



# **Student Health and Medication Administration Policy**

*This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment*

**Governors' Committee Responsibility:** Curriculum Community & Student Welfare

**Date Approved:** Summer 2017

**Review Period:** Annual

**Next Review Date:** Summer 2018

## **Autism Statement**

We at Limpsfield Grange School aim to develop practices and policies that promote and sustain the wellbeing of children and young people with Autism.

We aim to offer training and support for staff parents and other stakeholders to enable them to best meet the needs of children and young people with Autism.

We aim to establish a consistent approach across all areas of our school community that enables all students with Autism to learn and make progress.

We aim to ensure that our communication with all stakeholders is clear and appropriate.

We aim to ensure that our physical environment is responsive to the needs of children and young people with Autism, and that we take account of the sensory needs of individuals.

We aim to provide a range of experiences that enable interaction; promote social inclusion and independence; and support learners with Autism to reflect on their experiences.

We aim to empower our learners to understand their Autism and celebrate their difference.

We aim to provide on-going high quality staff development for all members of staff at Limpsfield Grange.

We aim to develop and sustain a multi-disciplinary approach where professionals plan and work together to meet the needs of learners with Autism.

## LIMPSFIELD GRANGE SCHOOL STUDENT HEALTH & MEDICATION ADMINISTRATION POLICY

### Background

Limpsfield Grange School provides an educational curriculum underpinned by the four areas of Wellbeing, Achievement, Communication and Independence. The school is committed to providing a safe calm and supportive environment for students and staff to work in.

The Student Health & Medication Administration policy is written by the Deputy Head of Care with responsibility for Student Medication. The policy is signed off by the Governing Body through the Curriculum Community and Student Welfare Committee.

### Scope

This policy applies to student medication administered in school both in the educational and residential settings, and to educational day and residential visits. This policy also addresses how families should engage with the school around the issues of student health and the administration of student medication.

### Policy Statement

Limpsfield Grange School is committed to ensuring that student medication is administered in accordance with national and local guidance.

### Procedure for Supply of Medicines

- Students are registered with their home GP, medication is generally obtained via the parents.
- Students requiring treatment whilst at school or in boarding may be taken to Oxted Health Care Centre to be seen by a GP. Oxted Health Centre – Telephone 01883 734000. Prescriptions are taken to Boots the Chemist, 48 Station Road East, Oxted. (Telephone 01883 712620) or Paydens Chemist, 22 Station Rd E, Oxted RH8 0PG.

Any changes to medication or discrepancies, contact the prescriber. **Written authorisation by the prescriber is required for any new medication or dose change.** We seek the co-operation of parents in obtaining letters from the relevant Doctors and if necessary ask Rebecca Woodhouse our allocated School Staff Nurse, to assist with this. No containers with handwritten amendments on them will be accepted unless accompanied by a letter from the prescriber.

Whenever students bring in medication from home it must be recorded on each individual MAR sheet as having been received and the total amended accordingly. Short course prescribed medication or students own homely remedy supplies must be recorded on the Individual Student Homely Remedy / Short Course Prescription MAR as having been received and the total amended accordingly.

Parents must inform Residential staff of their intention to send medication in by email. Please address the email to Jennie and send to [miss.flint@limpsfield-grange.surrey.sch.uk](mailto:miss.flint@limpsfield-grange.surrey.sch.uk) and copy to [Deputy@limpsfield-grange.surrey.sch.uk](mailto:Deputy@limpsfield-grange.surrey.sch.uk). All medication must be handed in to the Residential staff, who lock it away in the surgery cupboard and record the date that the medication was handed to

them; exact details of medication received, including the strength, form and amount received. Residential staff who receive the medication must sign the MAR. The amount received needs to be added to the existing total on the individual student MAR (medicines administration record).

Any problems/discrepancies must be reported to the Head of Residential Provision (HRP) or Deputy Head of the Residential Provision (DHRP) immediately.

### **Procedure for Storage of Medicines**

- All medications are stored in locked cupboards in surgery. Each student has their own, labelled, box for their medicines.
- Stock is checked monthly by the, Deputy Head of Residential Provision or by Residential staff as delegated to ensure it is within its expiry date and stock totals are correct.
- Key security – keys for medication cupboards are kept in a number coded wall safe or on Residential staff lanyards when worn, depending on shifts and activities.
- When storing medication that is required to be kept in the fridge, a daily check will be undertaken of the fridge temperature and the temperature recorded in the record book kept by the fridge. Range should be within 2 – 8 degrees centigrade. If the fridge is out of range, defrost the fridge or contact the Premises Manager.
- A daily check will be undertaken of the surgery cupboard temperatures and the temperature recorded in the record book kept in the cupboard. Range should be within 15 – 25 degrees centigrade. If the cupboard is out of range, discuss with the Premises Manager.
- The stock of homely remedies will be checked by the residential team fortnightly, any discrepancies will be reported to Residential senior staff immediately.

### **Controlled Drug Storage**

- A controlled drug cupboard is provided in the upstairs surgery.
- Key security – the key is kept in a number coded wall safe.
- The stock of homely remedies will be checked by Deputy Head of Residential Provision every two weeks.

### **Procedure for Administration of Medicines**

Routine surgeries are generally taken by Senior Residential staff who have undertaken Care and Control of Medicines training. They may be held three times a day:

7.45 am:	morning surgery
12.30pm:	lunch time surgery
From 7.30pm:	evening surgery

Some individual students require medication at different times during the day or evening (for example at 3.45pm or before tea). Staff should consult individual MAR (Medicines Administration Records) for specific times.

Sequence of events when administering routine prescribed medication:

- Students are called into the surgery individually
- Staff to check the identity of the student to whom medicines are to be administered
- Staff to check the students' MAR, checking the student's name and dosage instructions, noting in particular any recent changes in medication or dose and ensuring that the dose has not already been administered
- Staff to identify the appropriate medicine container(s) checking the label(s) and medication profile match. If there is a discrepancy, clarify with senior Residential staff and if still unclear ring the students' parents/prescriber
- Staff to prepare the relevant dose(s) and administer. All medication should be taken with water.
- Liquids should always be shaken and then when administering pour away from the side where the label is – again offer a drink of water afterwards (as a general rule use a medicine spoon if the dose is 5ml or 2.5ml, a syringe if the dose is under 2.5ml and a measuring cup if the dose is 10ml or more, placing the cup on level surface at eye level when measuring the dose)
- Medicines Administration Record (MAR) should be completed and signed immediately after the medicine has been given to the student and the total amended accordingly before the next student is seen
- Any missed doses will not be given

For as required drugs:

- Staff to check that we have parental permission to use
- Staff to check for allergies
- Staff to ensure the last time any medication was administered
- Staff to complete the record sheet for drugs as required immediately after the medication has been given

**Controlled drug administration** requires **two** members of staff, one person to administer the medication and the other to witness. Both members of staff need to have undertaken the training in Care and Control of Medicines.

**Inhalers** - ensure students use inhalers properly, refer to separate guidance for further details if unsure. If a student uses 2 types of inhaler at the same time give the blue inhaler first. Offer a drink of water after inhalers are used. Students, who have parental consent, may carry their own salbutamol (blue) inhaler for use as and when needed within the school. Students will record use of inhaler on their individual recording book, which should be carried with the inhaler.

**Protocol for the use of emergency salbutamol inhalers** - Limpsfield Grange School has a supply of two salbutamol inhalers for use in emergencies. These inhalers can be used if a student's prescribed inhaler is not available. They are only for use by those students listed in the information stored with the emergency inhalers, who have their own prescribed inhaler and consent from parents/carers to use the emergency inhaler should the need arise. The emergency inhaler packs (2 identical packs) will be stored with the 'taxi medication' for both ease of access and safe storage. Further information on recording and actions to take if the inhalers are used are kept with the inhalers.

**Emergency medication** – some students may require emergency medication for the management of their medical conditions. These students have emergency treatment plans in place, copies of which are kept with their emergency medication and in their surgery file. The emergency medication is kept in the downstairs admin office. The surgery books contain specific pages for each student on emergency medication where a record is made of any emergency medication given. Two members

of staff sign this recording sheet. There is also a recording sheet in with their emergency medication. Emergency medication can only be given by staff who has completed Anaphylaxis, Epilepsy and Asthma Training.

Boxes for liquids, drops and creams must be dated on opening with a prepared label also writing the date for disposal. In addition the MAR or homely remedy sheet (as appropriate) should have the date of opening written on.

The expiry dates are as follows:

- Eye drops – 28 days expiry
- Liquids – 6 months after opening
- Creams – 6 months after opening
- Tablets in bottles – 1 year from the date on the label
- Tablets in blister packs – 2 months from the date on the label

Any mugs/spoons/syringes used should be washed in washing up liquid in the surgery.

Whenever administering medication please ensure that there is an adequate supply. Note on the sheet in the Medication stock file if supplies of any medication are running low. This will help to ensure that parents are asked in plenty of time to replenish medication that they supply.

Surgery cupboards **must** be kept **locked** and should never be left unattended by staff when open. All members of Residential staff that are on duty have a key to the medication cupboard that remains on their person at all times during the shift. There is a separate key to the controlled medication cabinet.

#### **Procedure for Record Keeping**

**Medication Administration Record (MAR)/ Self-medication MAR** – this is for all on going/regular medication prescribed medication. MAR sheets are prepared each month by the Deputy Head of Residential Provision (or a senior member of Residential staff in their absence). Monitoring of these sheets is undertaken by the Head of Residential Provision or Deputy Head of Residential Provision at the end of each month prior to the next sheet being started. In accordance with updated guidance each new MAR sheet and stock medication is checked and signed in/transferred across by both the Head of Residential Provision and the Deputy Head of Residential Provision, or by other trained Residential staff on duty at the time.

The MAR sheet includes a record of all prescribed medicines entering and leaving the school. It has a received and returned log. Two residential staff must sign stating which medication has been received / returned, including the strength, form and quantity. Any problems/ discrepancies must be reported to the Head of Residential Provision or DHRP immediately.

Emergency Medication that is stored in the Emergency Medication cupboard in the downstairs admin office, and is logged in and out on a record sheet, not a MAR. This medication may travel to and from school as 'Taxi Meds'.

**Individual Student Homely Remedy / Short Course Prescription MAR** – this records all homely remedies brought into school by students and also short courses of prescription medication and their stock control. This sheet must be completed each time a student is given their own homely remedy. Staff must also record the reason why the medication or homely remedy is being given and the duration of the course if known.

**Homely remedy administration record** – this is for homely remedies supplied by the school and administered to individual students.

**Homely remedy audit trail** – records must be completed each time a student is given a homely remedy and the total in stock amended accordingly. Recording sheets are kept with each homely remedy and recording duplicated in the individual students surgery/medical file.

**Controlled drugs register** – this is for the record of administration and stock balance of controlled drugs. All controlled drugs received are entered on to the students' individual page and also recorded in the register if any are sent home or disposed of.

Medication administration records are archived and retained for a minimum of 15 years.

#### **Procedure for Disposal of Medicines**

- Medication will be disposed of if it is:
  - out of date (return to pharmacy/parents)
  - discontinued (return to pharmacy/parents)

Records of returned medication are kept (see previous section)

- Controlled Drugs will be disposed of by returning to parent or pharmacy.
- There may be times during the administration of medication when a tablet falls onto the floor when it may be disposed of by putting it into the sharps bin.

#### **Procedure for Self-Medication**

- Self-medication is an important step towards independence and should be encouraged; provided student's capabilities, including mental capacity, has been assessed and found to be adequate and robust. Resources may be put in place as necessary to support student to self-medicate.
- Only those students who have been risk assessed by the Head of Residential Provision or the Deputy Head of Residential Provision as suitable for self-administration using the school's "Initial self-medicating assessment form" (Appendix 1) and "Risk assessment for the self-administration of medication" (Appendix 2) can undertake self-management of their medication.
- Students will only be able to self-medicate if their parents have completed and signed the school's "Self-medication consent form," (Appendix 3) in addition to the above assessments being completed.
- Prior to commencing self-medication students and parents will receive and sign the "Self-medication guidelines" (Appendix 4)
- Daily monitoring by members of the Residential team who are qualified to administer medication will include counting and recording the number of doses recorded on the MAR sheet (Appendix 5a).
- Termly monitoring of student's capacity will be undertaken by a member of the residential team using the "Termly self-medicating assessment form". (Appendix 6)
- Medication will be stored in a locked box inside a locked cupboard in the surgery. Residential team members will have a key to the cupboard; the student and members of the residential team will have a key or code to the locked box containing the medication.

- If medication is changed, or difficulties arise, then the student must be reassessed to ascertain capacity to self-medicate.
- Students will not be permitted to continue to self-medicate if they display poor compliance; unstable medical or mental condition; or the student wishes to discontinue.
- Records for students who self-medicate will be separate from the records of the students who do not self-medicate. The MAR sheet will clearly display that they are undertaking self-medicating and will be signed the student each time they self-medicate (Appendix 5b).
- It is the responsibility of the all members of the residential team to regularly monitor independent medication. Attention should be paid to ensure that students have:
  1. Identified correct medication
  2. Identified the correct dose of medication
  3. Identified the correct time for taking the medication
  4. Medication has been prepared correctly.
  5. Medication has been taken correctly
  6. Medication is recorded correctly
  7. Medication has been stored correctly.
- The Head of Residential Provision or Deputy Head of the Residential Provision will decide which medication is appropriate to self-administer on an individual basis.
- The student should administer medication without supervision and responsibility for self-medication lies with the student unless a different level of help has been agreed from the outset, and is noted on the "Risk assessment for self-administration of medication" form.
- If anyone becomes concerned about a student self-medicating they must report it to the Head of Residential Provision or Deputy Head of Residential Provision immediately.

#### **Procedure for Medication to be given whilst on Educational Visits (day or residential)**

- Consult trips information on 'Everyone' for relevant medical information.
- Medical information must be copied by the trip leader for every member of staff going on the trip. Any individual emergency treatment plans will be in with the emergency medication.
- If you are still not sure of medication needs consult with Senior Residential staff
- Complete a risk assessment as appropriate. Part of this risk assessment will be to ensure you have staff trained to meet the specific medical needs of the students on your trip. Again copies of the risk assessment must be given to each staff member on the trip.
- Some students take responsibility for carrying their own inhalers as agreed by parents / carers and the Deputy/Head of Residential Provision. Trip leaders will need to ensure the students have their inhalers with them prior to departure. An Emergency inhaler pack should also be taken on trips for the relevant students.
- Staff given the responsibility for the administration of medication on the trip must collect the required medication from the Residential staff prior to departure and ensure they have liaised with a senior member of the Residential team.
- Recording for the medication given on day trips will be via the surgery book as usual, on return from the trip.
- Recording for the medication given during a residential trip will be on the recording sheets prepared by Residential staff for the duration of the trip. These records are then returned to the Deputy/ Head of Residential Provision on arrival back at school, and transferred to MARs where relevant.
- Controlled drugs required to be taken on day or residential trips must be kept in a locked box at all times with the person designated to administer this drug. A recording sheet will be prepared by Residential staff in advance and this must always be completed by two

members of staff, then staff signatures written in the Controlled Drugs book on return from the trip.

- Staff required to give medication on school trips will have appropriate medication training.

### **Homely Remedies**

An agreed list of homely remedies has been drawn up with Dr Wylie. Homely remedies should not be taken for more than 48 hours.

Each student has a homely remedies consent form completed and signed by their parents/carers on admission. A copy of this form is kept in the students' medical /surgery file. It is best practice to only administer medication that parents or medical professional has stated has been previously taken with no adverse effects.

The dosage instructions on the original packaging are followed in accordance with the age of the student.

Be aware of contra-indications when using homely remedies with prescribed medicines and check these for all students on regular medication. Interactions with OTC (over the counter) and prescribed medications should be checked out with the pharmacist, and documented. If unsure consult a senior member of Residential staff prior to administration.

All administration is recorded both on the homely remedy administration sheet for the student and on the homely remedy audit trail record sheets.

An audit trail of all homely remedies is also completed by the Head of Residential Provision or Residential staff as directed.

### **Procedure for receiving verbal orders from Healthcare professionals**

Senior Residential staff or the keyworker are authorised to take a verbal order by the GP/consultant/nurse. This **must** be supported by a fax or email within 1 day, which is then checked against the verbal instruction received. An entry is then made on the Medication Administration Record.

### **Medication Errors**

Medication errors may be due to administering:

- the wrong medication
- medication to the wrong student
- medication at the wrong time
- medication via the wrong route
- wrong dose of medication
- out of date medication

On discovering an error, report immediately to the Head of Residential Provision (or Deputy Head of Residential Provision) who will in turn inform the member of Senior Leadership Team on call. The HoRP or DHoRP will ring NHS Direct, or the GP/Pharmacist and parents. Advice will be sought from NHS Direct or the GP/Pharmacist and the appropriate action taken. A significant incident recording form may need to be completed. Errors should be audited to prevent future mistakes occurring.

### **Procedure for managing students who have medical conditions**

- On admission to the school information is obtained from parents/carers regarding individual health care needs and medication, together with all necessary consents. This information formulates the basis of their Health Care Plan. For those with medical needs over and above this a detailed Health Care Plan may put in place together with, if required, a risk assessment and/or emergency treatment
- Existing medical conditions of students are summarised on the whole school medical information sheets – copies of which are in the staffroom, surgery admin file and On “Everyone” under Whole School Medical Information
- All students have individual medical/surgery files where further information appertaining to health is kept, including what medication is prescribed and consent forms from parents for staff to administer medication as required in school – Residential staff have access to these files
- If a student becomes unwell due to their identified medical needs, they will be assessed by a member of the Residential staff and where necessary a medical professional
- Staff must adhere to any individual student emergency treatment plans, risk assessments or intimate care plans where they exist
- MARs (Medication Administration Records) in the medical/surgery files detail current medication for individual students
- Parents/carers will need to be consulted along with Senior Residential staff to ascertain the most appropriate course of action as quickly as possible depending upon the severity of the situation
- If medical assistance is required, a member of staff may accompany the student as a matter of urgency in the absence of parents/carers – consent for medical treatment is held in the students medical/surgery files
- If a student needs to go to hospital, a member of staff will accompany them in the ambulance and arrangements made to meet a parent/carer at the hospital if that is more practical than waiting for them to arrive at school first
- Medical/surgery files will need to be taken when accompanying a student to see a medical practitioner as they will need to know the medical history and may not be willing to give treatment without the consent of the person with parental responsibility
- Facilities are available at school for those students who need to rest rather than immediately be sent home
- Students with medical needs are supported to attend school as often as possible – strategies for individual students will be agreed between home, school and where relevant, external medical professionals and reviewed as often as necessary
- We prohibit any unauthorised medication

### **Procedure for managing students who are unwell**

- Students who complain of feeling unwell will be assessed and have their temperature taken and recorded by a member of the Residential staff
- If it is appropriate to administer a homely remedy, Residential staff will ascertain whether medication has already been taken at home/will inform parents that a homely remedy has been given by calling Parents/Carers in the case of paracetamol, soluble paracetamol and Calpol.
- The parent/carer will be informed/consulted as appropriate to help ascertain if there is a need for the student to go home or if there is a need for the student to be seen by a medical practitioner
- If the student has diarrhoea and/or vomiting then the parent/carer will be asked to collect them as soon as possible until which time the student will be kept in a quiet place away from others

- There is an identified bed available for those who may require it whilst waiting to be collected
- A record will be made in either the students medical/surgery file detailing the symptoms and treatment given

#### **Procedure for administration of first aid**

- Students requiring first aid treatment are attended to by a trained member of staff, usually a member of the Residential staff team
- First aid facilities are available in the surgery
- The Health and Safety Policy indicates the specialist areas where there are additional first aid kits available e.g. kitchen, science lab
- Protective gloves must be worn as appropriate when administering first aid e.g. for all open wounds – follow good hygiene practice at all times
- Facilities for the disposal of soiled wipes, dressings etc. are available in the surgery
- A record of the first aid administered should be recorded on the accident reporting form if relevant.
- For minor injuries that may need medical attention parents will be contacted and requested to take their daughter to the doctors or minor injury clinic
- In the case of a head injury, however minor, parents are informed and are requested to take their daughter to minor injury clinic, if they are unavailable staff will take them to minor injuries or A and E, or if appropriate, call 999.
- Medical assistance may be required depending upon the severity and the cause – consult with senior Residential staff if unsure
- If a student needs to go to hospital a member of staff will accompany them in the ambulance and arrangements made to meet a parent/carer at the hospital if that is more practical than waiting for them to arrive at school first
- An accident form may need to be completed and parents/carers informed or asked to collect the student depending upon the severity of the injury and how it was received – if staff are unsure they should consult with a senior member of the Residential team to ascertain if this is necessary
- Staff are required to update their first aid training every 3 years, or as individual training courses specify

#### **Staff training**

All Residential staff are required to undertake external training regarding the Care and Control of Medicines before they are able to undertake in house training to administer medication with either the Head or Deputy Head of Residential Provision. TA's and other school staff may also undertake this training, which enables them to administer homely remedies and counter sign medication administered. Residential staff complete a checklist to show that they have observed each surgery and then been supervised whilst administering medication at each surgery before being deemed competent to administer regular medication. Every entry on the checklist is signed by both the member of staff and the Head or Deputy Head of Residential Provision. In addition to this a refresher course is to be attended every two years by all trained staff who administer medication.

Only staff who have undertaken Anaphylaxis, Epilepsy and Asthma Training may administer emergency medication and when required. This training is updated annually.

Twice yearly either the Head of Residential Provision or the Deputy Head of Residential Provision will carry out a medication audit, together with competency testing each member of Residential staff with regard to the administration of medication.

Please refer to the guidance document provided by SCC “Young People’s Health and the Administration of Medicines” (updated 2012) for further information on the management of medication in schools and effective systems for supporting students with medical needs. A copy of this document is kept in the Head of Residential Provision’s office.

**Monitoring:**

Monitoring of this policy will take place through twice yearly observations of all Residential staff that undertake Surgery. Additionally the school undertakes an annual in-house Medication Audit.

**Related policies**

- Health and Safety policy
- Safeguarding policy
- Drugs policy
- Equalities Policy

Attached to this policy (Appendix 7) are lists of the staff who have received training for:

- Care and Control of Medicines (refresher training required every 2 years)
- Anaphylaxis, Epilepsy and Asthma (refresher training required annually)
- First Aid (refresher training required every 3 years)

**Review**

The Governing Body of Lingsfield Grange School adopted this policy on: \_\_\_\_\_

It will be reviewed on: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Appendix 1

Initial Self-Medicating Assessment Form

Name:	Date:	Staff:	Assessment no:
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Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

**Any Comments**

I agree to self-medicate in accordance to the self-medication agreement and have read and understood the risk assessment.

Student signature ..... Date .....

I have observed this student and believe that this student is/isn't able to self-administer their own medication correctly in accordance to the self-medication agreement.

Head of Residential Provision/Deputy Head of Residential Provision signature .....

Date .....

Appendix 2

**Risk Assessment For Self-Administration Of Medication**

Student Name .....

Date of Birth .....

Has self-administration been explained?	Yes/No	
Will the student want to/be able to obtain own supplies?	Yes/No	
Does the student understand the requirement to store the medicines safely?	Yes/No	
Is there a suitable facility to lock the medication away?	Yes/No	
Can the student access the storage facility?	Yes/No	
Does the student understand what their medication is for and how it should be taken?	Yes/No	
Can the student demonstrate an understanding of -		
The name of the medicine	Yes/No	
The purpose of the medicine	Yes/No	
Dose and frequency	Yes/No	
When and how often to take 'prn' medicine and what the maximum dose is?	Yes/No	
Does the student know what the likely side effects are of the medication and know to inform staff if they feel unwell?	Yes/No	
Has the student been advised to inform the staff if they take the medicine incorrectly?	Yes/No	
Can the student access the container and handle the medicine/measure the dose?	Yes/No	
Can the student read and understand the label?	Yes/No	
Does the student understand the passage of time and have access to a clock or watch?	Yes/No	
Is the health and medical condition of the student appropriate for the self-medication	Yes/No	
Is the student likely to self-harm or abuse with the medicines?	Yes/No	
Is the student happy to be monitored and reviewed?	Yes/No	
<b>Special Dispensing Requirements</b>	<b>Tick if needed</b>	<b>Comments</b>
Tablets in 'Medisure' blisters		
Large print labels		
Dispensing aid - eg to pop out of foil		
Inhaler Aids		
Reminder cards, pictures or other aids		
Other help		

Self-medication approved Yes / No

Reassessment Date .....

Head of Residential Provision/Deputy Head of Residential Provision signature .....

Date.....

Student Signature .....

Date .....

### Appendix 3

### Self-Medication Consent Form

Student name..... DOB.....

I would like to start self-administering all /some of my own medication and have received an initial assessment and guidelines of what I need to do. A risk assessment has been completed with me.

Drug Name	Dose and Frequency

I agree to:

Keep my medication inside the locked cupboard and keep the key to my box safe

Take the medication as directed and not take more than I should

Tell the senior member of staff on duty I have made a mistake or another student tries to take my medicine

Let staff have a spare key to my box and check my progress

Student signature.....

Parent signature.....

Head of Residential Provision/Deputy Head of Residential Provision signature.....

## Appendix 4

### Self-Medicating Guidelines

When a student wants to self-medicate parents will be contacted and asked to read and sign the self-medication explanation and give consent. Then a self-medication initial assessment will be carried out. This requires the Head of Residential Provision/Deputy Head of Residential Provision to undertake a risk assessment and the student will be observed taking each medicine correctly on two occasions. This will then be monitored by an assessment that will be carried out once each term unless any concerns have been raised at which point it will be undertaken immediately.

Staff will expect the student to remember the timing of their medication, follow the correct procedure and act responsibly if they have any concerns.

The student's medication will be kept in a locked container within the cupboard in the Residential staff surgery. Student and Residential staff will have a key to access the medication box within the cupboard when required.

Medication will be taken as stated on prescription labels. Surgery times are 8am, 12.30pm, 4pm and 8pm. Medication will be taken by the correct method; at the correct time and the dose will be as stated on the prescription label.

Students will sign each time they take their medication and record the total. Staff will check totals on a weekly basis. Any mistakes will be actioned immediately.

Medication will be signed in and out by staff only. Staff will contact parents when medication is running low.

Residential staff will be present when the student is self-medication, and will report any concerns to senior staff or seek medical advice. Homely remedies will need to be agreed and actioned by staff.

The student will have their own self-medication file which will contain self-medication consent form, medical administration record sheets, risk assessment, self-administration assessments and any other relevant medical documents.

The student will not be able to continue to self-medicate if there is poor compliance, unstable medical or mental condition or the student wants to discontinue.

The student has read and understood the risk assessment and understands what to do if they have any worries or feel they have made a mistake.

I agree I will administer my medication and assume responsibility as outlined in this document.

Signed.....Date..... (Student)

I agree my daughter is fully competent to independently administer her own medication. I therefore assume responsibility for the risks involved.

Signed.....Date.....  
(Parent/carer)

I agree that this student is fully competent to administer their own medication.

Signed.....Date.....  
(Head of Residential Provision/Deputy Head of Residential Provision)



NAME	ADDRESS	DATE OF BIRTH	Name of GP:	ALLERGIES:

Appendix 5a

### Medication Administration Record (for regular or short term medication)

Period.....

Drug and Form	Dose	Frequency	Any special instructions

Date	Medication Received (inc. form & strength)	Quantity	Sign 1	Sign 2	Date	Medication Returned (inc. form & strength)	Quantity	Sign 1	Sign 2

RECORD NON-ADMINISTRATION OF MEDICATION WITH APPROPRIATE CODE: R-refused, A-absent, H-@ home, NR- not required, T-trip, D-dropped

Time given	8.00am	12.30pm	Sub-total	4.00pm	8.00pm	Total	Notes
Date							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							

27							
28							
29							
30							
31							

Appendix 5b **Self-Medication Administration Record** (for regular or short term medication)

Month..... staff complete all boxes headed in black, **students the green headed boxes**

Student NAME	ADDRESS	DATE OF BIRTH	Name of GP:
			<b>ALLERGIES:</b>

Drug and Form	Dose	Frequency

**I take this medication for:**

**Any special instructions**

Date	<ul style="list-style-type: none"> <li>Medication Received (name of medication)</li> <li>Form (eg. is it tablet, caplet, liquid)</li> <li>Strength (eg. the amount of medication in each single tablet/caplet- see label to help you or ask staff)</li> </ul>	Quantity (how many)	Sign 1 (Student)	Sign 2 (Staff)

Date	Medication Returned (inc. form & strength)	Quantity	Sign 1	Sign 2

RECORD NON-ADMINISTRATION OF MEDICATION WITH APPROPRIATE CODE: R-refused, A-absent, H-@ home, NR- not required, T-trip, D-dropped

Staff to complete dose to be taken at top of page in shaded box when medication received, then student to sign in the box next to the date for the am or pm dose as taken.

Time taken	8.00amDose:	8pm Dose:	Total:	Notes:
Date				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
24				

26				
27				
28				
29				
30				
31				



# LIMPSFIELD GRANGE SCHOOL

*'together we make a difference'*

## Appendix 6

### Termly Self-Medicating Assessment Form

Name:	Date:	Staff:	Assessment no:
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Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

**Any Comments**

I agree to self-medicate in accordance to the self-medicating agreement and have read and understood the risk assessment.

Student signature .....

Date .....

I have observed this student and believe that this student is/isn't able to self-minister their own medication correctly in accordance to the self-medicating agreement.

Residential staff signature .....

Date .....

Medication:	Outcome
Has identified right medication	
Has identified correct dose	
Has identified right time	
Has prepared medication correctly	
Has taken correctly	
Has recorded correctly	
Has stored correctly	

## Appendix 7

**Staff Training**

Current as of 22.05.17 (update when changes made)

Staff and Training	Date Completed	Renewal Date
<b>Anaphylaxis, Epipen and Asthma</b>		
Peta Morris	07.03.17	07.03.18
Sue Salter	07.03.17	07.03.18
Linda Bunn	07.03.17	07.03.18
Lynda Kennedy	07.03.17	07.03.18
Tim Bunn	07.03.17	07.03.18
Leysa Piller	07.03.17	07.03.18
Matt Evans	07.03.17	07.03.18
Sam Grace	07.03.17	07.03.18
Jill Ivory	07.03.17	07.03.18
Nicole Champagne	07.03.17	07.03.18
Sheila Eves	07.03.17	07.03.18
Marion Bazell	07.03.17	07.03.18
Natasha White	07.03.17	07.03.18
Jo Lillis	07.03.17	07.03.18
Fiona Sabey	07.03.17	07.03.18
Sam Janaway	07.03.17	07.03.18
Edwina Kilby	07.03.17	07.03.18
Carmen Marston	07.03.17	07.03.18
Debbie Walford	07.03.17	07.03.18
Jennie Flint	07.03.17	07.03.18
Jane Sole	07.03.17	07.03.18
Zoey Henderson	07.03.17	07.03.18
Jo Solomon	07.03.17	07.03.18
Sally Tremaine	07.03.17	07.03.18

Cressie Humphrey		07.03.17	07.03.18
Jo Forbes		07.03.17	07.03.18
<b>Medicines Awareness for Schools</b>			
Chloe Turnbull		08.02.16	08.02.18
Linda Bunn		08.02.16	08.02.18
Tim Bunn		08.02.16	08.02.18
Peta Morris		08.02.16	08.02.18
Natasha White		08.02.16	08.02.18
Jane Sole		08.02.16	08.02.18
Jo Lillis		08.02.16	08.02.18
Jennie Flint		08.02.16	08.02.18
Edwina Kilby		08.02.16	08.02.18
Jo Solomon		08.02.16	08.02.18
Debbie Walford		08.02.16	08.02.18
Nicole Champagne		08.02.16	08.02.18
Leysa Piller		08.02.16	08.02.18
Sue Salter		08.02.16	08.02.18
Lynda Kennedy		08.02.16	08.02.18
Marion Bazell		08.02.16	08.02.18
Di Hill		08.02.16	08.02.18
Vicky Pattinson (e learning)		02.05.17	02.05.19
<b>Basic First Aid</b>			
Natasha White		16.07.14	16.07.17
Peta Morris		16.07.14	16.07.17
Jo Lillis		16.07.14	16.07.17
Jane Sole		16.07.14	16.07.17
Carmen Marston		16.07.14	16.07.17
Sheila Eves		16.07.14	16.07.17
Edwina Chay		17.04.15	17.04.18
Tim Bunn (Emergency first aid 2 days)		06.07.14	06.07.17
Linda Bunn (Emergency first aid 2 days)		06.07.14	06.07.17
Jennie Flint (Level 2 Emergency first aid at work)		11.11.15	11.11.18
Jo Solomon (Paediatric First Aid)		25.04.17	23.04.20
Vicky Pattinson (Paediatric First Aid)		25.04.17	23.04.20
<b>Oxygen Training</b>			
Peta Morris		11.04.16	
Natasha White		11.04.16	
Jennie Flint		11.04.16	
Jo Lillis		11.04.16	
Edwina Kilby		11.04.16	
Sue Salter		11.04.16	
Leysa Piller		11.04.16	
Marion Bazell		11.04.16	
Nicole Champagne		11.04.16	
Debbie Walford		11.04.16	
<b>Whole school safeguarding refresher</b>		05.09.16	05.09.17

<b>Whole school fire refresher</b>		08.02.16	05.09.17
	<b>Basic food hygiene training (on-line)</b>		
Donna Bardwell		20.11.15	20.11.16
Linda Bunn		25.10.16	25.10.19
Tim Bunn		20.11.15	20.11.16
Jo Lillis		20.11.15	20.11.16
Peta Morris		24.11.16	24.11.19
Jane Sole		01.11.16	01.11.19
Jennie Flint		04.01.17	04.11.20
Edwina Kilby		20.11.15	20.11.16
Jill Ivory		20.11.15	20.11.16
Amanda Squires		20.11.15	20.11.16
Robert Stevens – Food Safety and Hygiene Level 2		31.12.14	30.12.17
Jo Solomon- Food Safety and Hygiene Level 2		02.03.16	02.03.19
Justine Frost		03.01.17	03.01.20
Patricia Burke		06.03.17	06.03.20
Victoria Pattinson		29.03.17	29.03.20
	<b>Minibus Test</b>		
Jane Sole		28.02.13	28.02.18
Emma Phillips		28.02.13	28.02.18
Janine Chippington		18.04.13	18.04.18
Tim Bunn (D1 24.06.04)		17.11.14	17.11.19
Jennie Flint (D1 24.06.04)		17.11.14	17.11.19
Linda Colley		18.04.13	18.04.18
Peta Morris		21.10.14	21.10.19
Jo Lillis		06.11.14	06.11.19
Sam Janaway		06.11.14	06.11.19
Fiona Sabey		13.02.14	12.02.19
Edwina Kilby		14.01.16	14.01.21
Lucy Roebuck		14.01.16	14.01.21
Natalie Alderton		14.01.16	14.01.21
Zoey Henderson		14.01.16	14.01.21
Melissa Eagle		01.12.16	01.12.21
Vicky Pattinson		09.05.17	09.05.22
	<b>Car Test</b>		
Natasha White		21.10.14	20.10.19
Leysa Piller		13.02.14	12.02.19
Sue Salter		21.10.13	20.10.18
Tony McKenzie		09.05.17	09.05.22
Edwina Kilby		09.03.15	09.03.20
Jo Lillis		06.11.14	06.11.19
Peta Morris		21.10.14	21.10.19
Lynda Kennedy		28.02.13	28.02.18
Sam Janaway		06.11.14	06.11.19
Jane Sole		28.02.13	28.02.18

Emma Phillips		28.02.13	28.02.18
Janine Chippington		18.04.13	18.04.18
Julie Taylor		18.04.13	18.04.18
Tim Bunn		17.11.14	17.11.19
Jennie Flint		17.11.14	17.11.19
Fiona Sabey		13.02.14	12.02.19
Jo Solomon		14.01.16	14.01.21
Jill Ivory		14.01.16	14.01.21
Sally Tremaine		01.12.21	01.12.21
<b>Lifeguard Training</b>			
Carmen Marston – National Rescue Award		08.04.17	07.04.19
Peta Morris		10.10.16	10.10.18
Jane Sole		10.10.16	10.10.18
Sue Salter		10.10.16	10.10.18
Edwina Kilby		10.10.16	10.10.18
Jo Solomon		10.10.16	10.10.18
<b>Designated Safeguard Lead update (bi-annual) dates to be re-arranged</b>			
Jennie Flint		2.12.16	2.12.17
Sarah Wild		20.05.16	20.05.17 (booked 25.05.17)
Emma Phillips		15.7.16	15.7.17 (booked 14.07.17)
Natasha White		25.02.16	25.02.17 (booked 5.5.17)
Jo Lillis		18.06.15	17.02.17 (booked 5.5.17)
Edwina Kilby		New to role 13.07.17	
<b>Safer Recruitment Training</b>			
Natasha White		13.05.16	13.05.21
Sarah Wild		05.04.17	05.04.22
Sandra Thornhill		05.05.12	05.05.17
Jackie Tanner		12.02.16	12.02.21
Lindsey Dunbar		11.02.14	11.02.19
Tim Bunn		30.01.14	30.01.19
Janet Mills		14.02.14	14.02.19