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Our trust has four core beliefs; Family, Integrity, Teamwork and Success that are integral to everything we do. The purpose is to enable everyone to be able to ‘Love Learning, Love Life.’

Our policies are underpinned by our vision, beliefs and purpose

# Administration of Medicines Policy

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# Administration of Medicines Policy

## Policy Statement

It is the policy of our Embark School (Howitt Primary Community 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. **School can refuse to administer ANY medication (in non-life-threatening situations) if there are ANY concerns relating to the medication/pupil, etc.**

It should however, be noted that where a pupil/student 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/carer responsibility to supply the medicines in date and to collect and dispose of any unused medicines.

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

## **Aims**

A clear policy that is understood and accepted by all staff, parents/carers and children providing a sound basis for ensuring that pupils with medical needs receive proper care and support in school.

The local governing team must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such pupils can access and enjoy the same opportunities at school as any other child.

The local governing team should ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a pupil's ability to learn, as well as increase their confidence and promote selfcare. They should ensure that staff are properly trained and competent to provide the support that pupils need.

**School can refuse to administer ANY medication (in non-life-threatening situations) if there are ANY concerns relating to the medication/pupil, etc.**

## **Roles and Responsibilities**

### **Local Governing Team**

- To review this policy periodically to ensure it is still relevant and up to date
- To support the Headteacher and staff in delivering this policy and to make any necessary resources available to enable them to do so
- 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, school's website, newsletters
- To ensure suitable facilities for the administration of medicines are provided.

### **Headteacher**

- To be responsible for the day to day implementation of this policy in school
- To ensure any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities
- To ensure staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date
- To monitor the administration of medicines and the recording of this are in line with this policy
- To report to the Local Governing Team any issues that arise out of the implementation of this policy
- To ensure the policy is applied equitably and fully throughout the school
- To ensure any disputes regarding the application of this policy are resolved
- To ensure where staff support is required medicines are only administered where permission on the appropriate form has been obtained.
- To ensure parents/carers are informed of the policy and its implications for them. In all complex cases, the headteacher or member of the staff will liaise with parents/carers and where parents/carers' explanation is deemed to be unreasonable, advice will be sought.

### **Staff Volunteering to Administer Medication**

- All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts
- To ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine

- 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
- To record all medicines administered on the correct recording form
- To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine
- To ensure any training undertaken is refreshed as necessary
- To ensure confidence (knowledge of) the immediate line management structure.

## **Arrangements for Administering Medication**

### **Receipt of Medication (prescription and non-prescription)**

No medicines (prescription 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.

The form and the medicines should be brought to the main school office **ONLY** and not given to teachers, teaching assistants, etc.

Medicines will only be accepted in their original container with the dispensing label clearly stating as a minimum the name of the pupil, 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 pupil's name.

Ideally only enough medicines for several days are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long term course of medication the school will by arrangement with parent/carer agree to store sufficient medicine to avoid unnecessary 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/carer accept they are responsible for collecting and disposing of any excess medicines or medicines which are out of date.

Office staff receiving medicines will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as "as directed" or "as before", unless there are clear directions on the parental consent form the medicine will be rejected and won't be stored or administered 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 parent/guardian should check and agree the quantity of medicine provided and this should be recorded on the Medicines Administration Record (MAR) sheet Appendix 1 and signed by the parent/guardian.

The school will ensure parents/carers are made aware of the above requirements at the start of each year and are reminded of them periodically via the newsletter/prospectus/website.

## **Storage of Medication**

All medicines should be brought to the main school office.

Medicines will be stored as follows:-

- Medicines which are **not** “rescue medicines required immediately in an emergency” such as antibiotics, pain relief etc will be stored in the main office out of reach of pupils.
- Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in the main office. Where this is a long term medication the fridge will be regularly defrosted, cleaned and the temperatures will be checked.
- 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 pupil is deemed to have the competency and maturity to administer their own rescue medications, ie inhaler the school will encourage and support them to do so under adult supervision.

Where pupil/s 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 pupil it has been prescribed for.

In this school that will be out of reach in cupboards in classrooms.

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

NB

ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL 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 2 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 pupil self-administers their own medicine of which the school is aware
- B. The pupil 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 Pupil/student Advice & Guidance for Pupil/student's Services in Derbyshire")

When clinically appropriate, medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents/carers to discuss this with the prescriber. All medicines (prescription and non-prescription) will be given the least amount of doses within school and in the majority of situations this will equate to one dose.

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

The headteacher is aware of all staff who will administer medication and can provide names if required.

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 pupil.

Where a pupil/student 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 pupil/student 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 pupil/student this medication is the right way? You are not going to put ear drops in their eye?
Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this e.g. Do not use after 7 days. Always check the documentation that is has not already been given

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

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

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 the headteacher. They should not attempt to give another dose or try and force the pupil/students to take another dose.

## **Administration of Epipen/Anapen by Staff**

**Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.**

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the headteacher who has been trained by the appropriate health professional. Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the headteacher

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Epipen/Anapen should only be used for the person for whom it is prescribed.

1. Where an Epipen/Anapen may be required there is an individual care plan and Consent Form, in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.

2. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box.

3. It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are regularly checked. Parents/carers are ultimately responsible for replacing medication as necessary.

4. The use of the Epipen/Anapen must be recorded on the pupil's care plan, with time, date and full signature of the person who administered the Epipen/Anapen.

5. Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.

6. It is the parent/carer's responsibility to renew the Epipen/Anapen before the pupil returns to school.

7. The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who is willing to administer the Epipen/Anapen.

## **Self - Management of Medicines**

Pupils who are able will be encouraged to manage their own relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through staff. Staff will work alongside pupils who have diabetes and support their monitoring and medication.

## **Return of Medication**

Medication should be returned to the pupil's parent/carer whenever:-

- The course of treatment is complete.
- Labels become detached or unreadable. (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer.)
- Instructions are changed.

A designated member of staff will check medicines and record all long term medication: inhalers, epipens and the expiry date, asking parents/carers to update medication if necessary.

**It is the parent/carers responsibility to replace medication which has been used or expired, at the request of the school/setting staff.**

## **Record Keeping**

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

**A written record of medicines administered, witnessed by a second member of staff, will be kept in school.**

Up to date care plans must be kept for pupils on long term medication ie using epipens or have diabetes. Risk assessment are completed for all off-site visits/trips and these will make reference to any serious medical issues/controlled drugs, etc.

### **Educational Visits**

All medicines required by pupils on such undertakings will be part of the overall risk assessment for the visit. Medicines not self-managed by pupils will be in the safe care of a nominated member of staff. This colleague should be one who is willing to accept this responsibility and has at least first aid training. If any member of staff is concerned they should seek advice from the headteacher before the visit.

### **Residential Visits**

The medication form must be completed by parents / carers before departure for the medicine to be administered during the residential. The medicine will be administered and witnessed by two members of staff willing to accept this responsibility. The medication form will be completed and kept as a record.

### **Sporting Activities at Off-site Venues - during school hours**

Any medication needed, will be taken to off-site venues and be supervised by a member of staff who is willing to accept this responsibility and has at least first aid training. Staff are made aware of pupils who have medical needs, e.g. asthma.

### **Offsite Visits/Activities – out of school hours**

It is the parents/carers responsibility to ensure that pupils take all the medication they require from home. If the parent/carer is accompanying the child, they will be responsible for administering the medication. If the child is unaccompanied, the parent/carer must complete an MAR form so a member of staff (who is willing) can administer the medication.

### **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.

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the pupil's name, dose and time of administration and complete a consent form.

Staff should **never** give non-prescribed drugs to a pupil unless there is specific permission from the parent/carers. Administration of the medicine will be witnessed and counter signed by a second member of staff. Written confirmation / permission will be obtained using the school's medication form. This will only be a short term measure.

The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.

Other remedies, including herbal preparations, will not be accepted for administration in our school or on a visit.

Parents/carers must also on a daily basis inform school of what dose has been given to the pupil/student that day to avoid accidental overdosing.

Schools who give non-prescription medicines (long term) in line with these guidelines should inform parents/carers of any dose given.

The school will not keep a stock of non-prescription medication to give pupil/students.

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

### **Short Term Medical Needs**

In order to reduce the time a pupil is away from school, the school will administer medicines, for example the end of a course of antibiotics, or apply a lotion, but only for a course of up to 5 days. The Medication Form will be completed by parents / carers.

### **Long Term Medical Needs**

The school will be fully informed of the pupil's needs before admittance and appropriate meetings will take place before the child starts.

It is essential to have sufficient information in order for the pupil's medical needs to be adequately supported. (Reference should be made to the 2005 DfES document.)

A care plan is in place for pupils who have long term needs. A copy is kept in the pupil's classroom and a second copy is kept in the main school office. The care plans are written with parents/carers and updated every 12 months or sooner if necessary.

### **Complex Health Needs**

Pupil/students with complex health needs will have an individual treatment 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 pupil/student" 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 3.

### **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/student'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 4 gives details of these.

**Appendix 1 HOWITT PRIMARY COMMUNITY SCHOOL  
MEDICATION RECORD**

<b>Date</b>							
<b>Time given</b>							
<b>TA's Initials</b>							
<b>Witness</b>							

<b>Child's Name and Class</b>	
<b>Name of Medicine</b>	
<b>Time</b>	
<b>Dose</b>	
<b>Other Instructions (including details for inhalers)</b>	
<b>Emergency Telephone Number</b>	

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

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 2 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 pupil/student. Controlled drugs likely to be prescribed to pupil/student 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).

Only appropriately trained members of staff may administer a controlled drug to the pupil/student 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 pupil 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 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.
- 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 pupil/student for use, is an offence and will be dealt with through the school's 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 an excessive amount of a controlled drug at a time. The amount will be determined on an individual basis taking into account the reliability of the drug coming into school.

### 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 pupil being denied access to education or the safety of the pupil or staff being compromise, the school will look to put in place suitable arrangements to ensure the pupil'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.

**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.
- When a controlled drug is taken off-site or within the community, this will be recorded on the corresponding risk assessment, including the details of the named person for the safe storage and administration of the medicine.

## **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 pupil/students could access it*

**Recording:**

The receipt, administration and disposal of controlled drugs will be recorded on a form intended for that purpose.

- A separate sheet is to be maintained for each pupil/student, 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**
- 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 Pupil/student'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.*

**HOWITT PRIMARY COMMUNITY SCHOOL**  
**CONTROLLED DRUG MEDICATION RECORD**

**PUPIL NAME:** \_\_\_\_\_

**No of tablets given to school:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/carer signature:** \_\_\_\_\_ **Staff signature:** \_\_\_\_\_

**Date parents/carers informed of low dosage** \_\_\_\_\_ **Date completed:** \_\_\_\_\_

<b>Date</b>										
<b>Dosage given/Amount left</b>	/	/	/	/	/	/	/	/	/	/
<b>Time given</b>										
<b>TA's Initials</b>										
<b>Witness</b>										

<b>Date</b>										
<b>Dosage given/Amount left</b>	/	/	/	/	/	/	/	/	/	/
<b>Time given</b>										
<b>TA's Initials</b>										
<b>Witness</b>										

<b>Date</b>										
<b>Dosage given/Amount left</b>	/	/	/	/	/	/	/	/	/	/
<b>Time given</b>										
<b>TA's Initials</b>										
<b>Witness</b>										

## **Appendix 3 - List of Codes of Practice in Pupil/Student'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. Pupil/student 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

## **Appendix 4**

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](mailto:HealthandSafety.Enquiries@derbyshire.gov.uk)

<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Anal Plugs	<b>Yes</b>	
Apnea monitoring	<b>No</b>	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	<b>Yes</b>	
Blood samples	<b>No</b>	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	<b>No</b>	Covered - following written guidelines
Bursting blisters	<b>Yes</b>	
Catheters (urinary) including mitrofanoff - clean/change of bag	<b>No</b>	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	<b>Yes</b>	
Chest drainage exercise	<b>No</b>	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	<b>No</b>	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"> <li>• General Care</li> <li>• Administration of medicine</li> <li>• Bolus or continuous pump feed</li> </ul>	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	

<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Manual Evacuation	<b>No</b>	To be undertaken by competent staff in line with a care plan
Mouth toilet	<b>No</b>	Covered
Naso-gastric/jejunal tube feeding	<b>No</b>	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	<b>Yes</b>	
Oral prescribed medication	<b>No</b>	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves pupil/studentren, wherever possible Parents/Guardians should provide the medication prior to the pupil/student 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	<b>No</b>	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	<b>No</b>	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	<b>Yes</b>	
Pressure area care (bed sores etc)	<b>No</b>	To be undertaken by competent staff in line with a care plan
Pressure bandages	<b>No</b>	Covered - following written guidelines.
Physiotherapy	<b>Yes</b>	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.

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