

Whitwell Primary School



Policy for the Administration of Medicines to Pupils

The Governing Board of Whitwell Primary School adopted
this policy on **4th March 2021**

Signed _____

Chair

Date	Author	Any changes made?
04.03.2021	Based on LA policy V2 published in 2019	Updated school 2016 policy in line with latest guidance.

Policy Statement

It is the policy of Whitwell Primary School that we will administer medication to pupils in situations where doses are required during the school day. This applies to both prescription and non-prescription medicines where taking these is essential in enabling a pupil to attend school. However, if a pupil is not well enough to attend school they should not do so and not be sent in with medicine.

The school understands that administering medicines is a purely voluntary activity, with the exception of staff where this is written into their job description, and will not force, pressure or expect staff to undertake this activity.

The school will only accept medicines in their original container accompanied by a fully completed parental consent form. It is a parent's/carer's responsibility to supply the medicines in date and to collect and dispose of any unused medicines.

This policy is to be utilised in conjunction with the Local Authority's guidance "The Administration of medicines and associated complex health procedures for Children's Services in Derbyshire".

Roles and Responsibilities

Governing Board

- 1) To review this policy periodically to ensure it is still relevant and up to date.
- 2) To support the Headteacher and staff in delivering this policy and to make any necessary resources available to enable them to do so.
- 3) To ensure that the key elements relating to parents/carers responsibilities are published and communicated to parents/carers in a suitable manner e.g. school website, newsletters.
- 4) To ensure suitable facilities for the administration of medicines are provided.

Headteacher

- 1) To be responsible for the day-to-day implementation of this policy in school.
- 2) To ensure any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities.
- 3) To ensure staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date.
- 4) To monitor the administration of medicines and the recording of this are in line with this policy.
- 5) To report to the Governing Board any issues that arise out of the implementation of this policy.
- 6) To ensure the policy is applied equitably and fully throughout the school.
- 7) To ensure any disputes regarding the application of this policy are resolved.
- 8) To ensure where staff support is required medicines are only administered where permission on the appropriate form has been obtained.

Staff Volunteering to Administer Medication

- 1) To ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine.
- 2) To fully check before administering any medication that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- 3) To record all medicines administered on the correct recording form.

- 4) To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.
- 5) To ensure any training undertaken is refreshed as necessary.
- 6) To ensure confidence (knowledge of) the immediate line management structure.

Arrangements for Administering Medication at Whitwell Primary School

Receipt of Medication

No medicines (prescribed or non-prescription) will be allowed into school unless accompanied by a Parental Consent for Schools to Administer Medicine form fully completed by a parent/carer, a copy of which is located at Appendix 2.

The form and the medicines should be brought to the school office and handed **over to Mrs Froggatt, Mrs McDermott, Mrs Duncan or Mrs Tomlinson.**

Medicines will only be accepted in their original container with the dispensing label attached. The label should clearly state:

- name of pupil;
- name of the dispensing pharmacy;
- date of dispensing;
- name of medicine;
- amount of medicine dispensed and strength;
- dose and dose frequency (this may read “as directed” or “as before” if this is what is on the prescription);
- the maximum permissible daily dose;
- cautionary advice/special storage instructions;
- expiry date – where applicable (for ointments/lotions this is usually 28 days from the date when it was opened or three months if a pump dispenser).

Non-prescription medicines should be in their original bottle/container, clearly labelled with the pupil’s name.

Ideally, only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long-term course of medication the school will, by arrangement with parent/carer, agree to store sufficient medicine to avoid unnecessary to-ing and fro-ing of medicines on the understanding that these will be in date for the duration agreed, supplied as per the previous statement and that the parent/carer accept they are responsible for collecting and disposing of any excess medicines or medicines which are out of date.

Any staff, named above, receiving medicines will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as “as directed” or “as before”, unless there are clear directions on the parental consent form, the medicine will be rejected and won’t be stored or administered until there are clear directions.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. In the event that the decision is not to administer the medicine, the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

Staff and parents/carer should check and agree the quantity of medicine provided and this should be recorded on the Medicines Administration Record (MAR) sheet Appendix 3 and signed by both the staff member and parent/carer.

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via the school website, parental newsletter and text message service.

The school on receipt of the medication and completed parental consent form will ensure a suitable medication administration record (MAR) form located at **Appendix 2** is completed for the pupil and medication. Two staff will be involved in drawing the MAR form to ensure the information transposed onto the form is correct and complete.

Storage of Medication

All medicines should be brought to the above-named staff at the school office.

Medicines will be stored as follows:

- Medicines which are **not** 'rescue medicines required immediately in an emergency' such as antibiotics, pain relief etc. will be stored in a locked cupboard in the admin office.
- Medicines requiring refrigeration will be stored in a labelled container within a locked fridge only accessible to staff in Jigsaws. Where this is a long-term medication the fridge will be regularly defrosted, cleaned and the temperatures will be checked and recorded daily.
- Emergency or rescue medication is that which is required immediately in an emergency situation such as asthma inhalers or adrenalin epipens. These need to be readily available to pupils as and when they are required.

Where pupils are deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so. Where pupils are not deemed to have sufficient capacity to store and administer their own rescue medication the school will ensure that it is stored so that it is readily accessible in an emergency but is only available for the child it has been prescribed for. In this school this will be either in the **teacher's desk or with the child e.g. in a bum bag/small bag**.

Suitable arrangements will be in place to ensure these emergency medications are readily available during break/lunch times and other activities away from the classroom such as: PE, swimming, offsite activities etc.

NB - ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL LABELLED/NAMED CONTAINERS, IRRESPECTIVE OF WHERE THEY ARE STORED.

Storage and Administration of Controlled Drugs

There are certain legislative requirements concerning controlled drugs. As such there is a separate section on these at **Appendix 7** of this policy which will be followed should any medication designated as a controlled drug be required in school.

Administration of Medicines

There are three levels of administration of medicines in schools:

- A. The child self-administers their own medicine of which the school is aware.
- B. The child self-administers the medication under supervision.
- C. A named and trained consenting staff member administers the medicine.

Further details on each of the above can be found on pages 37-41 of the overarching guidance document "The Administration of Medicines and Associated Complex Health Procedures for Children Advice & Guidance for Children's Services in Derbyshire".

Administering medication is a purely voluntary activity (unless specified as part of a staff member's job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to

be involved where necessary in administering medication to ensure pupil's access to education is not disrupted however:

- Individual decisions on involvement will be respected.
- Punitive action will not be taken against those who choose not to consent.

In this school medicines will only be administered by the following staff:

Headteacher	Lisa Duncan
Deputy Headteacher	Sarah Tomlinson
School Business Officer	Sandra Froggatt
School Business Assistant	Tracey McDermott
Pastoral Teaching Assistant	Kara Lindley
SEN Teaching Assistant	Grace Westerby
Senior Midday Supervisor	Anita Horne

All staff who administer medications will receive sufficient information, instruction and where necessary training to undertake this task. Training from a health professional will always be required for invasive procedures requiring a specialised technique. Examples include (but are not limited to) diabetes, epilepsy, gastronomy and rectal medication.

For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a child.

Where a child has complex health needs and an **Individual Healthcare Plan (see Appendix 1)** and requires specific or rescue medication the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. This training will be refreshed annually or as required should there be any significant changes to the medicine or administration procedure.

For all administration of medicines, the following procedures will be adopted:

1. Wherever possible, two staff will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child and once the medicine has been administered both will sign the Medicines Administration Record (MAR) sheet (NB: for controlled drugs there **must** be two people in attendance).
2. Before the medicine is given each time, staff will ensure they have checked the following:

Right Person	Is this the right person for this medicine?
Right Medicine	Is it the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right Dose	Dose the label state the same as the instructions? Remember to check not just the amount e.g. 5ml or 10ml but also the correct concentration e.g. 125mg/5ml
Right Time	Are you sure it is 12 midday that this medicine should be given? Where can you check?
Right Route	Are you sure that the way you are about to give the child this medication is the right way? You are not going to put ear drops in their eye?
Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this e.g. Do not use after 7 days. Always check the documentation that is has not already been given.

3. Medication will only be given to one pupil at a time and the MAR sheet will be completed before any medication is given to the next pupil.
4. Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil.

IF THERE IS ANY DOUBT WHETHER THE MEDICATION SHOULD BE GIVEN FOR ANY REASON THEN THE MEDICATION WILL NOT BE GIVEN. FURTHER ADVICE SHOULD THEN BE SOUGHT FROM HEALTH PROFESSIONALS AND/OR PARENTS/CARERS. THIS SHOULD BE RECORDED AND STAFF SHOULD REPORT THIS TO THEIR LINE MANAGER.

5. If a pupil refuses to take their medication, or it is suspected that they have not taken a full dose, staff will record this on the MAR sheet and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupils to take another dose.

Changes to Medication

The school will not change the dose of a prescribed medication without written authorisation from a health professional.

Non-Prescription Medicines

The school will accept non-prescription medications where taking these is essential during school time to allow a pupil to attend school. Non-prescription medicines must be supplied by parents/carers in their original containers labelled with the pupil's name. They must be in date for the duration that they are required for and must be accompanied by the fully completed parental consent form. Parents must also on a daily basis inform school of what dose has been given to the pupil that day to avoid accidental overdosing. Schools who give non-prescription medicines in line with these guidelines should inform parents/carer of any dose given in writing. The school will not keep a stock of non-prescription medication to give pupils.

The school will not administer any medications containing aspirin unless prescribed by a doctor.

Complex Health Needs

Pupils with complex health needs will have an Individual Healthcare Plan. This will specify exactly how and when medicines should be administered and what training is required. The school will follow the guidance in the County Council "Administration of medicines and associated complex health procedures for children" guidance and will also comply with the codes of practice relating to specific individual medical conditions contained within their document. A list of these specific codes of practice is contained at **Appendix 8**.

Specialist Training

Many of the conditions indicated in the previous section require that staff undertake specific training to be able to administer the medication in line with the pupil's individual treatment plan.

There are also specific medical practices which require insurance approval before they can be undertaken by school staff, the table at **Appendix 9** gives details of these.

Inhalers for Children with Asthma

Parents/carers have the responsibility to ensure that inhalers are clearly labelled with the child's name and marked as a 'reliever' or 'preventer'.

Children with asthma will usually carry their own inhalers as they must have immediate access to them at all times. **A Request for Child to Carry his/her Own Medicine** (Appendix 4) must be completed alongside the **Parental Consent for Schools to Administer Medicine** (Appendix 2). Inhalers must be taken to swimming lessons, sports events and educational visits. A guidance poster '**Dealing with an Asthma Attack**' (Appendix 6) is available in each classroom.

Further information:

<http://medicalconditionsatschool.org.uk/>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

Links to other policies:

- Health & Safety
- Supporting Pupils with Medical Conditions
- Special Education Needs, Disabilities & Inclusion

	Whitwell Primary School Individual Health Care Plan	PHOTO OF CHILD
Child's Information		
Child's name		
Class		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date completed		
Review date		
Family Contact Information		
First contact name and relationship to child		
Phone numbers (work)		
(home)		
(mobile)		
Second contact name and relationship to child		
Phone numbers (work)		
(home)		
(mobile)		
Clinic or Hospital Contact		
Name		
Phone number		
G.P. and name of practice		
Phone number		

Heath Needs	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	<i>Please also complete an 'Administration of Medicine' form</i>
Daily care requirements	
Arrangements for school visits/trips	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to:	



Parental Consent for Schools to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff volunteers to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Child's Name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Class	<input type="text"/>
Medical condition or illness	<input type="text"/> <input type="text"/> <input type="text"/>
Medicine	
Name/type of medicine/strength <i>(as described on the container)</i>	<input type="text"/> <input type="text"/>
Date dispensed	<input type="text" value="Day / Month / Year"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Agreed review date to be initiated by School (LONG TERM MEDICATION ONLY)	<input type="text"/>
Dosage and method	<input type="text"/>
Timing – when to be given	<input type="text"/>
Special precautions	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantities to be given to school	<input type="text"/>
Are there any side effects that the school needs to know about?	<input type="text"/>
Self-administration	<input type="text" value="Yes / No (delete as appropriate)"/>
Procedures to take in an emergency	<input type="text"/>

Contact Details – First Contact

Name

Daytime telephone number

Mobile telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff).

Contact Details – Second Contact

Name

Daytime telephone number

Mobile telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

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

*I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.*

Date _____ Signature _____

Print name _____

For School Use Only

Checked by	Date	Signature	Print Name

To be reviewed annually or if dose changes (LONG TERM MEDICATION ONLY)



Whitwell Primary School

Record of Medicines Administered to all Children

Date	Child's Name	Time	Name of Medicine	Does given	Any Reaction	Signature of staff	Name of staff
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
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/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			
/ /	[Title]		[Subject]	[Status]			



Whitwell Primary School
Request for child to carry his/her own medicine



This form must be completed by parents or carer

If staff have any concerns discuss this request with healthcare professionals

Child's name

Date of birth

Class

Address

Name of medicines

Procedures to be taken in an emergency

Contact Information

Name

Daytime phone number

Mobile Number

Relationship to child

I would like my son / daughter to keep his / her medicine on him / her for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Whitwell Primary School

Asthma Care Plan

General Management of Asthma

Name of Child:.....

Usual Medication used in setting:.....

How often used:.....

Does young person self-administer? YES/NO (delete as applicable)

If no please detail support young person requires and how this is given below.

Does the young person keep their own inhaler? YES/NO (delete as applicable)

If no, please detail where inhaler is stored and how it is accessed below.

NOTE: Inhalers should be readily available at all times including activities away from normal storage location (e.g. PE, swimming, offsite activities)

Has permission been given to use Emergency Inhaler if necessary? YES/NO (delete as applicable)

Name of Parent/Carer _____

Signed _____

Date _____

If you notice a change in the level or pattern of use of inhaler ensure parents/carers are informed.

Dealing with an Asthma Attack

If an asthmatic young person becomes breathless and wheezy or coughs continually:

- 1 Let the young person take their usual “reliever” treatment (**BLUE INHALER**) immediately – using the spacer if available for that child.

If the young person has forgotten their inhaler and you do not have prior permission to use another inhaler:

- Call the parents/carers;
- Failing that call the family doctor;
- Check the attack is not severe – see below.

- 2 **Keep calm** and reassure the child that it is treatable.

- 3 **Help the young person to breathe:**

- Sit young person upright – lean forward slightly (do not make them lie down);
- Encourage slow deep breaths;
- Offer a drink of water.

- 4 The reliever should work in **5 – 10 minutes**.

- 5 **If the symptoms disappear**, the young person can go back to what they were doing.

- 6 **If the symptoms have improved**, but not completely disappeared, call the parents/carers and give another dose of the inhaler while waiting for them.

- 7 If the normal medication has had **no effect**, see severe asthma attack below.

- 8 Ensure parents/carers are informed of all incidents even if symptoms disappear and young person returns to normal activities.

WHAT IS A SEVERE ATTACK?

Any of these signs mean severe:

- normal **relief medication does not work** at all;
- the young person is **breathless** enough to have difficulty in talking normally;
- the young person is **distressed** or becoming **exhausted**;
- the **pulse rate is 120 per minute** or more;
- **rapid breathing** of 30 breaths a minute or more.

HOW TO DEAL WITH A SEVERE ATTACK

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

1. Sit up straight - don't lie down. Try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs. This is easier using a spacer if you have one.
3. If you feel worse at any point while you're using your inhaler or you don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance immediately.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

If your symptoms improve and you don't need to call 999, you still need to make an urgent same day appointment with your GP. You can also check if you've been given rescue prednisolone tablets. If you have, then take these as instructed by your GP/asthma nurse, or as instructed on the packet.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamphetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff volunteering to administer medicine should do so in accordance with the prescriber's instructions and these guidelines:

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container within a locked cabinet to which only named staff should have access. (A record of the number of tablets/doses received, should be kept for audit and safety purposes.)
- When administering a controlled drug, two people will be present - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires two people**. One should administer the drug, the other witness the administration. Both should complete the administration record.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than one week's supply of a controlled drug at a time.

Lone working

In exceptional circumstances, if it is not possible to ensure that two staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised. The school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the Headteacher and Governing Board and will be written down. They should be agreed by parents/carers and the staff agreeing to undertake the administration.

If staff are concerned that a medicine that is not a controlled DRUG should be managed in the same way, it can be treated as a controlled drug.

Offsite and in the Community

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- a second person will witness the administration;
- during short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person;
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it;
- the controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base;
- For residential visits - on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

THE CONTROLLED DRUGS REGISTER – SPECIFIC REQUIREMENTS FOR SAFE STORAGE & ADMINISTRATION OF CONTROLLED DRUGS

Storage:

- The controlled drug must be stored in a lockable cupboard/cabinet – *this may be the safe cupboard used for all medicines, in which case there should be a separate, labelled container for the drugs and this register*
- Staff responsible for the administration of the controlled drug must be aware of its location and have access
- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The dosage must be witnessed by a second member of staff, wherever possible - *where this is not possible, for example in 1-1 situations, a manager/supervisor at intervals should countersign this record to evidence compliance with the procedures*
- Any discrepancies must be reported and investigated immediately.

NB – Emergency medicines: Where a drug that is either a controlled drug or one that should be subject to the standards for controlled drugs and is designed for emergency use (Buccal Midazolam, for example), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely and not in a way where pupils could access it

Recording:

The receipt, administration and disposal of controlled drugs will be recorded in a book intended for that purpose. It will be bound and with numbered pages.

- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug.
- The prescriber's instructions and any additional guidelines will be followed.
- The controlled drug register replaces the MAR sheet for *the specific drug only* – the health and medicine information sheet will also be completed.
- **Entries must never be amended/deleted, nor pages removed.**
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page...".
- If it is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed.



WHITWELL PRIMARY SCHOOL - CONTROLLED DRUG REGISTER

NAME OF CHILD									
MEDICINE RECEIVED									
Name of medicine received:									
Strength:									
Form:									
Quantity/amount:									
Received from:		Pharmacy: or					Date		
		Parent/carer					Date		
Signed:							Date		
Witnessed:									
DISPOSAL METHOD									
Name of medicine received:									
Returned to:		Pharmacy: or					Date		
		Parent/carer					Date		
Amount: – this should be the amount remaining from the administration record									
Signed:							Date		
Witnessed:									
CONTROLLED DRUG REGISTER FORMAT PART 2									
Received		Administered			By whom			Stock	
Amount	Date	Name	Date	Time	Amount given	Worker administering	Worker witnessing	Balance remaining	

List of Codes of Practice in Children's Services Guidance

1. Allergy/Anaphylaxis
2. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) in school and other settings
3. Asthma
4. The asthma attack – What to do
5. Children with Diabetes needing insulin
6. Continence management and the use of Clean Intermittent Catheterisation (CIBC)
7. Epilepsy - Treatment of Prolonged Seizures
8. Action to be taken if a medicine administration error is identified
9. Controlled Drugs
10. Disposal of Medicines
11. Safe handling and storage of medical gas cylinders
12. Non-prescribed medicines/medicinal products
13. First Aid

Appendix 9

The following information is subject to regular review. The most current version is maintained in the electronic version on the Derbyshire County Council Intranet/Extranet:

Procedures can only be performed where parental permission has been given, staff are following written guidelines, have been trained and been judged to be competent to carry out a procedure

For advice on whether or not a procedure can be performed or for approval to be sought, email the requirements to:

HealthandSafetyCAYA@derbyshire.gov.uk

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Anal Plugs	Yes	
Apnoea monitoring	No	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	Yes	
Blood samples	No	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	No	Covered - following written guidelines
Bursting blisters	Yes	
Catheters (urinary) including mitrofanoff - clean/change of bag	No	Covered - following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Catheters (urinary) including mitrofanoff - insertion of tube	Yes	
Chest drainage exercise	No	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	No	Covered - following written guidelines in respect of both cleaning and changing of bags

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Defibrillators/First Aid only	No	Covered - following written instructions and appropriate documented training
Dressing Care - Application & replacement	No	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	No	Covered - following written guidelines
Eye care/ Eye Drops	No	Covered - following written guidelines for persons unable to close eyes
Gastrostomy and Jejunostomy care <ul style="list-style-type: none"> • General Care • Administration of medicine • Bolus or continuous pump feed 	No	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of stoma in an emergency situation
Gastrostomy & Jejunostomy tube - insertion/reinsertion	Yes	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	No	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	No	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	No	Covered but only for the administering of pre-packaged dosage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non pre-measured doses	Yes	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	Yes	
Manual Evacuation	No	To be undertaken by competent staff in line with a care plan
Mouth toilet	No	Covered

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Naso-gastric/jejunal tube feeding	No	Covered - following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion which should be carried out by a medical practitioner
Naso-gastric/jejunal tube - reinsertion	Yes	
Oral prescribed medication	No	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Carers should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Carer and this should be in accordance with LA procedure on medicines in schools etc.
Oxygen administration - assistance	No	Covered but only in the respect of assisting user following written guidelines, i.e. applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	No	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines
Pessaries	Yes	
Pressure area care (bed sores etc)	No	To be undertaken by competent staff in line with a care plan
Pressure bandages	No	Covered - following written guidelines
Physiotherapy	Yes	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed
Rectal administration generally e.g. morphine	Yes	
Rectal midazolam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must be present
Rectal diazepam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must present

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Rectal Paraldehyde	Yes	
Stoma care	No	Including maintenance of patency of stoma in an emergency
Suction Machine - Oral Suction Yanker Sucker	Yes	
Suppositories	Yes	Applies to suppositories other than pre-packed midazolam or diazepam (which are shown separately)
Syringe drivers - programming	Yes	
Swabs - External	No	Covered - following written guidelines.
Swabs - Internal	Yes	No - other than oral following written guidelines
Topical Medication	No	To be undertaken by competent staff in line with a care plan
Tracheostomy - clean external	No	Cover is only available for cleaning around the edges of the tube following written guidelines
Tracheostomy - removal and re-insertion	Yes	
Vagus Nerve Stimulator	No	As long as written care plan is in place
Ventilators	Yes	Covered - following written guidelines