



Brymore Academy

Medicines Procedures

July 2022

Version 2

Produced By OPUS Pharmacy Services

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01

Ordering and Supply Procedure

Ordering and Supply

MATRON

- Complete the student's profile on Medical Tracker.
- Make sure that it is clear to staff involved in ordering medicines:
 - if repeat prescription requests need to be made via the parent or the surgery
 - if new prescriptions are sent directly to the pharmacy by the surgery or need to be collected from the surgery and taken to the pharmacy

Regular monthly medicines

Check the stock of medicines 10 days before the end of the monthly medicine cycle.
Confirm what needs to be ordered for the next month.



Contact the surgery or the parent (as appropriate) to request a new prescription.
Retain a copy of the repeat prescription request for reference.



Agree timescales regarding collection or collection by a designated staff member from the pharmacy.

Interim or mid-month supplies

When an interim supply prescription is received from the GP/ prescriber, promptly contact the pharmacy to let them know that you are going to send the prescription to them.



Obtain interim or mid-month supplies of medicines from the regular pharmacy supplier as the first option.



Keep an audit trail of the ordered medicine and sign the medicine in when it arrives.

Ordering and Supply



- Although regular monthly medicines from the pharmacy may be provided in multi-compartment aids, interim supplies may not be.
- The instructions for interim supplies will need to be entered onto a MAR by a member of staff that is trained and competent to transcribe.
- A second trained and competent member of staff must check the entry for accuracy.

Dropped Medicines

To order any replacements for “dropped medicine,” the name of the medicine should be written at the end of the prescription request form exactly as it appears on the medicine label, the amount needed should be indicated and then ticked to say it is required.

Tips & Hints: Ordering & Supply



It is the Matron’s responsibility to ensure there are adequate supplies of medicines and that repeat prescriptions are ordered in a timely manner.



New students should bring 28 days supply of their medicines in original packaging (not dosette boxes) with them (including any non-prescribed medicines) when they arrive; Check these against their doctor’s current medication list to make sure all are correct (make sure non-prescribed medicines are authorised).

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02

Requesting Repeat Prescriptions Procedure

Requesting Repeat Prescriptions

important

Check the Individual Health Care Plan to confirm how to order the student's medicines.

It is essential to maintain continuity of supply of a student's medicines. It is not acceptable for the student not to receive their medicine on time.

Notify the Matron of the need for a repeat prescription.



Contact the surgery or parent (as appropriate) to submit a repeat prescription request.



Retain a copy of the repeat prescription request for reference.



Agree timescales regarding collection (by a designated member of staff), or postage or delivery of medicines by the parent.

- If a student has completely run out of medicines or has very little medicine left (less than a week's supply), immediately contact the parent, GP surgery or pharmacy.
- A House Parent can do this if advised to do so by the Matron.
- For out of hours, call NHS 111

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03

Collecting Medicines from the Pharmacy Procedure

Collecting Medicines from the Pharmacy

important

Check the Individual Health Care Plan to confirm if the collection of medicines from the pharmacy is a task that is detailed in the student's agreed medicine support.

It is essential to maintain continuity of supply of a student's medicines. It is not acceptable for the student not to receive their medicine on time.

Collect the dispensed medicine(s) from the pharmacy.

Ensure you take identification (preferably related to your role) as the pharmacy can ask you to confirm who you are before handing the medicine(s) over to you.



Make a record in the student's file of the medicine(s) that have been collected.



Take the collected medicine(s) to the Matron's office at the earliest opportunity (ideally, directly from the pharmacy) but at least on the same day as the medicine(s) are collected.

Collecting Medicines from the Pharmacy

SENIOR MATRON

Risk assess the transport of medicines by staff, including areas such as (but not limited to):

- The requirements of medicines that need to be stored in the fridge and/or medicines liable to misuse (for example, controlled drugs).
- The security of the medicines being transported especially if the member of staff is not going directly back to the school.

All details regarding the transport of medicines by staff should be clearly documented in the Individual Health Care Plan.

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Receiving Medicines into the School Procedure

Medicines Brought into the School

- 1 All medicines brought into school must be handed in immediately and checked in by the Matron or House Parent (when the Matron is off duty).
- 2 Medicines must be in the original packaging and with all required details and instructions on the packet in English.
 - Do not accept medicines that are in damaged, out of date or unreadable packaging.
 - Check that the medicines are for the right student. Check the expiry date and count the medicines in front of the parent.
- 3 A completed *Parental Medicines Permission 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 on arrival using the *Record of Medicines Received* form.

Write out a MAR for prescribed medicines and document non-prescribed medicines on the *Homely Remedies Record*.

HOUSE PARENTS:

Leave the MAR and *Homely Remedies Record* in the Matron's office for the Matron to check the next morning.



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Medicines Reconciliation Procedure

Medicines Reconciliation

Medicines reconciliation is the process of accurately listing a student's medicines. This could be when they commence the school year or when their treatment changes.

1

Make sure you are familiar with who is involved in medicines reconciliation for each student you support. The following people might be involved:

- ➔ The student
- ➔ Their family (where appropriate)
- ➔ Carers (where appropriate)
- ➔ Pharmacist
- ➔ Other health and social care professionals

2

Ensure the following information is available on the day the student commences the school year or transfers from another school:

- ✓ Student's details (full name, date of birth, address)
- ✓ GP details
- ✓ Details of other relevant contacts (for example, parents, regular pharmacy)
- ✓ Known allergies and reactions to medicines and the type of reaction experienced
- ✓ Accurate and up to date information about the medicines the student is currently taking (e.g. from the most current GP repeat medication list)
- ✓ Changes to medicines including medicines started, stopped, dosage changed, and reason for change

Medicines Reconciliation

Continued...

2

Ensure the following information is available on the day the student commences the school year or transfers from another school:

- ✓ Date and time of the last dose for any “when required” medicines, or any medicine given less often than once a day (e.g. weekly or monthly medicines)
- ✓ When the medicine should be reviewed or monitored
- ✓ Any support the student needs to carry on taking the medicine
- ✓ What information has been given to the student /family/carers

NOTES

- You must receive a full list covering everything the student is on when they first commence the school year. This involves making sure that nothing has been missed off the medicines list
- Be careful to include medicines that are not administered daily (for example, weekly, monthly, every three months)

3

Record the name and job title of the Matron completing the medicines reconciliation and the date.

Medicines Reconciliation

When a student commences the school year:

SENIOR MATRON

Coordinate the medicines reconciliation process when a student commences the school year.

Ask the parent to provide the student's prescribed medicines in original pharmacy-labelled containers.

- Cut strips in blister packs where the name and strength of the medicine are not visible, will not be accepted.
- An alternative, appropriately labelled supply will be needed to enable administration by staff.



In the event of an unlabelled supply, a Matron/ House Parent will contact the GP/ parent to arrange a new labelled supply.



Advise the parents to inform the school before they bring in any medicines (prescribed or non-prescribed).

Medicines Reconciliation

When a student is discharged from hospital, they should be supplied with a discharge summary and ideally a 4-week supply of medicines.

SENIOR MATRON

Coordinate the medicines reconciliation process when a student is discharged from hospital and check that the medicines received tally with the discharge summary.

Prepare a MAR from the labelled supply of medicine and the discharge summary.



A second trained and competent member of staff should check the entry for accuracy and make a record of the check.



Where there is no discharge summary, or if there are any discrepancies or concerns, contact the parent/ GP/ discharging ward as soon as possible and obtain written confirmation of any details provided.

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Medicines Storage Procedure

Medicines Storage

1 Store medicines safely and securely in designated medicines storage facilities. Only authorised, medicines trained members of staff will have access to the keys and storage facilities.

2 Medicines stored in the Treatment Room

- ➔ Check and record the temperature of the medicines storage facility/room daily using the *Medication Room Temperature Record*. The temperature must not exceed 25°C.
- ➔ If the storage temperature exceeds 25°C, inform the Senior Matron. A record must be made of actions taken to reduce the room temperature. The following actions can be considered (this list is not exhaustive):
 - ✓ Use a fan or air conditioning unit in the storage area
 - ✓ Close curtains or blinds and open any windows (maintaining security)
 - ✓ Relocate storage to an area that conforms to the recommended storage requirements maintaining safe storage requirements
- ➔ Contact the supplying pharmacist for advice if the storage temperature exceeds 25°C on any consecutive days. It may be necessary to obtain a new supply of medicines.
- ➔ Do not administer any medicine if any changes to its appearance are identified (for example, cream separated/cracked, tablet discoloration or loss of integrity, an unusual smell). Seek advice immediately from the supplying pharmacist/NHS 111.

3 Medicines stored in Boarding Houses

- ➔ Unlike the treatment room, there is no need to keep a daily record of the temperature.
- ➔ However, where you have reason to suspect that the temperature might be above 25° C (for example, during a heatwave), the storage of any medicines in boarding houses should be risk assessed and appropriate action taken (as detailed above).

Medicines Storage

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

5

Lock Controlled Drugs away immediately

- In a locked non-portable container or Controlled Drugs cupboard (enter in the CD register)
- Only named staff should have access
- Access to the controlled drug cabinet is only possible with a specific key which is securely locked within a wall mounted key safe, which only authorised staff have access to

6

Medicines requiring fridge storage

- Medicines requiring refrigeration must be stored between 2°C - 8°C in a lockable fridge specifically designed for this use.
- Check and record the maximum and minimum fridge temperature daily using the *Fridge Temperature Record*. Reset the thermometer after each reading.
- When the temperature is out of range inform the Senior Matron. The actions taken must be recorded, which may include (this list is not exhaustive):
 - ✓ Rearrange stock in the fridge to improve air flow, shelves should be used for storage rather than the floor or door of the fridge
 - ✓ Make sure the fridge is in a well-ventilated location away from heat sources
 - ✓ Do not open the door in the event of power failure unless absolutely necessary
 - ✓ Defrost the fridge if necessary
 - ✓ Move stock to an alternative fridge ensuring secure storage of medicines

Continued

Medicines Storage



Medicines requiring fridge storage (*Continued*)

- ➔ Contact the supplying pharmacist for advice if fridge maximum/minimum temperatures are outside of range on any consecutive days. It may be necessary to obtain a new supply.
- ➔ Do not administer any medicine if any changes to its appearance are identified (for example, cream separated/cracked, clouding of injections). Seek advice immediately from the supplying pharmacist/NHS 111.
- ➔ Do not store any other items including food or drinks in the medicines fridge.
- ➔ Use a switchless socket or apply a clear warning label to the plug socket stating it should NOT be unplugged or switched off.

Keep medicine storage areas clean and fridges defrosted according to the manufacturer's recommendations. Make a record using the *Medication Storage Cleaning Schedule* form.



Remember to date check all medicines on a regular basis.

Mark the date of opening on any medicines with a short expiry date or limited shelf life once opened (for example, eye/ nose/ ear drops, creams, some liquids)



If staff are prescribed medicines or purchase over the counter medicines for themselves and need to bring these into the workplace, they must ensure the medicine(s) are used appropriately for their personal use only and are stored safely and securely at all times.

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Administration of Liquid Medicines Procedure

Administration of Liquid Medicines Procedure

Use this procedure alongside the *Administration of Medicines* procedure

- 1** Check the name, form, strength & dose of the medicine label corresponds the information on the MAR.
If there is ANY discrepancy DO NOT administer, refer to the pharmacy immediately.
- 2** Check the opening date and expiry date of the liquid medicine, this should be clearly documented on the container once the bottle is opened.
- 3** Shake the bottle to ensure the medicine is evenly dispersed in the liquid to give the correct dose.
- 4** Using the appropriate measuring device measure the dose accurately.
- 5** Administer the medicine and witness the person taking the medicine.
- 6** Immediately record administration on the MAR.
- 7** Using a clean tissue wipe around the neck of the bottle to keep the container clean and ensure it is easy to open for the next use.

Administration of Liquid Medicines Procedure

When measuring liquids, it is important to use the correct measuring device to ensure an accurate dose is given.

Measuring Device	Volume to Measure	Additional Information
Medicine spoon	2.5ml (if a double ended spoon) or 5ml	<ul style="list-style-type: none"> Only use a medicine spoon provided by the manufacturer or pharmacy to ensure accurate dosing Ensure the surface of the spoon is filled to the edges when measuring a dose Be aware of the risk of spillage when administering from a spoon
Medicine syringe	<ul style="list-style-type: none"> Small precise volumes up to 1ml (1ml syringe) 1ml-5ml (5ml syringe) 5ml-10ml (10ml syringe) 	<ul style="list-style-type: none"> Most accurate way of measuring liquids Draw liquid from the bottle upside-down, using the adapter Check the liquid level against the syringe markings at eye level to ensure accurate dosing Remove any air bubbles to ensure accurate dosing Direct the liquid to the side of the mouth and administer a little at a time to prevent choking
Graduated measuring cup	10ml-20ml	<ul style="list-style-type: none"> Less accurate and should only be used for measuring larger volumes of liquid Check the graduation markings carefully, different manufacturers use different graduation scales Check the level of the liquid against the graduation marking at eye level with the cup placed on a flat surface to give an accurate dose

TOPS TIPS:



Always read the information leaflet provided by the manufacturer



Always use an appropriate measuring device that has been provided by the manufacturer or the pharmacy



Mark on the container the date of opening and new expiry date (if applicable)
Check the manufacturer's instructions e.g. some liquid medicines must be discarded after 28 days and others must be discarded after 3 months of opening



Ensuring the lid is securely fastened, shake the medicine bottle before use
Bottles can be gently inverted a number of times to ensure accurate dosing
Be careful not to shake the contents too vigorously as this may cause air bubbles in the liquid making accurate dosing difficult



Keep the pharmacy label facing upwards when pouring out liquids.
This minimises spillage onto the label making sure the instructions remain intact and can continue to be read for the next time the medicine is given



Using a clean tissue, wipe around the neck of the bottle after use to keep the container clean and easy to open for the next use



Remove air bubbles from a medicine syringe by gently tapping the syringe, or overdrawing the liquid and expelling the air from the syringe



Wash measuring devices in warm soapy water after each use and allow to air dry



If you have any questions or concerns seek advice from a healthcare professional

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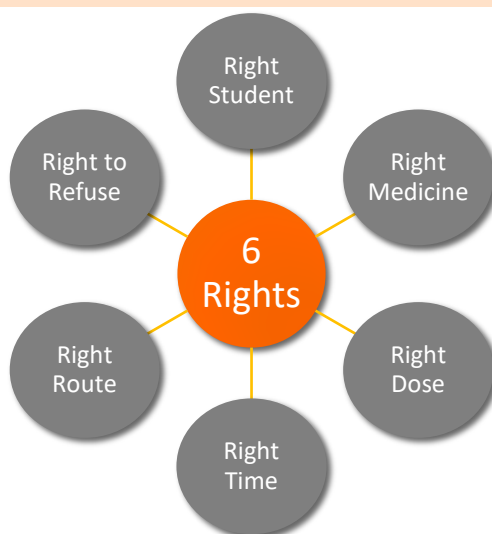
08

Administration of Medicines Procedure

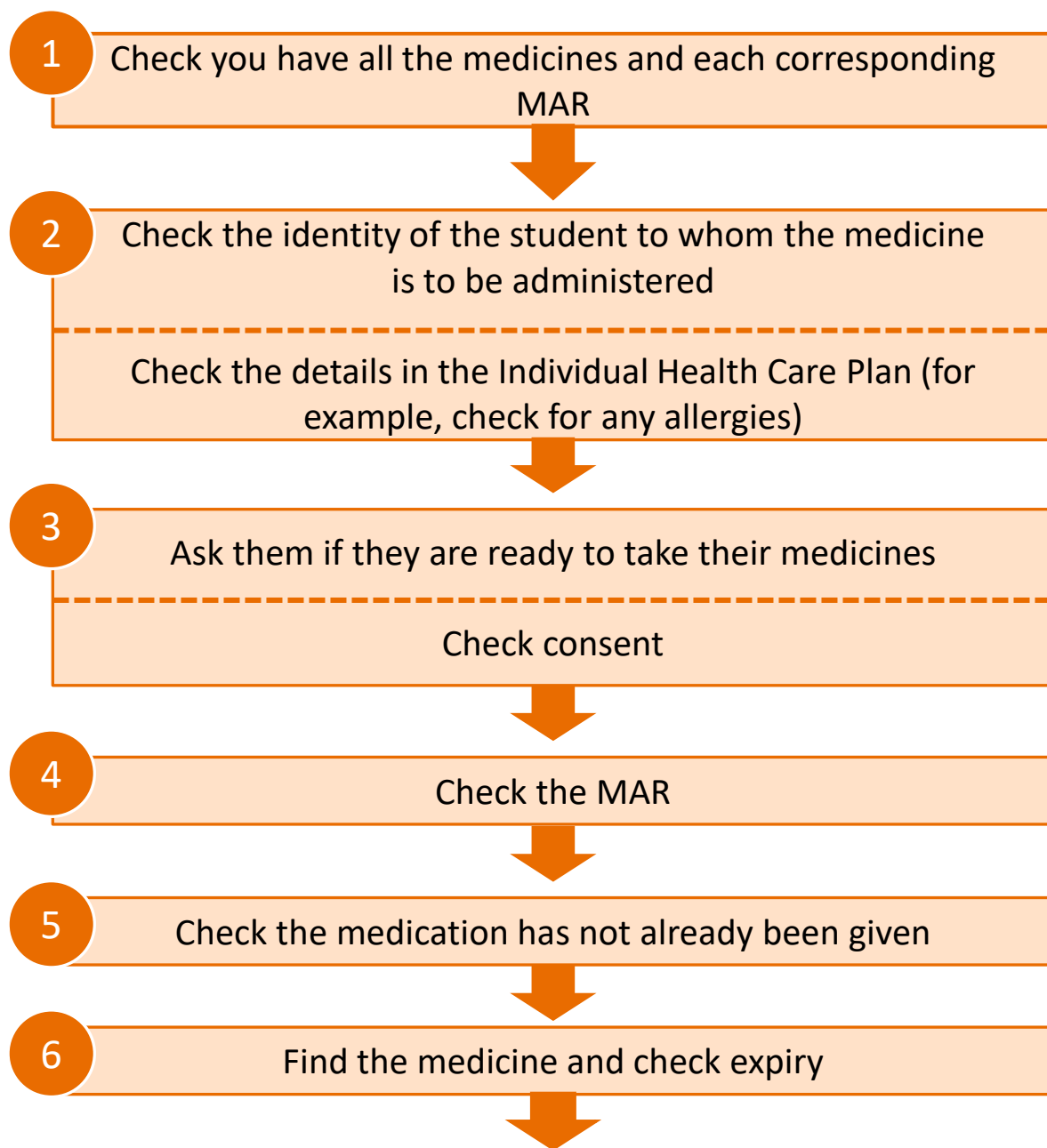
Administration of Medicines

Administer medicines safely and appropriately following the six rights of administration:

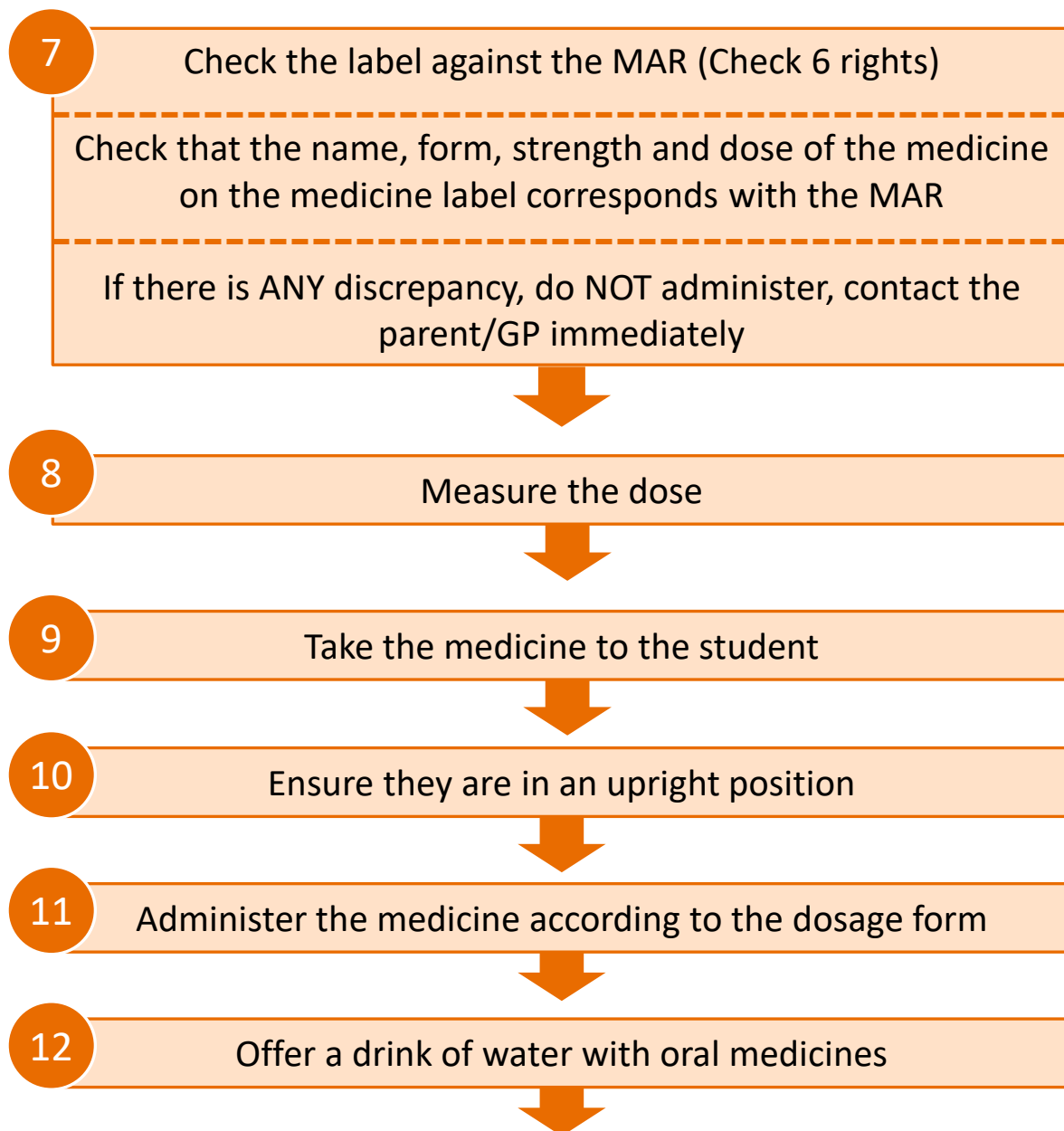
-  the **right student**
-  is given the **right medicine**
-  at the **right time**
-  in the **right dose**
-  via the **right route**
-  whilst respecting the person's **right to refuse**



Administration of Medicines



Administration of Medicines



Administration of Medicines

13

Witness the student taking the medicine



14

Record **immediately** on the MAR what has been given or declined. If the medicine is an analgesic, also make a record on Medical Tracker under the student's profile

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

If the medicine is not administered, make an entry for non-administration and provide an explanation



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Proceed to the next medicine

Administration of Medicines

Do not administer the medicine if:

- The MAR is missing or difficult to read.
- The pharmacy label is missing, difficult to read or has been altered.
- A significant change in the physical or emotional condition of the student is observed.
- The 6 Rights of Administration cannot be confirmed.
- The student has queries about the medicines e.g. colour, size, shape, consistency of liquids or the student requires further information regarding the medicine.


If you or the student have any queries or concerns regarding the medicine:

- **Do not administer the medicine**
- Report the concern(s) to the Senior Matron (or a designated member of staff) who will seek advice from the parent or a healthcare professional (e.g. GP, pharmacist or if out of hours then contact NHS 111).


The pharmacy label on the medicine's container provides the legal authority to administer the medicine according to the prescriber's instructions.

- Do not make any alterations to the label.
- If the label becomes detached from the container or is unreadable, do not give the medicine until the advice of your line manager/ the supplying pharmacist is sought (as appropriate).


Administration of Medicines



Make sure you are familiar with any relevant details in the student's Individual Health Care Plan regarding how to support them with their medicines.




Medicines must never be crushed, broken or mixed with food and drink unless they are designed for that purpose or specific directions have been given to do so, in writing, by a healthcare professional and this has been documented in the student's Individual Health Care Plan.



Medicine should not be opened or prepared until the student is ready to accept it (unless under specific circumstances that must be detailed in the Individual Health Care Plan).



Never dispense for another member of staff to administer.



Never administer medicines that have been prepared by another member of staff.

Administration of Medicines

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

- This information can be found via the Patient Information Leaflet (PIL) provided with the medicine or in the care/ support plan.
- Other reputable resources can be used, such as:
 - A copy of The British National Formulary (BNF) which is less than 2 years old.
 - www.evidence.nhs.uk/formulary/bnf.current/
 - www.medicines.org.uk/emc

Mark the date of opening on any medicines with a short expiry date or limited shelf life once opened (for example, eye/ nose/ ear drops, creams, some liquids)

For medicines that are administered regularly, but infrequently (e.g. weekly, monthly or every 3 months), a system must be in place to record when these medicines are due (e.g. indicate the next due date on the MAR and record the date in a communication book/ log to remind staff)

A clear method of communication (e.g., a communication book/ log) should be used for the recording of any unusual incidents (e.g. medicine given out of the time frame, refusal etc.) and the Senior Matron informed.

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09

Administration of Creams and Ointments Procedure *(including managing fire risk with emollients)*

Administration of Creams and Ointments

Use this procedure alongside the *Administration of Medicines* procedure

1

Wash hands and wear a clean pair of disposable gloves

2

Check that the name, form, strength and dose on the label corresponds with the MAR/TMAR (as appropriate)

3

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 the Patient Information Leaflet (PIL)

4

Check full instructions of how to apply e.g.:

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

Administration of Creams and Ointments

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

6 If more than one cream/ointment is to be applied, leave approximately 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

7 Do not put any unused cream/ointment back into the container. Dispose of any unused cream/ointment appropriately

8 Immediately record administration on the MAR/ TMAR (as appropriate)

9 If applying another cream/ointment go back to step 1

Administration of Creams and Ointments

Steroid Creams / 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.**

Managing Fire Risk with Emollients



All emollients pose a potential fire risk

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

Students 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 student is dispensed, or treated with an emollient product

5

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

Managing Fire Risk with Emollients

SENIOR MATRON/ DESIGNATED STAFF MEMBERS

- Provide the student 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
- Assess the smoking status of a student **before** starting treatment. Where appropriate, offer stop smoking support
- Risk assess if the student is exposed to any additional fire risk e.g. using oxygen

Where a student smokes or is in contact with people who smoke or there is an additional fire risk, staff must:

1 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

2 Record full information in the student's Individual Health Care Plan

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

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

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Instillation of Eye Drops Procedure

Instillation of Eye Drops

Use this procedure alongside the *Administration of Medicines* procedure

1 Wash your hands

2 Check the expiry date of the eye drops. If a new bottle is being opened, date the bottle on opening

Most eye drops should only be used for up to 28 days once opened but always check the instruction on the medicine label or Patient Information Leaflet (PIL)

3 Check which eye the medicine is prescribed for (left, right or both)

4 Take the lid off the bottle

5 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

6 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

Instillation of Eye Drops

7

Wipe away with a clean tissue any liquid that falls onto the cheek

8

Repeat in the other eye if the medicine is prescribed for both eyes

9

Do not wipe or rinse the dropper tip. Replace the top on the bottle

10

Immediately record administration on the MAR



NOTES

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

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Instillation of Ear Drops Procedure

Instillation of Ear Drops

Use this procedure alongside the *Administration of Medicines* procedure

1 Wash your hands

2 Check the expiry date of the ear drops. If a new bottle is being opened, date the bottle on opening

Most ear drops should only be used for up to 28 days once opened but always check the instruction on the medicine label or Patient Information Leaflet (PIL)

3 Check which ear the medicine is prescribed for (left, right or both)

4 Take the lid off the bottle

5 Tilt the head to one side so the affected ear is facing upwards

6 Gently pull the outer ear lobe backwards and upwards to straighten the ear canal

Instillation of Ear Drops

- 7 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
- 8 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
- 9 Repeat in the other ear if the medicine is prescribed for both ears
- 10 Immediately record administration on the MAR

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12

Metered Dose Inhaler and Spacer Procedure

Metered Dose Inhaler and Spacer Procedure

Use this procedure alongside the *Administration of Medicines* procedure

Inhalers are commonly used by students 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 student you support

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

- 1 Ask the student 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 student to tilt their head back slightly with their chin up
This helps the medicine reach the lungs
- 5 Ask the student to gently and slowly exhale (breathe out) as fully as possible
- 6 Ask the student to place their lips around the mouthpiece of the inhaler to form a tight seal
- 7 In one smooth action, ask the student 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 student should continue to breathe in slowly and steadily for a further 3-5 seconds after pressing the inhaler
- 9 Ask the student 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 student 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 students using a metered dose inhaler (MDI) with their technique to achieve the best possible dose reaching their 'lungs'
- For example, students 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 students 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 student

Metered Dose Inhaler and Spacer Procedure

The following procedure should be followed:

- 1 Ask the student 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 student to tilt their head back slightly with their chin up
This helps the medicine reach the lungs
- 6 Ask the student to gently and slowly exhale (breathe out) as fully as possible
- 7 Ask the student 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 student 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 student is ready for their medicine and that they know when to start breathing
- 10 Gently remove the spacer from the student's mouth
- 11 If more than one puff is needed, with the spacer away from the student'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

Metered Dose Inhaler and Spacer Procedure

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 student's inhaler treatment, seek advice from the relevant healthcare professional

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

- ➔ Asthma UK
www.asthma.org.uk
- ➔ Right Breathe
www.rightbreathe.com



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Management of Emergency Salbutamol in Schools Procedure

Emergency Supply of Salbutamol

1 The Senior Matron will be responsible for implementing the Department of Health “Guidance on the use of emergency salbutamol inhalers in schools”.

2 The “guidance” allows for the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for students included on the “emergency salbutamol register”.

3 To be included on the register students must:

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

Written parental consent for use of the emergency inhaler must be given in each of these circumstances.

4 The emergency inhaler can be used if the student’s prescribed inhaler is not available.

5 An asthma protocol must be drawn up so staff know who to contact in an emergency and procedures to be followed in line with the “guidance”.

6 Written parental consent should be obtained for each student. This should also be recorded in the IHCP.

7 A register will be kept which documents each student who is permitted to use the emergency inhaler as detailed in their IHCP. This register must be kept updated and a copy kept with the emergency inhaler.

8 Supplies for the emergency asthma kits will be ordered by the Senior Matron using the contents list of the kits in the “guidance” and following the recommendations for the supply order in the “guidance”.

9 Spare salbutamol inhalers will be held as part of the emergency asthma kits will be held in the school in each of the following locations: treatment room

Emergency Supply of Salbutamol

- 10 In each kit location, a number of staff will be trained in how to assist a student with the emergency inhaler (designated staff). Designated staff should be identified in the school asthma policy so that all members of staff may contact them in an emergency situation.
- 11 All staff in the school will be trained on how to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms and when to call an ambulance or initiate the asthma attack procedure. Training will be documented and repeated at least annually.
- 12 All staff in the school must be aware of the asthma policy, how to check if a student is on the register, how to access the inhaler and who are the designated members of staff they can access for support if necessary.
- 13 The designated members of staff will be responsible for the storage and care of the inhaler as detailed in the "guidance".
- 14 Priming the inhaler regularly will also be the responsibility of the designated staff. They will also check the availability of spacers (No spacer should be re-used to avoid cross-infection although it may be used again/retained by the student who used it).
- 15 The emergency inhalers should not be locked away. Staff should have access to the inhalers at all times but with them being out of the reach and sight of students.
- 16 A record will be made each time the inhaler is administered.
- 17 The student's GP, Senior Matron and student's parents should be informed whenever a student has an asthma attack that requires emergency salbutamol use. A sample letter is available in the "guidance".
- 18 The Senior Matron is responsible for disposing of expired or used inhalers and they should be returned to the supplying pharmacy as per the waste instructions in the "guidance".

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Application of Transdermal Patch Procedure

Transdermal Patch Procedure

Use this procedure alongside the *Administration of Medicines* procedure

Patches (sometimes known as transdermal patches) are thin pads that contain medication, that are applied to the skin. The medicine from the patch is absorbed into the body over a period of time.

Key Points About Applying Transdermal Patches



Always follow the instructions of the prescriber and manufacturer.



Always gain verbal consent from the student before applying/ checking/removing a patch.



Vary the site of patch application each time a new patch is applied

- This is to avoid skin irritation that might occur if the patch is always applied to the same site. This skin irritation could alter the absorption of the medicine from the patch.
- Record the site of each application on the MAR, and in the case of analgesic patches, also on Medical Tracker.



Know the date the patch is due to be changed

- Clearly indicate this detail on the MAR to support safe administration.



Apply patches at the same time of day on each due date.



Be aware that different patches will have different intervals between each application (e.g. 24 hours/ 48 hours/ 72 hours). Always check the instructions from the prescriber and manufacturer.

Transdermal Patch Procedure

Preparing for Application of a Patch



Wash your hands before and after applying/disposing of a patch.

- *Always take care not to touch the adhesive surface or medicine reservoir when handling patches.*

1 Using the MAR, check if there is an old patch on the student that is the same as the new patch to be applied. If there is, remove it. (See section – “Removal of Patches” and “Disposing of Used Patches”)

2 Identify a new site to apply the new patch that is different to where the old patch was applied.

- *The patient information leaflet (PIL) of the patch will specify the site of application.*

3 Prepare and clean the skin to remove any dirt, lotions, oils, or powders. Clean the skin using warm water alone or with a clear soap.

- *Avoid cleaning with alcohol, scented soaps or soaps that contain lotion as these can alter the absorption of the medicine from the patch.*

4 The patch is best applied on non-hairy skin. If hair needs to be cut, with the student’s consent, hair should be clipped with scissors and not shaved. This is because shaving is more irritating to the skin. This skin irritation could alter the absorption of the medicine from the patch.

Transdermal Patch Procedure

Application of Transdermal Patches

- 1 Open the packaging carefully taking care not to damage the patch. If using scissors to open the packaging, cut as close to the outside edge as possible.
- 2 Once the patch has been applied to the student, gently apply pressure over the entire patch with the palm of your hand for a minimum of 30 seconds to ensure the adhesive surface is attached to the skin. The patch should be smooth with no bumps or folds.
- 3 Clearly record the application on the MAR, and, in the case of analgesic patches, also on Medical Tracker.

Transdermal Patch Procedure

Hints and Tips



If more than one patch with the same medicine is prescribed (to give a combined dose) they should be applied to the same area of the body but the patches should not overlap.



Care must be taken not to damage the patch as this may result in changes to how the medicine is absorbed through the skin. Contact the supplying pharmacist /NHS 111 for advice if needed.

- *It is not recommended to cut a patch. Consult with the prescriber for an alternative solution where a request is made for a patch to be cut.*



Heat can increase the absorption of some medicines through skin.

- *Do not apply patches directly after a student has had a shower or bath and observe students with a fever for signs of toxicity.*
- *Avoid hot water bottles/electric blankets at all times when patches are applied.*



Blood pressure checks should not be done over a transdermal patch (following reports of opioid overdose after a BP check was done over a fentanyl patch).

Transdermal Patch Procedure

Patch Checks



Check daily that prescribed patches have been applied correctly and are still in place.



If the edges begin to peel or the patch will not stay in place, a mild adhesive tape can be used to increase the adherence of the patch.

- *Manufacturers recommend the use of a microporous tape applied around **the edges of the patch only**.*
- ***Do not** apply dressings over the whole of a patch as this may increase pressure and affect the rate of absorption of the medicine through the skin.*
- *Always follow the manufacturer's guidance.*



Report any concerns to the supplying pharmacist/GP where patches consistently do not stick.

Transdermal Patch Procedure

Removal of Patches

- ➔ Old patches must be removed and safely disposed of before the application of a new patch.
- ➔ Remove patches by peeling off very gently, taking care not to touch the inside of the patch.
- ➔ Fold the removed patch in half with the medicated side to the middle.

Disposing of Used Patches

- ➔ Used patches contain some residual medicine and must be handled carefully.
- ➔ Following removal of the patch, fold it in half with the medicated side to the middle and dispose in a clinical waste bin.



- Ensure that information about patch application is transferred when a student is admitted to hospital and/ or moves to a different school.

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Administration of Anticoagulants Procedure (Warfarin, DOACs, NOACs and LMWH)

Administration and Recording of Warfarin

Administration, Record Keeping and Safety Points

-  All strengths of warfarin tablets prescribed must be individually recorded on the MAR. The instructions will be written as 'as directed' as the dose varies according to the INR blood test (International Normalised Ratio).
-  The INR blood test information (e.g. yellow book) or written confirmation of any dose changes must be kept with the MAR/ student's Individual Health Care Plan for cross referencing.
-  Contact details of the anti-coagulant service must be recorded in the Individual Health Care Plan.
-  Check the most recent INR test and dose information before administering.
-  The least number of tablets required to provide the specific dose of warfarin should be administered. Never split tablets.
-  Record when the next INR blood test is due on the MAR/ Warfarin Administration Record.
-  If a dose is missed or the INR blood test is overdue staff must contact the Senior Matron for advice before administering.
-  If any changes to medicines are made (e.g. antibiotic courses) the anti-coagulant clinic should be informed as this can affect the INR.
-  Staff should report any signs of bruising/bleeding or if the student has a fall, to the Senior Matron.

Administration and Recording of Warfarin

NOTE:

Regular blood tests are required. The maximum time between blood tests is 12 weeks, but will vary and is often less.

NOTE:

Medicines trained staff should ensure that they are aware of the current warfarin dose. This is available in the current INR letter and/or yellow anticoagulant book.

1 Before the administration of warfarin, the Matron must:

Ensure that the current dose is available in the INR letter and/or yellow anticoagulant book.

Write the details of the dose on the MAR only up to the date when the next INR blood test is due.

Below 'as directed', write the exact number of milligrams to be given, the number of tablets and the colour of the tablets. E.g. 7mg dose would be written as "1 x 5mg (pink) tablet and 2 x 1mg (brown) tablets".

Write the number of tablets in figures e.g. 2 in the box below where the dose will be signed for. This will act as a 2nd check for the member of staff to administer 2 tablets.

Continued on next page

Administration and Recording of Warfarin



Continued from previous page



If the dose is only to be given on alternate days, put an X through the days when it is NOT to be administered.



Check the entry against the student's yellow anticoagulant book and/or current INR letter and initial.



Ask a second authorised member of staff to check carefully and countersign the entry.



Record the date of the next INR blood test in the diary and make staff aware at handover.

Administration and Recording of Warfarin

Where possible, two designated members of staff will be responsible for checking and administering warfarin.

2 Immediately following administration, the designated member(s) of staff must:

Make an entry on the MAR and record the actual dose given.

EXAMPLE:

If the dose was 7mg each day, then the staff should make an entry on the MAR on the Warfarin 5mg and Warfarin 1mg entries: Warfarin 7mg (two x 1mg brown plus one x 5mg pink tablet) administered.

3 Following the next blood test, the Matron must:

Record the new entry with the latest up to date dose as above.

Record the details of the INR blood test (for example, in the 'Record of INR Testing and Dose Changes' section on the Warfarin Administration Record).

Tips & Hints: Administration of Warfarin



REMEMBER!

**Warfarin is available in
four different strengths
of tablets**

**500mcg
(white)**

**1mg
(brown)**

**3mg
(blue)**

**5mg
(pink)**

important

If in doubt – check with the Senior Matron

CONTACT



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

Other Anticoagulants

Non-vitamin K antagonist oral anticoagulants

- i** Also known as **DOACs** (direct oral anticoagulants) or **NOACs** (novel oral anticoagulants).
- i** Examples include apixaban, rivaroxaban, edoxaban and dabigatran.
- i** They must be administered at the same time every day and if prescribed twice daily space the doses evenly.

Injectable anticoagulants

- i** Also known as **LMWHs** (low molecular weight heparins).
- i** Examples include tinzaparin and dalteparin.
- i** They must be administered at the same time every day (usually once daily dose).

Other Anticoagulants Continued.



The common side effect of **all** anticoagulants is bleeding.



NOACs and LMWHs do not carry the same level of bleeding risk as warfarin. They do not need routine INR blood tests.



Students must take/ be administered all anticoagulants as prescribed to maintain blood clotting.



The Individual Health Care Plan must reflect a risk assessment and clear management plan where anticoagulants are prescribed.

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Administration of Controlled Drugs Procedure

Administration of Controlled Drugs

1

Take the student's MAR to the Controlled Drug cupboard.

2

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 student'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 Matron

6

Take the student to a quiet area.

7

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

8

Administer the medicine. The member of staff who administered the medicine must sign the medicine record and the young person must countersign as a witness.

9

Record the details in the Controlled Drugs register. The member of staff administering the Controlled Drug must make the entry. The young person should also sign the CD register as proof that they have received the medicine.

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 Matron or designated member of staff and monthly by the Senior Matron. A full record of these checks must be maintained.
- Two medicines-trained members of 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 Matron.

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Management of Thickeners Procedure

Management of Thickeners

1

Thickeners must be kept in locked storage at all times.

Risk assess the storage of the thickener to ensure it can only be accessed by authorised staff and to prevent accidental or mistaken use of the thickener.

2

Check that a Speech and Language Therapist (SALT) assessment has been undertaken and that the results of the SALT assessment are available.

3

Develop or request an Individual Health Care Plan as a result of the SALT assessment.

4

Thicken the food, fluid, medicines as appropriate according to the SALT assessment and detail in the Individual Health Care Plan.

5

Record the use of the thickener on the MAR or the *Use of Thickeners Record*. Monitor the record to evidence delivery of the Individual Health Care Plan.

6

Review and update the Individual Health Care Plan regularly or as required with support from the appropriate healthcare professional.

Management of Thickeners

important

Staff must be trained on the procedure and use of thickeners and on broader issues related to supporting students with swallowing difficulties (for example, spotting warning signs of dehydration, chest infection, choking.)

- **Only use the scoop provided with the thickener**
- There are different scoops for different brand and each brand can use a different number of scoops
- Follow the manufacturer's instructions for the correct texture to be achieved

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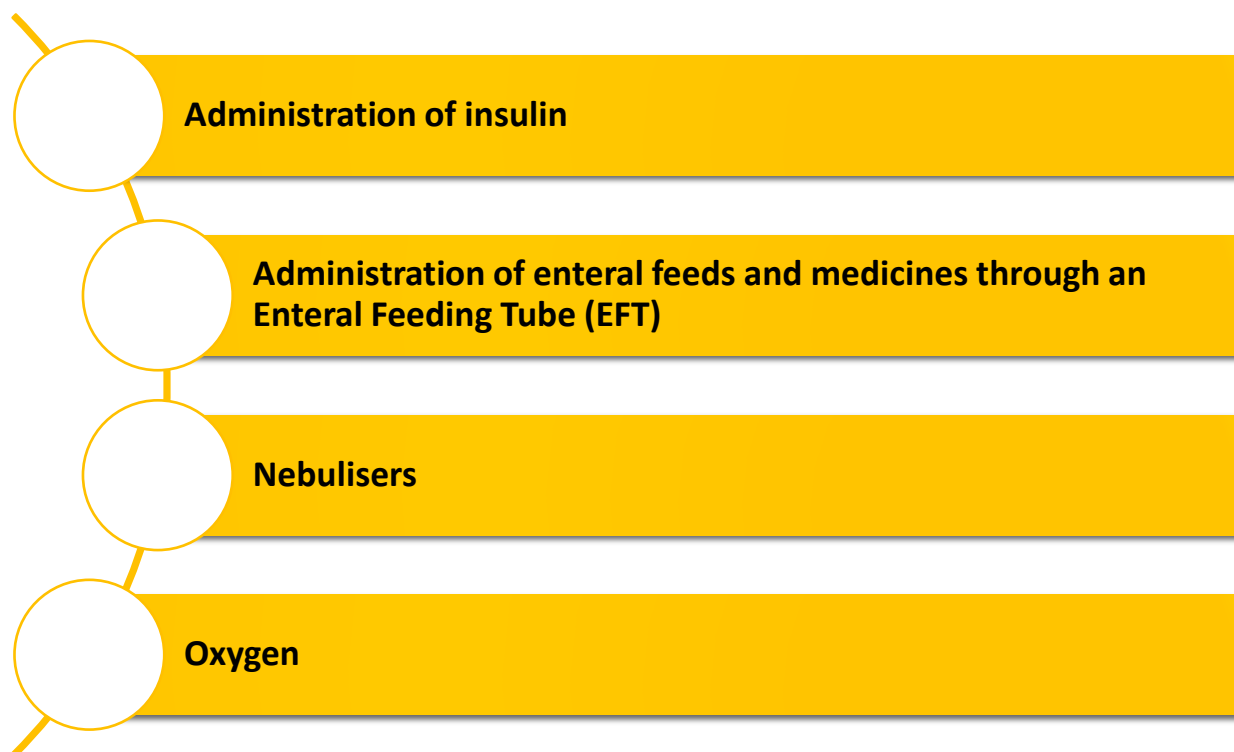
Management of Administration by Specialised Techniques Procedure

Management of Administration by Specialised Techniques

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

These tasks are normally undertaken by a healthcare professional e.g. Registered Nurse, but occasionally may need to be delegated to a member of staff.

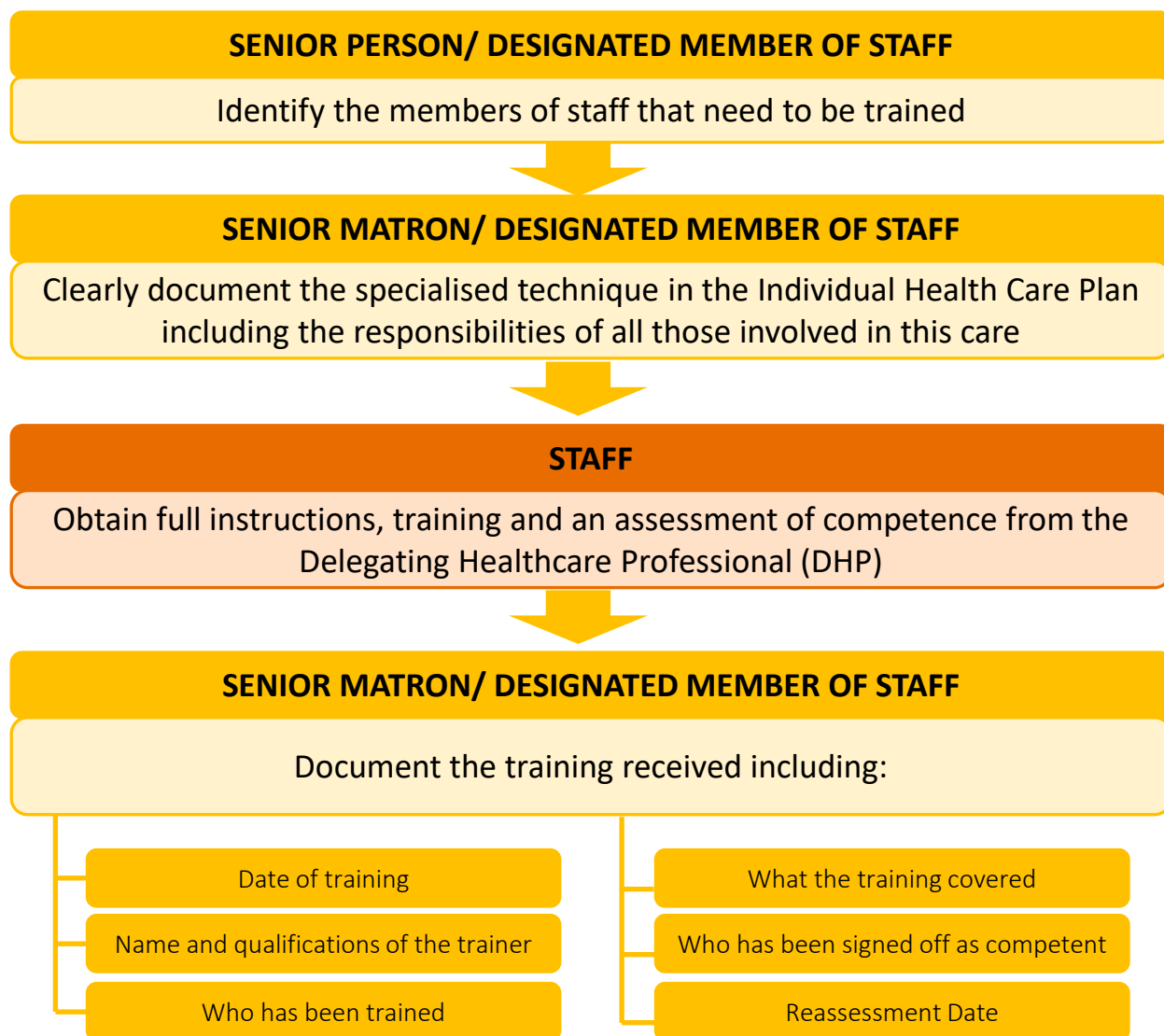
Administration by specialised techniques may include:



Please Note: this list is not exhaustive

Management of Administration by Specialised Techniques

Before undertaking any delegated specialised techniques:



Competency must be reassessed every year.

Responsibilities of the Delegating Healthcare Professional (DHP)

The DHP must:

- 1 Only delegate tasks that are within staff's competence
- 2 Assess the whole process to identify any risks (this may include the requirement for PPE (Personal Protective Equipment))
- 3 Provide specific training and regular competency checks
- 4 Make sure that staff are adequately supervised and supported
- 5 Make sure the outcome of the delegated task meets the required standard
- 6 Support staff with ongoing development to make sure their competency is maintained

The DHP must be **confident** that staff are **competent** to take on the task

Delegation must always be in the student's best interest

Responsibilities of Staff

Staff must:

- 1 Receive specific training for the delegated task
- 2 Make sure they feel comfortable in carrying out the task safely and correctly
- 3 Administer the medicines in line with the prescribed instructions
- 4 Make sure they accurately follow the details in the student's Individual Health Care Plan
- 5 Understand their limitations
- 6 Know when and how to seek help and escalate concerns
- 7 Know what to do in an "out of hours" situation
- 8 Know what to do if a student refuses their medicines

Responsibilities of the Care Organisation

Care organisations must:

1

Make sure specific training is provided from the DHP which is student-specific, task-specific and staff-specific

2

Make sure full records of training given including dates are kept

3

Make sure regular competency assessment checks are carried out by the DHP and records kept

4

Make sure staff are supervised properly until they are competent

5

Make sure that there are clear guidelines and protocols in place so that staff are not making a standalone clinical judgement

6

Make sure both the DHP and staff understand accountability, liability and responsibility. Make a record of their understanding of this

7

Make sure the student's Individual Health Care Plan is detailed and specific

Responsibilities of the Care Organisation

Care organisations must:

8 Consider how to obtain consent from the student being supported

9 Make sure the staff's responsibility is covered in the organisation's Medicines Policy

10 Make sure the role is covered within the staff's job description

11 Make sure the insurance policy covers delegated tasks



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Support with Insulin by Authorised Staff Procedure

Support with Insulin by Authorised Staff

Before any member of staff administers or supports a student with their insulin in any way, they must have been delegated to do so by a Delegating Healthcare Professional (DHP), in accordance with the *Administration by Specialised Techniques* procedure.

Before any member of staff supports a student, there must be:



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



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



Details of any necessary student-centred information (for example, details of the importance of meal-times and information on any foods that should be avoided)

Support with Insulin by Authorised Staff

Before any support is provided with insulin, staff must:



Undertake specific training on the practical aspects of caring for students with diabetes plus correct preparation and administration of the prescribed dose (where applicable)



Undertake refresher training annually



Complete competency assessments and/or knowledge checks at least yearly



Be familiar with the student's Individual Health Care Plan and protocol for assisting with insulin



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

Blood Glucose Monitoring by Authorised Staff

Blood Glucose Monitoring

- Staff may undertake blood glucose monitoring as a designated task if requested and trained to do so by a DHP.
- 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 the training received by the DHP.
- The responsibility of the member of 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.

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Management of Oxygen Procedure

Assisting with Oxygen by Authorised Staff

Before any staff assists a student with oxygen, there must be:



An Individual Health Care Plan detailing the oxygen therapy (including type of tubing and mask)

Before any staff assists a student, they must:



Undertake specific training on the practical aspects of caring for a student needing oxygen



Undertake refresher training every 2 years



Complete competency assessments and/or knowledge checks at least yearly



Be familiar with the student's Individual Health Care Plan and protocol for assisting with oxygen



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

NOTES

- Where oxygen is being administered or stored, smoking **must not** be allowed.
- Oxygen cylinders must be stored in a dry, clean, secure, well-ventilated area.
- Full and empty cylinders must be stored separately.

Management of Oxygen

Storage of Oxygen

- Store oxygen cylinders in a well-ventilated, cool environment,
- Store oxygen cylinders upright and securely (for example, in a stand or with a chain) to prevent them falling
- The storage area should be free from combustible substances and not directly in contact with a source of heat or combustion.
- Display a sign indicating the oxygen storage and “No Smoking”



WARNING:

If a student is using an emollient whilst prescribed oxygen, be aware of the fire risk with emollients (see *Creams and Ointments* procedure).



- ➔ Each oxygen cylinder has the contact details of the supplier on it.
- ➔ A Matron or designated member of staff should contact them if there are any issues with the oxygen supply (for example, malfunction, no oxygen flow).

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Management of Emergency Adrenaline Auto-injectors in Schools Procedure

Administration of Adrenaline Auto-injectors

- 1 The Senior Matron will be responsible for implementing the Department of Health "Guidance on the use of adrenaline auto-injectors in schools".
- 2 The "guidance" allows for the school to purchase adrenaline auto-injectors (AAI) without a prescription from a chemist for use in an emergency for students who have both medical authorisation and written parental consent for the use of the spare AAI."
- 3 An allergy register must be set up and contain details for each student including
 - Known allergens and risk factors for anaphylaxis
 - Whether a student has been prescribed AAIs (type and dose)
 - Whether parental consent has been obtained for use of the spare AAI and not just the personal AAI
 - A photo of each student to allow a visual check to be made (parental consent required)
- 4 The school's spare AAI can be used if the student's own AAI cannot be administered correctly without delay.
- 5 An allergy protocol must be drawn up so staff know who to contact in an emergency and procedures to be followed in line with the "guidance".
- 6 Written parental consent should be obtained for each student and this should also be recorded in the IHCP. Consent should be updated regularly, ideally yearly, to take account of changes to a student's condition
- 7 The allergy register's will be kept with spare AAIs in the treatment room, Main office, Boarding houses and Kitchen. This register must be kept updated.
- 8 Supplies of spare AAIs will be ordered by the Matron following the recommendations for the request in the "guidance" and taking medical advice if necessary for which devices and strengths to purchase.
- 9 Spare AAIs will be held as part of an emergency anaphylaxis kit in the school in each of the following locations: treatment room medicines cabinet

Administration of Adrenaline Auto-injectors

- 10 In each kit location, a number of staff will be trained in how to assist a student with the emergency spare AAI. Multiple designated staff should be identified so that all members of staff may contact them in an emergency situation.
- 11 All first aid trained staff are trained on how to recognise the symptoms of anaphylaxis. Training will be documented and repeated at least annually.
- 12 All staff in the school must be aware of the anaphylaxis policy, how to check if a student is on the register, how to access the spare AAI and who are the designated members of staff they can access for support if necessary.
- 13 The designated members of staff will be responsible for the storage (at room temperature) and care of the spare AAIs as detailed in the “guidance”.
- 14 Named staff below are responsible for checking:
 - on a monthly basis the AAIs are present and in date
 - that replacement AAIs are obtained when expiry dates approach (using the expiry alert offered by the relevant AAI manufacturer).
 - NAMES:
- 15 All AAIs (including personal ones for younger students and spare AAIs) should not be locked away but be accessible in a safe and suitably central location.
- 16 Spare AAI devices should be kept separate from any student’s own prescribed AAI which might be stored nearby. The spare AAI should be labelled to avoid confusion.
- 17 A record will be made each time an AAI is administered.
- 18 The Matron should inform the student’s parents and GP whenever a student requires the use of an emergency AAI.
- 19 The Matron is responsible for disposing of expired or used AAI’s in line with the manufacturer’s guidance. Used AAIs can be disposed of in a sharps bin or handed to ambulance paramedics on arrival.

Administration of Adrenaline Auto-injectors



AAI Competency Assessment Tool(s)

- These competency tools contain detailed instructions and guidance about how to administer an adrenaline auto-injector
- Staff should use these tools to help them become familiar with the procedure for administration that relates to the correct brand (**Epipen®**, **Jext®** or **Emerade®**) that they will need to use for the student that they support

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Management of Buccal Midazolam Procedure

Administration of Buccal Midazolam

When someone is prescribed buccal midazolam for the emergency treatment of their epilepsy:



An Individual Health Care Plan must be in place, detailing the treatment and care provided, and the responsibilities of all those involved.



The IHCP should contain details of the action required, should the student have an epileptic seizure.



Buccal midazolam dispensed with clear labelled instructions.



A MAR for the student reflecting the details above.



Clear, accurate and unambiguous records maintained on the student's MAR and in their IHCP.

Administration of Buccal Midazolam

Before administration of buccal midazolam,
a competent member of staff must:



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



Undertake refresher training at least every 2 years.



Complete competency assessments and / or knowledge checks at least yearly.



Be familiar with the student's IHCP 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
- 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 student that they support

Administration of Buccal Midazolam

For students requiring buccal midazolam on day trips:



Where possible, a member of staff trained and competent to administer buccal midazolam should accompany the student.



The member of staff must consider how to transport the buccal midazolam safely. For example:

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



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

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 at least every 12 months to ensure staff remain competent and confident to administer buccal midazolam when needed.

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Recording and Record Keeping Procedure

Recording and Record Keeping

Where to record the following items:

Student-centred medicines support needs

- Record in Individual Health Care Plan (IHCP).

Medicines ordered and received

- Record on MAR.

Prompts

- Record the date and time of the prompt on the MAR.

Medicines administered

- Record administration on the MAR.

Analgesic medicines administered

- Record administration on the MAR and on Medical Tracker. Send notification to the parent/ House Parent through the system

PRN 'when required' medicines

- Record on the MAR including the details of the dose administered and the exact time of administration.

Refusal or non-administration of medicines

- Record any non-administration on the MAR and detail the reason for non-administration.

Medicines for disposal

- Record on the *Returned Medicines Record*.

Recording and Record Keeping



Keep an up-to-date log of sample signatures and/ or initials of those staff eligible to administer or provide support with medicines using the *Staff Signature* sheet

Filing and Archiving



Keep medicine risk assessments as per standard filing system and/or maintain copies electronically



Archive completed MARs and all records such as emails, phone messages, copies of prescriptions etc. as per the standard archiving system.



REMEMBER!

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

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Preparing a MAR Procedure (including dose changes)

Preparing a MAR

The MAR must allow for a full record of the student and medicine details to be readily and clearly seen, including (but not limited to):

Full name of the student

Date of birth of the student

Allergy information

Name, strength and form of the medicine

Dosage and any other special instructions appearing on the medicine label (for example, 'Take with or after food')

The MAR must allow a full record of the medicines support provided to be made including (but not limited to):

Date medicines support was provided

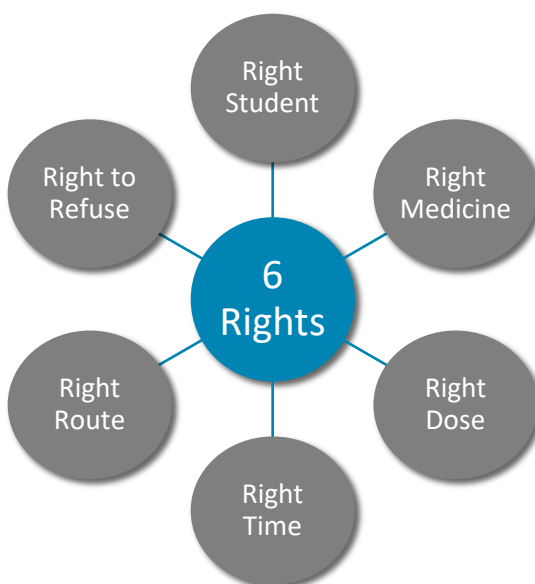
Time medicines support was provided

Details of the member of staff providing the support

Preparing a MAR

1

A trained and competent member of staff should enter all the details and instructions (with no abbreviations) from the medicines label directly onto the MAR, ensuring the 6 Rights have been checked.



2

The member of staff making the entry should make a record to take accountability for the transcription.

3

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

4

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

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Assessment of Medicines Support Procedure

Assessment of Medicines Support

'Medicines Support' is defined as any support that enables a student to manage their medicines. This varies for different students depending on their specific needs

Many students want to actively participate in their own care. Enabling and supporting students to manage their medicines is an essential part of this, with help from family members or staff if needed

Senior Matron or Designated Member of Staff

Assess a student's medicines support needs as part of the overall assessment of their needs and preferences for care

Clearly and fully document in the Individual Health Care Plan any agreed decisions made about the medicine support given to a student

Brief all staff providing support to the student about the support that will be provided

Inform staff how they can gain appropriate access to this information should they need it for future reference



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Self-Administration Procedure

Self-Administration

The Matron should complete the Student Self-Medication Assessment in conjunction with the parent to determine the support the student needs with their medicines. The parent should also complete the Self-Medication Consent Form.

Agree the support that will be provided and document in the IHCP.

Record "Self-Administering" on the MAR against each medicine that the student will administer by themselves, without support.

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 student.



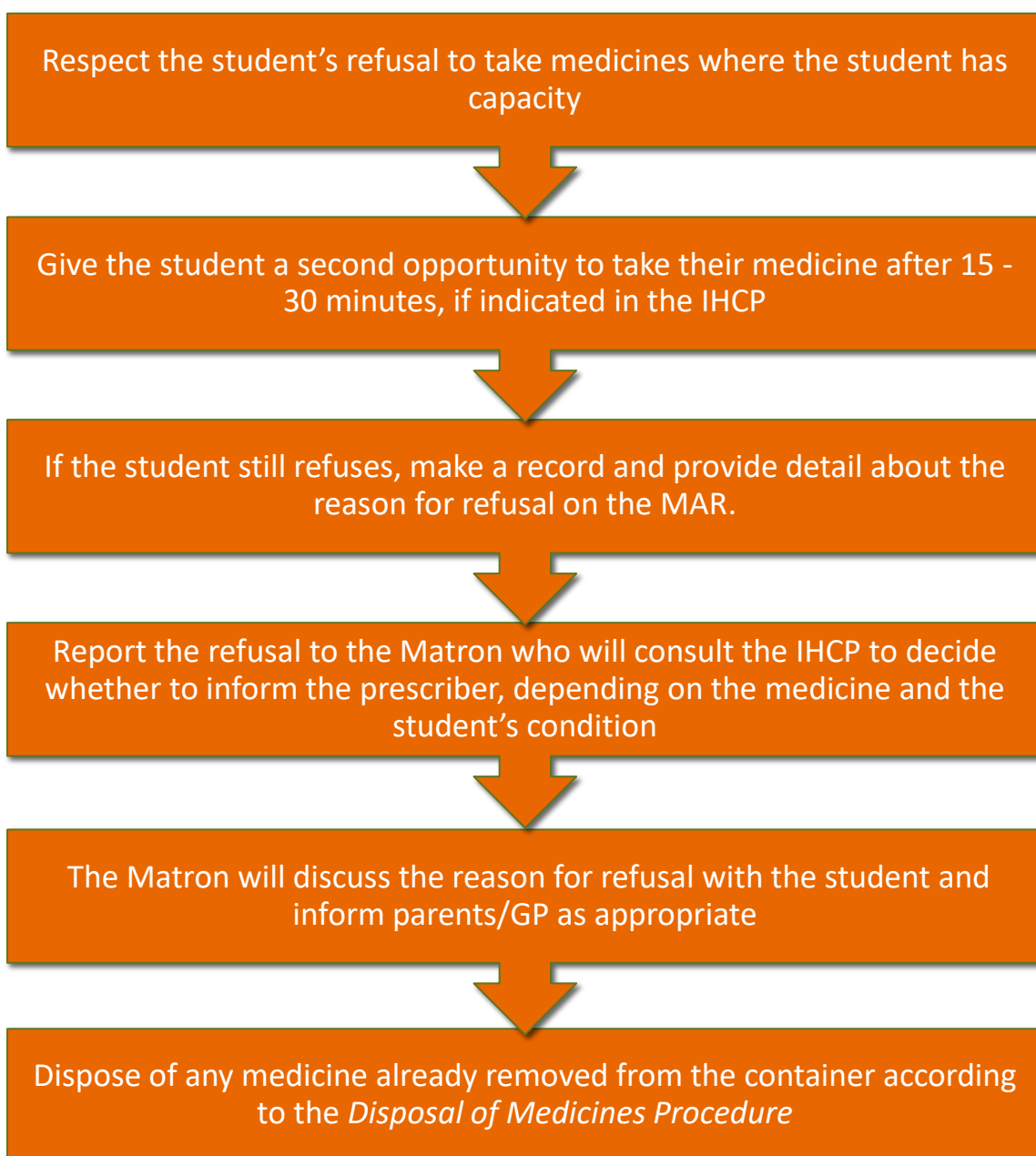
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Refusal of Medicines Procedure


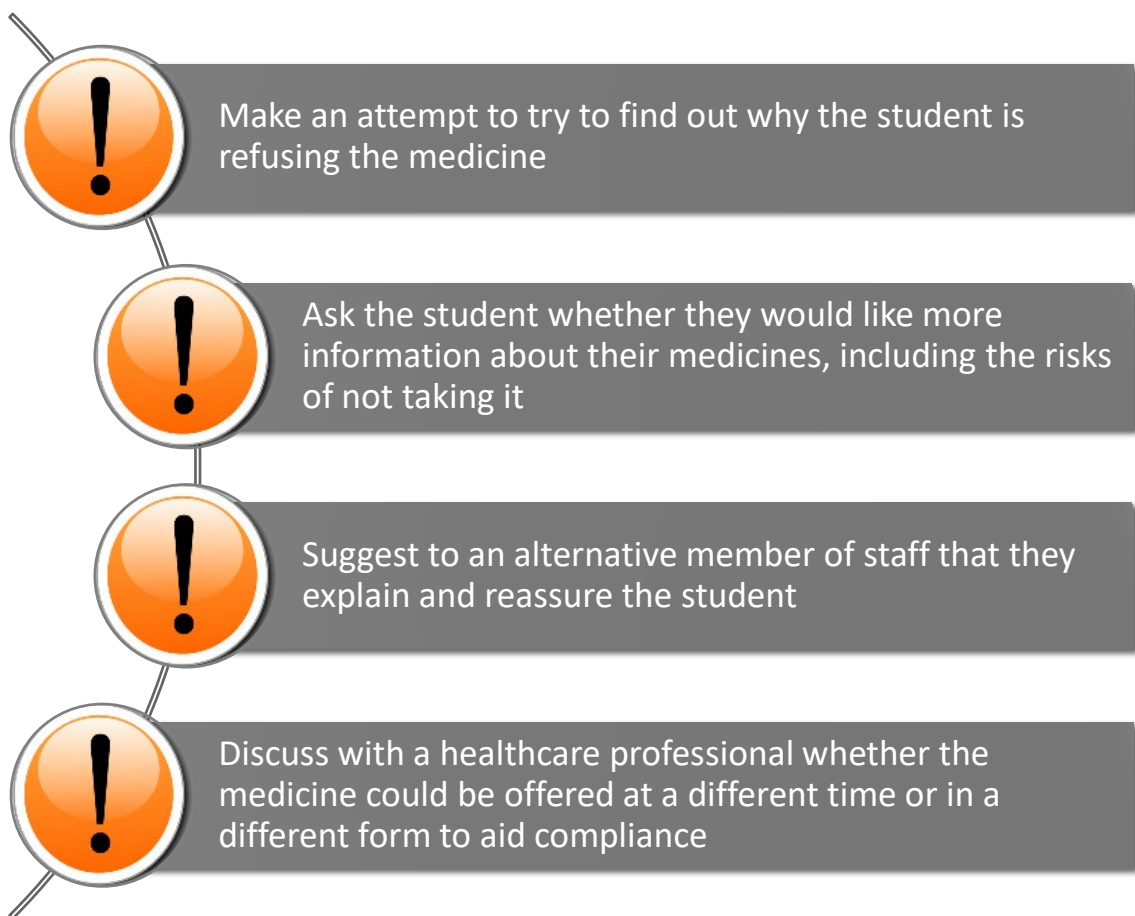
Refusal of Medicines

When a student refuses their medicine, staff must:



Refusal of Medicines

When a student consistently refuses to take their medicine, the Matron must:



If the student agrees, ask the parent to contact the GP who prescribed the medicine and inform the supplying pharmacy to prevent further supply and overstocking of medicine.

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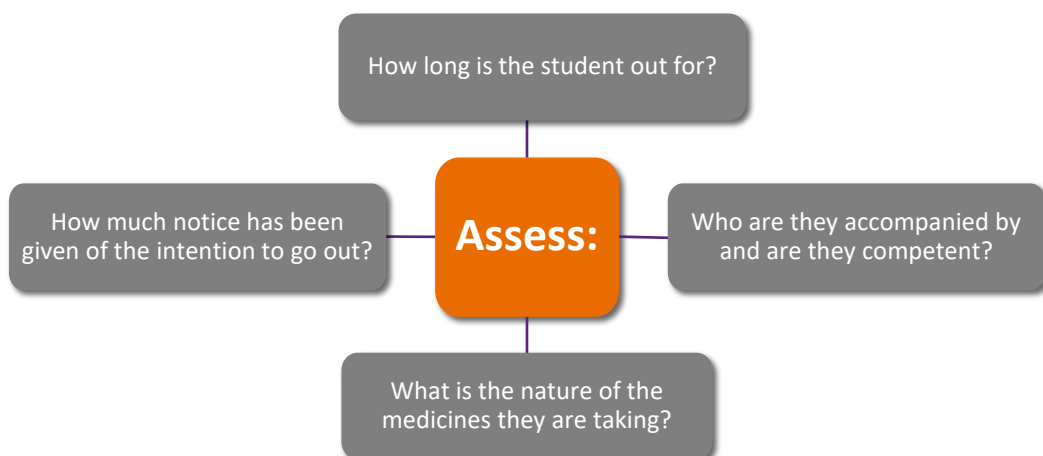
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Handling Medicines Away from School Procedure

Medicine Handling for Day Trips

1

Undertake a risk assessment using the *Risk assessment for handling medicines away from school 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/ staff/ student 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)



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.

Medicine Handling for Day Trips

3

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

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 school).



Document on the regular MAR the code for social leave.



Provide the student / staff / relative (as appropriate) with an 'Administration Record for Medicines Administered Away from the School' form to record if the medicine was given or refused when the person is away from the school.



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



Any medicines taken out that were not administered should be returned into appropriate secure storage. File the 'Administration Record for Medicines Given Away from the School' according to the standard filing system so that records can be readily accessed.

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Handling Homely Remedies Procedure

Handling Homely Remedies

Homely Remedies are simple over-the-counter medicines **purchased by and kept in stock by the school** for the treatment of minor ailments, such as headaches, coughs or indigestion



Only named staff who are on the authorised list may administer Homely Remedies.

If a homely remedy is required, the appropriately trained and named members of staff should:



Check that the student requiring the medicine is covered by the Homely Remedy policy and authorised by the GP and parent



Check when they were last given the medicines and whether another dose is appropriate



Check how long they have been using the Homely Remedy; they should not be used for more than 2 days. Arrange for the student to see their GP if the minor ailment is persisting



Record the administration on the MAR, including why it was needed. If the Homely Remedy administered was analgesic medication, also make a record on Medical Tracker



Record the administration in the Homely Remedy Record sheet, including a record of the balance of medicine left in stock

Handling Homely Remedies



If the student has any prescribed medicine changes, their Homely Remedy authorisation will need to be reviewed.

For students under 16, the person who holds parental responsibility must give written consent before homely remedies can be administered.



All purchases of medicines as Homely Remedies will be authorised by the Matron



Only staff named on the authorised list may administer Homely Remedies



Staff must be aware of the content of the Homely Remedy policy, the limited list they are able to administer and the contra-indications before administering a Homely Remedy to a student.



Records must include:

- i. **Receipt** - name of Homely Remedy, date received, quantity, balance of stock plus staff signature.
- ii. **Administration** – student's name, medicine name, form, strength, dose, date, time given and reason. Stock remaining must be recorded plus staff signature.
- iii. **Return** - name of Homely Remedy, quantity returned, date and balance of stock plus staff signature.



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Preparing Individual Health Care Plans (IHCP) Procedure

Preparing Individual Health Care Plans



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



If a student 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 (this list is not exhaustive):



- ✓ Medical condition, its triggers, signs, symptoms and treatments
- ✓ The student’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 the student’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 student’s condition and the support required
- ✓ Arrangements for written permission from parents for medication to be administered by staff or self-administered by the student
- ✓ Separate arrangements for school trips, outings, activities
- ✓ Confidentiality issues
- ✓ Where applicable, 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 student refuses to take their medication

A copy of the IHCP should be uploaded onto both SIMS and Medical Tracker

A suggested template for the IHCP is provided in the appendix

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Sharing of Information Procedure

Sharing of Information

- Treat any information about a student and their medicines as confidential.
- This means that you must only communicate and share information when it is in the student's best interest and with those that you are authorised to share it with. For example (this list is not exhaustive):

Colleagues at your place of work who also support the student

The student's family members and/or carers

Health professionals (for example, the student's GP, supplying pharmacist, social worker)

Other agencies and organisations when care is shared or the student moves setting

If a student has cognitive decline or fluctuating Gillick competence/ mental capacity:



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



Record the student's views and preferences



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



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Raising Concerns Procedure

Raising Concerns

Staff should raise any concerns about a student's medicines with the Senior Matron. These concerns may include:



The student declining to take the medicines



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



Possible adverse effects (including falls after changes to medicines)



The student stockpiling their medicines



Medicines errors or near misses



The student's Gillick competence and mental capacity to make decisions about their medicines



Changes to the student's physical or mental health

Raising Concerns

Staff should raise any concerns about a student's medicines with the Senior Matron. These concerns may include:



Possible misuse or diversion of medicines

important

Alcohol and illicit substances

- If there is suspicion that the student has been drinking alcohol or taking illicit substances (including legal highs), do not administer any medicine and inform the Senior Matron.
- The Senior Matron or designated member of staff will seek advice from the prescriber or appropriate healthcare professional (NHS 111 if out of hours) and document the advice received.
- If it is determined that the student drinks alcohol or uses illicit substances on a regular basis, the Senior Matron will request for the prescriber to review and provide guidance for the IHCP of circumstances when medicine(s) cannot be administered.

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Handling Medicines Errors Procedure

Handling Medicines Errors

On discovering the error, the staff and/or Senior Matron must:

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



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

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 the student's Individual Health Care Plan, medical notes or MAR, directing staff member to info as appropriate - for example, by use of communication book.

Inform the Senior Matron of the error and the actions taken.

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

The relatives or representatives of the student should also be informed. Seek consent before any information about a student who is over 16 and has capacity is shared.

If the student does not want you to share this information, complete a written record. Sign and file this away in the student's IHCP 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.

Handling Medicines Errors

Senior Matron or designated member of staff must:

Review the error. Take action appropriate to the error

The process is:

- Supervision
- Reflection of the error
- Removal from medicines administration (where necessary)
- Shadowing and Observations
- Competency assessment



Inform:

- 1) The General Manager (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



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Handling Medicines Recalls Procedure

Handling Medicines Recalls

A medicine recall alert is issued if a medicine has been identified as being a hazard and no longer appropriate for use.

A Matron or designated member of staff should coordinate medicine alerts and recalls

Read the alert, sign and date

Circulate the recall to all staff involved in medicines administration who must also read, sign and date

Action the recall by checking for affected medicine stock

Any medicine in stock affected by the recall should be removed, labelled '*For return - medicine recall*' and locked away, separate from medicines in use, until arrangements are made for its return

Arrange replacement stock to be obtained immediately, contacting the GP/ parent/ Pharmacist if necessary

The signed and dated recall notice should be filed and retained in accordance with the standard filing systems

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Auditing Medicines Procedure

Auditing Medicines

1

A Matron or designated member of 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

2

The audits should include, at appropriate times a review of the following:

- | | |
|---|--|
| ✓ Training and competency assessment | ✓ Medicines support |
| ✓ The process of receiving medicines & medicines reconciliation | ✓ Disposal of medicines |
| ✓ Storage of medicines | ✓ Management of medicines incidents and errors |
| ✓ Medicines administration | ✓ Management of non-prescribed medicines |
| ✓ Management of controlled drugs | |

A suite of audit tools can be found in the appendices

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Training and Competency Assessment Procedure

Training and Competency Assessment Roles and Responsibilities

NICE recommend that competency assessments should be undertaken on a yearly basis.

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

Member of staff	Notes	When and how often
New staff	New staff should shadow an experienced member of staff and then be competency assessed before administration of medicines is undertaken.	<p>➔ New staff should shadow an experienced member of staff on several occasions until the experienced member of staff is satisfied that the new member of staff has witnessed sufficient medicines administration scenarios. They should then be competency assessed until the assessor is satisfied that competency has been achieved.</p> <p>NOTE: 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 staff member.</p>

Training and Competency Assessment Roles and Responsibilities

Member of staff	Notes	When and how often
Existing staff	<p>For an existing member of staff</p> <ul style="list-style-type: none"> Who has an in-date training certificate AND Where there are no concerns 	→ 1 observation on a yearly basis or until competent
A member of 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 on a yearly basis (or until competent)
Staff members working in services where medicines are only administered occasionally		→ At least 1 observation on a yearly basis. More frequent observations (for example, every 3 months) are recommended to maintain competence
Agency or relief staff	<ul style="list-style-type: none"> Competency assessed as per new staff requirements, where possible Risk assessments and control measures should be put in place where this is not possible 	→ As determined by risk assessment



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Training Pathways

