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Medicines Management in Special Schools
Policy and Procedure

See also:	**Located in the following policy folder on the Trust Intranet**
Medicines Code	Pharmacy
Paediatric Community Enteral Feeding Policy	Clinical
Administration of rectal diazepam and/or buccal midazolam by unregistered support staff	Pharmacy

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Policies and Procedures

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See also School Medicines management arrangements

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Checklist for
Medicines Management in Special Schools Policy and Procedure

Summary (Plain English) Summarise the main points of the policy below in a style that is clear and easy to understand. Ensure the whole policy is written in plain English, using simple language where possible and avoiding convoluted sentences and obscure words. The resulting policy should be easy to read, understand and use,
To provide guidance on managing medicines in special schools and at the Lighthouse Short Break Service

Name / Title of policy/procedure	Medicines Management in Special Schools. Policy and Procedure	
Aim of Policy	To provide guidance on managing medicines in special schools and at the Lighthouse Short Break Service	
Sponsor (Director lead)	Alison Reynolds, Area Service Manager, Complex Health Needs and Paediatric Therapies Dr John Sykes (Medical Director)	
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Name of policy being replaced	Medicines Management in Special Schools. Policy and Procedure	**Version No of previous policy:** 01

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Commissioning individual or group:	Drugs and Therapeutics Committee Alison Fermor, Area Service Manager, Complex Health Needs and Paediatric Therapies

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Medicines Management in Special Schools Policy and Procedure

Table of contents

Introduction 5

Definitions 5

Roles and Responsibilities 5

Prescribing Of Medicines 5

Medicines Reconciliation 5

Transcribing 6

Supply, Ordering and Receipt Of Medicines 8

Preparation and Administration of Enteral Feeds 10

Preparation and Administration of Medicines 10

- Procedure for administering a medicine 11
- Medicines Administration Omissions Codes 13
- As Required Medication 13
- Crushing Tablets 14
- Administration of Medicines via a Gastrostomy 14

Transport of Medicines 15

Storage of Medicines and Security of Medicine Keys 15

- Storage of medicines 16
- Keys 16
- Refrigerated Medicines 17
- Insulin 17
- Room Temperatures 17
- Storage Requirements 18
- Breach of Security 19
- Misplaced or Lost Medicines Keys 19
- Spare Sets of Medicine Keys 19

Closure of a School 19
School Trips 20
Losses or Discrepancies 20
Disposal of Medicines No Longer Required 21
Patient Group Directions and Authorised Directions 21
Use of Unlicensed Medicines or Use of Medicines for Unlicensed Indications 21
Clinical Trials 21
Medicines-Related Duties Performed By Authorised Employees 22
Medical Gases 22
Medicine Incidents 22
Medicines Defect Reporting 23
Consent to Treatment and Associated Issues 23
Illicit Substances 23
Code of Conduct for Relationships with the Pharmaceutical Industry and Other Commercial Organisations 23
Audit 23
APPENDICES 24
Appendix A – Medication Consent Form 25
Appendix B – Medication Record Sheet 27
Appendix C – Return of medication for disposal 28
Appendix D – Safe Custody of Medicines 29

Medicines Management in Special Schools.
Policy and Procedure

Introduction

This Policy is a supplement to the Medicines Code, providing specific guidance on the handling of medicines within Special Schools where the Trust provides the school nurse service and at the Lighthouse Short Break Service. For any aspects of medicines management that are not specifically described in this document, readers must refer to the Medicines Code. If further advice is needed then contact the DHCFT pharmacy department.

Definitions

Refer to Chapter 2 of the DHCFT Medicines Code.

Roles and Responsibilities

Refer to Chapter 2 of the DHCFT Medicines Code.

The following is an addition for the purposes of this Policy only:

Staff employed by other organisations to work with children in Special Schools, such as education staff, may be involved in the management of medicines where their competence to do so has been demonstrated to the Appointed Practitioner in Charge (medicines) and the authorisation has been evidenced in writing, e.g. a signature sheet signed and dated by both the staff member and the Appointed Practitioner in Charge (medicines).

Prescribing Of Medicines

Refer to the DHCFT Medicines Code.

DHCFT prescribers who prescribe for children at one of the Special Schools or the Lighthouse Short Break Service should prescribe in the usual way using FP10 prescription pads, to allow medicines to be dispensed by a community pharmacy.

If necessary, medicines can then be transcribed onto the Medicines Administration Record in the usual way (See “Transcribing”), however it is good practice for the prescriber to make any required amendments to the Medicines Administration Record themselves, bearing in mind that this document is not itself a legal prescription, and cannot be used as a means of obtaining medication..

Medicines Reconciliation

Medicines reconciliation is of paramount importance in Special Schools and at the Lighthouse Short Break Service to allow the safe administration of medication to children, without the need for a prescription chart to be written by a prescriber.

The process of medicines reconciliation in Special Schools and at the Lighthouse Short Break service must include information obtained from the child's labelled medication, the Medicines Consent Form completed by a parent or guardian and at least one other source of prescribing information. The latter may include the Summary Care Record or information obtained from the GP surgery or a hospital.

Process

- All admissions to Special Schools and the Lighthouse Short Break Service are planned in advance. An initial health needs assessment should be completed at which time the parent or guardian should be asked to complete the medicines consent form (Appendix A) to ascertain the current medication and feeds regimen. This form should be checked by a nurse to ensure that the approved name, strength, dose, route and administration times are fully completed and this must then be filed in the child's health record.

- The parent or guardian should be asked to bring in all medicines in their original container, as dispensed by the pharmacist, with the dose clearly written. Dose instructions that read "as directed" are not appropriate and the prescriber must be asked to provide clear instructions for use so the medicine can be dispensed and labelled accordingly.

- Written information about the medicines currently prescribed should be obtained (e.g. from the child's General Practitioner). Written confirmation may be in the form of a letter, a fax or a Summary Care Record (SCR) obtained from the NHS Spine Portal by an authorised smartcard user. **Note that access to SCR needs consent/follow Trust policy.**

After clarifying that the medicines, consent form and GP information agree, the nurse should complete the Medicines Consent Form with their signature and the date.

If there are discrepancies between the sources of information, the parent or guardian should be contacted immediately to discuss the inconsistencies. Any lack of clarity must be resolved before admission to the Lighthouse Short Break Service.

- All of a child's medicines received by the Special School or the Lighthouse Short Break Service must be recorded on the Medication Record Sheet (Appendix B).

- All medicines to be administered must be transcribed onto the Medicines Administration Record (see "Transcribing" in this document).

Medicines reconciliation must be updated every two weeks for children at the Lighthouse Short Break Service and each half-term for children at Special Schools.

Transcribing

Transcribing within the Special Schools and the Lighthouse Short Break Service is subject to the following procedure, and **not** the guidance laid out in Chapter 16 of the DHCFT Medicines Code:

Transcribing within the Lighthouse and Special Schools may be undertaken when a child requires medicines to be administered which are currently prescribed to them. Because transcribing is a process that should only occur in exceptional circumstances (Standards for Medicines Management, Nursing and Midwifery Council, 2007) staff must ensure that they are only administering medication where it is essential that they do so. Medicines administered once or twice a day can usually be given outside of school hours, as can many requiring thrice daily administration. Staff should request a review if they feel that they are being asked to administer medication that could be given (e.g.) at home.

On each admission the exact details of the transcribed medicines must be checked against the information gathered as part of medicines reconciliation (see above):

- The child's own medicines at the time of admission
- Information gathered from healthcare providers (e.g. GP)
- The medicines consent form

If these do not correspond:

- When there is a difference of **medicine, dose, frequency or route** then the child's GP or out of hours GP service must be contacted immediately. All actions must be clearly documented in the child's health record. Written confirmation by fax must be obtained from the prescriber before the medicine is administered.
- Where there is a difference in medication administration times (e.g. 18:00 and 22:00), the short break service can continue with the times adopted by the parent or guardian.

If there are any changes to the administration regimen of a medicine, the original transcription must be cancelled and the new regimen transcribed onto the Medicines Administration Record. The change and any reason for it must be recorded in the child's health record.

Process

A Registered Nurse, Pharmacist or Pharmacy Technician can be authorised to perform transcribing tasks. The individual will have demonstrated their competence to undertake transcribing and have been authorised by their line manager. **The site must maintain a signature list of all staff authorised to undertake transcription.**

Practitioners who are undertaking transcribing must assure themselves of the accuracy and legibility of the information they are using. If there is any doubt then clarification should be obtained from the relevant prescriber. A record must be kept of the information sources used in the transcribing process.

All transcribed medicines must be reconciled in accordance with the medicines reconciliation procedure (see above) and must reflect the medicines, doses, frequencies and routes specified by the prescriber and reflected by the label(s) on the medication. Any discrepancies must be clarified in writing with the prescriber before transcribing.

All Medication Administration Records must include the following:

- The child's name (on all pages)
- Date of birth
- NHS number
- Known allergies or sensitivities to medicines; or if there are none stating "none known" – this information should be signed and dated by the healthcare professional who is making the record.
- Address
- Name of the General Practitioner

All transcriptions onto the Medicines Administration Record must include:

- Approved name of the medication
- Route of administration
- Dose to be administered
- Time(s) of administration
- Start date (the date of the first administration)
- Stop date where appropriate (e.g. antibiotic courses)
- Special directions
- Staff member's signature and the date of transcribing

Where two staff members who are suitably qualified and/or authorised to transcribe are available, the person transcribing should ask the other to check their transcription for accuracy and reduce the risk of errors. Ideally this should occur on the same shift, but otherwise transcriptions completed on one shift can be accuracy checked by a staff member on the following shift.

If required, two or more Medication Administration Records can be in use at the same time for one child if they are prescribed a large number of medicines. Each chart must clearly indicate the existence of another by being marked "1 of 2", etc.

Any cancellation of medication must be clearly marked on the Medication Administration Record, with bold lines being drawn diagonally across the transcription and the unused administration record section. The date of cancellation should be entered in the "stop date" area of the transcription. The cancellation must be dated and signed in full in the administration section of the Medication Administration Record and recorded in the child's care record.

Supply, Ordering and Receipt Of Medicines

Medication to be administered to a child must be supplied to the school or to the Lighthouse Short Break Service by the parent or guardian ensuring:

- The medicine has been prescribed by a doctor or non-medical prescriber
- The medicine is within its expiry date and has been dispensed by a pharmacist within the last 3 months.
- The medicine is in its original container as dispensed
- All labels are intact and legible

- The medicine is given to an adult for delivery to the nurse (e.g. Transport Escort) and never given to the child to carry

It is good practice to supply self-seal bags to the parent or guardian to allow tamper-evident transfer of medication to the school or the Lighthouse Short Break Service. The self-seal bags should have the child's name written on them. Separate bags should be used for ambient- and refrigerated-storage medicines, as well as for medicines only to be used in emergencies rather than for routine administration. Children should never transport medication themselves.

The exception to this is medication supplied to the school or unit by the DHCFT pharmacy for administration under a Patient Group Direction.

When a child's medication is brought in to the school or the Lighthouse Short Break Service it must be checked for correctness at the earliest possible opportunity. The check will include the details listed above and the following:

- All of the details on the medication label
- Storage requirements
- Class of drug, for example "Controlled Drug (CD)" such as methylphenidate

The Patient Information Leaflet (PIL) must be read as this gives supplementary information about storage conditions and cautionary advice. Any information provided must be acted on when storing and administering the medication.

Any Controlled Drugs must immediately be recorded and witnessed in the Controlled Drug Register and stored securely in the Controlled Drug Cupboard.

A record of all medication received, returned and disposed of must be made and retained. It is the responsibility of the person engaged in these processes to complete and sign the appropriate record.

Receipt of all of a child's medicines must be recorded on a Medication Record Form (Appendix B) for each child including:

- Date of receipt
- Name, strength and form of the medicine received
- Quantity of medicine received
- Expiry date/batch number
- Identification of any medicines which are "Controlled Drugs"

On receipt the medication should be checked and transcribed as described in "Medicines Reconciliation" and "Transcribing" in this document; and stored securely as described in "Storage of Medicines and Security of Medicine Keys" in this document.

Controlled drugs must be recorded in the Controlled Drug Register and stored in the Controlled Drug cupboard as described in "Storage of Medicines and Security of Medicine Keys".

Preparation and Administration of Enteral Feeds

Refer to the DHCFT Paediatric Community Enteral Feeding Policy. Further information can be found in the Royal Marsden Hospital Manual which is available via Open Athens.

Preparation and Administration of Medicines

The following procedure replaces the guidance given in Chapter 7 of the DHCFT Medicines Code.

Medication must be administered as intended by the prescriber. The prescriber's directions will be on the dispensing label attached to the medication and should match those transcribed onto the child's Medication Administration Record. Additional information can be found in the Patient Information Leaflet provided with the medication. Further information for professionals can be found for most medicines using the website www.medicines.org.uk. If there are any queries regarding the way in which the medication is to be given, the prescriber or the dispensing pharmacist must be consulted for advice. If concerns remain then contact the DHCFT pharmacy department for advice.

Medicines must only be administered by registered nurses or staff authorised to do so by a registered nurse employed by DHCFT after receiving training and satisfying the registered nurse of their competence to perform the task.

All staff involved in the administration of Controlled Drugs must adhere to the guidance in Chapter 15 of the DHCFT Medicines Code for making the requisite entries in the Controlled Drug Register and for dealing with any discrepancies in the quantity of the Controlled Drug.

To avoid errors in administering medication the following must be adhered to:

- Medication must only be administered as prescribed and not left out to be administered at a later time. Medication must be given within 60 minutes of the time specified on the Medicines Administration Record.
- When not in use, medication cupboard(s) must be locked and the key held in a secure place.
- If regular medications appear to be in short supply then this must be acted on immediately to ensure continuity of supply; for example, by contacting the child's parent or guardian to request a new supply.
- Before administering medication staff must confirm the identity of the child that is to receive the medication. Under no circumstances should medication be given if there is uncertainty as to the child's identity.

- The Medication Administration Record should be used to check the child's name, medication, dose and frequency against the same information on the medication label. The two must agree; if there is any discrepancy then it must be clarified before medication is administered.
- Staff must note how each medication is to be administered and ensure that an appropriate device is used where necessary, e.g. an oral syringe for measuring and administering liquid medicines.
- Any queries must be resolved by liaising with the appropriate authority, i.e. General Practitioner or supplying Pharmacist.
- Controlled Drugs administration must involve two members of staff where available; one to administer and one to witness. Such administration must **always** be witnessed at the Lighthouse Short Break Service. Records must be made in both the Medication Administration Record and the Controlled Drug Register and the remaining balance of the Controlled Drug reconciled between the physical quantity and that recorded in the register's running total.
- A record must be made on the Medication Administration Record immediately after administration. If for any reason the medication is not given or is refused then the reason must clearly be indicated on the Medication Administration Record, using the numerical codes shown below. Regular refusals must be reported to the parent or guardian and to the prescriber.
- If an error is made when administering medication, it must be reported (see "Medicine Incidents", below).
- Staff should be aware of the medication that they are administering and be aware of any change in the child's condition that may be a result of medication. Should this occur then appropriate action should be taken, such as contacting the parent or guardian and the General Practitioner.
- A child's medication must never be administered to another person even if it is identical to one prescribed to the other person.

Procedure for administering a medicine

- Wash hands before commencing medicines administration.
- Have water ready to offer in the aid of administration.

- Collect any equipment needed for administration via gastrostomy including equipment necessary for infection control (e.g. apron and non-sterile gloves)
    - If administering via a gastrostomy, see “Administration of Medicines via Gastrostomy”, below
- If administering a Controlled Drug, ensure a witness is present.
- Know the use of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications. Refer to the British National Formulary for Children (BNFC) if unsure and if doubts remain then seek clarification from the General Practitioner or the dispensing Pharmacist as necessary.
- Check that the instructions on the medicine’s label are clear and unambiguous and are clearly understood.
- Confirm that the instructions on the medicine’s label match the transcription on the Medication Administration Record.
- Check that the medicine has not exceeded its expiry date.
- If opening a new bottle of a liquid medicine then attach and complete a “date opened” sticker.
- Check how the medicine should be taken and assemble any equipment necessary for safe and appropriate administration, e.g. oral syringe for a liquid medicine.
- Verify the identity of the child matches that on the medicine label and the Medication Administration Record.
- Ensure that you are administering the medicine at the correct time (within 60 minutes of the time specified on the Medication Administration Record)
- Check the Medication Administration Record to ensure that the dose has not already been administered and that the child is not allergic to or intolerant of the medication.
- Carefully check the label on the medication and administer the correct amount. If dealing with liquids use an appropriate device. Never guess or use inappropriate equipment such as a teaspoon.
- If a witness is present, they must verify that the steps above have been completed correctly before proceeding.
- Offer the dose to the child.

- Check that the dose has been taken correctly and fully, e.g. ensure an oral dose has been swallowed.
- Immediately make a record on the Medication Administration Record of all medication administered, omitted or refused. Omissions and refusals must be indicated using the numerical codes shown below.
- If administering a Controlled Drug, immediately complete the Controlled Drug register including a reconciliation between the quantity of medicine remaining and the quantity recorded in the register's running record. The witness must countersign the entry.

Medicines Administration Omissions Codes

'1' If the medicine is not available
'2' If the child is on leave (e.g. school trip)
'3' If the child is absent from the establishment
'4' If the dose is refused
'5' If the regular dose has been replaced by a "stat" once-only dose
'6' If the transcription is unclear or incorrect
'7' If the dose is omitted in accordance with written instructions from a prescriber
'8' If the dose is omitted for any other reason (and document the reason in the care record)

Any action taken after non-administration must be documented in the care record. Failure to record the administration or omission of a medicine is a medicine incident and must be reported (see Medicine Incidents, below).

As Required Medication

Some medication may be prescribed to be given "when required" or "when necessary"; sometimes referred to a "PRN". In such cases it must be clear what the dose is that can be given at any one time and how many doses can be administered in 24 hours. If this is not clear then the prescriber should be contacted for written confirmation.

As such medication may also be given at home, it should be ascertained from the parent or guardian if the child has received any doses before attending the establishment and the parent or guardian should be informed of any doses administered by staff while under their care.

A suitable interval must be left between successive doses of a "when required" medicine. This interval will vary from medicine to medicine. Wherever possible, the minimum interval should be recorded in the child's care record and noted on the Medicines Administration Record.

Crushing Tablets

It must not be assumed that it is appropriate or safe to crush tablets, open capsules or in any other way alter the medication prior to administration. Such practice generally falls outside of the product's marketing authorisation (product licence) and in such cases those involved in prescribing, supplying and administering the medicine accept liability for any adverse effects resulting from this administration.

Some medicines are designed for slow-release and should not be crushed. Some medicines become unstable if crushed and others can cause harm to the person. Where a child has difficulty taking a medication this should be discussed with the parent or guardian and, if necessary, the prescriber or the dispensing pharmacist. The pharmacist may be able to suggest an alternative formulation of the medication that can be prescribed instead. If an alternative is not available then the pharmacist may be able to suggest methods of administration appropriate to the medication.

Administration of Medicines via a Gastrostomy

Refer also to the DHCFT Paediatric Community Enteral Feeding Policy and the Royal Marsden Hospital Manual, available via Open Athens.

A recommended reference guide is the Handbook of Drug Administration via Enteral Feeding Tubes by Rebecca White and Vicky Bradnam (3rd edition, 2015).

Before administering medicines via a gastrostomy, check whether the child can take medication orally, that the medication is essential and that there is no other suitable route of administration (e.g. percutaneous patch)

Where water is required for flushing, or mixing with medicines, this should usually be freshly drawn tap water. Sterile water should be used if the child is immunocompromised.

All administration into the feed tube (for medication or flushing) should use a 50mL or 60mL syringe. Smaller syringes can create high pressures that may damage the tube. This is reflected in all clinical guidance consulted in writing this policy, including that from Great Ormond Street Hospital, the Royal Marsden Hospital and the Handbook of Drug Administration via Enteral Feeding Tubes.

If an enteral feed is in progress, this must be stopped before administering medication via the gastrostomy and the tube flushed with at least 30mL of water. If there is a contraindication between the feed and the medicines (e.g. phenytoin), then the feed should be stopped 1-2 hours before administering medication and not restarted until 2 hours after administration.

Never add medication directly to the feed. Check with the pharmacist if you are unsure if medications can be administered via a gastrostomy.

Liquid medicines are mostly suitable for administration via gastrostomy, but some may be too thick to flush through the fine bore of the tube. Shake liquids well before using them. Thick liquids may be mixed with an equal volume of water before administration.

Liquid medicines should be measured using either a graduated medicine measure or an oral/enteral syringe, using a separate measure or syringe for each medicine.

See above for advice to follow before crushing tablets, opening capsules, etc. Always check with the supplying pharmacist which tablets/capsules are suitable for crushing/opening and mixing with water or sodium bicarbonate. Many tablets will disperse in water if left for a few minutes and do not require crushing.

If medications are to be crushed this must be done using appropriate equipment such as a pill crusher until they are a fine powder. The powder should be dispersed in 10-15mL of water immediately prior to administration. Ensure all of the powder is actually administered and not left behind in any medicine pot, syringe, etc.

If a child requires calcium carbonate a dispersible preparation should be used as other preparations can block the tube.

Administer the medication through the tube via a 50mL or 60mL syringe as follows.

- Volumes greater that 10mL can be drawn up directly into the syringe and administered via the tube.
- Volumes of 10mL or less should be measured in an oral syringe, the plunger of the 50-60mL syringe should be removed and the large syringe connected with the enteral tube. The dose should then be administered into the barrel of the large syringe and the oral syringe rinsed with water, which should also be administered via the barrel of the large syringe.

Always flush the gastrostomy with 10 mL of water after administering each medication and with at least 30mL of water after administering the final medication.

Check the stoma site for any visible signs of infection and confirm that the child is not suffering from undue pain or discomfort. If infection is suspected, consult the parent or guardian.

Transport of Medicines

Refer to Chapter 8 of the DHCFT Medicines Code.

Parents/Guardians should be provided with tamper-evident bags to facilitate the secure transport of medication to the school or unit.

Storage of Medicines and Security of Medicine Keys

For storage of medication in special schools refer to the following guidance:
The Appointed Practitioner in Charge (Medicines) is responsible at all times for the safekeeping of medicines within their area of responsibility. Even if tasks are delegated the Appointed Practitioner in Charge (Medicines) remains responsible.

Storage of medicines

- The storage instructions of each medicine must be checked and followed.
- All medicines must be kept in their original labelled containers and must be stored as described below in “Storage requirements”.
- All Controlled Drugs must be kept in a separate locked cupboard as described below in “Storage requirements” and a Controlled Drug Register must be maintained (see Appendix D of this document and Chapter 15 of the DHCFT Medicines Code).
- Labels on medications must contain clear details of the name and dose of the medication, the name of the child.
- Instructions such as “as directed” are not acceptable and the prescriber should be asked to specify full instructions on the prescription to allow the dispensing pharmacist to include these instructions on the label.
- Labels must never be changed by staff.
- For prescription-only medicines it is preferable that only 28 days’ supply at most is held by staff, and never more than 56 days.

Keys

- Medicine keys are the responsibility of the Assigned Practitioner in Charge (Medicines). Medicine keys must never be made available to staff who are not authorised to administer medicines.
- Keys for the medicine cupboard(s) and any other secure locations where medicines are stored (e.g. refrigerator) must be held in a secure place with access restricted to named staff.
- Access must be limited only to staff who have been approved to administer medication (see “Preparation and Administration of Medicines”, below).
- Keys for the Controlled Drugs cupboard must be stored separately from those for other medicine storage, with access restricted only to staff permitted to access Controlled Drugs.
- Combination locks should have their combination changed when the Appointed Practitioner in Charge (medicines) feels this is necessary to maintain security; such as if a staff member with access to the combination leaves their job.

Refrigerated Medicines

Medicines which require refrigeration will be stored in a specified medication fridge that must remain locked. When in the refrigerator, the medication must be maintained at a temperature between 2-8^{0}C. A maximum/minimum thermometer must be used to ensure this and records kept on each working day.
Refer to Section 9.2 of the DHCFT Medicines Code for further guidance and for action to be taken in the event of refrigerator temperatures falling outside of the specified range.

Insulin

Unopened insulin products must be stored in the refrigerator. When needed, insulin should be left at room temperature for at least one-hour prior to administration. Once opened, insulin can be safely stored at room temperature for up to 28 days or 6-weeks (depending on the manufacturer). Upon opening a new insulin product the date of opening must be marked on the container to allow for destruction after 28 days or 6 weeks, as appropriate. If opened insulin is brought into the school with the child it is essential to identify when it was opened to ensure it is safe to use. If this cannot be determined then the parent or guardian must be asked to provide a new supply.

Room Temperatures

All medicines with the exception of refrigerated medicines must be stored between 15 and 25^{0}C. For all locations where medicines are stored the room temperature must be recorded on each working day. If medicines are found to be stored above 25^{0}C the following remedial action must be taken:

- Ensure there are no obvious reasons for the high temperature, e.g. blinds not drawn/closed, radiators are switched on, etc.
- Ensure any air conditioning units are switched on and set to work correctly. If no air conditioning is in place then ensure limited-opening windows are open and fans are in place.
- Record all readings as usual, reset the thermometer and re-check the temperature in one hour.
- Record actions taken on the temperature monitoring chart.
- Follow the guidance for a Medicine Incident including reporting using the Trust's incident reporting system.
- If the area is regularly exceeding the maximum recommended temperature and does not have air conditioning fitted the Appointed Practitioner in Charge must add this to the Trust Risk Register. The Appointed Practitioner in Charge (Medicines) must make the head-teacher aware of the situation and request that it be resolved.

Storage Requirements

Note that these requirements are **specific to special schools only**. All other areas of the Trust including the Lighthouse Short Break Service must refer to Chapter 9 of the DHCFT Medicines Code.

- All internal and external medicines must be stored in locked metal cupboards or locked medicines trolleys reserved solely for medicines and secured to the wall or floor. The only exceptions to this requirement are medicines required in emergencies, nutritional products and some bulky medicated dressings.
- Medicines required for emergencies must be accessible but access must be appropriately controlled.
    - Those held by the school or unit for emergency use in any person who needs them must be held either on a crash trolley or in a tamper-evident box clearly marked for “emergency use” and must not be in a locked cupboard. If used, replacements must be obtained at the earliest opportunity.
    - For certain conditions such as asthma, it may be appropriate for the child to carry their medication with them at times (e.g. inhaler), or for education staff to have possession of the medication. This must be risk assessed and storage details documented in the child’s health record and on the front of their Medicines Administration Record. Controlled Drugs (Schedule 2) cannot be held in this way as they **must** be stored securely. Midazolam for buccal administration to treat seizures is ordered as a Controlled Drug; however despite being a Schedule 3 preparation it does not need to be stored in a Controlled Drug cupboard at Special Schools. It should be stored in the same way as regular medicines and may be carried by education staff when appropriate to allow for prompt administration in the event of a child experiencing a seizure. Records must be kept for buccal midazolam being signed-out and signed-in by the member of education staff taking responsibility for the buccal midazolam. Please see Appendix D for advice on safe custody of Controlled Drugs.
- Nutritional products and dressings may be stored in a clean, secure area as agreed by the Appointed Practitioner in Charge (Medicines).
- Under no circumstances should medicines be transferred from one container to another, nor must they be taken out of their container and left loose. All medicines in transit must be sealed in tamper-evident containers.
- Controlled Drugs must be stored in a locked metal cupboard reserved solely for the storage of Controlled Drugs and secured to the wall or floor. This cupboard may be separate from others or be inside another locked cupboard used to store medicines. Please note that **Special Schools do not need to use a controlled drug cupboard of the same standard as a hospital ward**, however the Lighthouse Short Break service do and must refer to Chapter 9 of the DHCFT Medicines Code. Please note that midazolam formulated for buccal administration is exempt for the requirement to be stored in a Controlled Drug cupboard and can be stored in a locked cupboard in the same way as regular medicines. As stated above, records must be kept of midazolam for buccal use being signed-out to, or returned by, educational staff who will keep it in their

possession for the prompt treatment of seizures. Please see Appendix D for a summary of storage requirements of Controlled Drugs.

- If medical gases (e.g. medical oxygen) are in use on-site, advice is available from your local Fire Safety Officer.
- See also the guidance above about key security.

Breach of Security

Any incident must be reported immediately to DHCFT and the head teacher or deputy. The breach must be investigated at the earliest opportunity by the Appointed Practitioner in Charge (Medicines) and an Authorised member of the DHCFT Pharmacy department. All breaches in security must be reported using the Trust's incident reporting system and the local security management specialist informed.

Misplaced or Lost Medicines Keys

Every effort must be made to find the keys immediately or to retrieve them from off-duty staff.

Where the medicine keys are not found and medication is required the head teacher or deputy must be informed and make arrangements for the cupboard to be opened and a new lock fitted.

If there are grounds to believe that the medicine keys have been lost or stolen, ALL locks must be replaced and access codes to key safes changed. If the Controlled Drug keys cannot be found then the Chief Pharmacist and Accountable Officer (DHCFT) must be informed.

Any loss of medication keys must be reported using the DHCFT incident reporting system.

Spare Sets of Medicine Keys

A duplicate version of each medicine key must be provided to the DHCFT pharmacy department who will hold them securely for use in the event that the usual key is unobtainable.

Spare sets of keys may also be kept on the premises of the Special School or the Lighthouse Short Break Service, as locally agreed and where they are subject to the same degree of security as described for the usual keys.

Closure of a School

If a school is to be closed for any period of time (such as during school holidays), any medicines belonging to children, including Controlled Drugs, must be removed from the premises by returning them to the appropriate parent or guardian. If medicines are no longer required then they must be disposed of appropriately (see guidance elsewhere in this document). Other medication, such as stock held for use with Patient Group Directions (PGDs) may be kept in the school provided there is adequate security to prevent unauthorised access to the cupboards. Consideration should be

given to the potential for hot weather to affect medicines storage during times of closure when monitoring is not practical. This should be risk assessed and medicines removed if necessary, to be replaced when the school reopens.

If the school is to close permanently or for a prolonged period then the Appointed Practitioner in Charge (Medicines) must liaise with the DHCFT pharmacy department to arrange removal of unused medicines.

School Trips

If a child will require medication when on a school trip the parent or guardian should be asked to supply a separate supply of medication suitable for the dose required while on the trip, if possible.

Education staff will assume responsibility for the security of medicines, including Controlled Drugs, when not on school premises. Controlled Drugs must be signed-out of the Controlled Drug Register into the possession of the responsible member of education staff, and signed-back in if any are returned after the trip. All medication required on the trip must be signed out (and back in) using the Medication Record Form.

The Assigned Practitioner in Charge (see Chapter 2 of the DHCFT Medicines Code) must

- assure themselves that any person who will be responsible for the administration of the medication during the trip has been provided with clear, written directions and advice on the administration; this may include the time(s) of the last dose(s) of medication administered.
- Assure themselves that the information has been understood by the person who will administer the medication.
- Ensure a record is kept on the Medication Administration Record to detail the absence (omission code “2”)
- Make enquiries as to the time(s) of any dose(s) of medication administered on the trip upon return to the school where this is appropriate.

Losses or Discrepancies

This section **replaces** the guidance of Chapter 10 of the DHCFT Medicines Code, for Special Schools and the Lighthouse Short Break Service.

The Appointed Practitioner in Charge (Medicines) must investigate the situation at the earliest opportunity and ensure steps are taken to try and establish a reason for the discrepancy. This must include:

- Re-checking all medicines storage areas
- Checking against medicines administration and medicines receipt records
- Checking records of medication returned or destroyed

After initial investigation, if discrepancies cannot be reasonably explained, inform the Head Teacher and the Chief Pharmacist (DHCFT) or their deputies. The Chief Pharmacist or deputy will advise on further action and/or restrictions.

If the discrepancy involves a Controlled Drug and the Appointed Practitioner in Charge (Medicines) is not available to conduct an immediate investigation, then the Head Teacher, Senior Nurse and Chief Pharmacist (or deputies) must be informed immediately.

Any discrepancies of Controlled Drugs, which after a thorough investigation cannot be reasonably explained, require the following action:

- The incident must be reported using the DHCFT incident reporting system.
- The DHCFT Accountable Officer for Controlled Drugs, Chief Pharmacist, Area Service Manager, Senior Nurse and Local Security Management Specialist must be informed. They will determine the appropriate course of action.
- The DHCFT Accountable Officer for Controlled Drugs will be responsible for assuring that identified action(s) are documented and completed.

Disposal of Medicines No Longer Required

Refer to Chapter 11 of the DHCFT Medicines Code

Expired medicines or those no longer required, should be sent home for disposal and recorded on the child's stock balance sheet. A letter to the parent or guardian explaining the reason for return should accompany the medicine (see below).

Patient Group Directions and Authorised Directions

Refer to Chapter 14 of the DHCFT Medicines Code.

Administration of a medicine using a PGD must be recorded in the relevant section of the Medication Administration Record and in the child's care record.

Use of Unlicensed Medicines or Use of Medicines for Unlicensed Indications

Refer to Chapter 17 of the DHCFT Medicines Code.

Clinical Trials

Refer to Chapter 18 of the DHCFT Medicines Code.

If a child is part of clinical trial, any trial medication should be stored and administered in the usual way. Trial medication must be recorded on the child's Medication Administration Record.

Clinical trial medication must be disposed of or destroyed according to trial procedures. All unwanted/unused clinical trial medication and any empty containers must be returned to the child's parent or guardian.

Medicines-Related Duties Performed By Authorised Employees

Refer to Chapter 19 of the DHCFT Medicines Code, in particular the section concerned with Children's services and special schools. Such staff must complete service-specific training and follow local procedures as authorised by their manager.

Please note that the Medicines Code does not relate to employees of other organisations, e.g. teaching staff or social care staff.

Medical Gases

Refer to Chapter 20 of the DHCFT Medicines Code.

The medical gas most likely to be encountered in the school environment is oxygen prescribed to the child and provided as a portable cylinder. As with other medicines, oxygen cylinders should be provided by the usual community supply routes and brought into the school with the child.

In the case of special schools there is no absolute requirement to use pulse oximetry, nor is there a required target oxygen saturation unless this has been specified by the prescriber or is documented in a care plan.

The following actions should be completed is oxygen is being stored in the school:

- The Fire Service should be informed that oxygen is being stored
- The school should review their Fire Risk Assessment to take into account the presence and use of oxygen around the school
- Follow guidelines from oxygen suppliers over the storage of cylinders
- The school should notify their building insurance company
- Risk control measures should be taken, such as securing cylinders and ensuring they are always stored in an upright position
- Activities where fire risks would be generally increased by the presence of excess oxygen are highly controlled or not undertaken when oxygen is being supplied from a cylinder

Medicine Incidents

Refer to Chapter 21 of the DHCFT Medicines Code.

A medicine incident is any incident or error associated with the use of medicines regardless of whether any harm occurred or was possible. Such incidents may be related to any of the steps of the medicines use process. This includes prescribing, preparation, dispensing, administration and monitoring of the medicine and the transfer of associated information.

Medicine incidents include the delay in administration of a "critical medicine". See Chapter 21 of the Medicines Code for a definition of "critical medicines".

During the course of their work practitioners may identify errors that have arisen outside of the Trust, such as community pharmacy dispensing error or GP prescribing

error. These incidents should be reported in the same way as Trust-originated errors. The service where the incident is suspected to have arisen should also be informed and errors identified as a result of a community pharmacy error should also be reported to NHS England using the designated form.

The child's parent(s) or guardian must be informed of any medicine incident relating to the child.

Medicines Defect Reporting

Refer to Chapter 22 of the DHCFT Medicines Code.

In the case of Special Schools, the doctor responsible for the child is usually the General Practitioner.
The child's parent(s) or guardian must also be informed.

Consent to Treatment and Associated Issues

This encompasses the administration of medication to a person subject to a Community Treatment Order/Supervised Community Treatment (CTO/SCT), Deprivation of Liberty Safeguards (DoLS) and covert administration of medication.

Refer to Chapter 24 of the DHCFT Medicines Code.

Illicit Substances

Refer to Chapter 26 of the DHCFT Medicines Code.

Code of Conduct for Relationships with the Pharmaceutical Industry and Other Commercial Organisations

Refer to Chapter 27 of the DHCFT Medicines Code.

Audit

Adherence to this Policy will be audited as directed by the DHCFT Drug and Therapeutics Committee.

Derbyshire Healthcare
NHS Foundation Trust

APPENDICES

Appendix A – Medication Consent Form

Dear Head Teacher or Unit Manager at: ……………………………………………

I request and authorise that my child be given or gives themselves medication as follows:

Name of child: ……………………………………………………………………

Date of birth: ……………………………………………………………………

NHS Number: ……………………………………………………………………

Address: ……………………………………………………………………

Daytime telephone number: ……………………………………………………

Allergies: ……………………………………………………………………

School staff will not give medication to a child unless this form is completed and signed. Information about medicines and doses must agree with the prescription and the medication label.

It is essential that sufficient medicine is sent to the school. Each medicine must remain in the container it was supplied in, with the dispensing label attached.

Any changed in medicines or doses must be notified to the Nurse in Charge and a new form completed.

Regular Medicines and Feeds

Medicine or Feed	Route (e.g. by mouth)	Dose	What time(s) it will need to be given by staff			

“As Required” Medicines

Medicine	Route (e.g. by mouth)	Dose	When used and how often?	Comment

I confirm that the medicines listed above have been prescribed by a registered medical practitioner or a non-medical prescriber for the above named child and that I wish for staff to continue to administer these medicines while under their care.

I give consent for staff to access information about my child’s current prescription from healthcare professionals involved in their care, including access to the GP’s Summary Care Record, in order to ensure that information about my child’s medication is accurate and that medicines can be used safely.

Signed: ……………………………………………………………….

Print name: ……………………………………………………………….

Date: ……………………………………………………………….

School/Unit use only:
Information matched to labelled medication by:

Signed: ……………………………………………………………….

Print name: ……………………………………………………………….

Date: ……………………………………………………………….

T&L T115 5
05/02/2018
Appendix B – Medication Record Sheet

Derbyshire Healthcare
NHS Foundation Trust

Special Schools and the Lighthouse Short Break Service
Medication Record Sheet

Sheet number ………………….

Child:	D.O.B.	NHS No.	School or Unit

Medication received	Expiry Date	Batch Number	Controlled drug	Quantity received	Date received	Signature	Quantity returned	Date returned	Signature
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						
			Y / N						

Appendix C – Return of medication for disposal

Derbyshire Healthcare
NHS Foundation Trust

School Nursing Team
School Address

School Nurse telephone:

Date / / .

Dear Parent or Guardian

Return of medication for disposal

Child's name: ……………………………………………….
NHS Number: ……………………………………………….
Date of Birth: ……………………………………………….
Address: ……………………………………………….
……………………………………………….
……………………………………………….

Please find enclosed the following medication:

……………………………………………………………….
……………………………………………………………….
……………………………………………………………….
……………………………………………………………….
……………………………………………………………….

Reason for return:

Medication has been discontinued ☐ Medication is out of date ☐

Under the Control of Pollution Regulations 1980, it is illegal to dispose of medication through the school or household waste systems. We would be grateful therefore if you would return the medication to your local Pharmacy, where it will be disposed of safely.

Please contact the school nurse if you wish to discuss this.

Yours faithfully

Appendix D – Safe Custody of Medicines

The following is a summary of the secure storage requirements of medicines, including Controlled Drugs. This advice is specific to Special Schools and The Lighthouse Short Break Service and does not apply to other Trust sites.

Legal category	Controlled Drug Schedule 2	Controlled Drug Schedule 3		Other medicines
Examples (not an exhaustive list[1])	Methylphenidate Lisdexamfetamine Dexamfetamine Morphine[2]	Buprenorphine Temazepam	Midazolam[3] -if formulated for buccal administration	
Storage requirements in Special Schools	CD CUPBOARD	CD CUPBOARD	MEDICINES CUPBOARD	MEDICINES CUPBOARD
Storage requirements in The Lighthouse	CD CUPBOARD	CD CUPBOARD	CD CUPBOARD	MEDICINES CUPBOARD
Ordered as a "Controlled Drug"	YES	YES	YES	NO

1. For further information about which drugs are contained in which schedules, refer to the **Misuse of Drugs Regulations 2001** at http://www.legislation.gov.uk/uksi/2001/3998/contents/made
2. Please note that **all** formulations containing **morphine** should be stored and recorded as a Controlled Drug, including those of low concentration that may not be regarded as such by the Misuse of Drugs Regulations 2001, such as morphine sulphate solution 10mg in 5mL (e.g. Oramorph).
3. A number of Schedule 3 Controlled Drugs are exempted from safe custody requirements, including midazolam. For the purposes of this document **midazolam formulated for buccal administration** is specifically permitted to be stored with general medicines in Special Schools only, all other Schedule 3 Controlled Drugs must be stored in a Controlled Drug cupboard. Records must be kept of midazolam that is provided to (or returned by) educational staff who have possession in order that it is available to be promptly administered in the event of a seizure.

REGARDS EIRA: Assessing Equality Relevance (Stage 1)

1. Name of the service / policy / project or proposal (give a brief description):

Medicines Management in Special Schools - Policy and Procedure. A policy to provide a consistent framework for the safe, legal and effective management of medicines specific to the unique environments of Special Schools and The Lighthouse Short Break Service

2. Answer the questions in the table below to determine equality relevance:

	Yes	No	Insufficient data / info to determine
Does the project / proposal affect service users, employees or the wider community, and potentially have a significant effect in terms of equality?		No	
Is it a major project / proposal, significantly affecting how functions are delivered in terms of equality?		No	
Will the project / proposal have a significant effect on how other organisations operate in terms of equality?		No	
Does the decision/ proposal relate to functions that previous engagement has identified as being important to particular protected groups?		No	
Does or could the decision / proposal affect different protected groups differently?		No	
Does it relate to an area with known inequalities?		No	
Does it relate to an area where equality objectives have been set by our organisation?		No	

3. On a scale of high, medium or low assess the policy in terms of equality relevance.

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium		If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low	✓	If ticked all 'No'

EIRA completed by: Stephen Jones
Date: 31/03/2017