Administration of Medicines Policy

This policy has been written to meet the medical needs of children under the guidance set out in Derbyshire County Council Guidance Schools and Early Years Providers: Supporting Children with Medical Needs.

The Board of Governors and staff of Coppice Primary School and Nursery wish to ensure that children with medication needs receive appropriate care and support at school. There is no legal duty that requires school staff to administer medication, however, the school will accept responsibility for members of school staff administering prescribed medication, or supervising children self-administering inhalers, during the school day **where those members of staff have volunteered to do so**.

The Governors and staff at the school will not allow children to bring medication into the school except as covered by this document and the relevant codes of practice.

ASSESSING NEEDS AND MANAGING RISKS

Coppice Primary School and Nursery will produce and maintain a risk assessment for the storage and administration of medicines using Derbyshire County Council's guidance.

For children with complex medical needs who have an individual treatment plan, a separate risk assessment is not required as the general risk assessment will deal with issues such as storage and labelling of medicines and the treatment plan will provide detail on the administration of the medicines.

Parents/guardians should keep their children at home if acutely unwell or infectious.

Administration of medication is the responsibility of parents/guardians and any help given by school is on a voluntary basis. Only essential medication with a dosage that cannot be taken outside school hours should be sent to school. These are likely to fall within three areas:

- Short-term or acute, such as a chest infection;
- Long-term such as asthma or ADHD; and
- Medical emergency which is unexpected or related to some known condition.

SHORT-TERM ILLNESS

Parents/guardians are responsible for providing the school with comprehensive information regarding the child's condition and treatment, for providing any medication required and for its safe removal at the end of term and/or treatment and/or shelf-life.

Prescribed medication cannot be accepted by school without specific written and signed instructions from the parent/guardian. Each item of medication must be delivered by the parent/guardian to the school, **in the original secure container and labelled as dispensed**.

The school will not make changes to prescribed dosages on instructions from parents/guardians. Reasonable quantities of medication should be supplied to the school (for example, a maximum of

four weeks supply at any one time). Medication will be kept in a secure place, out of the reach of children. Any medication which requires to be kept in a fridge will be stored appropriately.

A first aid qualified member of staff will administer all medicines/inhalers. The school will keep records of the doses given, which they will make available for parents/guardians upon request. A member of staff will administer the dose and this will be recorded. In the case of certain medication, the dose will be checked and counter-signed by another member of staff.

Where it is appropriate to do so, children will be encouraged to administer their own medication (e.g. asthma inhaler), under staff supervision.

School staff will not force children to take medication. If a child refuses to take his/her medication, the parent/carer will be informed immediately.

LONG-TERM MEDICINES

It is important that the school has sufficient information about the medical condition of any child with long-term medical needs. For each child with long-term or complex medication needs, the school will ensure that an individual care plan is drawn up in conjunction with the appropriate health professionals and with consultation with the parents. This will include:

- details of the child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- what constitutes an emergency; what action to take, what not to do, who to contact – including when parents expect to be contacted
- the role the staff can play

All staff will be informed of any child with a long-term illness and a note will be placed in the class register and on the child's records. All staff will be made aware of the procedures to be followed in the event of an emergency when appropriate.

With some forms of medication, such as Auto Adrenalin Injectors, it may be appropriate to keep this in a secure place in the child's classroom. Certain types of drugs, such as class A drugs will be kept in a locked safe in a secure area. Where training is required, members of staff who volunteer to assist in the administration of particular medication will receive any necessary training/guidance through arrangements made with the School Health Service.

RESPONSIBILITIES OF THE SCHOOL AND PARENTS

Parents / Carers

The responsibility for ensuring that children with medication needs receive the correct "treatment" rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours or when they are attending services.

To help avoid unnecessary taking of medicines at school/ services, parents should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;
- ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school/service to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- It should be noted that duplicate containers may not be supplied free of charge – charges will be at the discretion of individual pharmacists.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

Headteacher/School Business Manager

It is the responsibility of the Headteacher / School Business Manager to ensure that schools and services have a clear medicine policy which is understood and accepted by staff, parents and children.

The policy should be readily accessible and included as part of the school prospectus.

The Headteacher/School Business manager will advise parents that the school does not keep any medication for distribution to children e.g. paracetamol. There will be a first aid kit on site.

The Headteacher/School Business Manager will have particular regard to staff consent to administer medicines and that individual decisions on involvement will be respected.

NOTIFIABLE DISEASES

The Headteacher and School Business Manager will ensure they are aware of and make available the Health Protection Agency document; “Guidance on infection control in schools and nurseries” available from the Health Protection Agency website. If they are unsure of any issue relating to notifiable diseases they should seek advice from the Health Protection Team (0844 2254524).

EDUCATIONAL VISITS/OUT OF SCHOOL ACTIVITIES

The school will make every effort to continue the administration of medication to a child during trips away from school premises. If a child has been prescribed an inhaler, this will be taken on all activities which do not take place in school.

REGULATION AND INSPECTION OF SCHOOLS AND SERVICES

The school is subject to independent inspection by one of the government's regulatory bodies. A key function of inspection is to ensure that there is compliance with minimum standards for safe care. This means that the school:

- must be able to provide inspectors with evidence of their good practice – this includes the procedures for staff/carers to follow, written records that show compliance with them and other evidence that they understand the needs and wishes of parents and children and take them into account;
- will ask for parental cooperation to help them meet these requirements.

The basic information that is required

Most children do not have medical conditions that require specific care. However, there may be things that staff need to know about, for example a child may:

- have an allergy to certain foods or other substances;
- be taking medication that needs to be administered when they are in school/using services;
- have a condition that means routine or urgent medical treatment by a doctor or nurse could possibly be required, for example epilepsy

Staff will want to discuss what needs to happen in these circumstances and will ask for written consent to provide both planned and routine care and seek urgent medical treatment should the need arise. They will also ask parents to give consent for staff to have contact with health professionals and for those health professionals to share medical information with the staff as necessary. They will also ask for contact details in order that a parent – or someone named by a parent - can be contacted in an emergency.

Extra help for children with additional health care needs

Children who have additional needs arising from a medical condition, disability or illness will be under the care of their GP and perhaps also a Paediatrician and/or other health professional. They will have an individual treatment plan which is regularly reviewed and which needs to be implemented across all services and settings – home, school, short break care and in the community.

- Parents and staff alike need to understand what the plan entails and what is required to comply with it.
- This needs to be written down so that it can be shared with all who have the care of a child and to minimise the risk of error.
- Parents will need to supply staff with sufficient medication for the duration of the school day, or short break.
    - This should be in its original container with the original pharmacy label – *this is the only way that staff can evidence that they are acting in accordance with a medical practitioner's instructions.*
- Staff need to keep records to show that they have complied with these requirements and returned any unused medication.

Specialised help for children requiring medical interventions or procedures

Some children need their parents and staff to carry out medical interventions or procedures for which specific training is required – for example, catheter care or gastrostomy care.

- The expectations of staff are essentially the same as those made of the child's parents.
- Staff need the same training they have received from health professionals

A service will only be provided where these conditions can be satisfied and where parental consent has been given for an essential procedure to be carried out by staff and they have been trained to provide it.

Consent

What is "informed" consent?

It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific.

- A parent will be asked to give consent separately to each individual requirement of meeting a child's needs.
- Staff should also give parents the opportunity to ask for further information/clarification before they sign a consent form.

What consents are needed?

The level of consent will vary with a child's needs, the service or setting and the length of time s/he is away from home. Staff may need a parent's agreement to some or all of the following to allow them:

- to approach the family GP (or other health professional) for further advice and information about a child's health care needs;
- to share this with those who are planning for a child's education or care needs;
- to administer a medicine should this be necessary;
- to seek routine advice or treatment from a medical practitioner should the need arise;
- to seek urgent medical treatment should this be necessary;
- to contact a named person if they are not available.

Consents to planned or urgent medical treatment

Staff will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending school or services.

- What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought.

In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action.

- A doctor will always act in the best interests of a child's health, including in emergency situations.

What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and on the basis of agreements. If the school or service feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the service will take further advice and try to resolve the dilemma without, in its opinion, compromising a child's wellbeing.

- Where s/he is competent, it is the consent of a competent older that will be sought.
- The parent's views will be respected.
- This *may* mean that a service cannot be provided or *may* be restricted in some way.
- However, the consent of only one person with parental responsibility is required, even where it is known that the other parent may not give his or her consent.

Confidentiality

Similarly, in some circumstances, parents or a young person may ask for sensitive information to be confidential.

- This should be respected so long as it does not place the child, or anyone else, at risk of significant harm - the "**need** to know" is a key consideration.

Keeping up to date with changing needs

Whether a child is a frequent, or just an occasional user, of services, staff need to know that the medication instructions are up to date. The individual treatment plan will be regularly reviewed and any new requirements must be communicated to all involved in the plan for the child.

- Parents must always provide current instructions – this means ensuring that the child's GP, paediatrician or the pharmacist is aware of the need to pass on *written* instructions to a school or service provider.

Children under 16, competence and consent

Children under 16 are **not automatically** presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16's *will* be competent to give valid consent to a particular intervention if they have sufficient comprehension and intelligence to understand fully what is proposed.

- In other words, there is no specific age when a child becomes competent to consent to treatment - it depends both on the child and on the seriousness and complexity of the treatment being proposed.
- 'Competence' is not a simple attribute that children either possess or do not - it is nurtured from an early age by involving them in decisions and about their health care.

The extent to which a child may be deemed competent in any given situation may depend to a great extent on the quality of relationships with adults and the extent to which they can help the child to give an informed opinion.

- It would be ***exceptional*** for a child under the age of 14 to be judged to be competent to give his or her own consent.

Confidentiality

Where a young person who is judged to be competent asks for their confidence to be maintained, this must be respected, except where disclosure is required on the grounds of *reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm*.

- Wherever possible, their agreement to the involvement of their parents should be sought, unless it is believed to be against their best interests to do so.
- There may be a good reason why a young person has accessed health services confidentially and no good reason why that confidence should be breached.

EIGHT CORE PRINCIPLES OF SAFE AND APPROPRIATE HANDLING OF MEDICINES

1. **Young people in long term care have a choice in relation to their provider of pharmaceutical care and services, including dispensed medicines**

   This means:
   - they can choose to look after & take their own medicines with help and support from staff;
   - they are included in decisions about their own treatment;
   - those of sufficient age and understanding have a say about which pharmacy (or dispensing doctor) supplies their medicines;
   - they receive only medicines for which their own or their parent's consent has been given;
   - they have their personal and cultural preferences respected.

2. **Staff know which medicines each child has and the school keeps a complete account of medicines.**

   Medicine records are essential in every service/setting and especially those providing full-time care. All staff should know which children need someone to administer, or oversee the self-administration of, medicines. Those who help children with their medicines should:
   - know what the medicines are and how they should be taken and what conditions the medicines are intended to treat;
   - be able to identify the medicines prescribed for each person and how much they have left;
   - have access to a complete record of all medicines - what comes in, what is used, what goes out - the 'audit trail';
   - schools and services are dependent upon the cooperation of parents to enable them to meet this requirement.

3. **Staff who help people with their medicines are competent**

   Head teachers and managers need to ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to children. The arrangements for inducting and supervising new staff should also identify the training and skills that each new staff member has and what training they will need in order to ensure that are adequately trained and

knowledgeable to give medicines to children with specific medication needs identified within an individual treatment plan.

- Some services, including those who provide full-time care, will need to ensure that job descriptions include duties relating to the administration of medication – others such as schools and early years will need to ensure that they have sufficient consenting staff members to enable them to discharge their responsibilities.
- Where specific training is needed to administer a medicine or carry out a procedure, only staff who have been given appropriate training *and* have demonstrated their competence, should be permitted to do this.
- Headteachers and managers are responsible for assessing a worker's competence to give medicines to the children for whom they care.
- Evidence of competence needs to be confirmed by a health professional

4. Medicines are given safely and correctly, and staff preserve the dignity and privacy of individuals when they give medicines to them

Safe administration of medicines means that they are given in a way that avoids causing harm to a child.

- They should only be given to the person for whom they were prescribed.
- Children should receive the right medicine at the right time and in the right way.
- Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking.
- It also means keeping personal medical information confidential, for example, a person's medicines administration record (MAR) should not be kept where everyone can see it.

5. Medicines are available when required and the school provider makes sure that unwanted medicines are disposed of safely

- Prescribed medicines must be available when needed and so continuity of supply of medicines for ongoing treatment is essential.
- Where children are in full time care, arrangements with a local pharmacy or dispensing doctor should be made in advance.
- Out-of-date, damaged or part-used medicines that are no longer required should be disposed of safely so that they cannot be taken accidentally by other people or stolen.

6. Medicines are stored safely

Medicines need to be stored so that the products:

- are not damaged by heat or dampness;
- cannot be mixed up with other people's medicines;
- cannot be stolen;
- do not pose a risk to anyone else;

7. The school has access to advice from a pharmacist

- Every school should ensure that it has the contact numbers for their local pharmacy readily available together with a named person to contact.

8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour

- Prescribing medicines is the responsibility of healthcare professionals.
- Medicines should not be used unnecessarily for sedation or restraint.

RECEIPT, STORAGE AND DISPOSAL OF MEDICINES

Prescription and non-prescription medicines

Prescription medicines

Medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

- Schools and services should only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist**, p**odiatrist, optometrist and physiotherapist).

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- prescriber's consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours;
- prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration.

- They should also be accompanied by a fully completed parental consent form

Schools and services *should never* accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

- Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

Non-prescription medicines

Non-prescription medicines are those which can readily be bought "over the counter" and children may take them to school or services for conditions such as hay-fever or period pains. Unless instructed otherwise, many will possibly keep and administer their own such medication of this type without reference to the school or service. This could lead to problems should a child be seen taking a tablet the school/service is unaware of; or, if a child carrying significant numbers of "paracetamol" which could be open to abuse by themselves or others.

- Non-prescription medicines should be accompanied by a letter of parental consent even if the child intends to keep them him/herself
- Only sufficient non-prescription medication for the duration of the school day or service should be allowed - this may need parents to remove some of the medication from the original container and keep it at home so that only one day's dose comes into school in its original container.
- Medication should only be allowed into school in original containers which clearly state what they are and maximum dose and dose frequency.

Receipt of medicines

Staff must have a record of the medicines they have received and what they will be required to administer. They must know and record:

- the child for whom the medicine – including ointments and creams - is intended;
- where the child is attending school or a short break activity, parents should be advised to send only the amount of medicine required
- Where a child will be cared for overnight or longer a proper record of medicines received is required:
  - tablets should be counted (for hygiene reasons staff should wear rubber gloves where possible);
  - ointments/creams should be estimated (for example, half a tube);
  - liquids should be measured with a ruler (for example, 5 cms).
- Controlled drugs are subject to additional requirements – see section 9

Labelling of medicines

On the few occasions when medicines have to be brought into a school or service, the original or duplicate container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil;
- date of dispensing;
- dose and dose frequency (*This may read "as directed" or "as before" if this is what is on the prescription*;
- the maximum permissible daily dose;
- cautionary advice/special storage instructions;
- name of medicine;
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form.

- Where the information on the label is unclear, such as "*as directed*" or "*as before*" then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

Written instructions

All medicines that are to be **administered by staff** must be accompanied by written instructions from the parent and/or the GP/prescriber.

- Schools/services may wish to allow non-prescription medicines in accordance with the guidance earlier in this document e.g. 1 x day's paracetamol – if accompanied by a parental consent form.
- Each time there is a variation (other than a new prescription) in the pattern of dosage, a new form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation. (see also template 13).

Safe storage of medicines

In schools and services medicines must be stored in a cupboard that is well-constructed with a good quality lock that is big enough to safely store all the medicines that are required.

- In choosing a location for medicines storage, staff should be mindful of the fact that most medicines should be stored below 25^{o} centigrade.
- The medicine cupboard is not to be used for the storage of non-prescription medicines (except where supplied for a specific child) nor first aid kits.
- It must not be used for any other purpose;

Some medicines need to be readily available, for example, emergency medicine.

- Such medicines must be kept in a locked cabinet when not in use but, for example, be in a teacher's unlocked desk drawer when the child is in class

Non-emergency Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. Large volumes of medicines should not be stored.

- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- This should be easy if medicines are only accepted in the container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.
- The Head teacher/manager is responsible for making sure that medicines are stored safely.
- Children should know where their own medicines are stored and who holds the key.
- Non-emergency medicines should be kept in a secure place not accessible to children.
- National standards for under 8's day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

Controlled Drugs

Staff need to be able to identify controlled drugs. Controlled drugs must be kept in a locked cabinet which can be a separate, marked container within a locked medicines cabinet. There are also higher standards in relation to administration and record-keeping.

Refrigerated Storage

Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'.

- Staff need to know which medicines need to be kept cool.
- The Patient Information Leaflet that is supplied with a medicine will state whether the medicines needs to be kept in a fridge.
- The options for refrigerated storage are:
    - A separate fridge - this may not be necessary unless there is a constant need to refrigerate medicines that a resident takes regularly, for example, insulin;
    - Restricted access by staff only to a refrigerator holding medicines;
    - A lockable fridge; or
    - A lockable container for the medicine placed in the fridge.

The refrigerator must be cleaned and defrosted regularly and the temperature should be monitored daily and the temperature recorded.

- A maximum/minimum thermometer is recommended for this. There should be a written procedure of action to take if the temperature is outside the normal range — usually between 2 and 8 degrees Celsius.
- If the fridge breaks down, it is important to identify the fault quickly, otherwise medicines may be wasted.

Emergency Medicines

These are medicines which need to be readily available in an "emergency situation" and include medicines such as asthma inhalers and adrenaline pens - these should always be readily available to children as and when they need them.

Many children will have the capacity to keep and administer their own medication of this type and should be enabled to do so. Where pupils are deemed not to have this capacity then the medicines should be stored in such a way that they are readily accessible i.e. not locked away in a central store cupboard. Schools and services - especially those that are large, operate on more than one site and/or include off-site activities - will need to decide how best to manage this. Examples may include a box on the teacher's desk or in an unlocked office drawer in a children's home.

- It is, however, important that while these medicines must be readily available to the child if needed they should still only be available *to the child for whom they were prescribed* and not to any others.
- Schools should also have a system to ensure these emergency medications are readily available at times when the pupils may not be in the classroom (e.g. PE in the hall, lunch and break times and out of the classroom activities e.g. visits).

Disposal of Medicines

Medicines which have passed the expiry date must not be used

Creams and lotions will have both a manufacturer's expiry date which must be observed and should also be considered to have expired 28 days after having been opened. Pump dispensers have a longer life, usually about 3 months. Expired medicines need to be disposed of properly by arrangement with the child's parents, either by return to, or collection by, the parents or return to the pharmacy for safe disposal.

- Parents should be made aware of their responsibilities via the school prospectus/service brochure.

Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box", to avoid the possibility of injury to others.

- This "sharps box" must be kept secure with no access for pupils or unauthorised persons. This should be disposed of in a safe way using a specialist licensed contractor.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

NB Employee Medicines

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that children will not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.
Staff medicines must not be stored in a cabinet intended for the use of children's medicines

1. ADMINISTRATION OF MEDICINES - GENERAL CONSIDERATIONS

There are three general situations which apply to the administration of medicines in schools and services. These are as follows.

A The child self-administers their own medicine of which the school/ service is aware
Many children will have the capability to keep and administer their own medicine themselves. It is good practice to support and encourage children who are able, to take responsibility to manage their own medicines from a relatively early age and schools/services should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage.

- Health professionals, in consultation with parents and children, need to assess the appropriate time to make this transition.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent (or staff/carer).
- In all instances where prescribed and non-prescribed medicines are brought into school/services, notification must be given on the parental consent form.

B The child self-administers the medication under supervision
Where the Head teacher/manager or staff are willing to be involved voluntarily, the person in charge is responsible for ensuring that, as a minimum safeguard, self-administration of medicines that are safely stored is supervised by an adult.

Where schools/services supervise self-administration, measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine.

This means:
- ensuring access to the medication at appropriate times;
- the medicine is identified as belonging to the named child
- it is within the expiry date;
- a record of medicine administration is kept noting that the session was supervised:
  - the child should sign the form, staff/carers should countersign and indicate that the medication was self-administered by the child under supervision.

C A named and trained consenting staff member administers the medicine

The school/service will, in this circumstance, store the medicines and must comply with all requirements on the storage of medicines. In order to ensure that medicines are administered safely, the school or service must have a policy/procedures that clarify who is responsible for administering medications.

- The names of the consenting staff willing voluntarily to administer medication must be kept up to date, provide cover during periods of absence and be readily available at the storage point in cases of emergency.

Schools and services will vary in relation to the level of demand for the administration of medicines, whether by staff or under their supervision. Some will have staff on site who are trained in the administration of medicines.
Schools and services are advised to consider what the level of (future) demand is likely to be and whether or not voluntary arrangements will be appropriate and adequate.

- For some it may be appropriate to have some staff job descriptions that include responsibilities for the administration of medicines.

2. ADMINISTRATION OF MEDICINES BY STAFF

All staff who participates in administering medication must receive appropriate information and training for specified treatments in accordance with this guidance and the Codes of Practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

- Training can be accessed from different services, for example, specialist nurses, the School Health Service, Derbyshire Children's Community Nursing Training Team or the Children in Care Nurses, who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

In schools and services, the Head teacher/manager is responsible for knowing which children are taking medication and who is responsible for administering it. In schools, Headteachers must ensure that:

- all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication;
- this person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action;
- other trained staff who may be required, e.g. First Aider should be summoned as appropriate.

Safe administration of medicines means that they are given in such a way as to maximise benefit and to avoid causing harm. Whenever possible, children & young people should be responsible for looking after and taking their own medicines.

- Where a child/young person is unable or unwilling to be responsible for the safe storage/self-administration of medicines, staff will need to take responsibility for this.
- If staff are required, or have consented, to help supervise or administer non-prescription medication due to a child's age or ability to be responsible for their own storage and administration of the medicine, then these procedures for administering medicines must be followed.

In order to give a medicine safely, staff need to be able to:

- identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- identify the child/young person correctly – a physical description and or a photograph attached to the written instructions can provide additional safeguards;
- know what the medicine is intended to do, for example, to help the person breathe more easily;
- know whether there are any special precautions, for example, give the medicine with food.

There should be a simple easy-to-follow written procedure for giving medicines which staff must be familiar with and follow carefully. Headteachers/managers should also monitor periodically how well staff follow this procedure. Staff should only give medicines that they are competent to administer. They can give or assist children to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

Key responsibilities of staff:

Staff must always check:

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual treatment plan where one exists;
- whether or not it is a controlled drug;
- any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (MAR) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school/service.

- Schools and services **must** keep written records each time medicines are given
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.

Managers must routinely:

- check the medicine administration records and countersign to evidence compliance with written guidance or identify and address any non-compliance

Staff must never give:

- a non-prescribed medicine to a child unless there is specific written permission from the parents on the appropriate form, and it is the medicine supplied by the parent;

- medicine to a child that does not belong to him or her - schools and services should not keep stocks of non-prescription medicines to give to children;
- medicine that belongs to another child;
- a child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Staff should not undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

The Head teacher/manager must keep a record of all relevant and approved training received by staff.

Each person who administers medication must:

- receive a copy of these guidelines and Code of Practice;
- read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- confirm the dosage/frequency on each occasion and consult the medicine record for to ensure there will be no double dosing.
- be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- know the emergency action plan and ways of summoning help/assistance from the emergency services;
- check that the medication belongs to the named pupil and is within the expiry date;
- record all administration of medicines as soon as they are given to each individual;
- understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- ensure that all medicines are returned for safe storage;
- ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure that the Head teacher is aware of this lack of training/information.

3. REFUSAL TO TAKE MEDICINES

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

- If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.
- Where there is no instruction in the child's plan, staff should follow the school's/services general policy.

The general policy should include the following:

- parents should be informed the same day;
- where refusal may result in an emergency, the school/services emergency procedures should be followed.

RECORD KEEPING

Records must include:

- an up to date list of current medicines prescribed for each child that has been confirmed in writing;
- what needs to be carried out, for whom and when;
- for children with ongoing or complex needs, a care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them.

Staff must make a record straight after the medicine has been accepted and taken.

- The records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record.
- From the records, anyone should be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

Where social care staff are responsible for requesting and/or collecting medicines for a child, they must record:

- what has been received including the name and strength of the medicine;
- how much has been received;
- when it was received;
- when the last dose was given.

THE INDIVIDUAL TREATMENT PLAN

The purpose of an individual treatment plan

The main purpose of an individual treatment plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents or a parental consent form may be all that is necessary.

- Individual treatment plans are generally required for children with specific medical needs requiring specialised or emergency medication.

An individual treatment plan clarifies for staff, parents and the child, the help that can be provided. It is important for staff to be guided by the child's GP or Paediatrician. Staff should agree with the lead health professional and the child's parents how often they should jointly review the individual treatment plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

- For children who are in care or who have a short breaks plan it is important to establish a single planning and review process to avoid duplication.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

- The plan should include action to be taken in an emergency.

Developing an individual treatment plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

The lead health professional will determine who needs to contribute to an individual treatment plan – they may include:

- the child's GP and Paediatrician;
- other health care professionals;
- the Head teacher or manager;
- the parent or carer;
- the child (if appropriate);
- early years practitioner/class teacher (primary schools)/form tutor/head of year (secondary schools);
- care assistant or support staff (if applicable);
- staff who are trained to administer medicines;
- staff who are trained in emergency procedures;
- social worker;
- short breaks staff;
- any worker engaged via an individual budget.

Early years settings should be aware that parents may provide them with a copy of their Family Service Plan, a feature of the Early Support Family Pack promoted through the government's Early Support Programme. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual treatment plan devised by a health professional, or indeed the record of a child's medicines.

Co-ordinating information

Co-ordinating and sharing information about the special needs and requirements of an individual child's medical needs can represent a significant challenge, both within services and settings and across them where a child uses other services.

- The Head teacher/manager should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies.
- The child's lead professional, together with the parents, should take responsibility for the co-ordination and communication of information and instructions across the wider plan for the child.

Additional information and training

An individual treatment plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school or service should arrange appropriate training in collaboration with the school health services. Local health services will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all schools and services.

Confidentiality

Medical information should always be regarded as confidential by services and staff and personal data properly safeguarded.

- Records relating to the administration of medicines are health records and should be stored confidentially.
- Instructions should be shared on a "need to know" basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented.
- Parents and older children should be engaged in "need to know" decisions which should be recorded.

Staff cannot be held to account if they fail to carry out key tasks, or do so incorrectly, because relevant information has not been shared with them. Similarly, services can only be provided where there is agreement to share relevant information.

CHILDREN WITH COMPLEX HEALTH NEEDS

As technology develops, growing numbers of children with complex health needs will receive their education in mainstream schools. This group of children and young people may require additional support in order to:

- maintain optimal health during the day;
- access the curriculum to the maximum extent.

Some examples of care of health needs for which children might require additional support in schools and services are:

- restricted mobility *e.g. a child with physical impairments who uses a wheelchair;*
- difficulty in breathing *e.g. a child with a tracheostomy who requires regular airway suctioning during the day;*
- problems with eating and drinking *e.g. a child who requires a gastrostomy feed at lunch time.*
- continence problems *e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels*
- Susceptibility to infection *e.g. a child who is receiving steroid therapy.*

In supporting children with complex needs in schools, early years, social care and community settings there are a growing number of clinical procedures which staff may be trained to undertake. In the main such training is undertaken by Children's Community Nurses, Specialist Nurses or School Community Nurses.

- A detailed Individual Health Plan should be completed as above

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment should be assessed for by a trained health professional; (Children's Occupational Therapist, Local Authority Moving and Handling Adviser, Physiotherapist or Community Nurse) and the appropriate Local Authority Moving and Handling Advisor or School Link Worker in accordance with the Derbyshire Inter Agency Group (DIAG) guidance document. The equipment should be adjusted to suit an individual child. On the rare occasion when one piece of equipment is used for more than one child, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a child's day rather than seen as 'therapy'.

Some children with complex communication needs may require assessment for a communication aid or other relevant specialist equipment. The Speech and Language therapy Service should be involved

in assessment procedures for communications aids. Advice is available from the Speech and Language Therapist when a child is a communication aid user.

OFF-SITE AND COMMUNITY ACTIVITIES

Off-site education or work experience

Schools are responsible for ensuring via the existing service level agreements, that work experience placements are suitable for students with a particular medical condition. They are also responsible for pupils with medical needs who, as part of key stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college.

- Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours.

- This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

Educational visits/outings

Schools and services should actively promote the participation of children with medical needs in educational visits, outings, and community activities which may need to be safely managed. Schools and services should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The national standards for under 8's day care and childminding mean that the registered person must take positive steps to promote safety on outings. This will include reviewing and revising existing information, policies and procedures so that planning arrangements will include the necessary steps to include children with medical needs.

- It might also include risk assessments for such children.

Sometimes additional safety measures may need to be put in place. An additional supervisor, a parent or another consenting staff member might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration.

- Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.
- A copy of any individual treatment plans should be taken on visits in the event of the information being needed in an emergency.

Sporting and leisure activities

Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their

own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- Any restrictions on a child's ability to participate in PE should be recorded in their individual treatment plan.
- All staff should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

- More details about specific health conditions can be found in the Codes of Practice.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the most appropriate person identified by the child's individual treatment plan.

- Children may not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents
- Concerned staff should contact the Health & Safety section for advice

Transporting children

Children who have additional needs and who receive services may have transport needs, including Home to School Transport, Community Transport and taxis to and from services. The Local Authority and services **must** make sure that children are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but the Local Authorities will provide appropriate trained escorts for home to school transport if they consider them necessary.
Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where children have life threatening conditions, specific individual treatment plans should be carried on vehicles. Schools and services will be well placed to advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport treatment plans should be drawn up with input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

- All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs.
- These can be healthcare professionals or escorts trained by them.

Some children are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles.

- All escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

EMERGENCY PROCEDURES

Where children have conditions which may require rapid intervention, parents must notify the Head teacher/manager of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual treatment plan. All schools and services should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school or service, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance. The Headteacher/ manager must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- which children have individual treatment plans;
- possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- who is responsible for carrying out emergency procedures in the event of need;
- how to call the emergency services;
- what information from the individual treatment plan needs to be disclosed.

Other children should also know what to do in the event of an emergency, such as telling a member of staff.

When a child needs to go to hospital

Staff should not normally take children to hospital in their own car - it is safer to call an ambulance. However, in remote areas a school or service might wish to make arrangements with a local health professional for emergency cover. The national standards require early years' services to ensure that contingency arrangements are in place to cover such emergencies.

- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Training and practical advice on the recognition of the symptoms can usually be offered by a range of staff including Children in Care nurses, school nurses or community children's nurses who are employed by NHS Trusts.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan should address what should happen – exceptionally this may include a staff member using his or her own vehicle.

All such arrangements must be agreed and recorded in the child's individual treatment plan and be referred to Risk and Insurance for approval before they are carried out.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Children & Younger Adults' Department Health and Safety Handbook.

Unusual Occurrences, Serious Illness or Injury

All parents should be informed of the school's/service's policy concerning children who become unwell whilst in the care of the school or service. This should be contained within the school's prospectus or service brochure. This will include home/mobile/work telephone numbers and other instructions e.g. relatives who can be contacted. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the Head teacher/manager should, if necessary call an ambulance to transport the child to hospital.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.

STAFF TRAINING

In addition to the basic training for their roles as children's services workers across all settings, all staff must be appropriately trained in the handling and use of medication, and have their competence assessed. The school's/service policy on the administration of medicines should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each staff member.

The minimum training requirements are:

- the supply, storage and disposal of medicines;
- safe administration of medicines;
- quality assurance and record-keeping;
- accountability, responsibility and confidentiality.

Three levels of training need to be delivered:

- induction training;
- basic training in safe handling of medicines;
- specialised training to give medicines.

1. INDUCTION TRAINING

The school/service must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children & young people in their care and their needs.

- Staff who have never worked in a children's, health or social care service should not administer any medicines until the headteacher or manager is satisfied that they are competent to do so.
- Induction training should therefore focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines

2. BASIC TRAINING IN SAFE USE AND HANDLING OF MEDICINES

Basic training is intended to ensure that staff are competent to undertake the following:

Administration

Staff will be able to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

Recording

Staff will also understand:

- the need for clear instructions and accurate record keeping;
- how to receive medicines and record instructions;
- the requirements for safe storage of medicines;
- how to record medicines administered;
- the arrangements for safe disposal/return of unused medicines;
- identify medicines and associated procedures for which specific training is required;
- understand when to seek advice.

On completion, there must be a formal assessment, devised by or on behalf of the service provider or manager.

- The aim is to make sure that staff can confidently and correctly give medicines prescribed for the children and young people in their care, or oversee correct self-administration.
- This can be achieved by accompanying the staff member when they give medicines and observing that they complete key tasks in line with policies and procedures.
- This level of training will not cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injection nor clinical procedures for which specific training should be provided.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions

SPECIALISED TRAINING TO GIVE MEDICINES

There may be occasions when workers/carers are willing or required to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- it is part of a child/young persons' care plan;
- a risk assessment has been carried out;
- clear roles and responsibilities are agreed by the agencies and the people involved in providing care;

- appropriate consents have been obtained from the young person or person with parental responsibility;
- appropriate training has been provided and a worker's/carer's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider;
- their agreement to do so has been recorded (form 11/11a).

MANAGEMENT AUDITS/ QUALITY ASSURANCE

In order that managers can ensuring compliance with guidance and procedures, audits should be undertaken at agreed intervals that are commensurate with the level of medicines administered.

- Audit reports provide evidence not only to staff teams about their practice but assure external managers and inspectors that responsibilities are taken seriously and actions taken to address any areas of deficit
- A basic management audit tool can be found as form 19

Coppice Primary School and Nursery is committed to the safeguarding and promoting the welfare of children

Signed……..

Chair of Governors

Dated……..

APPENDIX ONE
USEFUL PRO-FORMAS

Based on DFES Guidance for schools and early years settings	
Form 1	Individual treatment plan
Form 2	Parental Consent for Schools/Setting to Administer Medicine
Form 3	Head teacher/Head of Setting Agreement to Administer Medicine
Form 4	Record of medicine administered to an individual child
Form 5	Record of Medicines Administered to all Children
Form 6	Request for child to carry his/her own medicine
Form 7	Staff training record – Administration of Medicines

DCC Social Care/Short Breaks	
Form 8	Medical consent for a child attending a short break or a full-time placement
Form 8a	Medical consent given by a young person attending a short break or a full-time placement
Form 9	Checklist – individual safety plan for children with disabilities and/or health/medication needs
Form 10	Clinical procedure plan
Form 10a	Administration of emergency/recovery medication individual treatment plan
Form 11	Clinical Procedures training record – individual
Form 11a	Clinical Procedures training record – team
Form 12	Health & medicines information sheet
Form 13	Temporary variation to medical instruction
Form 14 (MAR1)	Medication administration record requirements
Form 15 (MAR2)	Medication administration record administration record
Form 16 (MAR3)	Medication administration record – observations and variation
Form 17	Body maps for use with creams and lotions
Form 18	Medication error/near miss incident report

Form 1 – Individual treatment plan

Name of School/Setting	
Childs name	
Date of birth	Day / Month / Year
Group/Class/Form	
Childs Address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information – First Contact

Name	
Phone Number (work)	
(home)	
(mobile)	

Family Contact Information – Second Contact

Name	
Phone Number (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone Number	
General Practitioner (G.P.)	
Name	
Phone Number	

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copies to

Form 2 - Parental Consent for Schools/Setting to Administer Medicine

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

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

Name of School/Setting	
Date	Day / Month / Year
Childs name	
Date of birth	Day / Month / Year
Group/Class/Form	
Medical condition or illness	

Medicine

Name/type of medicine/strength *(as described on the container)*	
Date dispensed	Day / Month / Year
Expiry date	Day / Month / Year
Agreed review date to be initiated by (name of member of staff)	
Dosage and method	
Timing – when to be given	
Special precautions	
Any other instructions	
Number of tablets/quantity to be given to School/Setting	
Are there any side effects that the School/Setting needs to know about?	
Self administration	Yes / No (*delete as appropriate*)
Procedures to take in an emergency	

Contact Details – First Contact

Name	

Daytime telephone number	
Relationship to child	
Address	

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

Contact Details – Second Contact

Name	
Daytime telephone number	
Relationship to child	
Address	

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

Name and phone number of G.P.

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

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

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

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

For School/Setting Use

Reviewed by	Date	Signature	Print Name

To be reviewed annually or if dose changes

Form 3 - Head teacher/Head of Setting Agreement to Administer Medicine

Name of School/Setting

It is agreed that (name of child) _____ will receive (quantity and name of medicine) _____ every date at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

(Name of child) _____ will be given/supervised whilst he/she takes their medication by (Name of member of staff) _____
_____
_____

This arrangement will continue until (either end date of course of medication or until instructed by parents) _____.

Date _____

Signed _____
(The Head teacher/Head of Setting/named member of staff

Form 4 - Record of medicine administered to an individual child

Name of School/Setting			
Childs name			
Date of birth	Day / Month / Year		
Group/Class/Form			
Date medicine provided by parent			
Quantity received			
Name and strength of medicine			
Expiry date	Day / Month / Year		
Quantity returned			
Dose and frequency of medicine			
Staff signature			
Signature of parent			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			

Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form 5 - Record of Medicines Administered to all Children

(This form is optional if form 4 is used)

Name of School/Setting

Date	Childs name	Time	Name of medicine	Dose given	Any reaction	Signature of staff	Print Name
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Form 6 - Request for Child to Carry His/Her Own Medicine

This form must be completed by parents/guardian/pupil over 16 (delete as appropriate)

If staff have any concerns discuss this request with healthcare professionals

Name of School/Setting	
Childs name	
Date of birth	Day / Month / Year
Group/Class/Form	
Address	
Name of medicines	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime phone number	
Mobile Number	
Relationship to child	

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

Signed _____

Date _____

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

Form 7 - Staff Training Record – Administration of Medicines

Name of School/Setting	
Name	
Types of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that (name of member of staff) _____ has received the training details above, is competent and has agreed to carry out any necessary treatment. *

* *Use continuation sheet where more than one member of staff has been trained*

I recommend that the training is updated (please state how often)_____

Trainers signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Continuation sheet for staff team members who have received the training are competent and who have agreed to carry out the necessary treatment

I confirm that the following staff members _____ have received the training details above, are competent and have agreed to carry out any necessary treatment. *

Name	**Post:**	**Signed to confirm receipt of training**	**Date**

I recommend that the training is updated (please state how often) _____

Trainers signature _____

Date _____

Suggested review date _____

We are updating these forms

FORM 8	**PARENTAL MEDICAL CONSENT FOR A CHILD ATTENDING A SHORT BREAK OR A FULL-TIME PLACEMENT**				
This form must be completed in full and a signed copy given to staff/ carers when the child is placed.					
CHILD'S NAME			**DOB**		
Consent to medical treatment					
I/we					
Names of parent or other person with parental responsibility					
Emergency treatment Consent given for emergency, surgical, medical and dental examinations and intervention (including anaesthetics)		Yes		No	
Routine treatment Consent given for routine medical and dental intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person (including immunisations)		Yes		No	
Planned treatment Consent given for planned surgical intervention/ treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person		Yes		No	
Additional agreements and consents these might be required for children and young people with complex health needs. For example, agreement to psychiatric/psychological assessments, consent to the administration of non prescription medicines such as Calpol or consent to the use and provision of specialist equipment such as tube feeding					
Description of additional agreements		Yes		No	
Health – Parent's comments and approval					
• *parent or other person with parental responsibility may wish to give their views about any of the treatments above or procedures below*					
Signature of parent(s) or person with parental responsibility and explanation of consents acknowledgement identified above					
• the issue of consent to medical treatment has been explained to me		Yes		No	
• I understand that these permissions will be delegated to the named staff/carers looking after my child and that these names will be updated if the staff/carers change		Yes		No	
Signature(s)			**Date**		
Consent, delegation and additional agreements as set out above					
Name		**Position**		**Date**	
Name		**Position**		**Date**	
Name		**Position**		**Date**	
Name		**Position**		**Date**	

FORM 8a CONSENT GIVEN BY A YOUNG PERSON ATTENDING A SHORT BREAK OR A FULL-TIME PLACEMENT					
This form must be completed in full by a young person able and willing to give his or her own consent and a signed copy given to staff/ carers when the child is placed.					
NAME		**DOB**			
Consent to medical treatment					
I					
Name of young person					
Emergency treatment Consent given for emergency, surgical, medical and dental examinations and intervention (including anaesthetics)	Yes		No		
Routine treatment Consent given for routine medical and dental intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person (including immunisations)	Yes		No		
Planned treatment Consent given for planned surgical intervention/ treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	Yes		No		
Additional agreements and consents these might be required for children and young people with complex health needs. For example, agreement to psychiatric/psychological assessments, consent to the administration of non prescription medicines such as Calpol or consent to the use and provision of specialist equipment such as tube feeding					
Description of additional agreements	Yes		No		
Health – Young person's comments and approval					
• *The young person may wish to give views about any of the treatments above or procedures below*					
Signature and explanation of consents acknowledgement identified above					
• the issue of consent to medical treatment has been explained to me	Yes		No		
• I understand that these permissions will be delegated to the named staff/carers looking after my child and that these names will be updated if the they change	Yes		No		
Signature(s)		**Date**			
Consent, delegation and additional agreements as set out above					
Name		**Position**		**Date**	
Name		**Position**		**Date**	
Name		**Position**		**Date**	
Name		**Position**		**Date**	

FORM 9 CHECKLIST – INDIVIDUAL SAFETY PLAN FOR CHILDREN WITH DISABILITIES AND/OR HEALTH/MEDICATION NEEDS			
CHILD'S NAME		**DOB**	

Please tick yes or no box to indicate whether or not a plan or a risk assessment is required. If you tick yes please state what document you have and where it can be found.

	Plan or Risk assessment required		LOCATION OF PLAN OR RISK ASSESSMENT Where existing/new document will be kept
	Y	N	
Allergies			
Health Issues			
Medication			
Feeding Plan			
Moving & Handling			
Behaviour			
Child Protection Plan			
Home Visiting			
Travelling			
Personal evacuation plan			
Other			

Completed by:		**Date:**	
To be reviewed in line with usual processes			

FORM 10 CLINICAL PROCEDURE PLAN			
CHILD'S NAME		**DOB**	

Type of procedure	

Is this a procedure covered by a Code of Practice?	**Yes**		**No**	

If ***yes***, please cross reference with the relevant code of practice.

If ***no,*** there should be a meeting with a manager, health & safety officer, clinicians, legal advisor, parent and others as necessary to consider alternative ways of meeting the needs and seeking to ensure that the health care needs do not become a barrier to service provision. The meeting should identify the following:

Instructions to staff/carers	
Under what conditions or circumstance do they apply?	

Possible difficulties that can be anticipated	**Agreed Response**

Risk to the child if plan is not followed	

The service will not be provided until the minimum training requirements have been fulfilled

Training needs identified	**To be provided by**

Plan agreed by:	Name	Signature
Parent/carer		
Worker		
Manager		

FORM 10a ADMINISTRATION OF EMERGENCY/RECOVERY MEDICATION INDIVIDUAL TREATMENT PLAN			
CHILD'S NAME		**DOB**	

Name of Medication			
Its purpose			
When to be given List types of seizures including description of seizure and actions to be taken for each type **NB** **always cross-reference with the child's current care plan**			
Dose to be given			
Method of administration			
Child's usual response to the medication			
Further action			
Can a second dose be given and when?	**Yes**		Comments
	No		
At what point a paramedic ambulance should be called for			

Name of clinician completing this form	
Title	
Signature	
Date	
Contact details	

Name of parent	
Signature	
Date	
Contact details	

Or:

Signature of older child	
Date	

FORM 11: CLINICAL PROCEDURE TRAINING RECORD - INDIVIDUAL STAFF MEMBER/CARER

Worker/Carer Name:		**Post:**	
Setting and Address:			

Procedure:	

To be completed at time the procedure is demonstrated/competencies checked

1.	**MEDICAL PROFESSIONAL**	
I confirm that I have instructed the following in the above protocol/procedure in respect of:		
(Child's name):		
Signed, designation & date:		

2.	**WORKER / CARER**	
I confirm that I have received medical instruction and training for the above protocol/procedure from a medical professional and agree to carry it out.		
Signed & date:		

3.	**PARENT**	
I confirm that following training I am happy for the above-named worker/carer to carry out the above protocol procedure for my child.		
Signed & date:		

FORM 11a: CLINICAL PROCEDURE TRAINING RECORD - STAFF TEAM

Setting and Address:	

Procedure:	

To be completed at time the procedure is demonstrated/competencies checked

1.	**MEDICAL PROFESSIONAL**	
I confirm that I have instructed those named below in the above protocol/procedure in respect of:		
(Child's name):		
Signed, designation & date:		

3.	**PARENT**	
I confirm that following training I am happy for those named below to carry out the above protocol procedure for my child.		
Signed & date:		

Name	Post:	Signed	Date

I confirm that I have received medical instruction and training for the above protocol/procedure from a medical professional and agree to carry it out.

Continuation sheet

Name	Post:	Signed	Date

I confirm that I have received medical instruction and training for the above protocol/procedure from a medical professional and agree to carry it out.

FORM 12 HEALTH & MEDICINES INFORMATION SHEET		**Date completed**	
CHILD'S NAME		**DOB**	

Disability/ condition									
Summary of health care needs									
Allergies									
Medication *including recovery medication*	Name	Form	Route	Purpose	Maximum dose in 24 hours	Time between doses	Effective for how long?	Equipment	Special instructions/ when medical advice should be sought

Equipment used/required	**Provider**	**Training**	**By whom**	**Fitted by**
Diet				
GP			**Tel**	
Address				
Consultant/ Community Nurse/ Other			**Tel**	
Address				
Optician			**Tel**	
Address				
Dentist			**Tel**	
Address				
Form completed by:			**Date:**	

FORM 13 TEMPORARY MINOR VARIATION TO MEDICAL INSTRUCTION			
CHILD'S NAME		**DOB**	

This form is to be used for *minor variations only* to medication given to a child whilst in short break care that does not require a health signature. (i.e. change of dose or non-prescription medication)

If this change is to be a permanent one, a new medication form properly authorised will be required as soon as possible. Staff agreeing to a temporary variation must ensure parents/carers understand this.

Date	New Instruction	Parent/Carer/ Person requesting change to medical instruction	Manager/worker accepting the request to change medical instruction	Medicine administered by

FORM 14 (MAR P1) MEDICATION ADMINISTRATION RECORD INSTRUCTIONS & REQUIREMENTS

CHILD'S NAME:		**DOB**	
GP:		**Tel:**	
Address:			

All entries must be completed from a letter/report from a GP or Consultant & checked against the medicine label

	Medication: **Name** **Strength** **Amount received** **Amount returned/disposed of**	**Dosage, route & time between doses**	**Maximum doses in 24 hours**	**Frequency & time 1**	**Frequency & time 2**	**Frequency & time 3**	**Frequency & time 4**	**Special instructions/ when medical advice should be sought**
1.								
2.								
3.								
4.								

FORM 15 (MAR P2)	**MEDICATION ADMINISTRATION RECORD: ADMINISTRATION RECORD**	*Record physical description of child here and/or attach photo*
Prior to child's arrival, were all medicines administered as required – if not give details		

Medication: Name & strength	**Dose & time**	**Day ➔** **Date ➔**							
1	1.								
	2.								
	3.								
	4.								
2	1.								
	2.								
	3.								
	4.								
3	1.								
	2.								
	3.								
	4.								
4	1.								
	2.								
	3.								
	4.								
5	1.								
	2.								
	3.								
	4.								

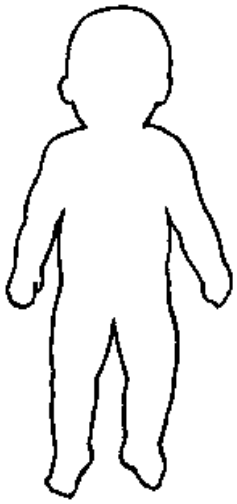
FORM 16 (MAR P3) MEDICATION ADMINISTRATION RECORD: OBSERVATIONS AND VARIATION

This form is to be used to record any changed, missed or refused dosages or adverse reactions

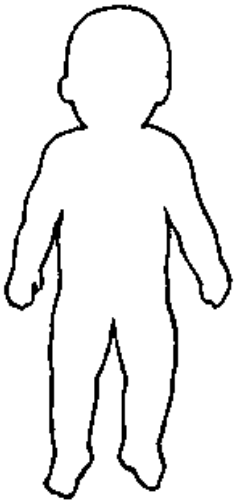
If a medicine administration error/near miss incident is identified the incident form in the Code of Practice Section 8 should also be completed

Medicine	Dose, date & time	Reason	Action taken	Worker	Manager

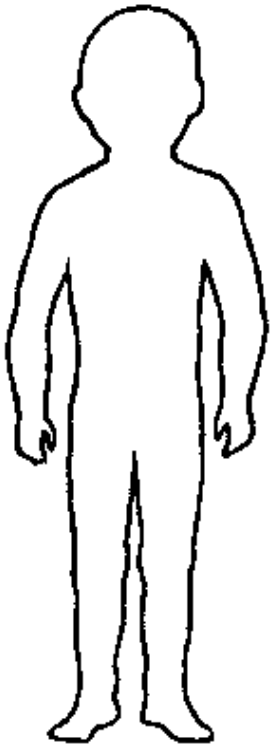
FORM 17 BODY MAPS FOR USE WITH CREAMS AND LOTIONS



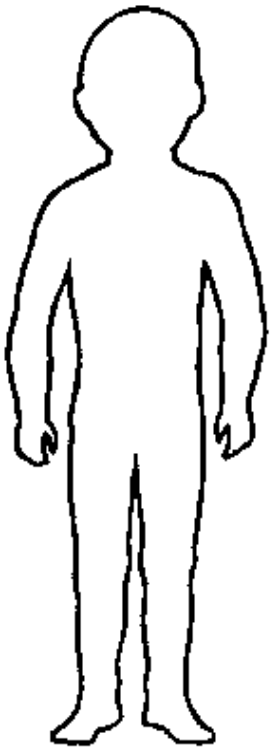
Baby Posterior (Back) View



Baby Anterior (Front) View



Child Posterior (Back) View



Child Anterior (Front) View

FORM 18 MEDICATION ERROR/NEAR MISS INCIDENT REPORT

1.	**Level of Error**		✓
	(a) Major Error	(Incident resulting in major harm or death)	
	(b) Unresolved Error	(The outcome at present unknown)	
	(c) Minor Error	(No serious harm suffered)	
	(d) Near Miss	(Error was avoided)	

2.	**Service details**	
	Service name	
	Address	
	Telephone	
	Person in Charge	
3.	**Person completing this form – *sign and date at end of form***	
	Name	
	Job Title	
4.	**Person(s) involved in the incident**	
	Name 1	
	Job Title	
	Name 2	
	Job Title	
	Name 3	
	Job Title	
5.	**Details of the medication error or near miss**	
	Name of Child/ Young Person	
	Date and time error occurred	
	Date and time error discovered	
	Details of the error - attach separate report if necessary	
6.	**Health professionals involved with the child/young person**	
	GP	
	Consultant	
	Nurse	
	Pharmacist	

7.	**All others staff/persons involved in the incident**			
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	

8.	**Who was contacted for advice?**						
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No		Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				

9.	**Advice and Action**			
	By whom - name and contact details		Time	
	Advice given			
	Action Taken			
	By Whom		Time	
	Advice given			
	Action Taken			

10.	**Who has been informed about the incident**			
				If no, give reasons
	Child/young person	Yes	No	
	Parent/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Manager	Yes	No	
	H&S Officer	Yes	No	
	Head of Quality Assurance	Yes	No	If child/young person is in care
		Yes		

11.	**Type of incident**	**Detail**	✓
	Wrong service user		
	Wrong quantity given		
	Wrong strength of medicine administered		
	Wrong form of the medicine		
	Dose omitted		
	Wrong medicine given		
	Medicine out of date		
	Recording error		
	Medicine given at wrong time		
	Medicine refused/staff unable to administer		
	Other		

12.	**Cause of incident**	**Detail**	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service user name		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
	Other cause		

13.	**Immediate action to be taken**	✓
	Investigation by manager	
	Investigation by Health and Safety Officer	
	Investigation under complaints procedure	
	Investigation by external body	

14.	**Action to prevent a recurrence**	✓
	Workplace procedures/systems review	
	Workplace training	
	Wider procedures/systems review	
	Wider training	

15.	**Additional Notifications – *Major Incident Only***	✓
	Health& Safety Officer	
	Health & Safety Executive	
	Senior Departmental Manager	
	OFSTED	
	CQC	

Name		**Position**	
Signed		**Date**	

FORM 19 ADMINISTRATION OF MEDICINES: MANAGER'S AUDIT TOOL

Date of last audit		Time		Undertaken by			
Outcome	Audit Satisfactory?			Yes		No	
Actions required following audit							
Actions taken following audit							

Date of this audit		Day			Time		
Staff on duty							
Have staff been trained to carry out tasks that are/may be required	Yes		No		Comments		
CONSENTS, INSTRUCTIONS, RECEIPT OF MEDICINES							
Number of children receiving a service			Number on medication				
Number of children with correct details of medicines			Number of children with correct medicine received/instructions				
Number of children with copies of complete and signed consents							
Findings							
Actions required following audit							
Actions taken following audit							
ADMINISTRATION & RECORDING							
Number of children whose medicine was administered correctly			Number of children whose record of administration is complete and correct				
Findings							
Actions required following audit							
Actions taken following audit							

STORAGE OF MEDICINES					
Are all medicines stored in a lockable cupboard ?	Yes		No		
Was the temperature below 25^{O}C?	Yes		No		
Did any medicines require refrigeration?	Yes		No		
Were they correctly stored?	Yes		No		
Were there any controlled drugs on the premises?	Yes		No		
Were they stored correctly?	Yes		No		
Were there any emergency medicines?	Yes		No		
Were they readily accessible?	Yes		No		
Findings					
Actions required following audit					
Actions taken following audit					
NON-PRESCRIPTION MEDICINES (regulated services only)					
Are all medicines stored in a lockable cupboard ?	Yes		No		
Was the temperature below 25^{O}C?	Yes		No		
Were they kept apart from prescribed medicines?	Yes		No		
Were all medicines within the expiry dates?	Yes		No		
Were all medicines appropriate?	Yes		No		
Findings					
Actions required following audit					
Actions taken following audit					
OUTCOME OF AUDIT	**Audit Satisfactory?**	**Yes**		**No**	
Actions required following audit					

Audit undertaken by:		Signed	

Report distribution:	

APPENDIX TWO

PROCEDURES THAT CAN BE CARRIED OUT BY STAFF WHO HAVE RECEIVED SPECIALIST TRAINING AND WHOSE COMPETENCY HAS BEEN ESTABLISHED

Below is a table showing the procedures that are:

1. Approved to be undertaken with appropriate training.
2. Need approval to be undertaken and require the provision of specific documentary evidence.

The table has regard to guidance from the RCN (Royal College of Nursing) January 2008 Guidance on permitted tasks for non-health qualified staff. It will be overseen and updated on a quarterly basis by a group of health and local authority staff, including:

Jerry Sanderson, Adela Green, Alex Howlett	Derbyshire County Council
Helen Parkes and Helen Burgess	Health Providers

Procedures that can be carried out without referral to Risk and Insurance:

If the procedure is shown as not requiring the confirmation of the Risk and Insurance Manager it can be carried out subject to:

1. Any stated conditions in the “Insurer Conditions” column being complied with.
2. Appropriate documented training having been completed.
3. Any relevant care plans, parent consent forms and staff consent forms being in place before commencement.
4. Any other record forms recommended in this guidance document are in place.

Where any of these are not in place the Risk and Insurance Manager and/or Health and Safety Team should be contacted for further advice.

Procedures that must be referred to Risk and Insurance

If the procedure requires the confirmation of the Risk and Insurance Manager the following information and documentation must be provided to obtain approval for commencement of the procedure:

1. Copy of the Care Plan
2. Full details of the training undertaken and copy of the competency sign-off form the qualified trainer
3. Parental Consent Form
4. Staff Member Consent form – confirming agreement to undertake the task

The Authority’s current insurance policy does not cover some of the listed procedures and this information is required to seek Insurer approval or to agree to accept the risk within the Council’s Insurance Fund. To access specialist training, contact Helena Atkin or Amanda Young, Clinical Administrative Co-ordinators, Women & Children's Directorate, Chesterfield Royal Hospital NHS Foundation Trust: Helena.Atkin@chesterfieldroyal.nhs.uk or Amanda.Young@chesterfieldroyal.nhs.uk Tel:01246 514511

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

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

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

HealthandSafetyCAYA@derbyshire.gov.uk

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

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Defibrillators/First Aid only	**No**	Covered - following written instructions and appropriate documented training.
Dressing Care - Application & replacement	**No**	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	**No**	Covered - following written guidelines
Eye care/ Eye Drops	**No**	Covered - following written guidelines for persons unable to close eyes
Gastrostomy & Jejunostomy care • General Care • Administration of medicine • Bolus or continuous pump feed	**No**	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Gastrostomy & Jejunostomy tube - insertion/reinsertion	**Yes**	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	**No**	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	**No**	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	**No**	Covered but only for the administering of pre-packaged doseage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non pre-measured doses	**Yes**	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	**Yes**	

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

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