



Administration of Medicines

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Administration of Medicines

Model School Policy

Policy Statement

It is the policy of Duckmanton Primary School that we *will* administer medication in situations where medicines are required. This applies to *both prescription and non-prescription medicines* where taking these is essential during school time to allow a pupil to attend school.

We will encourage parents to administer medicine outside of school hours.

It should however, be noted that where a pupil is not well enough to attend school they should not do so and not be sent in with medicine.

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

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

Medicines will not be given to children to take home or bring into school. Medicines should only be handled by an adult.

Where possible, medicines will only be administered by named school staff.

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

Signed

Headteacher

Signed

Chair of Governors

Roles and Responsibilities

Governing Body

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

Headteacher

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

Staff Volunteering to Administer Medication

- 1) To ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine
- 2) To fully check before administering any medication that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- 3) To record all medicines administered on the correct recording form.
- 4) To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.
- 5) To ensure any training undertaken is refreshed as necessary
- 6) To ensure confidence (knowledge of) the immediate line management structure.

This policy should be read in line with:

- DFE - Templates Supporting pupils with medical conditions May 2014
- DFE – Supporting pupils with medical conditions December 2015

Arrangements for Administering Medication at Duckmanton Primary School

Receipt of Medication

The following school staff are involved in the receipt and administration of medication and are named as the school medical team:

- Mrs Debbie Parnham (Business Administrator)
- Mrs Sarah Walker (Business Manager)
- Mrs Lily Middleton (Business Administrator)
- Mrs Emma Levers (Headteacher)

No medicines (prescribed or non-prescription) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or guardian a copy of which is located at Appendix 1.

Appendix 1 should be completed by the parent/carer at the school office and handed to a member of the office staff or the Headteacher.

Medicines will only be accepted in their original container with the dispensing label clearly stating as a minimum the name of the young person, the name of the dispensing pharmacy, date of dispensing, name of medicine, amount of medicine dispensed and strength, the dose and how often to take it and if necessary any cautions or warning messages.

Non-prescription medicines should be in their original bottle/containers clearly labelled with the young person's name.

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

It is the parent/carers responsibility to collect medicines from the school office if they require them for overnight administration. The parent should then return the medication to the school office the following day. Medication will not be given to the child to bring home.

Mrs Walker, Mrs Middleton and Mrs Parnham will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as "as directed" or "as before", unless there are clear directions on the parental consent form the medicine will be rejected and won't be stored or administered in the school until there are clear directions.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. In the event that the school

decided not to administer the medicine the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

Staff and parents/guardian should check and agree the quantity of medicine provided and this should be recorded on the Medicines Administration Record (MAR) sheet Appendix 2 and signed by both the staff member and parent/guardian

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via our newsletter and School Dojo system.

The school on receipt of the medication and completed parental consent form will ensure a suitable medication administration record (MAR) form located at Appendix 2 is completed for the pupil and medication.

Storage of Medication

All medicines should be brought to the school office by the Parent/Carer and handed to a member of the school medical team.

Medicines will be stored as follows:-

Most medicines will be stored in the fridge, as this is lockable.

All medicines that are classed as controlled drugs i.e, adhd medication, will be stored in the safe, which will be locked.

Medicines which are **not** “rescue medicines required immediately in an emergency” such as antibiotics, pain relief etc will be store in the locked fridge.

The fridge will be regularly defrosted, cleaned and the temperatures will be checked and recorded.

Emergency or rescue medication is that which is required immediately in an emergency situation such as asthma inhalers or adrenalin pens. These need to be readily available to pupils as and when they are required.

Where the pupils are deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so.

Where pupils are not deemed to have sufficient capacity to store and administer their own rescue medication the school will ensure that it is stored so that it is readily accessible in an emergency but is only available for the child it has been prescribed for.

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

NB

ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL LABELED/NAMED CONTAINERS IRRESPECTIVE OF WHERE THEY ARE STORED.

Storage and Administration of Controlled Drugs

There are certain legislative requirements concerning controlled drugs. As such there is a separate section on these at appendix 3 of this policy which will be followed should any medication designated as a controlled drug be required in school.

Administration of Medicines

There are 3 levels of administration of medicines in schools:

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

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

Administering medications is a purely voluntary activity (unless specified as part of a staff member’s job description). Therefore participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering medication to ensure pupils access to education is not disrupted however:

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

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

- Ms Sarah Walker
- Mrs Debbie Parnham
- Mrs Lily Middleton
- Mrs Emma Levers

Other staff may be asked to administer medicine i.e. school trips, unique circumstances i.e. laxatives

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

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

Where medication is required 1 – 3 times daily, administration should be scheduled outside of school hours (e.g., before school, after school, and at bedtime). The school will only administer medication during the school day when it is prescribed to be taken four or more times daily, or where a specific clinical need has been identified.

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

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

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

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

3. Medication will only be given to 1 pupil at a time and the MAR sheet will be completed before any medication is given to the next pupil.
4. Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil

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

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

Changes to Medication

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

Non Prescription Medicines

The school will accept non-prescription medications

Non-prescription medicines must be supplied by parents/carers in their original containers labelled with the pupil's name. They must be in date for the duration that they are required for and must be accompanied by the fully completed parental consent form. Parents must also on a daily basis inform school of what dose has been given to the pupil that day to avoid accidental overdosing. Schools who give non-prescription medicines in line with these guidelines should inform parents/guardian of any dose given in writing.

The school will keep a stock of paracetamol medication i.e. Calpol. This will only be administered to a child if administration will help them to remain in school. Parental consent (verbal) will be obtained before the paracetamol is administered. Please follow guidance in appendix 6.

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

Complex Health Needs

Pupils with complex health needs will have an individual Healthcare plan. This will specify exactly how and when medicines should be administered and what training is required. The school will follow the guidance in the County Council "Administration of medicines and associated complex health procedures for children" guidance and will also comply with the codes of practice relating to specific individual medical conditions contained within their document. A list of these specific codes of practice is contained at Appendix 4.

Please see 'Individual Healthcare Plans' section for further details

Specialist Training

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

There are also specific medical practices which require insurance approval before they can be undertaken by school staff, the table at Appendix 5 gives details of these.

We have the following specialist training in school:

Name	Training	Date completed	Date expires
Mrs Debbie Parnham			
Mrs Lily Middleton			
Mrs Zoe Mariner			

Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:

- Assistant Headteachers
- Mrs Debbie Parnham (Office Assistant)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors,
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Appendix 1 - Parental agreement for Setting to Administer Medicine

This document is taken from the DFE Templates guidance for supporting pupils with medical conditions (May 2014)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to 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.

Signature(s) _____

Date _____

Appendix 2 - Record of Medicine administered to an individual child

This document is taken from the DFE Templates guidance for supporting pupils with medical conditions (May 2014)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
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			

C: Record of medicine administered to an individual child (Continued)

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			

Appendix 3 – Individual Healthcare Plan (IHP)

This document is taken from the DFE Templates guidance for supporting pupils with medical conditions (May 2014)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 4 – Contacting Emergency Services

This document is taken from the DFE Templates guidance for supporting pupils with medical conditions (May 2014)

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 5 – Model letter inviting parents to contribute to individual healthcare plan development

This document is taken from the DFE Templates guidance for supporting pupils with medical conditions (May 2014)

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 6 – Controlled drugs

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

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

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

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container within a locked cabinet to which only named staff should have access.
 - A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people will be present - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration. Both should complete the administration record.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

Lone working

In exceptional circumstances if it is not possible to ensure that 2 staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised. The school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the Headteacher and Governing body and will be written down. They should be agreed by parents/carer's and the staff agreeing to undertake

the administration. *For Community and Voluntary Controlled schools also add and be agreed by the Local Authority.*

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

Off-site and in the Community

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

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

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

Storage:

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

NB – Emergency medicines

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

Recording:

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

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

Information on a controlled drugs register, as a minimum will record the information set out in the templates below.

Appendix 7 – List of codes of practice in Children’s Services Guidance

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

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

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

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

HealthandSafety.Enquiries@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	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	No	Covered - following written guidelines in respect of both cleaning and changing of bags

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

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Manual Evacuation	No	To be undertaken by competent staff in line with a care plan
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 LA procedure on medicines in schools etc.
Oxygen administration - assistance	No	Covered but only in the respect of assisting user following written guidelines, i.e applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	No	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	Yes	
Pressure area care (bed sores etc)	No	To be undertaken by competent staff in line with a care plan
Pressure bandages	No	Covered - following written guidelines.
Physiotherapy	Yes	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed.

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Rectal administration generally e.g. morphine	Yes	
Rectal midazolam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must be present.
Rectal diazepam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must be 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	To be undertaken by competent staff in line with a care plan
Tracheostomy - clean external	No	Cover is only available for cleaning around the edges of the tube following written guidelines.
Tracheostomy - removal and re-insertion	Yes	
Vagas Nerve Stimulator	No	As long as written care plan is in place.
Ventilators	Yes	Covered - following written guidelines.

