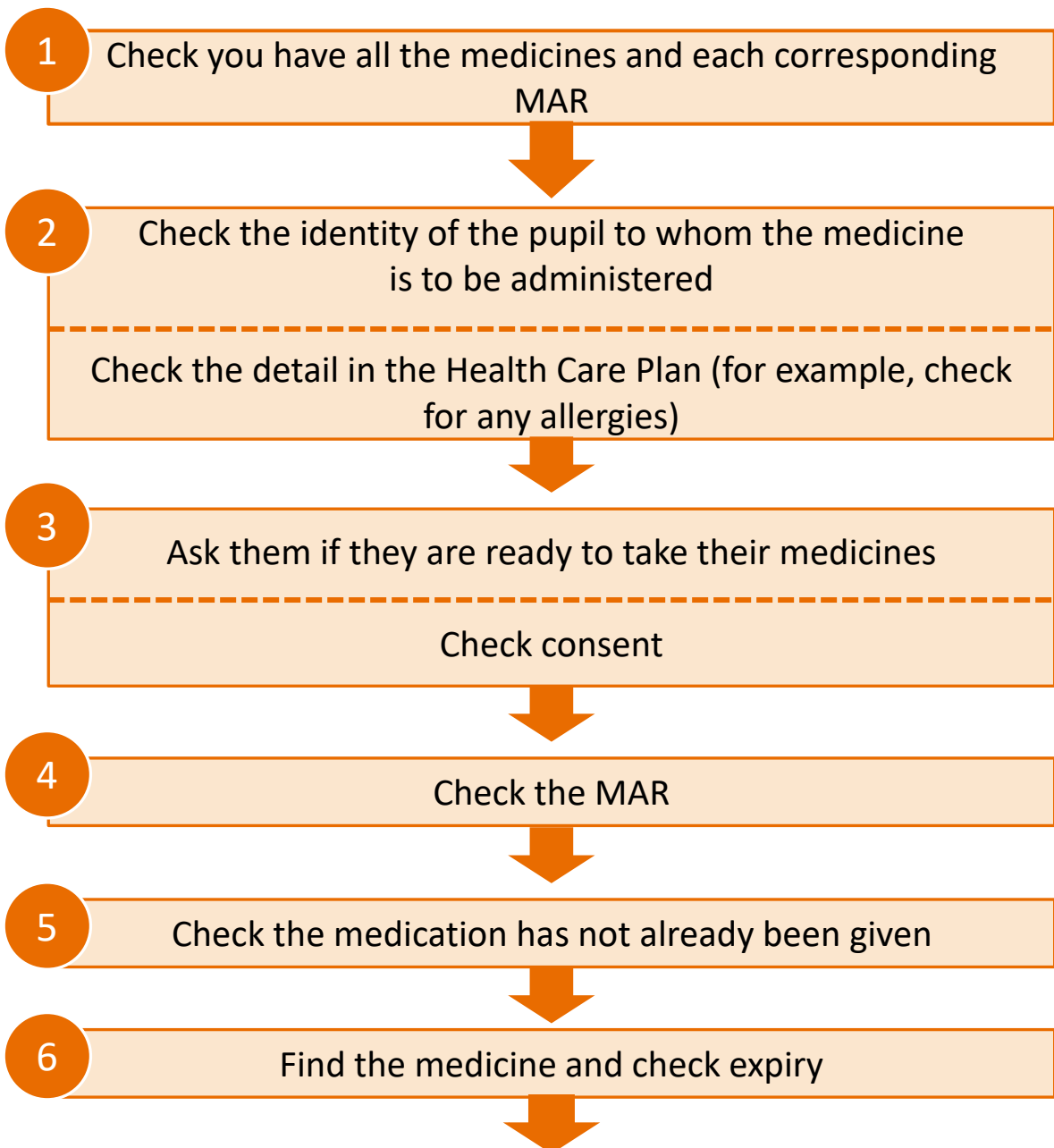
## **Walbottle Village Primary School**

03

# ADMINISTRATION OF MEDICINES PROCEDURE

1 of 3

# Administration of Medicines



2 of 3

## Administration of Medicines

7

Check the label against the MAR (Check 6 rights)

Check that the name, form, strength and dose of the medicine on the medicine label corresponds with the MAR

If there is ANY discrepancy, do NOT administer, contact the parent immediately

8

Measure the dose

9

Take the medicine to the pupil

10

Ensure they are in an upright position for oral medicines

11

Administer the medicine according to the dosage form

12

Offer a drink of water with oral medicines

3 of 3

## Administration of Medicines

13

Witness the pupil taking the medicine

14

Record **immediately** what has been given or declined

If the medicine is administered, make an entry on the MAR

If the medicine is not administered, make a record of this on the MAR

15

Proceed to the next medicine

Support staff must have a general understanding of the medicine they are administering.

This information can be found via the Patient Information Leaflet provided with the medicine or in the Health Care Plan.



## **Walbottle Village Primary School**

04

# ADMINISTRATION OF CREAMS AND OINTMENTS PROCEDURE (including managing fire risk with emollients)

1 of 6

# Administration of Creams and Ointments

1 Check you have the right pupil for whom the cream/ointment is to be administered

2 Check consent

3 Check that the cream/ointment hasn't already been applied

4 Wash hands and wear a clean pair of disposable gloves

5 Check that the name, form, strength and dose on the label corresponds with the MAR/TMAR (as appropriate) and that where the cream is to be applied is detailed (on the body map)

6 Check expiry date of cream/ointment. Once the seal is opened write the date of opening on the tube/jar. Some are subject to environmental contamination and should be discarded after a period of use. Any product whose appearance suggests it is unfit for use should be discarded. Refer to Patient Information Leaflet (PIL)

2 of 6

## Administration of Creams and Ointments

7

Check full instructions of how to apply including full details of PRN (when required) or as directed instructions e.g.:

- How long does the preparation need to be used for?
- Where is it to be applied?
- Should any previous creams/ointments be stopped?
- Has the TMAR been amended accordingly? If not, check with the senior person to get correct instructions
- Will a review be necessary after stopping the preparation?

8

For side effects or allergic reactions refer to Patient Information Leaflet (PIL) if needed

9

Make sure the affected area of skin is clean and free from moisture

10

Check how much to use

3 of 6

## Administration of Creams and Ointments

- 11 If more than one cream/ointment is to be applied, leave at least 30 minutes between applications. There are no standard rules which has to be applied first, however, if unsure, apply thinnest cream first and thickest last
- 12 Do not put any unused cream/ointment back into the container. Dispose of any unused cream/ointment appropriately
- 13 Make sure the cream/ointment is stored correctly (e.g. does it need to go in a fridge?)
- 14 Record administration on the MAR sheet (for prescribed medicated creams) immediately, date and sign.
- 15 If applying another cream/ointment go back to point 1
- 16 Report back any concerns to the senior person

4 of 6

# Administration of Creams and Ointments

## Steroid Cream / Ointments

- a) Measure the appropriate number of fingertip units (FTU) for the area to be covered if using a steroid cream, for quantity see:  
<https://patient.info/health/steroids/fingertip-units-for-topical-steroids>
- b) Steroid creams and ointments need to be applied thinly to the affected area(s)
- c) Apply the cream or ointment to the skin and gently rub in
- d) Remove gloves and wash your hands

## Emollients (Moisturisers)

- a) Emollients are used for a range of dry skin conditions
- b) They hydrate the skin and can be applied frequently e.g. 3-4 times a day. Check the label
- c) Regular use of emollients can reduce the amount of steroid cream used
- d) Apply liberally and gently in the direction of the hair growth. Never rub up and down vigorously as this could trigger itching, blocked hair follicles or create more heat in the skin. (*Ref National Eczema Society*)
- e) Remove gloves and wash your hands

**Important** – All emollients are a potential fire hazard

5 of 6

# Managing Fire Risk with Emollients

## All emollients pose a risk for pupils and support staff.

1

All emollients when in contact with dressings, clothing and bed linen can be easily ignited by a naked flame

2

The risk will be greater when these preparations are applied to large areas of the body, and clothing or dressings become soaked with the product

3

Pupils should be advised to keep away from fire, flames or other potential cause of ignition, and not to smoke when using these preparations

4

The fire risk should be considered when a pupil is dispensed, or treated with an emollient product

5

Support staff must be trained and competent in the administration and risks associated with emollients

6 of 6

## Managing Fire Risk with Emollients

6 The senior person must provide the pupil with information about the potential fire risks of smoking (or being near to people who are smoking), or exposure to any open flame or other potential cause of ignition during treatment. This should be given in both verbal and written form

7 Assess smoking status of a pupil **before** commencing treatment. Where appropriate, offer stop smoking support

8 Ascertain if the pupil is subject to additional fire risk e.g. using oxygen

Where a pupil smokes or is in contact with pupils who smoke or there is an additional fire risk, support staff must:

1 Undertake a risk assessment

2 Regularly change clothing or bedding impregnated with emollients (preferably on a daily basis) and ensure that the specific washing instructions at high temperature is followed

3 Record full information in the pupil's Health Care Plan

4 Ensure fire safety information is displayed prominently in every area where pupils may be treated with significant quantities of emollients

5 Ensure support staff know what to do if a pupil does not comply with safety advice and instructions during treatment involving significant quantities of emollients



## **Walbottle Village Primary School**

05

# INSTILLATION OF EYE DROPS PROCEDURE

1 of 2

## Instillation of Eye Drops

- 1 Check you have the right pupil for whom the eye drops are to be administered
- 2 Check consent
- 3 Check that the drops haven't already been instilled
- 4 Wash hands
- 5 Check that the name, form, strength and dose on the label corresponds with the medicine chart
- 6 Check the expiry date of the eye drops. Date the bottle on opening (most eye drops only keep for 28 days once opened)
- 7 Check which eye the medicine is prescribed for (left, right or both)
- 8 Take off the top of the bottle
- 9 Tilt the head back. Hold the dropper above one eye. Squeeze one drop into the pocket formed by gently pulling down the lower eyelid. Try not to touch the eye, eyelashes, or anything else with the dropper tip in order to keep it clean

2 of 2

## Instillation of Eye Drops

- 10 Let go of the eyelid and keep the eyes closed for as long as possible (1 minute at least) after application of the eye drop
- 11 Wipe away any liquid that falls onto the cheek with a tissue
- 12 Repeat in the other eye if the medicine is prescribed for both eyes
- 13 When two different eye drop preparations are used at the same time of day, wait for at least five minutes before putting the second drop into an eye. This stops the first drop from being diluted or washed away
- 14 Do not wipe or rinse the dropper tip. Replace the top on the bottle
- 15 Record administration on the MAR sheet immediately, date and sign
- 16 Report back any concerns to the senior person



## **Walbottle Village Primary School**

06

# INSTILLATION OF EAR DROPS PROCEDURE

1 of 2

## Instillation of Ear Drops

- 1 Check the identity of the pupil to whom the ear drops are to be administered
- 2 Check consent
- 3 Check that the drops haven't already been instilled
- 4 Wash hands
- 5 Check that the name, form, strength and dose on the ear drop label corresponds with the medicine chart
- 6 Check the expiry date of the ear drops. Date bottle on opening (most ear drops only keep for 28 days once opened)
- 7 Check which ear the medicine is prescribed for (left, right or both)
- 8 Take off the top of the bottle
- 9 Tilt the head to one side so the affected ear is facing upwards

2 of 2

## Instillation of Ear Drops

- 10 Gently pull the outer ear lobe backwards and upwards to straighten the ear canal
- 11 Release the correct number of drops into the ear canal (squeeze bottle very gently if necessary). Try not to touch the inside of the ear with the dropper as you do this
- 12 Keep the ear facing upwards for a few minutes to keep the solution in the ear. Straighten the head and wipe away any excess liquid with a clean tissue
- 13 Repeat for other ear if required
- 14 Record administration on the MAR sheet immediately, date and sign
- 15 Report back any concerns to the senior person



## **Walbottle Village Primary School**

07

# METERED DOSE INHALER AND SPACER PROCEDURE

# Metered Dose Inhaler and Spacer Procedure

Inhalers are commonly used by pupils with asthma and chronic obstructive pulmonary disease (COPD) as they allow the medicine to effectively reach the lungs, where it is needed.

## Different types of inhaler devices

- The most commonly used inhaler device is a pressurised metered dose inhaler (pMDI or MDI), also sometimes known as a 'puffer'
- However, there are a number of other types of inhaler devices
- It is important to familiarise yourself with the device used by the pupil you support

**If the pupil can self-administer but they require assistance to use their MDI inhaler properly, the following procedure should be followed:**

- 1 Ask the pupil to sit or stand upright
- 2 Remove the cap from the inhaler and check that there is no dust or debris inside the inhaler mouthpiece
- 3 Shake the inhaler well (normally 4 or 5 times)  
This should be done before every spray so that the medicine is evenly mixed with the propellant and to allow the correct dose to be administered

Continued...

# Metered Dose Inhaler and Spacer Procedure

- 4 Ask the pupil to tilt their head back slightly with their chin up  
This helps the medicine reach the lungs
- 5 Ask the pupil to gently and slowly exhale (breathe out) as fully as possible
- 6 Ask the pupil to place their lips around the mouthpiece of the inhaler to form a tight seal
- 7 In one smooth action, ask the pupil to inhale (breathe in) slowly and steadily through their mouth and just as they begin to breathe in, press the inhaler once to release the medicine
- 8 The pupil should continue to breathe in slowly and steadily for a further 3-5 seconds after pressing the inhaler
- 9 Ask the pupil to remove the inhaler from their mouth and whilst still keeping their lips closed, continue to hold their breath for 10 seconds or as long as is comfortable
- 10 Ask the pupil to breathe out slowly
- 11 If more than one puff is needed, wait 30 seconds and repeat steps 3 to 10
- 12 Replace the cap of the inhaler immediately to keep out dust or debris

# Metered Dose Inhaler and Spacer Procedure

## Spacer Devices

- A spacer is a plastic, empty tube or device that helps pupils using a metered dose inhaler (MDI) with their technique to achieve the best possible dose reaching their 'lungs'
- For example, pupils with co-ordination issues may benefit from using a spacer device because the pressing of the inhaler device and the breathing does not need to be synchronised

## Procedure for administering a MDI inhaler with a spacer device using the 'tidal breathing' or 'multiple breath technique'

- There are a number of techniques that can be used with a spacer device
- The procedure outlined below describes the 'tidal breathing' or the 'multiple breath' technique
- This is usually recommended for pupils who struggle to co-ordinate their breathing with the pressing of the inhaler
- Obtain advice and instruction from the relevant healthcare professional if a different technique has been advised for the pupil

# Metered Dose Inhaler and Spacer Procedure

**The following procedure should be followed:**

- 1 Ask the pupil to sit or stand upright
- 2 Assemble the spacer/ remove the cap of the spacer (as appropriate) and remove the cap from the inhaler. Check that there is no dust or debris inside
- 3 Shake the inhaler well (normally 4 or 5 times)  
  
This should be done before every spray so that the medicine is evenly mixed with the propellant and to allow the correct dose to be administered
- 4 Insert the inhaler upright into the endcap of the spacer  
→ Check that the connection between the inhaler and the spacer device is tight
- 5 Ask the pupil to tilt their head back slightly with their chin up  
This helps the medicine reach the lungs
- 6 Ask the pupil to gently and slowly exhale (breathe out) as fully as possible
- 7 Ask the pupil to place their lips around the mouthpiece of the spacer to form a tight seal
- 8 With the spacer in place, now press the inhaler canister down just once to release the medicine into the spacer

Continued...

# Metered Dose Inhaler and Spacer Procedure

- 9 Ask the pupil to breathe in and out steadily into the spacer five times
  - It is important that there is not too much of a delay between pressing the inhaler canister into the spacer chamber and inhaling because the medicine will start to stick to the inside of the spacer and will not be inhaled at all
  - Ensure that the pupil is ready for their medicine and that they know when to start breathing
- 10 Gently remove the spacer from the pupil's mouth
- 11 If more than one puff is needed, with the spacer away from the pupil's mouth, wait 30 seconds and repeat steps 3 to 10
- 12 Replace the caps on both the inhaler and the spacer immediately to keep out dust or debris

## IMPORTANT:



- **There are many types of inhalers and spacer devices available**
- **Always read the information leaflet supplied with the inhaler or spacer**
- **If you have any queries, questions or concerns about a pupil's inhaler treatment, seek advice from the relevant healthcare professional**

# Metered Dose Inhaler and Spacer Procedure

**Useful resources and videos are also available on the following websites:**

- Asthma UK  
[www.asthma.org.uk](http://www.asthma.org.uk)
- Right Breathe  
[www.rightbreathe.com](http://www.rightbreathe.com)



## **Walbottle Village Primary School**

08

# ADMINISTRATION OF CONTROLLED DRUGS PROCEDURE

# Administration of Controlled Drugs

1 Take the pupil's MAR to the Controlled Drug cupboard.

2 Two appropriately trained members of support staff must check the instructions for administration.

3 Open the Controlled Drug cupboard and select the appropriate medicine together with the Controlled Drugs register, then lock the cupboard.

4 Check the pupil's name on the medicines label. Count the amount of medicine remaining and compare against the Controlled Drugs register.

5 If the amounts do not match, report any discrepancies IMMEDIATELY to the senior person.

6 Take the pupil to a quiet area. Both members of support staff must take the medicine to the pupil where possible.

7 Check the label and pupil's MAR and take the prescribed amount of medicine from the container.

8 Administer the medicine. The member of support staff who administered the medicine must sign the medicine record and the witness must countersign.

9 Record the details in the Controlled Drugs register. Both members of support staff must sign the register. The member of support staff administering the Controlled Drug must make the entry. The second member of support staff must witness the pupil taking it and sign the CD register.

10 Return the remaining medicine to the Controlled Drug cupboard.

11 Count and check the remaining balance, record in the CD register and lock the cupboard securely.

## Remember

- ✓ Controlled Drugs must be checked each week as part of the weekly audit by the senior person or designated member of support staff and monthly by the senior person. A full record of these checks must be maintained.
- ✓ Two medicines-trained members of support staff should witness the whole procedure.
- ✓ When checking the remaining balance of liquid CDs, visually estimate the remaining volume of liquid and record the remaining balance in the CD register.
- ✓ Report any discrepancies **immediately** to the senior person.



## **Walbottle Village Primary School**

09

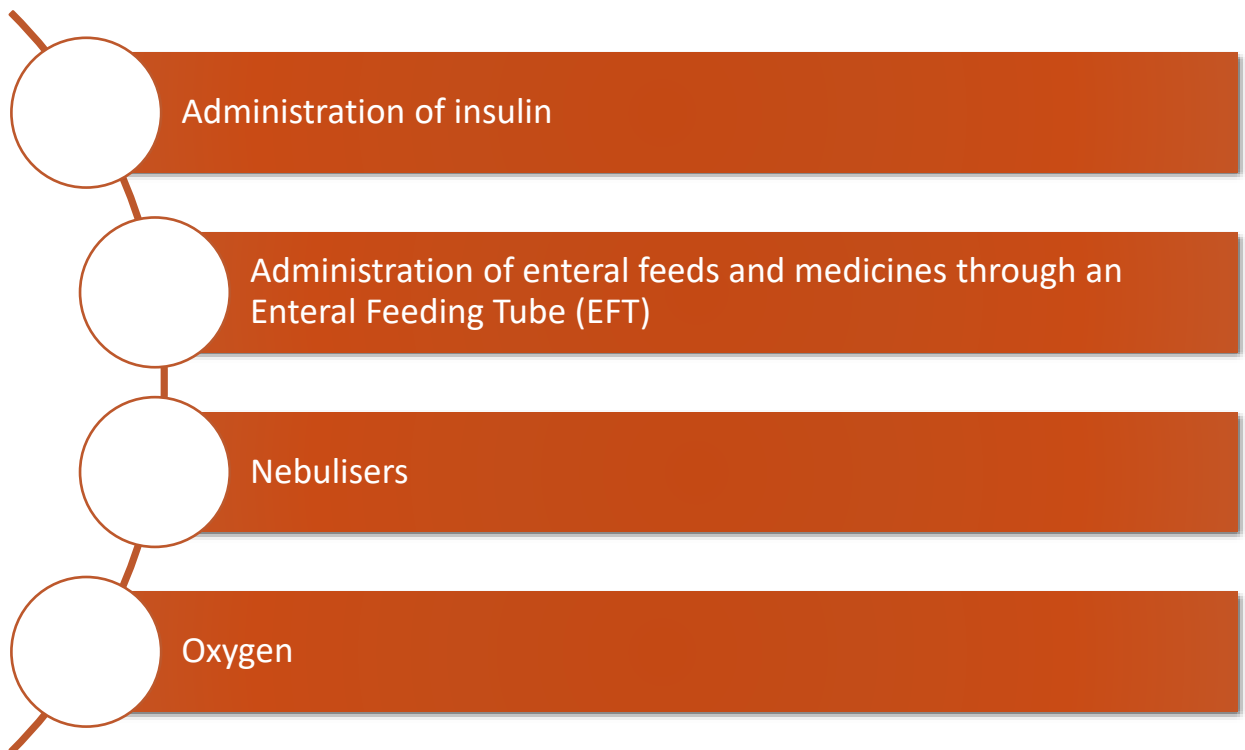
# ADMINISTRATION BY SPECIALISED TECHNIQUES PROCEDURE

## Administration by Specialised Techniques

On occasions, support staff may be requested to administer medicines by a specialised technique - see examples below.

This will normally be undertaken by a healthcare professional e.g. Registered Nurse, but occasionally a task may need to be delegated to a member of support staff.

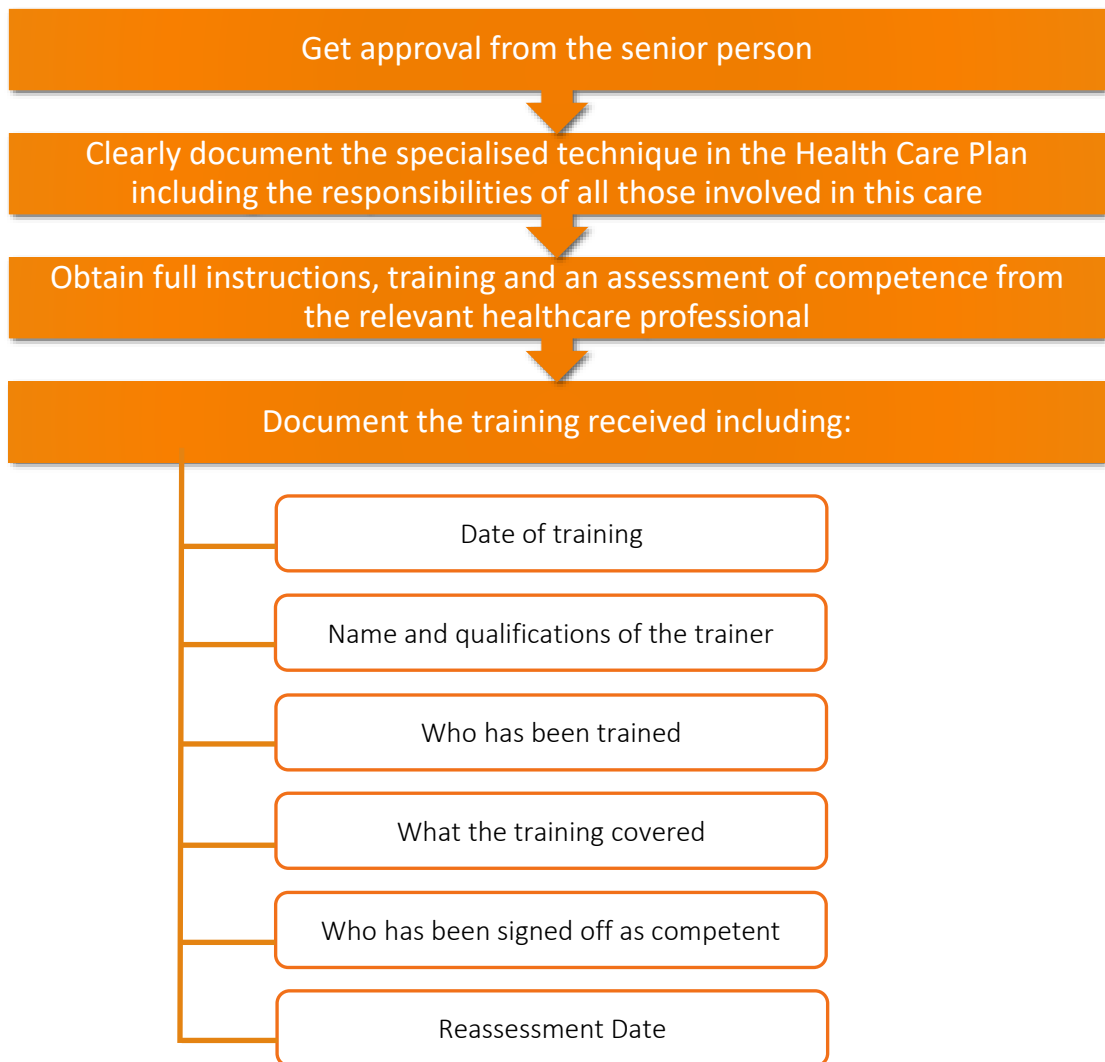
### Administration by specialised techniques may include:



**NB: this list is not exhaustive**

# Administration by Specialised Techniques

When undertaking any delegated specialised techniques, authorised support staff must:



## REMEMBER

Competency must be reassessed every year.



## **Walbottle Village Primary School**

10

# ASSISTING WITH INSULIN PROCEDURE

1 of 2

## Assisting with Insulin

**Before any member of support staff assists a pupil, they must have been delegated to do so by a district nurse**

Pupils who require insulin can be **assisted** but are responsible for their own administration.  
**Support staff will not administer insulin.**

**If a member of support staff is involved in the administration of insulin for a pupil, please refer to the procedure “Administration by specialised techniques”**

Before any member of support staff assists a pupil, **there must be:**



A Health Care Plan detailing the checks, treatment and responsibilities of all those involved in this care



Details of the action to take if the pupil has a hypoglycaemic or hyperglycaemic attack



Details of the relative importance of meal times and information on foods that should be avoided

2 of 2

## Assisting with Insulin

**Before they assist a pupil, the member of support staff must:**



Undertake specific training on the practical aspects of caring for pupils with diabetes plus correct preparation of the prescribed dose



Undertake refresher training annually



Complete competency assessments and/or knowledge checks every 12 months



Familiarise themselves with the pupil's Health Care Plan and protocol for assisting with insulin

**All training and competency assessments must be documented.**

### Notes: Blood Glucose Monitoring

- Support staff may undertake blood glucose monitoring as a designated nursing task if requested to by the GP or district nurse.
- The responsibility of the member of support staff is purely to obtain the reading and document it and **not** to adjust the medicine dose or alter treatment as a result.
- **Any alteration of treatment or adjustment of medicines must only be undertaken by the prescriber.**



## **Walbottle Village Primary School**

11

# ADMINISTERING OF INSULIN BY AUTHORISED SUPPORT STAFF PROCEDURE

1 of 3

# Administration of Insulin by Authorised Support Staff

Registered Nurses (following appropriate training) may administer insulin injections.

This task may be delegated to a member of support staff following appropriate training and competency sign off. The healthcare professional retains overall responsibility for care.

**Before any member of support staff administers insulin,  
there must be:**



A Health Care Plan detailing the checks, treatment and responsibilities of all those involved in this care



Details of the action to take if the pupil has a hypoglycaemic or hyperglycaemic attack




Details of any necessary pupil-centred information (e.g. Details of the importance of meal times and information on any foods that should be avoided)


2 of 3

## Administration of Insulin by Authorised Support Staff

**Before any member of support staff administers insulin, they must:**

 Undertake specific training on the practical aspects of caring for pupils with diabetes plus correct preparation and administration of the prescribed dose

 Undertake refresher training annually

 Complete competency assessments and/or knowledge checks every 6 months

 Familiarise themselves with the pupil's Health Care Plan and protocol for assisting with insulin

**All training and competency assessments must be documented.**

3 of 3

# Blood Glucose Monitoring by Authorised Support Staff

## Blood Glucose Monitoring

- Blood Glucose Levels should be checked before administration of insulin and be within the correct range for administration. Further detail of how this should be done will be provided in training.
- In addition to Nurses and following specific training, support staff may undertake blood glucose monitoring if requested by the GP or District Nurse.
- The responsibility of the member of support staff is purely to obtain the reading and document it and **NOT** to adjust the medicine dose or alter treatment as a result.
- Any alteration of treatment or adjustment of medicines must **ONLY** be undertaken by the prescriber. However, if the blood glucose monitoring range is not appropriate for administration, do not administer and seek further medical advice immediately.



## **Walbottle Village Primary School**

12

# ADMINISTRATION OF BUCCAL MIDAZOLAM PROCEDURE

1 of 3

# Administration of Buccal Midazolam

Where a pupil is prescribed buccal midazolam for the emergency treatment of their epilepsy, there must be:



A Health Care Plan detailing the treatment to be received by the pupil and responsibilities of all those involved in this care.



Details of the action required in the Health Care Plan should the pupil have an epileptic seizure.



Buccal midazolam dispensed with clear labelled instructions.



A medicine record sheet for the pupil reflecting the details above.



Clear, accurate and unambiguous records maintained on the pupil's medicine record sheet and in their Health Care Plan.

2 of 3

## Administration of Buccal Midazolam

Before administration of buccal midazolam,  
a competent member of support staff **MUST**:



Undertake specific training on the practical aspects of caring for pupils with epilepsy and the administration of buccal midazolam.



Undertake refresher training at least every 2 years.



Complete competency assessments and / or knowledge checks every 6 - 12 months.



Familiarise themselves with the pupil's Health Care Plan and protocol for administration of buccal midazolam.

### Notes – Buccal Midazolam Competency Assessment Tool(s)

- These competency tools contain detailed instructions and guidance about how to administer buccal midazolam
- Members of support staff should use these tools to help them become familiar with the procedure for administration that relates to the correct brand (Epistatus® or Buccolam®) and the correct formulation (**pre-filled syringe** or **bottle**) that they will need to use for the pupil that they support

3 of 3

# Administration of Buccal Midazolam

For pupils requiring buccal midazolam on day trips :



Pupils should be accompanied by a trained and competent member of support staff who can administer buccal midazolam if necessary.



If the pupil requires administration of buccal midazolam and there is no trained member of support staff available, call 999.



The member of support staff must consider how to transport the buccal midazolam safely (see Notes below).

## Notes

- The pharmacy-labelled supply of medicines should be available if needed for the pupil at all times.
- A suitable robust container should be used for transport that affords appropriate protection and security.

## Training/ Competency Assessment



1. All training and competency assessments must be documented.
2. As buccal midazolam is only used in an emergency situation and not regularly, observation of practice is not practical. It is recommended that competency is assessed using a knowledge assessment every 6-12 months (as appropriate) to ensure support staff remain competent and confident to administer buccal midazolam when needed.



## **Walbottle Village Primary School**

13

# RECORDING AND RECORD KEEPING PROCEDURE

1 of 3

# Recording

## Administration of Medicines

Immediately after the medicine has been given and you have witnessed the pupil taking it, make a record on the pupil's medicine record.

If the medicine is not given, use the appropriate code or provide an explanation of the reason for refusal plus the action taken.

The pupil's medicine record must contain a full record of what has been given, i.e.:

- date
- time
- medicine (name, form, strength, dose, frequency)
- initials of support staff (if medicine is administered), and
- appropriate codes (for non-administration)

For creams, ointments and patches - remember to check the body map before administration and sign the medicine record following administration.

### **Remember**

Appropriate codes or explanation should be used for: refusal, absence, sleeping and other reasons such as medicine unavailable, spillage, dropped tablets etc.

2 of 3

## Recording

### Administration of Medicines (Continued)

#### Remember

Any entries or changes to the medicine record must be carried out in accordance with the Handwriting on Medicine Records Procedure.

#### Filing:



Keep medicines risk assessments in the pupil's file.



File all records such as emails, phone messages, prescription copies, consent forms, letters from a person who holds parental responsibility, health questionnaires etc. in an ordered manner.



Keep an up-to-date log of sample signatures and initials of those support staff members eligible to undertake medicines administration.

3 of 3

## Record Keeping

### Where to record the following items:

Medicines ordered,  
received and  
administered

- Record on pupil's Health Care Plan.

Pupil-specific  
details

- For pupils with a medical condition, record details in their Health Care Plan.

PRN  
'when required'  
medicines protocols

- Record administration on the pupil's MAR and details of when and how to give the medicine should be documented on the PRN protocol.

Refusal of  
medicines

- Write a code or explanation on the pupil's MAR with the reason, where known.

Medicines for  
disposal

- Record in the Returned Medicines record sheet.

### Note

Medication records must be archived when pupils leave. The school's archiving procedures should then be followed.



## **Walbottle Village Primary School**

14

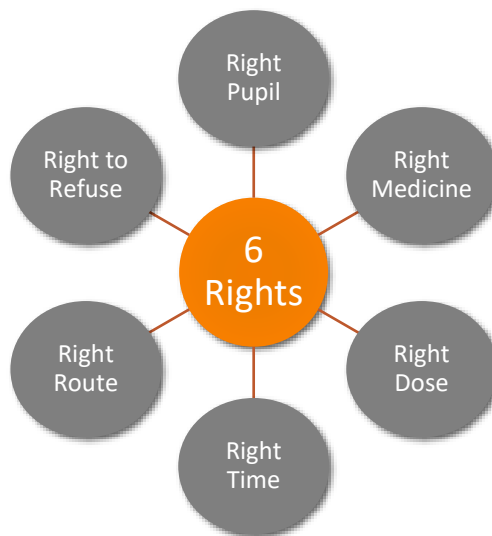
# HANDWRITING ON MAR SHEETS PROCEDURE (INCLUDING DOSE CHANGES)

1 of 1

# Handwriting on MAR Sheets

1

The designated member of support staff should copy all the details and instructions (no abbreviations) from the medicines label directly onto the MAR sheet, ensuring the 6 Rights have been verified.



2

This support staff member should sign to take accountability for the entry.

3

A second trained member of support staff should check both the entry on the MAR and the original label. If both agree in **all** details, then the witness should countersign.

4

Any medicine that has been discontinued must be clearly indicated to avoid it being given in error.



## **Walbottle Village Primary School**

15

# SELF-ADMINISTRATION PROCEDURE

1 of 1

## Self-Administration

The designated member of support staff should complete the ***Self Administration Risk Assessment Form*** in conjunction with the parent to determine the support the pupil needs with their medicines.

Agree the level of support that will be provided and document in the Health Care Plan.

Make a record of the medicines that each pupil will be self-administering.

[State where]

Review the risk assessment every half-term.

Undertake spot checks on a risk assessed basis to monitor the support required and any changing needs of the pupil.



## **Walbottle Village Primary School**

16

# **‘WHEN REQUIRED’ (PRN) MEDICINES PROCEDURE**

1 of 2

# “When Required” (PRN) Medicines

## ACTION 1

The designated member of support staff should draw up a PRN protocol (in conjunction with the prescriber where appropriate) for any pupil who is prescribed a “when required” medicine. A PRN protocol should be drawn up for every medicine a pupil is prescribed that is PRN.

### This should include:

The reasons for giving the “when required” medicine.

How much to give if a variable dose has been prescribed.

What the medicine is expected to do.

The minimum time between doses if the first dose has not worked.

The maximum dose in 24 hours.

If a pain scale is used for when required painkillers, the type of pain scale should be stated.

If psychotropic medicines are prescribed, the STOMP plan must be referred to.

## REMEMBER

- 1) There may be more than one PRN protocol per pupil as there should be a PRN protocol for every medicine prescribed PRN.
- 2) PRN protocols must be individualised.
- 3) PRN protocols should be reviewed regularly and ideally monthly. If the pupil is using PRN medicines on a regular basis at a regular dose, this should be reviewed to see if a prescription for a regular dose might be more appropriate.

2 of 2

## “When Required” (PRN) Medicines

### ACTION 2

Amend the pupil’s **Health Care Plan** to include the following:

Details of “when required” medicines prescribed

Details of when to contact the prescriber

### ACTION 3

At the time of offering the medicines, either  
[Select an Option]:

- 1) Record on the MAR sheet when the medicine was given noting the dose and time on the back of the MAR sheet.

OR

- 2) Use the relevant code if the medicine is not required, unless the PRN protocol indicates the pupil has capacity and is able to request their medication when necessary.



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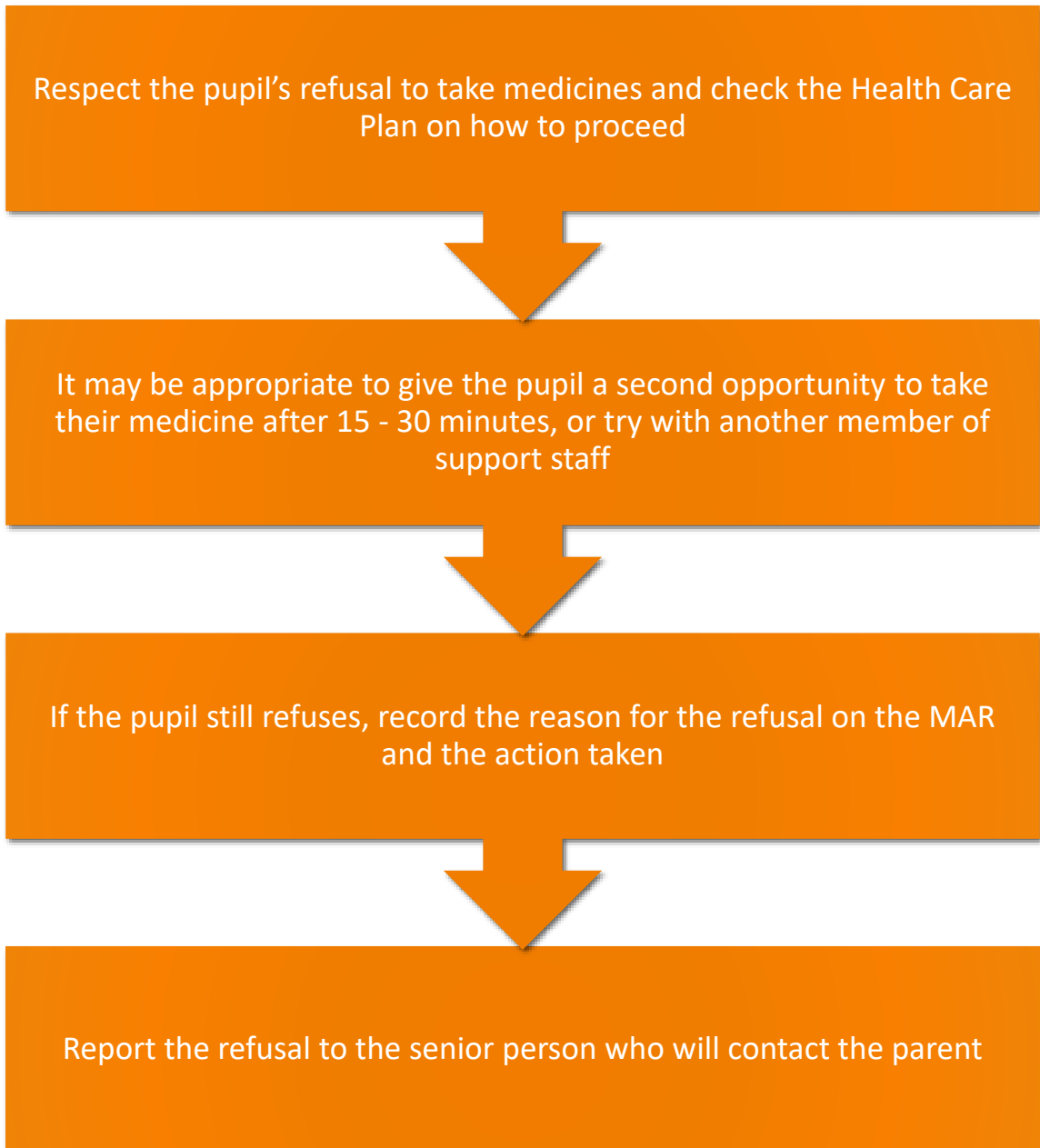
17

# REFUSAL OF MEDICINES PROCEDURE

1 of 1

# Refusal of Medicines

**When a pupil refuses medicine, support staff must:**





## **Walbottle Village Primary School**

18

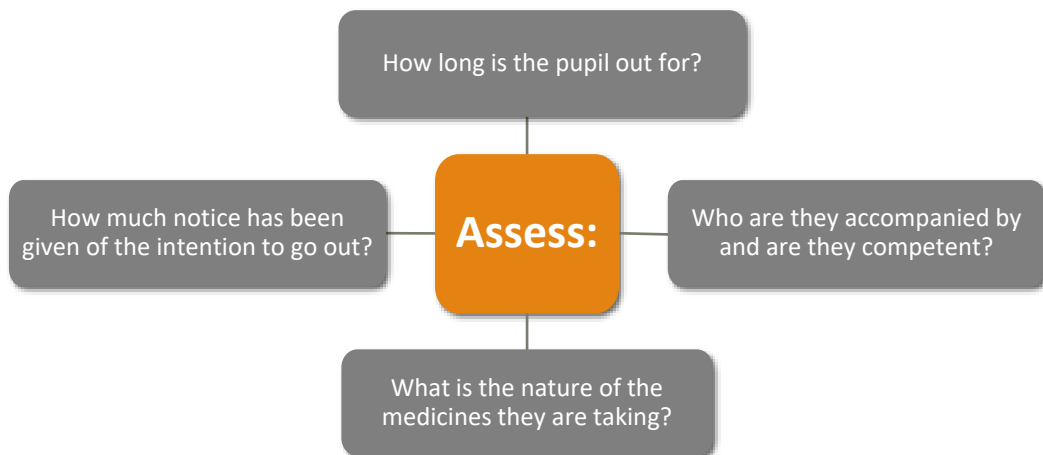
# **HANDLING MEDICINES FOR OUT OF SCHOOL ACTIVITIES (TBC)**

1 of 5

# Medicine Handling for Day Trips

1

Undertake a risk assessment using the *Risk assessment for handling medicines away from the usual care setting form*.



2

Consider the following options:

- Missing the dose out altogether (after confirmation with the GP)
- Giving the dose early or late (after confirmation with the GP)
- Giving the original dispensed medicine to the relative/ support staff/ pupil themselves (if risk assessed and they are competent to administer)
- Obtaining a separate labelled supply for 'leave' (advanced warning required to obtain a prescription and get it dispensed)
- As a last resort-taking out the dose required and putting it in a labelled container. **Important** – See guidance on secondary dispensing on the next page.

2 of 5

# Medicine Handling for Day Trips

## Preparing a dose to be administered away from the service

- If the option:

*Taking out the dose required and put it in a labelled container*

is selected, this is considered secondary dispensing. This is when medicines that have already been dispensed by a pharmacist or a dispensing doctor are re-packaged.

- **Secondary dispensing is not good practice and should be considered as the last resort when supporting a pupil with their medicines away from the service.**

- If this option is selected, you must:

- 1) Assess the need and the risk of this using the *Risk Assessment for Handling Medicines Away from Care Setting* form
- 2) Fully document any decisions and actions taken
- 3) Prepare the dose required in accordance with *section 3* of this procedure



## Controlled Drugs

- ❖ Best practice is for these to remain in their original pharmacy-labelled container.
- ❖ A separate labelled supply containing only the quantity required should be obtained from the pharmacy wherever possible.

3 of 5

## Medicine Handling for Day Trips

3

If the option to 'Take out the dose required and put it in a labelled container' is selected, the following procedure must be followed:

Only trained and competent members of support staff can carry out this task.

A second, trained and competent member of support staff must be present to check and act as a witness for the whole process and counter signatory.

The medicine must be transferred into a clean container (for example, a box or bottle)

The new container should be labelled with the following information:

- the name of the pupil
- the name, formulation and strength of the medicine
- the dose (how often or the time the medicine should be taken)
- any additional instructions (for example, take after food)

These instructions should be copied directly from the original pharmacy-labelled container.

The label should also include:

- the quantity supplied (i.e. the quantity being transferred from the original pharmacy-labelled container into the new container)
- the date the dose is prepared (i.e. not the date of dispensing on the original pharmacy-labelled container).

4 of 5

## Medicine Handling for Day Trips



**When the required dose has been transferred to the new container and the label has been applied:**

- the member of support staff preparing the dose and label should sign the label
- the second member of support staff should confirm that all the details are correct and countersign the label.

5 of 5

## Medicine Handling for Day Trips

4

**For any medicine leaving the service and to be administered whilst away from the service:**

Record on the 'Out' section of the 'In/out log' the details of the medicine being taken out - (please note, the 'In/out log' must be kept in the service).

Document on the regular MAR sheet the code for social leave.

Provide the pupil / support staff / relative (as appropriate) with an 'Administration Record for Medicines Administered Away from the Usual Care Setting' form to record if the medicine was given or refused when the pupil is away from the service.

On return to the service, the 'In' section of the '*In/Out Log*' should be completed to confirm what has been returned to the service.

Any medicines taken out that were not administered should be returned into appropriate secure storage. Keep the 'Administration Record for Medicines Given Away from the Usual Care Setting' form with the regular MAR sheet so that all medicines administration records can be readily accessed.



## **Walbottle Village Primary School**

19

# PREPARING INDIVIDUAL HEALTH CARE PLANS (IHCP) PROCEDURE

# Preparing Individual Health Care Plans




For pupils with medical conditions, an Individual Health Care Plan (IHCP) should be drawn up with input from parents, the pupil and healthcare professionals where necessary.



If a pupil has a medical condition, in addition to the details in the IHCP, the procedures in the guidance “Supporting Pupils at School with Medical Conditions” must be followed.



The following information should be recorded in the IHCP:

- 
- ✓ Medical condition, its triggers, signs, symptoms and treatments
  - ✓ The pupil’s resulting needs including medication (dose, side effects and storage), other treatments, testing, access to food and drink, dietary requirements, environmental issues etc
  - ✓ Specific support for pupil’s educational, social and emotional needs
  - ✓ Level of support needed to manage the condition (including in emergencies)
  - ✓ Who will provide the support (including training)
  - ✓ Who in the school needs to be aware of the pupil’s condition and the support required
  - ✓ Arrangements for written permission from parents for medication to be administered by support staff or self-administered by the pupil
  - ✓ Separate arrangements for school trips, outings, activities
  - ✓ Confidentiality issues
  - ✓ What to do in an emergency
  - ✓ If parents have consented to emergency use of Salbutamol in asthma and/or use of the spare AAI in an emergency
  - ✓ Actions to be taken if a pupil refuses to take their medication
  - ✓ A suggested template for the IHCP is provided in the appendix



## **Walbottle Village Primary School**

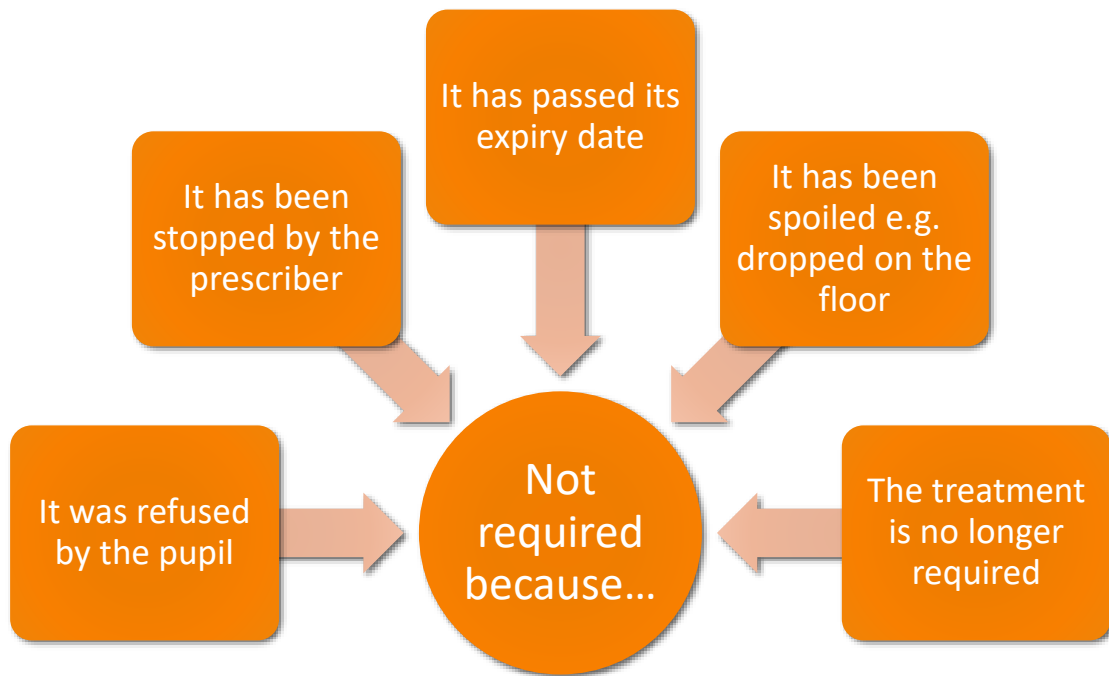
20

# DISPOSAL OF MEDICINES PROCEDURE

1 of 2

# Disposal of Medicines

Why might the medicine no longer be required?



## Remember

In the unlikely event a pupil dies, put their medicines to one side in the medicines cupboard separated from current stock and labelled clearly: "DO NOT USE. DO NOT RETURN UNTIL CHECKED WITH CORONER". You should not send them for disposal until 'sufficient time' has passed in case the coroner wants to see them.

NEVER put unwanted medicines down the sink or toilet. Medicines should not be disposed of or destroyed in the school.

Syringes and needles must be disposed of by putting in a sharps box.

2 of 2

## Disposal of Medicines

Remove any medicine that is no longer required from the medicine cupboard as soon as possible. Place it in a separate locked cupboard labelled “For Return to parent/pharmacy as applicable” and the pupil’s name

Make an entry in the Returned Medicines Record, recording the date, medicine name, form, strength, quantity and the pupil’s name plus the member of support staff’s signature

Return the medicine to the parent/pharmacy ASAP. Ask the parent to sign for receipt where possible. If the parent fails to collect the medicine, it may be returned to the pharmacy for disposal

### Remember

If the medicine is a Controlled Drug, leave it in the CD cupboard for secure storage, but separated from current medicines in use and indicate it is awaiting collection. You will need to sign it out of the CD register when it leaves the school.

Ask the parent also to sign if it is being returned home.



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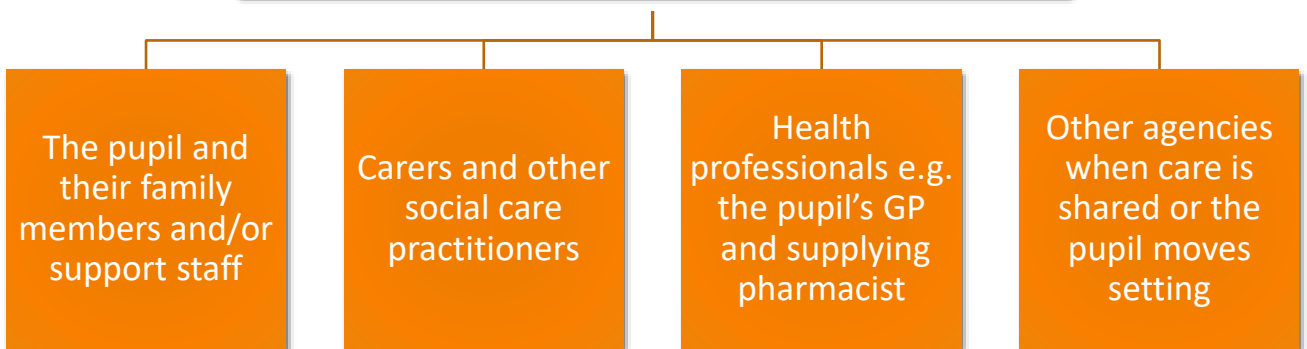
21

# SHARING OF INFORMATION PROCEDURE

1 of 1

## Sharing of Information

You should communicate and share information about a pupil's medicines, taking into account the pupil's expectations for confidentiality, with the following people:



If a pupil has cognitive decline or fluctuating mental capacity:



Actively involve the pupil and their family members (and where appropriate, named advocates)/support staff in discussions and decision making



Record the pupil's views and preferences



Take action in the pupil's best interest if they lack capacity to make decisions in the future



## **Walbottle Village Primary School**

22

# RAISING CONCERNS PROCEDURE

1 of 1

## Raising Concerns

Support staff should raise any concerns about a pupil's medicines with the senior person. These concerns may include:



The pupil declining to take the medicines



The pupil not taking the medicine in accordance with the prescriber's instructions



Possible adverse effects (including falls after changes to medicines)



The pupil stockpiling their medicines



Medicines errors or near misses



Possible misuse or diversion of medicines



The pupil's mental capacity to make decisions about their medicines



Changes to the pupil's physical or mental health



## **Walbottle Village Primary School**

23

# HANDLING MEDICINES ERRORS PROCEDURE

1 of 4

# Handling Medicines Errors

On discovering the error, the support staff and/or senior person must:

- |                           |  |                            |   |
|---------------------------|--|----------------------------|---|
| <b>1</b><br>SUPPORT STAFF | Notify the senior person immediately                                   | <b>7</b><br>SUPPORT STAFF  | Inform the pupil and contact the family/next of kin, as appropriate   |
| <b>2</b><br>SUPPORT STAFF | Stay with the pupil  | <b>8</b><br>SUPPORT STAFF  | Complete medicines error report form  |
| <b>3</b><br>SUPPORT STAFF | Notify the GP immediately and ask for advice                           | <b>9</b><br>SENIOR PERSON  | Conduct an inquiry and initiate any actions necessary to prevent reoccurrence                                   |
| <b>4</b><br>SUPPORT STAFF | Document the advice received and the advice actioned                   | <b>10</b><br>SENIOR PERSON | Check the local authority's safeguarding protocol and inform as necessary. Notify the regulator where required. |
| <b>5</b><br>SUPPORT STAFF | Monitor the pupil closely for any obvious side effects of the medicine | <b>11</b><br>SENIOR PERSON | Complete a regular audit of medicines errors and incidents and share with support staff as a learning tool      |
| <b>6</b><br>SUPPORT STAFF | Take emergency action if required                                      |                            |   |



If at any point the pupil suffers an adverse reaction, call the emergency services.

2 of 4

## Handling Medicines Errors

If you make an error or identify that a colleague or third party - for example, prescriber or pharmacist - has made an error, you must follow the steps below.

Immediately seek advice from pharmacist/GP/surgery's out-of-hours service/NHS 111.



Follow health professional's advice and record in pupil's Health Care Plan, medical notes or MAR chart, directing support staff member to info as appropriate - for example, by use of communication book.



Inform the senior person of error and actions taken.

3 of 4

## Handling Medicines Errors

We have a duty of candour to the pupils we support. This means you **must** tell the pupil concerned what happened.



The relatives or representatives of the pupil should also be informed. Consent should be sought before any information about a pupil with capacity is shared.

If they do not want you to, a written record should be completed, signed and filed away in the pupil's Health Care Plan to evidence this.



Apologise for the error and offer them the opportunity to make a complaint.

### CONTACT



For out of hours contact NHS 111 or the pharmacist/GP, as appropriate.

4 of 4

# Handling Medicines Errors

## Senior staff must:

Review the error. Take action appropriate to the error

The process is:

- Supervision
- Reflection of the error
- Removal from medicines administration
- Shadowing and Observations
- Competency assessment

Inform:

- 1) The Senior Person (if not already informed)
- 2) The Regulator (as appropriate)
- 3) Local safeguarding team (as appropriate)

Initiate any actions to prevent recurrence of the error

Do a lessons learnt exercise and document appropriately

Brief team members

Audit errors on a regular basis for trends



## **Walbottle Village Primary School**

24

# AUDITING MEDICINES PROCEDURE

1 of 1

# Auditing Medicines

1

A senior person or designated member of support staff must:

- Use a risk-based approach to auditing
- Undertake audits at least monthly
- Keep records of all audits undertaken
- Create an action plan if necessary
- Action any issues raised

3

The audits should include, at appropriate times:

- |   |  |
|---|--|
| ✓ Review of medicines records                       | ✓ Stock control                              |
| ✓ Loose medicine counts                             | ✓ Controlled Drugs                           |
| ✓ Labelling of creams/ointments                     | ✓ All forms and paperwork                    |
| ✓ Date of opening on eye drops and liquid medicines | ✓ Support staff competency checks            |
| ✓ Date check of "PRN" (when required) medicines     | ✓ Medicines training of support staff team   |
| ✓ Fridge temperatures                               | ✓ Pharmacy audit (ideally on a yearly basis) |

A suite of tools can be found in the Appendices



## **Walbottle Village Primary School**

25

# TRAINING AND COMPETENCY ASSESSMENT PROCEDURE

# Training and Competency Assessment Roles and Responsibilities

**NICE recommend that competency assessments should be undertaken annually.**

**CQC guidance states that competency assessment should be undertaken BEFORE a member of support staff administers medicines.**

Member of support staff	Notes	When and how often
New support staff	New support staff should shadow an experienced member of support staff and then be competency assessed before administration of medicines is undertaken.	<p>➔ New support staff should shadow an experienced member of support staff on several occasions until the experienced member of support staff is satisfied the new member of support staff has witnessed sufficiently. They should then be competency assessed until the assessor is satisfied that competency has been achieved.</p> <p><b>NOTE:</b> The number of occasions for shadowing and competency assessment will vary and will be dependent on the individual and the outcome being met i.e. competency of the support staff member.</p>

# Training and Competency Assessment Roles and Responsibilities

Member of support staff	Notes	When and how often
Existing support staff	<p>For an existing member of support staff</p> <ul style="list-style-type: none"> <li>• Who has an in-date training certificate AND</li> <li>• Where there are no concerns</li> </ul>	→ 1 observation annually or until competent
A member of support staff who has made an error or where there are concerns	Supervision will be required following the error/concern	→ Sufficient observations until fully competent then annually (or until competent)
Support staff members working in services where medicines are only administered occasionally		→ At least 1 observation annually. However, observations every 3 months are recommended to maintain competence
Agency or relief staff	<ul style="list-style-type: none"> <li>• Competency assessed as per new support staff requirements, where possible</li> <li>• Risk assessments and control measures should be put in place where this is not possible</li> </ul>	→ As determined by risk assessment



## **Walbottle Village Primary School**

26

## **TRAINING PATHWAYS**

## OPUS Gold Standard Medication Training Pathway

### Staff in Schools



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## OPUS Gold Standard Medication Training Pathway

### School Nurses & Senior Staff in Schools



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