

Medicine Management Policy (Nov 2022)

This policy has been written for...	All staff employed by Valence School, who transcribe, prepare, supply, administer, transport, handle or dispose of medicines within Valence School.
Copies of this policy may be obtained from...	<ul style="list-style-type: none"> • The School web site - https://www.valenceschool.com/ • It is available as a hard copy on request from reception. • Hard copies for reference are filed in the staff resource room
Edition, Review frequency and dates	<p>Date written: 14th June 2022 Date agreed and ratified by Governors: 28th November 2022 Date of next review: November 2025 This policy will be reviewed every three years and/or following any updates to national and local guidance and procedures.</p>
Relevant statutory guidance, circulars, legislation & other sources of information are...	<ul style="list-style-type: none"> - <i>Royal Pharmaceutical Society 'Professional Guidance on the Safe and Secure Handling of Medicines' (2019)</i> - <i>Supporting Pupils at School with Medical Conditions (DfE, 2015)</i> - <i>Infection Prevention and Control Policy (Valence School, 2022)</i> - <i>Mental Capacity Act (2005)</i> - <i>Standards of conduct, performance and ethics for nurses and midwives. (NMC, 2018)</i> - <i>Classification of Medicines (MHRA 2021)</i>
The lead member of staff is	Hannah Casper & Claire Louise Langridge – Deputy Lead Nurses, Valence School

<p>Definitions and key terms used in this policy...</p>	<p>School Nursing Team - Registered Nurses and Health Care Assistants (HCA) employed by Valence School. The term 'Nursing Team' will be used for both roles throughout the policy.</p> <p>MAR - The Medication Administration Record (MAR) chart is where prescribed medication is transcribed and checked by registered nurses.</p> <p>Preparation of Medication - The process of preparing a medicine immediately prior to giving/ administering e.g., drawing up a liquid medicine into an enteral syringe.</p> <p>Giving/Administering of Medication - The process, which occurs when a dose of medication is given/ administered to the student as per instruction on the MAR.</p> <p>Controlled Drugs - Any medication falling under the Misuse of Drugs Regulations 2001. Schedule 1 - Schedule 5</p> <p>Pharmacy (P) Medicines - Pharmacy medicines that are sold or supplied from registered pharmacy by or under the supervision of a pharmacist, subject to certain exceptions.</p> <p>PRN Medications – Medication administered on an 'as needed' basis.</p> <p>Over-the Counter (OTC) products - Informal term that covers products that can be bought in a wider range of locations without a prescription. Includes pharmacy and general sale list medicines as well as nutritional supplements and other self-care products.</p> <p>Transcribing - This is the copying of previously prescribed medicines details to enable administration in line with legislation (i.e., in accordance with the instructions of a prescriber).</p> <p>Parental Agreement for Medications in school (regular and PRN) - Full list of medications including prescribed and OTC completed by parent/guardian to be used at checking-in process and for MAR. See Appendix 1</p>
<p>The Rationale and Purpose of this policy</p>	<p>The purpose of this Policy is to ensure safe and consistent practice across the school.</p>
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**Introduction
and Ethos**

Valence school provides education and residential care for children and young people with complex health needs and disabilities.

The school employs a team of nurses and healthcare assistants to oversee the treatment and assessment of students and to deliver wider staff training to enable safe and effective delegation of agreed tasks.

Staff who have been trained and assessed as competent by the nursing team, in the safe administration of medication, are responsible for preparing and administering prescribed medication in accordance with the student's MAR chart and emergency medication protocol.

**Medication
Management
Processes****Admission Records**

Once Valence School has obtained consent to administer medicines, the Nursing Team will be responsible for adding the student to the MAR system, gathering as much information as possible from the signed Parental Agreement for Medications in school.

No student under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the student to involve their parents while respecting their right to confidentiality.

Checking-In

The Valence Nursing Team will arrange the check-In of medication sent in to school for reconciliation.

The Nursing Team will hold telephone consultations with the Parent/Guardian prior to new school year to discuss any changes in the student's medication regime.

- 1) As part of the preparation for Checking-In, the Nursing Team will request the completion of the Parental Agreement for Medications in school by parents/guardian. At this time, a copy of consultants/doctor's letter with prescriptions on will be requested and provided by parents before the MAR chart is completed.
 - 2) From the Checking In process, the Nursing Team will produce a MAR.
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- 3) The Nursing Team will review MAR chart against the medications and information provided by the parents/guardians and the clinic letters.
 - 4) Any differences between the medicine labels and the Parental Agreement for Medications in school will be investigated before administration.

Transcribing Medication onto the MAR

Transcribing can only be used to make an exact copy of medicines that have already been prescribed, for example, the student's own medicines that have been prescribed and dispensed by a pharmacy can be transcribed onto a Medicines Administration Record (MAR) chart so their administration can be recorded by the health care professional administering them. (Royal College of Nursing 2020)

Valence Nurses who have received training for transcribing medications, will transcribe medications to the MAR charts using Parental Agreement for Medications in school forms, clinic letters and prescriptions labels.

Medicine Supply

Ordering and Receiving Medicines

For Day Pupils:

Parents/guardians are responsible for providing the school with an adequate supply of medication. This includes any 'as required' (PRN) medication prescribed for the student.

Parents/guardians are responsible for ensuring each prescribed medication has a pharmacy label with the correct dosage and administration instructions and that these details match the information as prescribed by their GP or Consultant.

Parents/guardian must ensure that all medication, both prescribed and Over-the Counter (OTC) is supplied in the original container and that it remains 'in date' for the period it is provided for (The exception to this is insulin which must be in-date but will generally be available to schools inside an insulin pen or a pump, rather than its original container).

Parents/guardians are reminded of this annually by the Nursing Team. (Appendix 9).

All prescribed medication must have a pharmacy label which confirms the student's name, route of medication, dose, frequency and date of dispensing.

**Medicine
Supply**

Any liquids or creams should also be labelled with the date it was opened and date of expiry from opening, in accordance with the manufacturer's instructions.

OTC products for treating minor ailments or vitamins, homeopathic or herbal remedies, food supplements or fluid thickeners for students are not labelled with a pharmacy dispensing label. They should therefore be labelled with the student's name by the person receiving them into the school. It should be noted that parents/guardians are responsible for the use of these medications and for ensuring there are no contraindications with existing medications or pre-existing medical conditions.

When needed, Valence Nurses will support parents who are finding it difficult to obtain supply of medications by contacting the GP or pharmacy on their behalf.

Appendix 10 shows the log form used to record medicines brought in and taken home for all students.

For Residential Students:

For all boarding students who are registered with our local GP, the responsibility for ordering and obtaining repeat medication lies with the Valence Nursing Team.

If the person with parental responsibility chooses for the student to remain with their own local GP practice, the responsibility to provide medication remains with the family. School staff however will monitor stock and liaise with parents to maintain supply.

For all residential students, arrangements to return medication (on a weekly or termly basis) will be discussed and agreed separately with each family. For residential students who are registered with the school's GP practice, prior to the end of term, the Nursing Team will arrange for FP10s to be completed by the local GP if further medication stocks are required whilst the student is at home.

Receiving Medicines from a Community Pharmacy

A designated Valence member of staff is responsible for the receipt of medication, which includes checking that the correct medication has been dispensed (i.e., strength, formulation and directions). Upon receipt, the designated Valence member of staff must record the quantity of medication received and ensure this corresponds with the medication volume/amount ordered. Any discrepancies should be documented and reported to the community pharmacy for correction.

Maintaining Adequate Supplies

Designated Valence staff will carry out regular checks on all medication stored to ensure sufficient supplies are in date and stock available in the required areas of school.

The school will only hold a stock of Paracetamol (in liquid and tablet form), and this should never be administered without first checking maximum dosage, as per manufacturers label coinciding with the age of the student, and when any previous dose was taken. Where possible, parents should be informed in advance, when a student requires pain relief medication.

If a student requires additional medication following treatment or assessment by our local GP, the Nursing Team will liaise with parents to agree who is best placed to acquire the prescription and will ensure that the student's MAR is updated accordingly once the medication has been received.

If any required medication (including PRN medication) has not been provided by parents for the student, the Nursing Team will contact the parent immediately to discuss arrangements. Parents will be asked to bring the medication into school to prevent any delays or breaks in treatment and the senior on call / DSL notified. All omissions will be recorded on CPOMS as repeated incidents may indicate a safeguarding need.

Transfer of Medicines

Medication may need to be transferred across site with students who move between classes for activities, or between school and the residential provision at the beginning and end of the school day.

Nominated staff are responsible for the safekeeping and delivery of the medicines to the necessary departments and recording quantities of medicines received into the service and then taken out. Medicines will be transferred in a green bag and must not be left unattended at any time.

Emergency medication (e.g., buccal Midazolam, inhalers, Adrenaline pens, Glucogel Tabs, adrenal crisis medication), should always be kept with the student during transfer. In order that this is easily identifiable, it should be stored in an orange bumbag, and remains with the student at all times. A copy of the student's emergency protocol is kept alongside this, detailing individual requirements. Only staff who have been trained and assessed as competent by registered nurses may administer this form of medication. Valence staff are responsible for checking the medication is correct, within expiry date, in sufficient quantity, each time they take responsibility for the student, e.g., on arrival in school, residences and at shift change-over time.

At the end of the school day, any medication being returned must be transported in the green pharmacy bag. For student's travelling via home/school transport providers, the escort must be notified of the medication and its location (on the student's chair or in their luggage).

Storage of Medicines

All medicines will be kept in a locked cupboard used for this purpose only. Access to Keys or code numbers is restricted to Valence Nursing Team or those assessed as competent staff (this could be individual residential bungalow or designated class staff). Codes to the key safes to be changed at least annually or more frequently depending on risk assessments for the location.

The exception to this is emergency medication, which is always kept with the student.

Medicines requiring refrigeration will be stored in a locked pharmaceutical refrigerator (between 2°C and 8° C). Under no circumstance must any other items e.g., food, drink or clinical specimens be stored in the same refrigerator as pharmaceutical products. Pharmaceutical refrigerators will be cleaned regularly

(e.g., once a month) and this recorded on the temperature monitoring sheet by Valence staff.

Pharmaceutical products should be stored in their original packaging as provided by the manufacturer, so they retain information on batch numbers and expiry dates. The packaging is also part of the protection against light and changes in temperature. Assessed as competent care staff are responsible for ensuring medication is stored according to manufacturers' instructions.

The temperature of rooms where medicines are stored are monitored and recorded daily to check that temperatures are below 25 °C.

The Nursing Team are responsible for monitoring and recording the storage of all medicines across all areas of school and residential services. Any anomalies must be reported to the DSL / Senior on Call and pharmacists contacted for advice where necessary.

Preparation of Medicines

Preparation of Medication

Valence staff will only prepare medicines immediately prior to administration. The same Valence staff member must prepare and administer the medication. Valence staff must not administer medicines prepared by another person.

Medication should only be prepared in the designated areas within Valence School. These are clinic rooms within school and in the residential bungalows.

All staff will adhere to steps of handwashing throughout the entire process, as directed in the Valence Infection Prevention and Control Policy.

Members of staff who are involved in the preparation of medication must wear a medicine tabard with "Do Not Disturb" whilst preparing medication for administration. All staff should adhere to this, and not disturb any member of staff preparing medication.

Valence assessed staff may only give medication where the pharmacy label contains full information regarding dosage, administration instructions, name etc., and where this directly corresponds with the information noted on the MAR Chart. If the dosage instructions on the pharmacy label do not exactly match the dosage instruction on the MAR Chart, then staff must refer to a registered nurse.

Reconstitution of Liquid Medicines

The Nursing Team is permitted to reconstitute oral antibiotic and Omeprazole powders according to the guidance in Appendix 6.

Right Checks on Administration

For every medicine prepared the following checks will be made prior to administration: (Appendix 11)

Right young person? Ensure the photograph on the MAR matches the student, check the student's name and date of birth with them if possible.

Right medicine? Check the medication name on the MAR chart against the pharmacy label on the medicine container. All staff preparing medication must check expiry dates on each medicine, prior to administration.

Right dose/strength? Check that details on MAR, container and prescription labels correspond.

Right date? Check medicine should be given on this date, and the medication expiry date on the container has not elapsed. The "date of opening" should be noted on all liquid medicines, eye drops, eye ointments, creams and ointments and other medicines that have limited expiry following opening.

Right time? Check that the medication is due to be given at this time and that it has not already been given.

Right method [route]? Check route of administration

The Nursing Team will check the medicine labels including expiry dates during routine medicine reconciliation. The original date of dispensing should always be on the label. The batch number and expiry must be on the outer dispensed container where strips of tablets have been dispensed or cut by the pharmacy or where liquids have been packed down into bottles.

The member of staff giving the student their medicine, is responsible for completing and signing the MAR chart.

Staff are able to administer medication up to one hour before or after the stated time of dose. If medication has not been administered after one hour from the stated time, staff must notify the Nursing Team and Senior On Call who will seek pharmacy advice.

Medication Mixed with Food

Students may prefer to have medicine mixed with food as part of taking the medicine and this should be discussed and agreed with parents and recorded in advance. Referral to a pharmacist is advisable to determine if the medicine can be administered in this manner and that there are no compatibility problems.

Details of how the medicine is to be administered should be included on the MAR chart and in the student's Support Plan. If the medication needs to be mixed with food, this must be administered into a small amount of food, which can easily be identified, eg. a smaller plate, so that the total medication is taken, in case the student has a small appetite and to avoid waste.

Check for accordance with any Speech and Language Therapy (SALT) advice in individuals with dysphagia.

Covert Administration of Medication

It is recognised by the Nursing and Midwifery Council (NMC) that there may be exceptional circumstances in which covert administration of medicines may be considered to prevent the patient from missing out on essential treatment. Covert medication administration may be appropriate for some students who lack ability to make decisions, or who are unable to reconcile the risks involved due their developmental and cognitive ability. Some children simply do not like the taste of a medication and do not have the level of understanding needed to negotiate or rationalise so disguising in a drink or food may be required.

Covert administration requires formal discussion and documentation with the student's parent/guardian, Nursing Team and Safeguarding Lead. Covert administration of medication should be a last resort and always be carried out with the full involvement and knowledge of parents/carers.

Alternative ways of encouraging the student to take the medication should be tried first and this should be documented. Alternative forms of the medication which are more palatable, should be sourced and tried before using covert administration.

For students over the age of 16 years, a best interest meeting is required.

Preparation of medicines

If it is agreed that the student requires covert administration of medication, the following principles should be applied –

- The administration of medication in food or drink must not compromise the nutritional needs of the student and must not affect the properties of the medication involved
- An accurate record of administration must be kept on the medication chart as for all other medications
- The method of administration e.g. crushing tablets and mixing with yoghurt, mixing with water etc., must be included in the Support Plan and documented on the MAR next to each medication to be administered
- If possible the medication must be given at the end or after a meal unless the properties of the medication dictate otherwise
- The medication must be mixed with a small amount of food or drink and not mixed in with the whole meal
- Students receiving medicine in food or drink must be supervised until the medication has been taken
- The student must be encouraged to take the medication voluntarily and be given regular information and opportunities to do so.
- The best interests of the student must always be the first consideration.

(Based upon the Covert Administration of Medication Policy, Sherwood Forest Hospitals NHS Trust, 2021).

As Required (PRN) Medication Administration

When medication is needed on an “as required basis”, the criteria upon which the medicine is to be administered must be clearly in written in the PRN section of the MAR chart including a maximum dose and frequency in a 24-hour period where appropriate. For emergency medication, details will correspond with the information provided on the student’s emergency protocol.

For non-emergency PRN medication, the Nursing Team will seek to contact parents prior to the administration to check that this has not previously been administered at home and to notify parents that the school intends to administer this.

Any PRN pain relief medication will not be routinely provided after 48 hours without a prescription.

Staff are asked to check student consent for administration of each dose and carry out the right checks as per the previous section, prior to administration.

Administration of Medication to be Given via Different Routes

Assessed as competent Valence staff are initially trained in the principles and administration of medication and assessed on giving medication by the Nursing Team.

Additional training and assessment are provided for Valence staff for the administration of medicines via different routes as required to meet the needs of the individual.

If for any reason the medicine is not administered, an appropriate administration code on the MAR Chart must be entered for time and date medication was missed. Should the medication be unavailable, withheld on medical advice or administered more than 2 hours after preparation, Valence staff must seek advice from a member of the Nursing Team and record the episode on CPOMs

Topical Medication

For topical medication body maps can be used to clearly show site of application.

Subcutaneous Injections

Injections can only be administered by registered nurse and doctors, with the exception of adrenaline auto-injector (e.g., EpiPen) for anaphylaxis or subcutaneous insulin, which can be administered by individually trained assessed as competent Valence staff.

Oxygen

This needs to be individually prescribed for the student and must be risk assessed by the company providing the oxygen. When oxygen is administered this will be documented on the MAR chart and on iSAMS in health record section. Appropriate signage will be displayed in all areas where oxygen is stored, used or transported.

Allergies

Details are noted in the allergy section on the front of the MAR chart and contained within the student's Support Plan. Should a student experience an allergic reaction, the student must be monitored and the Nursing Team immediately informed.

Independence Skills & Self -Medication

It is good practice, wherever possible, that students are encouraged to administer their own medication. If, after discussion with the parent/carer and school staff, it is agreed that a student is competent to manage one or more of their own medication procedures, they will be encouraged to do so.

The student will be supported to undertake a theory training session (PowerPoint) and the Independence Medication Training Competency assessment, supported by the Nursing Team. On successful completion, the student will be encouraged to dispense, administer and sign their MAR chart accordingly for the assessed medication (Students may still require assistance with other preparations). Medication that can be self-administered will be identified on the MAR charts by the symbol below:



Medication that can be self-administered will continue to be stored securely in the locked medication cupboards in the main clinic room to ensure that the safeguarding of other children is not compromised.

The school recognises that students who take their medicines themselves may still require an appropriate level of supervision from staff including checking the MAR with the student and ensuring that the student is focussed on the task.

If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Any incidence where there is a need for assistance will be shared and reviewed with the Nursing Team.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Administration timeframes

Every effort should be made to adhere to the administration times stated on the student's MAR chart. In exceptional circumstances, Staff are able to administer medication up to one hour before or after the stated time of dose. If medication has not been administered after one hour from the stated time, staff must notify the Nursing Team and Senior On Call who will seek pharmacy advice prior to administration.

For certain medications there should be a minimum interval between subsequent doses e.g., baclofen, trihexyphenidyl and gabapentin are ideally spaced by at least 4 hours. Staff should therefore contact the Nursing Team to discuss any delays so that the MAR chart and any further doses can be adjusted to accommodate the delay.

For paracetamol, it is imperative that there must be at least 4 hours between doses and a maximum of 4 doses in 24 hours.

Documentation

The member of staff administering or supporting the student to self-administer their medicine, is responsible for ensuring that the MAR chart is completed and signed. The chart must be signed immediately after each medicine is administered by the individual who prepared and administered the dose.

During the school day, to aide monitoring and practice, each class also has a daily checklist detailing the medication and health interventions required. Details include the name of the student and what time the intervention is due. At the start of the day, the checklist is reviewed by class staff with each task allocated to a trained and competent member of the team (The teacher or Class coordinator will contact the Learning Support Supervisors or the Nursing Team if additional support is required). The individual identified, is then responsible for completing the task and signing the checklist to confirm completion. The checklist is checked at lunchtime and at the end of the day by the class teacher/ class coordinator who will investigate if there is no signature next to a task. Checklists can be cross-referenced with the student's MAR chart to confirm whether the medicine has been given but the checklist not signed. If any medication has been missed, to follow the medication error process. (Appendix 12) and report the concern.

Similarly, each bungalow within the Residential Educational Provision implements a Medication Planner for health and medication routines outside of the school day. The planner is completed by the HLA Manager/Assistant Manager at the start of the shift and reviewed by each team with tasks appropriately allocated. The Planner is signed by the identified individual once the medication or procedure has been completed. The Duty Manager will check the Planner at the end of each shift and investigate if there is no signature next to a task. The Planner can be cross-referenced with the student's MAR chart to confirm whether the medicine has been given but not signed. If any medication has been missed, to follow the medication error process. (Appendix 12) and report the concern.

New Prescription / Variations to prescribed medication

New medications or changes to existing medications must be prescribed by an authorised prescriber and may arrive from various sources e.g., GP, Consultant (either via clinic letter, medication alteration form or an NHS email instruction) or from external Specialist Consultants. In the event of any unexpected reactions, queries or dosage calculations required, Valence Staff must refer to the original prescriber or if unavailable, clinical staff, who will carry out any calculations necessary, sign and date the amendments, prior to Valence Staff uploading the evidence document to ISAMS.

The entry of new or altered data onto the MAR must be evidenced and contain the appropriate information to create a safe medication change.

Acceptable Evidence

Below, is a list of approved evidence documents containing Information on new medications or variations to dosages, which are required by the school, for the MAR to be updated or changed:

- 1) A Prescriber's Communication in writing.
- 2) Hospital Discharge Document
- 3) Prescription Medication – Dispensing Label – (within previous 3 months)
- 4) FP10

Transcribing and subsequent administration of medication in the absence of a written prescription (taken from a Prescriber, via nurse, under exceptional circumstance for example out of hours or emergency situations) must be followed by an email, as per instructions below. This must be from an NHS.net address to the Valence nurses email address via egress and should contain the following information, followed by the subsequent actions:

- a. The Prescriber's title, name, surname, and professional registration
- b. The full details of the medication to be given i.e., date prescribed, name, strength, formulation, route, dosage, time of giving/administration and any additional information e.g., "give after food" and duration.

Unacceptable Evidence

- 1) Text messages are not acceptable as sole evidence.
 - 2) List of medication documented on Annual Health Reviews for prescription purposes, as they may not fully reflect all the changes to a student's medication regime.
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**New
Prescription /
Variations to
prescribed
medication**

3) Written Instructions by parents/guardians in children's daybooks /home schoolbooks will no longer be accepted for newly prescribed medication or dose changes to existing medications, unless the parent provides evidence, as above. Under these circumstances, the student's medication may be delayed until the evidence is received from the parent/guardian.

Processing of evidence

After two checks by the Nursing Team, the data is added to the MAR chart and verified.

For student's returning to school following an off-site medical assessment, prescriptions and evidence documents will be collected and checked by a HCA or Nurse on arrival, who will then:

- Scan the document and upload it into the Health Team section on iSAMs
- Ensure the MAR chart is promptly updated with any changes and communicate changes to the relevant Valence Teams.

'Decanted' Medication

Medications should always be kept in their original packaging as decanted medication poses additional risks due to possible contamination and reduced efficacy.

It is the responsibility of the Nursing team and the assessed Valence Staff to ensure that sufficient medication is available and provided within the original container into which the medication was initially dispensed.

Discontinued and Planned variations in Medications

When a medicine is discontinued by the prescriber, the Evidence Form is returned to the appropriate Valence Staff, who will cancel this on the MAR chart.

Where the prescriber has indicated a length of time for treatment, this will be indicated on the MAR chart by stop and the rest of the row being crossed out until new chart is printed.

If a student is on a planned, increasing or decreasing dose of medication and a clear plan of dose changes and dates is in place, signed by the prescriber, the plan should be uploaded to iSAMs, and a copy kept in the student folder with the MAR chart.

Action to take when Pharmacy Labels and MAR chart Instructions vary

Medication may only be administered if the details on the MAR and Prescription label correspond. If there is a discrepancy in either, the member of staff will consult with a registered nurse prior to administration.

The registered nurse will promptly:

- Check the MAR instruction against the written evidence e.g., clinic letter, email from prescriber which has been uploaded to the 'Documents' section on the student's ISAMS record.
- Liaise with parents or prescriber if further clarification is required.
- Confirm outcome with the member of staff and advise on correct administration.
- The nurse will update all records (ISAMS, MAR chart) accordingly, and with the member of staff, complete a CPOMS entry. The nurse will also follow up if the pharmacy label is found to be incorrect, arranging for a new label or alternative stock to be supplied and duly reporting concerns to external agencies.

Disposal of medicine, including disposal of part-administered doses

Students own medications that are out of date, unused or spoilt should be sealed in an envelope, marked 'Not for Use' and returned to parent/carer to arrange safe disposal.

School provided medications that are out of date, unused, spoilt, or empty medicine bottles must be disposed of in an appropriate pharmaceutical waste bin. A record of any wasted medication should be kept, signed, and dated. The bin must also be signed and dated on assembly and when sealed as full.

No unused medication is to be disposed of down the sink under any circumstances.

Empty medicine bottles for individual students, will be sent home for parents to dispose of appropriately.

Empty boxes and tablet packets will be disposed of in the non-clinical waste bin as long as any information that identifies the YP is removed first and disposed of as confidential waste.

Single use syringes used for oral medicines, medicines given via naso-gastric tube or via a gastrostomy can be recycled after rinsing.

Enteral syringes for use by a single patient may be reused depending on the manufacturer's guidance (refer to manufacturer's guidance for washing and reuse and Valence infection prevention and control policy) except for students whom it has been agreed that sterile equipment should always be used (NPSA Alert 19 March 2007).

**Medication
Requirements
– Off site
activities**

For any off- site activities, such as school trips or school facilitated appointments, health and medication arrangements need to be included in the risk assessment with confirmation of designated staff. Any medication required must be transported in the original containers and the MAR Charts must accompany students whilst off site.

Any medication that requires refrigerated storage must be taken out in a cool bag with an ice block, ensuring the ice block does not have direct contact with the medication.

The member of staff from Valence receiving the prepared medication must be involved in the planning of the trip. They must also:

- Understand their responsibility including the safe and secure storage of the medicines whilst off site.
- Be the person giving/administering the medication to the student.
- Ensure that any medication administered is recorded on the MAR chart and that all medication is safely stored on return.

In conjunction with a registered nurse, there may be an informed decision to delay or omit medicines for short leave periods. This must be clearly documented on the MAR. In the absence of this documentation, any omitted or delayed doses that exceed the one-hour window, must be reported to the DSL on duty, recorded on CPOMS and the Nursing Team informed (see 'Administration Timeframes').

When a student goes home unexpectedly, parents/carers must be informed of any medicines administered, or yet to be administered, for that day. This information will be communicated verbally and recorded on ISAMs and followed with an email to the parents/guardian of the student concerned.

Products purchased over the counter (OTC)

Parents/ guardians will be advised that OTC medicines purchased for treating minor ailments, such as vitamins; homeopathic or herbal remedies; food supplements; fluid thickeners will not be administered until the OTC can be checked.

There may be circumstances where there is lack of information regarding the OTC medication and the responsibility for the use of these medications lies with the parent/guardian.

Data transcribed to MAR

1) OTC medications will be added to the MAR, with the annotation "OTC" under the drug name by Nursing Team, to alert staff that these are "OTC (Over the counter)" medicines and therefore will not have a pharmacy label. The instructions for their administration must be added to the MAR and should reflect the manufacturer's instructions on the product.

2) The MAR entry will be double checked by registered nurses.

Any OTC medications must be labelled with the student's full name, either by the parent/ guardian or the staff member who receives the medication. For creams and liquids, the date of opening should also be recorded on the label.

Controlled Drugs (CD)

Stock schedule 2 controlled drugs are not kept at Valence. In the event that controlled drugs are prescribed, a CD Responsible Officer will be allocated and due processes followed (Appendix 7 used as a reference).

The Schedule 3 controlled drug Midazolam and the schedule 4 controlled drugs Diazepam and Clobazam are kept at Valence. These medications do not currently require any special safe custody requirements and records in the CD record book are not required to be kept.

Staff will be alerted to any additional controls put in place.

Should it be necessary for an individual YP to be prescribed a schedule 2 or 3 controlled drug (except buccal midazolam) this will be clearly documented on the MAR chart. Assessed Valence staff receiving this controlled drug from any source, will immediately hand this over to the nursing staff who will follow the process below.

Schedule 2 or 3 controlled drugs (except buccal midazolam) will be stored in a controlled drug cupboard. They can only be administered by Nursing Team. They must be recorded in the controlled drugs record book. All entries must be co-signed by another Nurse.

The prescribing of all controlled drugs must comply with the legal requirements controlling their supply. Two Nurses must check the receipt of Controlled Drugs. An original FP10 prescription (containing all legal requirements and written and signed by the Prescriber) must be sent to the Pharmacy for supply.

CDs schedule 2 and 3 (apart from midazolam) will be reconciled daily when on site if in stock. The balance in the controlled drugs record book must be checked to ensure it matches the actual balance in the controlled drugs cupboard. A record of balance checks carried out must be recorded in a separate designated area at the back of the CD record book and should be signed & dated by 2 nurses. Where a CD discrepancy is found, Valence staff to complete a CPOMS and Senior Manager (DSL) and nursing manager to be informed.

**Education,
Training and
Assessment**

Training on Preparation and Administration of Medication

Nursing staff delivering this training will only cover preparation and administration of medicines as a one-stage process as per best practice guidance.

Refresher training for emergency medication and health procedures will be provided on an annual basis.

Refresher training for staff who have previously received training and been assessed as competent to administer medication or health procedures will be provided every two years as long as the individual has regular opportunity to maintain and practice their skills. Line managers will liaise with the Nursing Team to identify training needs.

Additional training may be provided to staff as part of quality assurance measures.

Lead Nurses will review all training packages on an annual basis to ensure that content remains consistent with professional standards and current best practice advice.

Education and Development – Registered Nurses

All registered nursing, healthcare workers employed by Valence must be familiar with the Valence Medicines Policy.

Mandatory training for registered nurses on “Managing Medicines Safely” will be provided every 3 years.

All registered nursing practitioners are required to complete Assessment of Competence in the administration of medication on induction, with three yearly self-assessment thereafter.

Medication Errors

Following any errors, omissions or problems with prescribing, MAR transcribing, ordering, delivering, storage, or administration of medicines the registered nurse and Designated Safeguarding Lead (DSL) must be informed immediately. The registered nurse will take appropriate action, providing clinical support to manage the student’s immediate wellbeing and prevent or reduce further harm. The registered nurse will contact the local pharmacy, 111, ToxBase (in an event of overdose or poisoning) or local A&E for advice.

The person discovering the error will record the concern on CPOMS.

DSL or Registered Nurse to notify parents and, depending on the severity of the incident, error or near miss, forward a referral to other agencies as required (In consultation with the Local Authority Designated Officer (LADO), there is agreement as to which anomalies will require LADO referral by the school. Any referrals will be submitted by the DSL within the required timeframe).

All incidents will be investigated by a DSL, nurse, or senior manager with a Medication Error – Monitoring and Reflection Form completed and returned to Lead DSL.

Staff are advised to refer to Appendix 8 ‘Management Flowchart of Actions Following a Medication Error’

Errors, omissions and investigation outcomes will be discussed in Medication Management Meetings to identify key learning points and to ascertain whether further changes are needed to practice or training arrangements to mitigate further risks.

It is the expectation that every member of the Nursing Team and members of other professional groups who work at and/or are employed by Valence school, as well as assessed Valence staff will act in accordance with this Policy. All staff are required to complete in full and as directed, any templates or proformas as instructed, for use as part of this policy.

Staff are expected to read and resign the Policy as part of any medication training or refresher training delivered by the school

Lead Nurse / Deputy Lead Nurses are responsible for:

- Reviewing and monitoring the Valence Medicines Policy.
- Ensuring that this policy is fully implemented
- Considering advice from Senior Nurses and Nurse Consultants, and in consultation with Valence school.
- Organising regular internal and external medication audits (data shared with Senior Leadership Team).
- The education and training of registered nursing practitioners, and competent staff as agreed in respect of the preparation and administration of medication in line with this policy, national guidance, and best practice.
- Use of MAR charts to prepare and give medication and to amend medication records following the agreed process.
- Supporting investigations and attending Medication Management Meetings and practice reviews.

DSL is responsible for:

- Having an overview of all medication procedures and policy.
- Examining all CPOMS regarding medicine errors and ensure action is taken and authorities notified as appropriate.
- Reporting all changes and incidents to Valence governors.
- Ensuring Valence staff who prepare and administer medications are suitably skilled and trained regarding medicines.
- Co-ordinating investigations and Medication Management Meetings.

Residential Manager & Pathway Leads are responsible for:

- Ensuring the safe storage of medication within their area and the safe implementation of the Valence Medicines Policy within teams.
- Identifying individual staff members' training needs.

Home Living Area Managers Responsible for:

- Ensuring the safe storage of medication within their area and the safe implementation of the Valence Medicines Policy and within their team.
- Identifying individual staff members' training needs.
- Ensuring that assessed Valence staff are available to be responsible for medicines.

Nursing Team Responsible for:

- Ensuring that all relevant information regarding medication is obtained and written in the student's records during the initial assessment or visits to school the unit prior to starting at Valence.
- Confirming the correctness of the prescription, e.g., checking drug dosages.
- Judging the suitability of preparation and administration of medications at the scheduled time.
- Monitoring room and fridge temperature in clinic rooms and bungalows.
- Enhancing the student and family's understanding regarding the medicines prescribed.
- Assisting in evaluating the efficiency of the medicines.
- Identifying any side effects and interactions and reporting adverse drug reactions.
- Training Valence staff in line with delegated duties.
- Agreeing the appropriateness of 'as required' (PRN) medication.
- Exercise professional judgement in accordance with professional standards (2.) for medicines management.
- Checking any changes to the MAR before printing that it is correct.
- Certain other medications may be Nursing Team tasks to prepare and administer.

Registered nurses employed through an agency:

- All registered Nurses employed through an agency must read and be familiar with the Valence Medicines Policy prior to preparation and administration of within Valence school.

Responsibilities

Valence staff: staff that have undergone the appropriate medicine theory training are responsible for:

- Monitoring room and fridge temperature in school medication preparation rooms during school term time and every day on residential bungalows.
- Confirming the labelled medicine corresponds to the medication MAR chart. If not referring to registered nurse.
- Judging the suitability of preparing/ giving the medicine at the scheduled time and discussing with registered nurse if require alteration.
- Giving the correct amount/volume of medicine by reading the amount written on the label and checking this against the amount specified on MAR chart.
- Completing the MAR chart correctly after preparing the medication and after giving/administering the medication.
- Assisting in evaluating the efficacy of the medicines and reporting any issues to Nursing Team.
- Identifying any side effects and reporting adverse drug reactions to the Nursing Team.
- Ensuring that the medication is administered to the correct student.
- Ensuring the safe keeping of that medicine until the time to give/administer.

Circulation, Compliance, and Policy review

This Policy will be circulated to all the Nursing Team and Valence Staff via the Senior Leadership Team. A copy of this Policy will be available in staff resource room and in each clinic room and residential bungalow, for staff reference.

This policy will be made available to students and families via the school's website.

Compliance will be monitored by the Senior Leadership Team using data collected from both internal and external audits. Minutes of the Medicine Management Team Meetings will be available to evidence sufficient scrutiny of any medication errors or omissions. A termly report of nursing input, including medication management and staff training, will be made available to the Governing body.

The policy will be revised every three years or more frequently following any changes to practice guidance.

Associated Documents and References

1. Royal Pharmaceutical Society Professional Guidance on the Safe and Secure Handling of Medicines (Accessed 25.4.2022) Professional guidance on the safe and secure handling of medicines (rpharms.com)
 2. Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. Patient Safety Alert (19). National Patient Safety Agency. March 2007.
 3. Security of prescription forms guidance. NHS Protect August 2013
 4. NICE guidance on medicines management in Care Homes March 2015
 5. Supporting pupils at school with medical conditions Updated December 2015
 6. Valence infection prevention and control policy
 7. The Mental Capacity Act 2005
 8. Standards of conduct, performance and ethics for nurses and midwives. NMC 2018 Professional standards of practice and behaviour for nurses, midwives, and nursing associates.
 9. Classification of Medicines MHRA 18.012.2014 updated 11.05.21 Medicines: reclassify your product - GOV.UK (accessed 17.05.21)
 10. Rotherham Clinical Commissioning Group. Good Practice Guidance on Expiry Dates of Medicines. <http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/Rotherham%20CCG%20good%20practice%20guidance%20on%20expiry%20dates%20of%20medicines.pdf>
 11. Royal College of Nursing (2020) Medicines Management: An Overview for Nursing
 12. Sherwood Forest Hospitals, NHS Trust (2021) <https://www.sfh-tr.nhs.uk/media/8906/covert-administration-of-meds-policy.pdf>
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Appendix 1: Parental Agreement for Medications in School Forms



Parental Agreement for Regular Medications in school

For medications to be administered at the same time every day in school hours. Every effort should be made to try and fit the doses outside of the school day where possible. **Please note Emergency Medication should not be included on this form.**

Child's Name	
D.O.B	
Address	
Parents name	
Contact number	
Class	
Medication Allergies	

Medicines must be supplied in their original container with a printed pharmacy label attached, which states the child's name, date of birth, medication name, dose and frequency to be given. The medication must also be provided within the expiry date.

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Exact time medication to be given	
Any other instructions (where to be stored/life span of drug/side effects/emergency use only/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Exact time medication to be given	
Any other instructions (where to be stored/life span of drug/side effects/emergency use only/when bottle opened)	

Medication Name and strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Exact time medication to be given	
Any other instructions (where to be stored/life span of drug/side effects/emergency use only/when bottle opened)	

Medication Name and Strength	
Medication Dose (<i>ml/how many tablets/puffs of inhaler</i>)	
Frequency (<i>times per day</i>)	
Exact time medication to be given	
Any other instructions (<i>where to be stored/life span of drug/side effects/emergency use only/when bottle opened</i>)	

Medication Name and Strength	
Medication Dose (<i>ml/how many tablets/puffs of inhaler</i>)	
Frequency (<i>times per day</i>)	
Exact time medication to be given	
Any other instructions (<i>where to be stored/life span of drug/side effects/emergency use only/when bottle opened</i>)	

Medication Name and Strength	
Medication Dose (<i>ml/how many tablets/puffs of inhaler</i>)	
Frequency (<i>times per day</i>)	
Exact time medication to be given	
Any other instructions (<i>where to be stored/life span of drug/side effects/emergency use only/when bottle opened</i>)	

The above information is correct at the time of writing. I consent to the school to administer medication in accordance with the school policy.

I will inform the school nursing team immediately, in writing, if the medication is stopped or any changes are made to the dose or time to be given. I will also send in any the clinic letters or correspondence from GP/consultant regarding changes to my child's medication.

Parent/Carer Name (PRINT) and signature	
Date	

Received by member of school nursing team

Name (print) and signature	
Designation and Date	

Parental Agreement for As Required (PRN) Medications in school

For medications to be administered as required during in school hours e.g. pain relief. Please note that we can give paracetamol in school without being prescribed, however all other medication must be prescribed. **Emergency Medication should not be included on this form.**

Child's Name	
<u>D.O.B</u>	
Address	
Parents name	
Contact number	
Class	
Medication Allergies	

*Medicines must be supplied in their original container with a **printed pharmacy label attached**, which states the **child's name**, **date of birth**, **medication name**, **dose** and **frequency to be given**. The medication must also be provided within the expiry date.*

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

Medication Name and Strength	
Medication Dose (ml/how many tablets/puffs of inhaler)	
Frequency (times per day)	
Any other instructions (When required/ if cream where to apply/when bottle opened)	

The above information is correct at the time of writing. I consent to the school to administer medication in accordance with the school policy.
 I will inform the school nursing team immediately, in writing, if the medication is stopped or any changes are made to the dose or time to be given. I will also send in any the clinic letters or correspondence from GP/consultant regarding changes to my child's medication.

Parent/carer Name (PRINT) and signature	
Date	

Received by member of school nursing team

Name (print) and signature	
Designation and Date	

Appendix 2: Expiry Dates Guidance

Formulation and packaging	Suggested expiry once opened**	Comments
Tablets and capsules in the original container	Manufacturer's expiry date	
Tablets and capsules in patient compliance aids/ monitored dosage system (MDS)	8 weeks unless otherwise stated by the pharmacy	Limited stability data when packaged into MDS
Loose tablets and capsules i.e. dispensed into a bottle by the pharmacy	6 months from the date of dispensing unless otherwise stated by the pharmacy	
Liquids (internal)	6 months from date of opening unless otherwise stated by the manufacturer or pharmacy	To reduce the risk of contamination, any decanted, unused liquid should be disposed of and not returned to the container Stock balance of liquids should be routinely performed by a visual check
Liquids (external)	6 months from date of opening unless otherwise stated by the manufacturer or pharmacy	
Ointments and creams in tubes	3 months from the date of opening	
Ointments and creams in tubs with a lid (open top containers)	3 months from the date of opening	To reduce the risk of contamination, a clean spoon or spatula should be used to remove the required amount from the container
Ointments and creams in a pump dispenser	6 months from the date of opening	
Inhalers	Manufacturer's expiry date	Some inhalers have reduced expiry when stored at room temperature – always check manufacturer information
Eye /ear / nose drops and ointments	4 weeks from the date of opening unless otherwise stated by the manufacturer	
Ear / nose sprays	Manufacturer's expiry date	
Injections (except insulin)	Manufacturer's expiry date	
Insulin (pen / cartridge / vial)	4 weeks from the date of opening unless otherwise stated by the manufacturer	Once in use, can be stored at room temperature below 25°C

*Any product, whose appearance suggests it is unfit for use e.g. an obvious damage to the container or contamination, irrespective of expiry date should be discarded as per local policy.

**If either the manufacturer's expiry date or the manufacturer's specified 'in use' expiry is shorter, this takes priority over the general guidance above.

Appendix 3: Medication Administration Competency



Name of Staff Member:

Name of Assessor:

Area of Work:

Staff Medication Administration Competency Assessment

The observation assessment is to be satisfactorily completed for staff prior to their involvement in the administration of medication, for re-assessment and yearly competency assessments.

- To be assessed after completion of training Assessment must be completed on 3 separate occasions, for competency to be signed off.
- Staff should only administer medications they have been assessed as competent to administer.
- Competency assessment should be recorded on this form

Name of Staff				Area of work/Class	
Job Title					
Name of Staff assessing competence				Designation of staff assessing competence	
Date and Time of Assessment	1 st Assessment			Reason for Assessment	
	2 nd Assessment				
	3 rd Assessment				

Name of Staff Member:

Name of Assessor:

Area of Work:

	Performance Criteria (What I must do)	Examples / Evidence (How I do it)	Competent Yes / Not yet Date Observed	Comments / Further training needs identified	Staff signature	Assessor signature
1	Applies standard precautions for infection control and any other relevant health and safety measures within school policy guidelines	Washes hands before assisting with medicines. Wears gloves when helping with creams				
2	Checks all medication administration records are available, up to date, legible and understood.	Direct observation / discussion				
3	Reports any discrepancies, ambiguities, or omissions to the line manager/nurses	Specific incidents / possible questions / discussion				
4	Reads the medication administration record accurately, referring any illegible directions to the	Specific incidents / possible questions / discussion				

Name of Staff Member:
Name of Assessor:
Area of Work:

	line manager /nurse before it is administered.					
5	Checks that the individual has not taken any medication recently (e.g., Paracetamol before arrival at school) or has already been given.	Checks the administration record, confirms with the individual where possible.				
6	Obtains the individual's consent and offers information, support, and reassurance throughout, in a manner which encourages their co-operation, and which is appropriate to their needs and concerns.	Direct observation / discussion with individual				
7	Checks the identity of the individual who is to receive the medication before it is administered, and selects, checks, and prepares correctly the medication	Confidently and accurately: 1. Checks the individual's name matches that on the pack and on the MAR chart.				

Name of Staff Member:
Name of Assessor:
Area of Work:

	<p>according to the MAR Chart (The six rights)</p> <ul style="list-style-type: none"> · The right person · The right medicine · The right dose · The right time · The right route · The right to refuse 	<p>2. Selects the medication, checking that the name on the pack matches that on the MAR chart.</p> <p>3. Selects the correct dose, according to the pack and the MAR chart.</p> <p>4. Selects the correct timing of the dose according to that on the pack and on the MAR chart.</p> <p>5. Selects the correct route of administration.</p> <p>6. Is aware of the person's right to refuse to take medication and what to do next.</p>				
8	<p>Ensure the persons privacy and dignity is always maintained.</p>	<p>Direct observation / discussion with individual</p>				

Name of Staff Member:

Name of Assessor:

Area of Work:

9	Selects the route for the administration of medication according to the care plan and the drug and prepares the individual appropriately	Ensures individual is sitting upright for oral medicines. Notes any special instructions, e.g., do not crush, allow to dissolve under the tongue etc				
10	Safely assists with the medication · Following the written instructions and in line with legislation and local policies · In a way which minimises pain, discomfort, and trauma to the individual	Direct observation / discussion with individual.				
11	Reports any immediate problems appropriately	May include refusal, inability to take medication etc. Alerts parents if needed				
12	Checks and confirms that the individual takes the medication if orally given	Direct observation				

Name of Staff Member:

Name of Assessor:

Area of Work:

13	Clearly and accurately enters relevant information in the correct records.	Documents assistance given, doses refused or missed for other reason				
14	Maintains security of medication throughout the process and returns it to the correct place for storage	Attention to instructions to store in a fridge, etc.				
15	Monitors and rotates stocks of medication, paying attention to appropriate storage conditions, and reports any discrepancies in stocks immediately to the relevant person (line manager)	Ensures one pack of a medicine is used before starting the next.				
16	Returns medication administration records to the agreed place for storage and maintains the confidentiality of information always relating to the individual	Direct observation				





Name of Staff Member:

Name of Assessor:

Area of Work:

Staff must work within their areas of training and competence. They must not place themselves or their student at risk. If they have any concerns, they should contact their line manager or Nurses in the first instance.

Nurses Comments:

Nurses Name [please print]:.....

Nurses Signature.....Date.....

Appendix 4: Important Contact Details

The Westerham Practice (Local GP)

Winterton Surgery

Russell House
Market Square
Westerham
Kent
TN16 1RB

Tel: 01959 564949

Day Lewis Westerham (Local Pharmacy)

7, Market Square
Westerham, Kent, TN16 1AN
Telephone: 019 5956 3130
Email: westerham@daylewisplc.co.uk

TOXBASE











0344 892 0111 (for advice in event of poisoning/overdose.)

Local A&E

Tunbridge Wells reception: 01892 635969

Paediatric reception at TWH: 01892 633524 / 01892 634254

Appendix 5: When School Should Accept or NOT Accept Medications

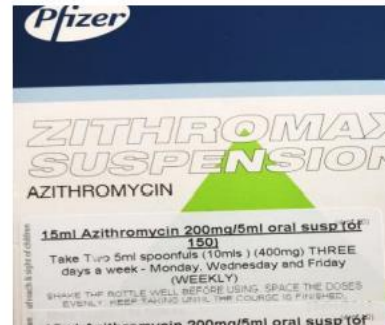
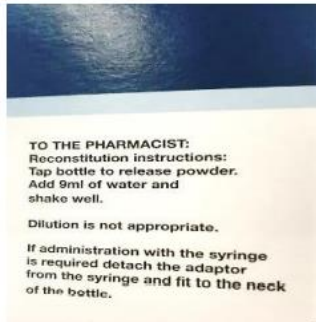
<p>Loose Strips of Medication</p> <p style="text-align: center;"></p>		<p>Should not be accepted.</p> <p>Medications should only be provided in the original container, they were prescribed purchased in, with appropriated directions.</p>
<p>Tablets/capsules/ liquids decanted into another bottle by parent/carer</p> <p style="text-align: center;"></p>		<p>Should not be accepted, as parent carer has decanted into a different bottle to the one they were dispensed/purchased in.</p> <p>Medications should only be provided in the original container, they were dispensed or purchased in.</p>
<p>Tablets/capsules/ liquids decanted into another bottle by Community Pharmacy</p> <p style="text-align: center;"></p>		<p>Can be accepted, as decanted into a different bottle by a community pharmacy and contains a pharmacy label which includes: patients name, name of drug, dose, frequency, date of dispensing and pharmacy details/</p> <p>Expiry dates should be as per the guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.</p>
<p>Insulin pens (not in original box)</p> <p style="text-align: center;"></p>		<p>Insulin pens must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.</p> <p>Insulin pens should be stored in the fridge until opened.</p> <p>Most insulin pens will expire within 28 days (See PIL for more information) of opening or if kept as a spare outside of the fridge.</p>
<p>Outer carton labelled, tube, bottle not labelled.</p> <p style="text-align: center;"></p>		<p>Advise that the actual medication should be labelled, rather than the outer carton.</p>

Appendix 6: Reconstitution of Oral Medication Powders by Valence Staff

Reconstitution of Oral Antibiotic powders by Valence Staff

Key Points to remember when reconstituting antibiotics:

- It is a good idea to tap the base of the bottle first, to loosen the powder and prevent clumping.
- Follow the instructions exactly as stated on the original manufacturer's container. This is under the information to the Pharmacist (see example photo below left), NOT the quantity on the young person's dispensing label (see example photo below right).



- Only use cool, freshly boiled water to reconstitute all antibiotic powders. (An exception to this is Ciproxin {ciprofloxacin} suspension, which is supplied with its own liquid for reconstitution).
- Do not assume that if you have made up that medicine before, that the volume required for reconstitution will always be the same, since different manufacturers' brands may vary. The patient information leaflet within the medicine packaging will also provide advice if needed.
- Use sterile oral/enteral syringes to measure the volume required
- Ensure the reconstituted antibiotic is shaken thoroughly, to ensure complete mixing.
- Clearly write the date and time of reconstitution on the bottle.
- Check manufacturer's advice on the original container for storage requirements i.e., this will often be in the fridge. Expiry dates may differ according to different brands.

Reconstitution of Omeprazole 2mg/ml or 4mg/ml Powder for Oral Suspension (Rosemont brand) by Valence Staff

Should Valence staff have any queries or concerns while carrying out this process, they can contact the Valence Nurses for guidance.

Points to remember when reconstituting Omeprazole: -



- Follow the instructions exactly as stated on the original manufacturer's container. This is under Constitution instructions, NOT the directions on the young person's dispensing label.
- Always use cool, freshly boiled water to reconstitute the omeprazole.
- Check manufacturer's instructions for volume of cool, freshly boiled water required e.g., for the Rosemont brand the volume required is 64ml.
- Do not assume that if you have made up that particular medicine before, that the volume required for reconstitution will always be the same, since different manufacturers' brands may vary. The patient information leaflet within the medicine packaging will also provide advice if needed.

- Use sterile oral/enteral syringes to measure the volume required
- For the Rosemont brand, ensure the reconstituted omeprazole is shaken vigorously for 30 seconds to ensure complete mixing and leave for 15 minutes for to reach the final consistency required before administration.
- Clearly write the date and time of reconstitution on the bottle.
- The Rosemont brand of omeprazole once reconstituted, must be stored in a refrigerator at 2-8°C and has a shelf life of 28 days. For other brands always check manufacturer's advice on the original container for storage requirements. Expiry dates may differ according to different brands.

Appendix 7: CONTROLLED DRUGS (CDs) Information

All CDs in Schedules 2, 3 and 4 for destruction need to be made inactive in a CD denaturing kit (done at the pharmacy).

Schedule 2 (examples):

- Diamorphine.
- Fentanyl.
- Morphine Sulphate.
- Oxycodone.
- Methadone.
- Methylphenidate

Controlled drug register entry required and storage in a CD cupboard necessary.

Schedule 3 (examples):

Controlled drug register entry required and storage in a CD cupboard necessary for these:

- Temazepam
- Buprenorphine

Controlled drug register entry not required and storage in a CD cupboard unnecessary for these exempt Schedule 3 CDs.

- Phenobarbitone (for emergency use)
- Midazolam (for emergency use)
- Gabapentin
- Pregabalin
- Tramadol

Schedule 4 - Part 1 (examples):

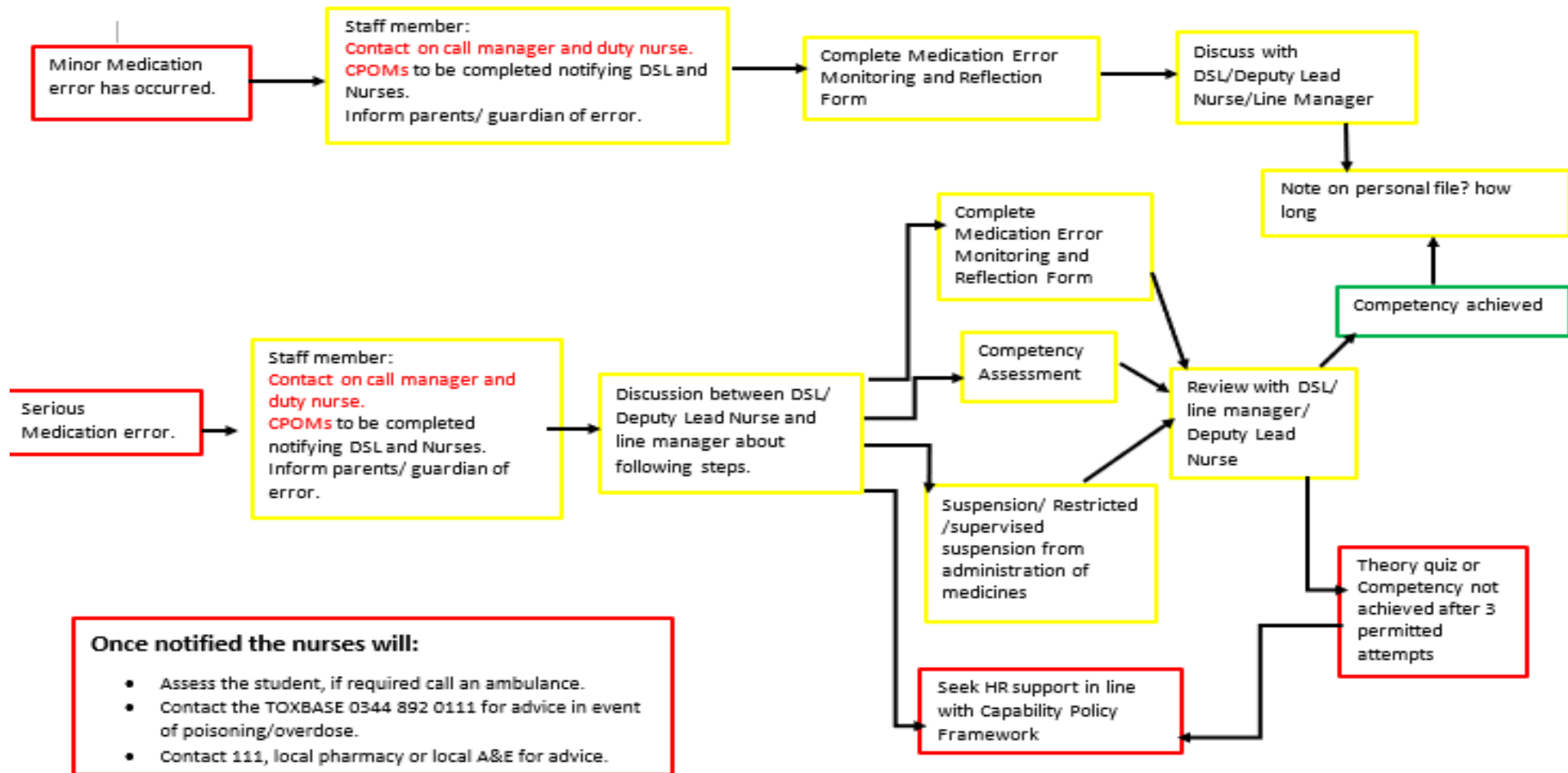
- Clobazam
- Clonazepam
- Nitrazepam
- Flurazepam
- Diazepam
- Lorazepam
- Zopiclone
- Sativex® (cannabinoid oromucosal spray)

Only large quantities of Schedule 4 (Part 1) CDs, e.g., whole expired packs, need to be denatured with witnessed destruction. Half tablets etc can be disposed of in blue medicines waste bin

Appendix 8: Medication Errors



Management Flowchart of Actions Following a Medication Administration Error



Management Flowchart of Actions Following a Medication Administration Error

Minor Meds Error	Serious Med Error
Isolated incident potential to cause no harm minor harm. For example: <ul style="list-style-type: none"> • Missed dose of medication like glycopyrronium • Dose delayed significantly (more than 1 hour) • Additional dose of correct medication (not leading to an overdose) 	A cluster of similar minor meds errors or isolated incidents with the potential to cause moderate to major harm. Examples or moderate to major harm: <ul style="list-style-type: none"> • Missed dose of epileptic medication. • Any error leading to an overdose. • Wrong medication • Wrong dose

Further information:

If the trained member of staff who has made the medication error:

- Fails theory quiz on the 3rd attempt
- Fails an assessment of competency on the 3rd attempt
- Makes a 2nd related serious medication error in a 'rolling' 6-month period
- Makes a 4th related medication error (serious or non-serious) in a 'rolling' 12-month period

They may be suspended from specified medication management activities as appropriate and/ or managed within the Valence Disciplinary and Incapacity Procedure. Human resource colleagues would support managers and individual staff in this process.

Appendix 9: Letter to Parents Regarding Medication



Westerham Road
Westerham
Kent TN16 1QN
t 01959 562156
f 01959 565046
e valence@valence.kent.sch.uk
www.valenceschool.com
Principal: Roland J. Gooding OBE

Dear

We are writing to inform you that medication for has not been supplied for use in school. We have noted that there have been some previous occasions where medications have been omitted to be sent into school

We think it would be useful to clarify school's expectations in writing regarding supply of medication by Parent/Guardian and confirm what help and support School can offer in case you are having difficulties sourcing the required medication or if you are having issues obtaining a prescription from your GP.

Parents are asked to supply medication in its original container and packaging, as dispensed by pharmacists. A clear prescription label with details of what dosage should be given and when should be in place and the child's name clearly legible. The medication must be in date. If supplied in tablet strips, the strips must be whole, not cut into single dosages. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions. If medication is forgotten, the school will contact parent to request that it is then delivered to school.

Please be aware that a repeated failure to supply medication is seen as a safeguarding concern. If parents are having difficulty obtaining stock however, please contact the Nursing team directly in school so we can assist, if possible, to resolve the issue and give assistance if required.

Staff trained in the administration of medication will not administer any changes in medication to students unless they have received a Consultant/Doctor letter/Email detailing the changes. In fairness to those giving the medication and to protect the safety of your child, there will be no exception to this policy. If you have any questions about this policy, or other issues related to the administration of medication in the school, please contact the Nursing team or DSL 's directly.

Kind Regards

The Valence Nursing Team



Appendix 10: Log form for signing in and out

Valence School Medicines Management Monitoring Record

Name of student..... DOB.....

Medication	Date In	Quantity	Expiry Date (from opening if Liquid)	Signature 1 Signing in	Signature 2 Signing in	Date Out	Quantity	Signature 1 Signing out	Signature 2 Signing out

When Giving medication Read the MAR Chart and check
the pharmacy label

CHECK, CHECK AND CHECK AGAIN

Remember the 7 Rs

RIGHT STUDENT

Is it them? Ask them their name? check the MAR chart photo

RIGHT MEDICATION

Does the pharmacy label match the MAR chart?

RIGHT DOSE

Is the MAR chart and pharmacy label the same?

RIGHT TIME

Follow the MAR chart for the times

RIGHT ROUTE

Check the Mar chart for the correct route for delivery

RIGHT REASON

Do they need the medication today?

RIGHT DOCUMENTATION

Sign the Mar Chart once the medication is given.

Be vigilant

Medication can change at any time,

Appendix 12: Class Daily checklist (example)

Daily Jobs Checklist

Class name

Date:

Time	Student's name & task	Task will be completed by: <i>(staff name)</i>	Sign to confirm completion
8.45	PC	Nurses	
10.00	Water via gastro		
10.30	Medication		
11.00	Medication		
11.00	Blended Diet	Nurses	
12.00	PC	Nurses	
12.30	Medication		
12.30	Medication		
13.00	Medication		
14.00	Medication		
14.00	Blended Diet	Nurses	
15.00	Water via gastro		
15.15	PC	Nurses	

Student	Emergency Bum bag	Protocol checked	Meds checked
	Epilepsy protocol/ Orange		
	Epilepsy protocol/ Orange		
	Glucose gel		
	Asthma protocol/ Orange Glucose gel/ Orange		
	Glucose gel & Hydrocortisone / Orange		
	Shunt Protocol/ Blue		

