

**Outcomes
First
Group.**

**ACORN EDUCATION
AND CARE**

OptionsAutism

Medication Policy for day schools



Medication Policy for Day Schools

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1.0 POLICY STATEMENT

Outcomes First Group places the safety and wellbeing of all children in our care as the highest priority, at all times. This policy sets out the guidance and procedures that must be followed by all day schools within the group to support pupils who require medication during the school day and ensure the safe handling and administration of medication within the school.

Many pupils will need to take medication at school during some time in their school life. This may be for a short period for a minor ailment e.g. to finish a course of antibiotics, apply a lotion or take a pain reliever. In some cases, there may be a long-term need for pupils to take medication. Supporting pupils to take or be given medication at school minimises the disruption that could be caused by illness and supports pupils with consistent use of medication. Timings of medication will take precedence, any disruption to the normal school day will be minimised this as much as possible.

Children with on-going medical conditions will be properly supported so they can fully take part in all educational activities. The school will engage with pupils, parents and health and social care professionals, to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.0 LEGAL FRAMEWORK

This policy is written in line with relevant legislation and guidance. There are several different pieces of legislation that are directly relevant to the handling and administration of medicines in schools:

- [The Children and Families Act \(2014\)](#)
- [School Premises Regulations \(2012\)](#)
- [Education Act \(1996\)](#)
- [The Medicines Act 1968](#)
- [The Misuse of Drugs Act 1971](#) and [Regulations 2001](#)
- [The Misuse of Drugs \(Safe Custody\) Regulations 1973](#) and [Amendment Regulations 2018](#)
- [GDPR Regulations and Data Protection Act 2018](#)
- [Health and Safety at Work etc. Act 1974](#)
- [The Control of Substances Hazardous to Health Regulations \(COSHH\) 2002](#)

[The Children and Families Act \(2014\)](#) places a duty on the governing bodies of schools to ensure that pupils with medical conditions are properly supported and have access to a full education. As part of this duty the school must have arrangements in place to ensure that pupils who need medication during school hours can be supported to access and take this medication safely.

This policy has been developed in in line with the following national guidance:

DFE (England): [Supporting pupils at school with medical conditions \(updated Aug 2017\)](#)

Welsh Government: [Supporting Learners with Healthcare Needs \(March 2017\)](#)

Scottish Government: [Supporting children and young people with healthcare needs in schools \(2017\)](#)

All staff are required to know and follow the School Medication Policy.

This policy must be read in line with the school's *First Aid Policy*, *Health and Safety Policy*, *Safeguarding Policy* and Outcomes First Group's *Data Protection and GDPR Policy & Guidance*.

3.0 PRINCIPALS

- Medication should only be administered during school hours when it is necessary, and the medication cannot be given before/after school.
- Medication will only be administered by staff who have completed the appropriate training and been assessed as competent by a Nominated Medication Competency Checker.
- Each school will have a Nominated Medication Competency Checker who has completed the required additional training.
- The school will respect the confidentiality of its pupils, including their medical history and their medicines. A clear system is in place to manage such information and the information is only shared only with relevant people in line with General Data Protection Regulations (GDPR).
- All medications administered to pupils should be prescribed, in date and handed to school by parents/carers/those with parental responsibility.
- Medication, including short-term medications, such as pain relief, will only be administered with prior written permission from the parent/carer/ person with parental responsibility. The written permission must be kept on the pupil's file.
- Staff administering medication must sign the medical record book. Pupils will have an individual medical record book. Each time medication is administered and witnessed, the book must be signed and the essential and required information recorded.
- All short-term medication that is administered, must be recorded in a short term/emergency medication logbook. This information should be shared with parent/carers.

Please note that the term 'parents/carers' refers to the person/s with legal parental responsibility for the child or those who have that authority delegated to them by the local authority and/or the parents.

4.0 OUR COMMITMENT

The school will work in partnership with parents/carers and pupils to meet their individual needs and ensure that children who require medication during school time are able to receive it in a safe and secure environment allowing them to continue to make progress at school and progress in their education.

This guidance aims to ensure a smooth-running partnership that minimises the impact of medical requirements on the day-to-day school life of pupils.

Parents/carers must contact the Headteacher if they feel that procedures require adjustment or alteration to suit their specific case. The Headteacher will consult the prescribing medical professional, if necessary. The parents/carers must notify the school of any changes to on-going medication immediately.

It is important that pupils who need to take medication at school are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at school the following should be considered:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

5.0 WORKING WITH PARENTS/CARERS

All parents/carers will be informed of the school policy and procedures for addressing the medical needs of children.

Parental consent is required for any medication to be administered or taken whilst the pupil is at school; this includes prescribed medicine, non-prescribed medicine and functional medicine.

Where the pupil has an on-going medical condition, details of the condition, the medicines and support they need must be clearly set out in their Medication Plan. The pupil's medical conditions will be discussed at the initial meeting. The medication plan will be updated when advised by healthcare professionals.

Parents/carers must provide the school with adequate information about their child's medical condition, treatment, or any special care needed at the school. They should, in partnership with the school, reach an agreement on the school's role in helping to address their child's medical needs. Any details will be passed on to staff who need to know. Parents/carers should advise the school of any changes in the medication administered to their child and or changes of their condition at the earliest opportunity.

The school will work with parents/carers to ensure that all relevant information with regard to the medical condition which may affect a pupil at school is passed on to the relevant people. Information will only be requested from parents/carers when it is necessary to ensure the health and safety of the individual pupil and/or their peers at school. The confidentiality of a child's medical records will be respected.

Parents/carers will be asked for the following information about medication:

- Name of medicine
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment which may involve school staff or affect the child's performance during the school day
- Side effects which may have a bearing on the child's behaviour or performance at school

The cultural and religious views of families should always be respected. If parents make a specific request i.e., they don't want certain treatments for their children, parents will be asked to communicate this in writing and sign it.

The school must hold emergency contact details for the parents/carers. Wherever possible the school should hold the details of two emergency contacts for each pupil.

6.0 DESIGNATED STAFF, TRAINING & COMPETENCY ASSESSMENT

Only staff that have completed the appropriate training and been assessed as competent can administer medication to a pupil. **Staff who have not completed the required training must not administer, nor witness the administration of, medication to a pupil.**

Designated staff will have:

- Completed Outcome's First Group's medication training on Shine. This training will be updated and refreshed every two years.
- Completed the Competency Workbook, which includes being assessed as competent to administer medication or to witness medication administration, and their competence will have been signed off by a Nominated Medication Competency Checker

Nominated Medication Competency Checker - Every service must have one Nominated Medication Competency Checker, who will also complete the Medication Competency Training to enable them to undertake medication audits, check staff competencies and train junior staff to administer medication. This is a full day Virtual instructor-led training arranged by the L& D Team (training@ofgl.co.uk) and must be refreshed every 2 years.

6.1 Ratio of trained staff

On site ratio to be achieved - **2 team members to be trained per child or young person who has medication administered in school.** With a minimum of 2 team members per school (1 of whom can be the Nominated Medication Competency Checker).

Schools can have more, but not less than this trained, and this eLearning course will be accessible on Shine for all to access as needed.

If no children have medication administered, then 2 team members to be trained as a given minimum.

Staff must read the patient information leaflet, which is packed with the medication, to ensure they are aware of what the medication is for, any potential side effects and any medications that must not be taken at the same time.

Staff will assist pupils with their medical needs after consultation with the Headteacher. Agreements for administering medication will normally fall to the Headteacher after adequate consultation with parents/carers and pupils. **Staff must not enter into individual agreements with parents/carers or pupils.**

Information about an individual pupil's medical condition and related needs will only be disseminated to relevant staff in order to ensure the pupil's wellbeing. Information can only be passed on with the consent of parents/carers.

7.0 MEDICINES

7.1 Non-prescribed Medicines

Pupils sometimes ask for pain killers (analgesics) at school, including aspirin and paracetamol.

With the prior agreement of parents/carers, the school may administer mild analgesics; e.g. either one or two paracetamol tablets (according to parental/carer advice/consent) to a child who asks for it, if they suffer pain or a headache at school. A record must be kept of the dose given and the reason on the school medication record or the pupil's individual record.

School staff should not give non-prescribed medication to pupils without the written consent of parents/carers.

7.2 Prescribed Medicines

Any member of staff giving medicines to a pupil must observe the following procedure in cooperation with a colleague:

- confirm the pupil's name agrees with that on the medication
- check the written instructions provided by the parents/carers or doctor
- confirm the prescribed dose
- check the expiry date
- check how often and for how long i.e. 3 times a day for 6 months

7.3 Functional Medication

This type of medication includes; Insulin (diabetes), Ventolin (asthma), Diazepam / Valium (Epilepsy), Adrenaline (anaphylaxis). Where this type of medication is needed staff will be given specific training, so they have the additional skills and knowledge required to administer this medication or support the pupil to take the medication.

7.3.1 Sharps / Needles

Where pupils require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested, the staff must dispose of the needles appropriately. A bona-fide sharps box will be used for this purpose.

8.0 STORAGE OF MEDICATION

All medication must be kept in a safe, secure location at all times.

All medicines brought into the school must be recorded on the School Medicines Record.

Medication should only be brought to the school when it is needed. Often medication can be prescribed in dose / frequencies which enable it to be taken outside school hours. Parents/carers should be consulted about this.

A secure location is provided by the school for the storage of all medication.

1. All medication (except that the must be kept in a refrigerator) is kept in the medicine cabinet in the First Aid Room. The medicine cabinet must be kept locked at all times. Keys to the medicine cabinet will be kept in a location that is secure and accessible for staff, for example to school office. ***Controlled medication should be stored in a locked box in the locked cabinet.***
2. **Emergency mediation such as inhalers, epi pens should be kept in individual medical bags that are clearly labelled with the pupil's name. These should not be locked away and kept accessible at all times. These should also leave the building with the pupil, including during a fire evacuation.**
3. Medication that must be kept in a refrigerator is kept in the designated area of the school refrigerator in a secure container. To avoid confusion medicines should be kept on a separate shelf used only for the storage of medication. If a refrigerator contains medicines, access to it must be carefully monitored. Members of staff who use the refrigerator must be made aware of the importance of keeping the medicine safe and secure in a lockable box within the fridge. The kitchen/room where the fridge is must be locked when no staff are present.

Generally non-emergency medication is stored in a locked cupboard preferably in a cool place, below 25 degrees. Items requiring refrigeration are kept in a clearly labelled closed container in a standard refrigerator. A daily record should be kept of the minimum/maximum temperature of fridges and room temperatures (unless more frequently is advised). Portable minimum and maximum thermometers to be used to record results. All storage facilities should be in an area which cannot be accessed by pupils.

All medication must be stored in its original container. Prescribed medication must have the original dispensing label, as received from the pharmacy. If there are any queries or concerns, the dispensing pharmacist or the pupil's GP should be consulted, and their instructions followed. The name of the pupil, dose, name of the drug, dosage, frequency and route/method of administration and the expiry date must be clearly visible on the prescription label.

Medicines can be potentially harmful to anyone for whom they are not prescribed. The school will ensure that risks to the health of others are properly controlled.

9.0 ADMINISTRATION OF MEDICINES

Non-prescribed medications are to be taken in accordance with the Patient Information leaflet directions and should be used for acute self-limiting conditions only and may be administered to a pupil for a maximum of 48 hours providing that there is no deterioration in the person's condition. If it is considered that there is a need for continued treatment, the School Nurse or the pupil's GP should be contacted. Topical/external preparations included in the list again must only be used in accordance with the Patient Information Leaflet.

Any non-prescribed medication given to a person must be recorded in the emergency or short-term medication logbook and signed. The medication should be stored and administered as prescribed medication is.

As part of the child referral process, information should be sought to ensure we have clear knowledge as to any health issues that may occur:

- Any allergies the child resident has.
- Any medication the child is taking.
- Any reactions the child has had to medications.
- Any individual medical plans.

During the admission process, consent should be sought from whom ever has parental responsibility as to the administration of the identified non-prescribed medication that the young person may be given. A clear understanding as to when the medication would be administered must be given alongside a copy of the consent for non-prescribed medication form. If there are any concerns with administering a homely remedy, then a GP appointment should be made.

If a pupil refuses to take medication school, this must be recorded, and the child's parents/carers must be informed. If the medication is essential to the child's continued well-being, the school will call the emergency services and inform the parents/carers. If the medication is essential to the child being educated, The school will contact the parents/carers to discuss actions to be taken.

The school will never administer medication without written consent of the parents/carer and the agreement of the pupil. If a pupil refuses prescribed medication, advice the Headteacher immediately. The Headteacher will inform the pupil's parent/carer and contact the pupil's GP if necessary.

9.1 Disposal of medication

The School staff will NOT dispose of medicines. Out of date medicines or those that are no longer required will be returned to parents/carers at the end of each term for disposal. Parents/Carers will be instructed to return these to the pharmacist for safe disposal.

10.0 EMERGENCY HEALTH SITUATIONS

The Headteacher will ensure that staff know how to call the Emergency Services/NHS Direct. The pupil's GP contact details will be kept on their individual record.

A pupil who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until the pupil's parent/carer arrives at the hospital. If a pupil is taken to hospital, it is essential that the School makes every effort to inform parents/carers immediately; failing this the alternative emergency contact will be informed.

In an emergency it may be necessary for 2 members of staff, if possible, to take a pupil to hospital in his/her own car. When a pupil is taken to hospital by a member of staff, they should also take with them all medication the pupil is currently taking together with the pupil's medical record showing what medication has been taken, when it was taken, the dosage and what the medication is being taken for.

11.0 SCHOOL TRIPS, VISITS AND EVENTS

Where a pupil requires medication during a school trip, the following are essential:

- It must be carried in a designated container by a trained, competency-assessed member of staff in a clearly marked bag.
- A record must be made of any medication taken off-site and which pupil it is for, this should also be recorded on the educational visit risk assessment.
- The member of staff administering the medication, and the witness, while off site must be present when the medication is dispensed.
- All medication arrangements and risk assessments should be reviewed when planning an educational visit.

12.0 MEDICATION ERRORS

Managers must also refer to Appendix A Medication Errors Guidance which sets out how errors will be addressed.

Every effort is made to ensure medication is administered and recorded accurately and appropriately.

If a medication error is made, the Headteacher/Principal must be notified immediately, and an incident report completed as soon as possible but staff must not delay seeking immediate medical treatment needed if that person is unavailable.

Medication errors include, missed dose, wrong dose given, wrong medication given, medication not stored correctly or medication damaged. They also include recording errors, where the correct medication has been given but incorrect details have been recorded by staff or the administration of the medication has not been recorded.

When an error has occurred, it can be difficult for staff to know if medical attention is required as a child/young person may not immediately show signs of distress or illness. Staff are not qualified to make a judgement on if the child/young person may be harmed or be affected as this may occur sometime after the error has occurred.

Once a medication error is identified medical advice should be sought as soon as possible by calling the GP for advice. Out of hours staff should call 111 for advice. Staff must follow the advice of the medical professionals and the child/young person should be monitored closely for at least 12 hours after the error has been made. During the time the child is in school, these observations should be recorded.

Parents and social worker should be contacted by the Headteacher/Principal to inform them of the incident and actions being taken.

12.1 Emergency Actions

If the child is showing signs of becoming ill or needing urgent medical attention emergency medical help should be sought by calling 999.

Signs include: Nausea and Vomiting, Headache, Blurred Vision, Pale lethargic, Sleepy, Dizzy and drowsiness, Rash and itching, Hot and sweaty, Difficulty breathing, Increased heart rate, Seizure Fainting, Loss of consciousness.

A member of staff should accompany the pupil to hospital and take the pupil's medical information with them.

12.2 Action following a medication error

All medication errors must be treated as serious incidents. The incident should be reported in line with the serious incident reporting protocol and the Regional Director must be informed as soon as possible.

As soon as the child's immediate medical needs have been met, the following action should be taken:

- The incident should be reported in line with the serious incident reporting protocol and the Headteacher must be informed as soon as possible.
- **Medication errors must be recorded on the school's electronic recording system.**
- All actions taken must be recorded following a medication error.
- The member of staff responsible for administering the medication will be suspended from administering medication until an internal investigation is completed by a senior manager. Further training or support may be put in place to identify the cause of the error and take action to prevent this happening again.
- Consider if a referral should be made to the Local Authority Designated Officer/ Designated Officer For Allegations (DOFA), Local Authority Children's Rights Officer or equivalent officer.
- If the child or young person has sustained harm, then the incident should be reported to the local authority following the procedures in the Safeguarding Policy.
- All medication errors need to be investigated to be able to identify patterns and trends and take action to prevent reoccurrence.

12.3 Investigations into Medication Errors

- The Headteacher should consult with the Senior Leadership Team to decide the most appropriate person to undertake the investigation into the medication error.
- Medication errors may be the result of problems with processes or procedures which have contributed to individuals making errors. Therefore, the investigation should be approached as an opportunity to identify any procedural or process issues that need to be rectified as well as considering whether there may be staff training or competency issues.
- If the incident has been reported to the local authority as a safeguarding incident, any internal investigation must not begin until the local authority has concluded any investigation or action that they decide to undertake.
- All medicines errors/incidents will be investigated to understand how and why the error/incident occurred. An action plan will be agreed to prevent reoccurrence of the issue, and this may include further training.

All medication errors are monitored by the safeguarding and quality teams. If repeated errors are identified in a school/service, then this can be passed onto an external party to complete an external investigation in order to establish the key themes and action to be taken to reduce errors. This is at the Discretion of the Director of Quality.

13.0 STAFF MEDICATION

Staff are only required to inform their manager that they are taking medication at the time of application and subsequently, if it may affect the performance of their duties, e.g., make them at risk, where a risk assessment should be devised enabling safe practice.

Staff should, where possible, avoid taking medicines into work. However, should it be necessary to have medication at work a risk assessment must be completed and reflect the safe storage and administration of the medication.

The member of staff must ensure that any medication is locked away and kept secure at all times while on duty.

APPENDIX A - MEDICATION ERRORS GUIDANCE

Please note this document is an appendix to the Group Medication Policies and Staff Disciplinary Policy & Procedure. It should be read in conjunction with these policies.

1.0 Medication Errors

A medication error is an incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or recording information about medicines. (See Medication Policy for more detailed information).

Staff and managers must make every effort to ensure medication is administered and recorded accurately and appropriately. This document provides guidelines as to how errors will be addressed with individual staff members.

All medication errors **must** be dealt with transparently, they must be:

- Reported to the person in charge within 24 hours, and
- Recorded on the setting's electronic recording system.
- Appropriate medical advice must be sought.

All medication errors must be referred to HR by emailing hroperationsadvice@ofgl.co.uk and the Group Head of Safeguarding/Safeguarding Adviser by emailing safeguarding@ofgl.co.uk. HR will log the error, and liaise with the site regarding the appropriate steps to take in line with the guidelines below. (See 1.1 - 1.3).

If a service user has sustained harm as a result of the error, then the incident must be reported to the local authority following the procedures in the service's Safeguarding Policy. A notification must also be completed online and sent to the appropriate regulator within 24 hours of the incident by a senior manager. It is the Registered Manager's responsibility to ensure the regulator is notified (Please also see the *Serious Incident Escalation Policy*). The Group's *Managing Allegations Against an Employee Procedure* must be followed.

Other examples of where the *Allegation Management Procedure* will be followed are when an error has:

- Resulted in harm to a service user.
- Has not been reported within specified time or there are integrity issues.
- There is evidence of misconduct.
- There is evidence of significant recklessness or clear intentional deviation from procedural guidance.

Whenever an error has been made, the member of staff will be suspended from administering medication until a full review is completed by a senior manager.

1.1 First time error (within a 12-month period)

The incident has been dealt with transparently, reported within 24 hours, appropriate medical advice was sought.

Actions:

- Manager informs by email hroperationsadvice@ofgl.co.uk and safeguarding@ofgl.co.uk. The type of error must be included in the email.
- Suspend from medication duty until full review by senior manager has been completed to identify the cause of the error and take action to prevent this happening again.
- Manage informally.
- Ensure member of staff understands the Medication Policy.
- Make a record in supervision or issue a letter of concern.
- Consider whether there are any organisational or process issues that needs to be addressed to prevent recurrence.
- Medication duties reinstated following the manager's authorisation and confirmation that any identified actions completed.

1.2 Second time error (within a 12-month period)

The incident has been dealt with transparently, reported within 24 hours, appropriate medical advice was sought.

Actions:

- Manager Informs by email hroperationsadvice@ofgl.co.uk and safeguarding@ofgl.co.uk The type of error must be included in the email.
- Suspend from medication duty until a full review by senior manager has been completed to identify the cause of the error and take action to prevent this happening again. This must include the identification of any organisational or process issues that need to be addressed to prevent recurrence.
- Carry out risk assessment with member of staff.
- **Follow *Managing Allegations Against an Employees Procedures* where appropriate, in consultation with HR.**
- As a minimum there must be learning outcomes and an action plan for the individual and/or service.

1.3 Third time error (within a 12-month period)

Actions:

- Manager must report to safeguarding@ofgl.co.uk and hroperationsadvice@ofgl.co.uk and the Regional Director must be informed and consulted.
- Suspend from medication duty.
- **Follow *Managing Allegations Against an Employees Procedures* where appropriate, in consultation with HR.**
- Ensure all appropriate notifications are made (Please see *Safeguarding Policy* and *Serious Incident Escalation Policy*).
- All Recommendations and organisational learning following the investigation to be implemented, monitored and reviewed.

2.0 Services reporting high numbers of errors

Where patterns or themes are identified, a wider review will be undertaken. The Regional Director will identify an appropriate reviewer from outside the setting to undertake a review.

We are part of the Outcomes First Group Family, by working together we will build incredible futures by empowering vulnerable children, young people and adults in the UK to be happy and make their way in the world

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