Leicestershire Partnership NHS Trust

Managing Medicines in Schools Policy and Procedure

This policy and procedure describes the process to follow when managing medicines in a school setting. It includes ordering, obtaining, storage, administration, return and records associated with the above.

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Target audience:	School nurses and health care workers needing to manage medicines in a school setting	
Type of Policy	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards:	9	

CONTRIBUTION LIST

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Contents

Definitions and abbreviations that apply to this policy.....……page 6

Equality statement ……..……...…page 7

1.0 Summary of policy ……..……page 7

2.0 Introduction .....page 7

3.0 Purpose ..... page 7

4.0 Duties within the organisation …….....page 8

5.0 Policy and Procedure for Managing Medicines In School

5.1 Ordering Medicines……..……..……page 8

5.2 Receipt of Medicines ……page 9

5.3 Storage of Medicines……..……..page 9

5.4 Authorisation (to administer medicine) ..……..page 10

5.5 Administration of Medicines ……page 10

5.6 Medication Error…….page 11

5.7 Disposal and Return of Medicines …….page 12

5.8 School Trips……..……page 12

5.9 Communicating with Parents…….page 12

6.0 Management and Implementation……page 12

7.0 Monitoring Compliance and Effectiveness …….....page 13

8.0 Due Regard……..page 13

References and associated documentation …….....page 13

APPENDIX 1 Tamper-evidence Check……...page 14

APPENDIX 2 Refrigerator Temperature Record ……..……page 15

APPENDIX 3 Compliance with Policy – Audit Tool ……..……...page 16

APPENDIX 4 Data Privacy Impact Assessment Screening……..…page 17

APPENDIX 5 Due Regard Screening Template……page 19

Appendix 6 NHS Constitution……..…page 21

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	March 2014	New Policy
2	January 2020	Review of Policy • Duties • Ordering medicines • Storage of medicines • Administration of medicines • School trips
3 3.1 3.2 3.3	May 2023 June 2026 September 2026 November 2026	No changes Extended for 3 months to allow approval Extended for 1 month to make changes Further Extension to allow time for approval to committee

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

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Definitions and abbreviation that apply to this Policy

CD	Controlled Drug. The Misuse of Drugs Regulations categorise CDs into Schedules 2-5. Commonly encountered medicines and it's classification are below: Midazolam (schedule 3), methylphenidate (schedule 2), diazepam (schedule 4) and Morphine liquid 10mg/5ml (schedule 5)
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
MAAR	Medication Authorisation and Administration Record. This consists of an authorisation to give a medicine plus record of what was administered (or omitted). It can be paper or electronic.
PRN	*Latin* abbreviation. Prescribers use this to denote medication needing to be administered only "when required."

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.
In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary of Policy

The Leicestershire Medicines Code describes how activities around medicines should be carried out. Where possible this Code must be adhered to.

It has been recognised that Registered Nurses and Health Care Workers employed by Diana Community Children's Services within special schools need to work slightly differently as it is not a health environment yet they are still required to provide care with medicines.

2.0 Introduction

The Leicestershire Medicines Code describes how activities around medicines should be carried out. Where possible this Code must be adhered to.

FYPC directorate employs Registered Nurses and Health Care Workers to work in schools to provide care to children that require medicines, including controlled drugs. Special schools are under the remit of the Local Authority. Due to these staff working in non-healthcare premises, it was deemed necessary to provide additional guidance to ensure that medicines are managed as safely and consistently as possible by health and education staff.

3.0 Purpose

The principle objectives of this policy are to:

1. Ensure all processes involving medicines are managed safely and consistently across all the schools where Registered Nurses and Health Care Workers are employed by Diana Community Children's Services ;
2. Ensure robust processes are in place;
3. Ensure robust documentation is in place;
4. Work closely with Local Authority to ensure that the need for secure medicines management is balanced with the type of setting and resources available to the school;

4.0 Duties within the organisation

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2 FYPC Director and service lead is responsible for ensuring that there are appropriate resources provided within their service area to implement and adhere to the policy.

4.3 Head Teachers will be responsible for:

- Ensuring that this Policy can be implemented in school;
- Ensuring that all staff have the required training;
- Ensuring that the school has the necessary equipment.

4.4 Managers and Team leaders will be responsible for:

- Ensuring this policy is implemented in their area of responsibility.
- Medicines managed in line with this policy
- Ensuring that their staff are appropriately trained in line with the requirements of this policy;

4.5 Responsibility of Staff:

It is the responsibility of staffs, which manage medicines to ensure that they are familiar with this policy and adhere to it.

4.6 Responsibility of parents:

(a) Read, sign and return the medication authorisation form.
(b) Timely supply of medicines in their original container with legible and up to date dispensing label;
(c) Authorisation of medicines that need to be administered;
(d) Communicate with school / Registered Nurses and Health Care Workers employed by Diana Community Children's Services employed to work in the school if there is any change to child's medication.

5.0 Policy and Procedure for Managing Medicines in School

5.1 Ordering Medicines

5.1.1 Medicines are ordered from the child's parents. This can be done via telephone message, correspondence slip in the 'book bag' or a recognised school messaging service used by school. This activity must be recorded on the electronic patient record for each child.

5.1.2 At the beginning of term, medicines are provided with the child. During the term, medicines should be ordered 7 days prior to running out to prevent

delay in receiving further supply. Be mindful that some “specials” medicines can take longer to order so more notice is needed;

5.1.3 Details of what was ordered, when, from whom and method of communication must be documented in patient records (e.g. Systm One);

5.1.4 Responsibility for ordering the prescription and obtaining the medicines from a prescriber rests with the parent(s);

5.1.5 If there is a delay in the school receiving medication, Registered Nurses and Health Care Workers should notify the head teacher.

5.2 Receipt of Medicines

5.2.1 Upon receipt of medicines the following must be checked to ensure it is correct and acceptable:

- Name of medicine, strength and formulation on the box, bottle/strip and pharmacy label is consistent with request;
- Patient’s name on the pharmacy label;
- Manufacturer’s expiry date. If the expiry date is shorter after opening, this needs to be borne in mind and noted. If in doubt, contact the dispensing pharmacy(details on the label);
- Medication remains in original container or that decanted by pharmacist;
- Date on pharmacy label. Any medicines dispensed over 3 month ago should be questioned with the parent (to make sure that the prescription remains current) with the possible exception of “prn” medicines as these may not be needed regularly.

5.2.2 In addition to the above, for controlled drugs (CDs):

- Which are sent via a third party (i.e. transport), ensure that CDs are supplied in a sealed envelope with quantity supplied written on the outside;
- Open seal and verify physical quantity with that stated outside;
- For schedule 2 CDs, make a record in a bound CD register (one new page for every preparation) detailing date, time, name of patient, name of medicine, strength, formulation, quantity received and running balance;
- There is no need to keep a written record for schedule 3-5 CDs

5.3 Storage of Medicines

5.3.1 All medicines must be stored in a locked cupboard or drug trolley intended for medicines only. If a drug trolley is used, this must be locked when not in use and kept in a locked room.

5.3.2 Schedule 2 and 3 CDs must be stored in a CD cabinet;

5.3.3 Whilst security of medicines is important, consideration should be given to having easier access to emergency medicines;

5.3.4 Keys giving access to the medicines must be kept with the health care professional or the designated education personnel at all times. When not needed, keys must be stored in a locked receptacle (such as a drawer or filing cabinet); these must be accounted for at the end of each working

day.

5.3.5 There is no requirement to do stock checks unless there are security concerns. Stock checks must be done in the following circumstances:

5.3.5.1 Schedule 2 CDs. Stock check must be done and recorded at least once on each working day during term time. A stock check is done by ensuring that the physical quantity and written quantity correspond;

5.3.5.2 “Prn” CDs that are not routinely used (such as midazolam and diazepam). These should be placed in a tamper evident pouch and a stock check should be done at least once weekly by ensuring that the seal number remains the same as before (appendix 1). If the seal number is different to that recorded previously, that implies that the pouch has been opened and therefore staff need to establish the circumstances around this;

5.3.6 Expiry date check must be carried out once in each term. A note of medicines expiring before the next check must be made to ensure that it is not used after the expiry date. Where the expiry date is stated as month and year, the product can be used until the last day of that month;

5.3.7 Given the infrequency at which medicines requiring refrigeration are received, a pharmacy grade refrigerator is desirable but not essential in this setting. Refrigerated items must be placed in a lockable refrigerator or an un- lockable refrigerator that is in a locked room. Refrigerator temperature must be checked and recorded daily when there is medicine inside (appendix 2).The minimum and maximum temperature needs to be recorded and reset every day. If there is a breach in the temperature, pharmacy advice needs to be sought before using. A notice can be placed by the plug to prevent it being inadvertently switched off.

5.4 Authorisation (to administer medicines)

5.4.1 Only medicines that have a signed authorisation from the parent/legal guardian can be administered;

5.4.2 Staff are advised to use the MAAR completed by the parents in the first instance.

5.4.3 Ensure that the authorisation is legible and details the name of drug, dose, frequency, signature of parent and date.

5.4.4 Ensure that the details on the authorisation correlates with the details on the pharmacy label and details on the medicine box/strip/bottle;

5.5 Administration of Medicines

5.5.1 Ideally, administration of medicines should be carried out in a setting that is free from distraction. Privacy and dignity of the child should also be considered when administering medicines;

5.5.2 When transporting medicines within the school, a drug trolley or an alternative suitable device must be used to ensure safety and security of the medicines;

5.5.3 Generally, “Administering Medicines in the Community Setting - Standard Operating Procedure” must be followed when administering medicines in school setting. This is available on the intranet;

5.5.4 If the child is not known, their identity must be confirmed by asking the child to confirm their name, date of birth and looking at their photograph in their care plan. If the child cannot confirm their identity, a member of school staff who is familiar with the child concerned and who can confirm the identity matching the MAAR Chart should be asked. The photograph alone should not be used;

5.5.5 Photographs must have a date when it was taken. Photographs need to be updated annually, ideally at the start of each new academic year;

5.5.6 Staff member must make sure that the instruction on the authorisation corresponds to that on the pharmacy label. If there is a discrepancy, staff must ask parent for further information (such as hospital letter.) verifying the actual medication regimen;

5.5.7 With the exception of “prn” medication, staff should ensure that the medicine has been dispensed recently (i.e. in the last 3 months). This routine practice will help ensure that the patient is receiving the most up-to-date treatment;

5.5.8 If the child is scheduled to be away from school (e.g. school trip) around the time of medicines administration, school staff will assume responsibility to administer the medicines. See 5.8 below for further considerations;

5.5.9 A record should be made of medicines administered or omitted. A record of administration can simply be an initial against the relevant time, day and medicine on the MAAR. In addition to the above, the time of administration should be recorded if the medicine was administered over an hour either side of the required time or if there are other reasons where this information would be useful (e.g. “prn” medicines, hand-over for parent etc..); Batch number and expiry date also needs to be documented, at least once each month in the spaces provided on the MAAR;

5.5.10 For missed doses/omissions, reason for omission must be recorded and parent contacted ASAP.

5.5.11 For schedule 2 CDs, in addition to the above the following must also be recorded in the appropriate page of the CD register: (a) date (b) time (c) dose administered (d) dose wasted (e) running balance (f) staff signatures.

5.5.12 Diana Nurses and health care workers can single check medication after completing LPT medication training and Diana medication training and completing an assessment of competence. However, wherever possible, second checking of medications should be performed. The person doing second check must do so independently of the first check.

5.6 Medication Error

5.6.1 If a medication error occurs, staff should follow the Trust Medication Error Policy which is available on the intranet;

5.6.2 The head teacher and parent must also be notified. Due to the nature of children attending these special schools, it may not be appropriate to

inform the child themselves.

5.7 Disposal and Return of Medicines

5.7.1 Any obsolete medicines must be returned to the parent as soon as possible to reduce confusion;
5.7.2 Any un-used medicines must be returned to the parent at the end of the academic year.
5.7.3 CDs sent back via a third party (i.e. transport) must be placed in a sealed envelope with the quantity returned written on the outside. Parents need to be informed to report any discrepancy to the school or Registered Nurse or Health Care Worker;
5.7.4 Small quantity of medicines (e.g. 1-2 tablets) that are dropped or spat out can be disposed of in a domestic bin.

5.8 School Trips

If a child is going on a school excursion consideration needs to be given about the need to take the mediation out of school, or whether it is safe to administer just before or immediately on return to school. This will depend on the type and frequency of medication and needs to be discussed with Diana Nurse and or parent to make this decision safely.

If it is felt appropriate and or essential for administration to take place outside of school the health care worker / school health team will assemble the medication and the authorisation sheet along with any equipment needed to administer the medication. The medication will then be checked in and out of school with the person taking responsibility for the child and their medication whilst not in school. Transporting medicines during school trips can prove tricky, particularly with liquid bottles. Original containers (or that which the pharmacist decanted in) must be taken and stored so that glass bottles are protected from breakage. School or LPT staff mustn't decant medicines or pre-draw the dose. To reduce risk, particularly with carrying controlled drugs, parents can be requested to provide a part-used box so that a lesser quantity can be taken.

5.9 Communicating with Parents

5.9.1 Timely communication with parents is vital and can be done using complement slips, telephone call or School Communication System.

6.0 Management and Implementation

This policy will be implemented and disseminated throughout the organisation, in accordance to the post ratification process. Following approval the policy will be catalogued in the Trust register of Policies and posted on the intranet.

It is the responsibility of the Service Lead to ensure that staff are familiar and compliant

with this policy and have documented evidence of this.

The Diana training and the competence will be renewed every year.

7.0 Monitoring Compliance and Effectiveness

At least an annual inspection will be carried out by a line manager using the audit tool in appendix 3. The standard is full compliance in all criteria. Consideration will also be given to including the special school in the Trust's Medicines Storage audit.

8.0 Due Regard

During the development of this policy the Trust has considered the needs of each protected characteristic as outlined in our equality statement with the aim of minimising and if possible remove any disproportionate impact on employees. If staff become aware of any exclusions that impact on the delivery of this policy, processes are in place to mitigate any risk.

Refresher training is provided every three years to support staff in the implementation of this policy.

References and Associated Documentation

1. Administration of Medicines in the Community – Standard Operating Procedure
2. Medication Error Policy
3. Managing Medicines in School and Early Years Settings, 2005 (DoH)
4. Leicestershire children and young people's services - Administration of Medicines (Leicestershire County Council)
5. Managing medicines and healthcare needs in school, early years and youth settings (City Policy)
6. The Leicestershire Medicines Code
7. Professional guidance on the administration of medicines in healthcare settings, 2019 Royal Pharmaceutical society / Royal College of Nursing.

Appendix 1 **Tamper-evidence Check**

Name of Patient…….

Name of Drug……..

Date	Seal Number	Comments

Appendix 2

Royal Pharmaceutical Society of Great Britain

Refrigerator Temperature Record

Month: **Year:**

Date / Day	Max Temp C	Min Temp C	Action taken if outside range 2-8 C	Checked by (initials)	Thermometer reset (tick)

Please record the date(s) the fridge was defrosted:

Review:

Has the fridge temperature been checked every day? ☐ Yes ☐ No

Has any necessary action been taken? ☐ Yes ☐ No

If yes, what was the action?

Reviewed by: …… Date:……

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturer's advice where appropriate.

Appendix 3 **Compliance with Policy – Audit Tool**

Purpose of this document is to ascertain level of compliance with the Policy. Information should be gathered by examining documentation, availability of paperwork and visual inspection.

Date of inspection:……..

Name of staff completing inspection:……..

Location / School name:……..

		Level of Compliance			
Criterion	**Standard**	**Full**	**Partial**	**Non**	**N/A**
Proof of ordering medicines via one of the approved methods	Full Compliance (100%)				
Authorisation for every medicine present on the day					
Authorisation, pharmacy label and medication correspond					
All medicines stored in a lockable cupboard located inside a lockable room					
All medicines in-date					
No obsolete medicines present					
Refrigerator (lockable or not) located inside a lockable room					
Keys to the cupboards/room kept on the individual or in a safe place					
Presence of photo identification for children requiring medicines administration					
CD entries fully completed					
Weekly check of tamper evident seal for CDs					
Completion of appendix 2 for refrigerated medicines					
Full documentation of administration/omission					
Presence of sealable envelopes for transportation of CDs					

Appendix 4 DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Policy and Procedure for Managing Medicines In School**	
Completed by:	**Tejas Khatau**	
Job title	**Lead Pharmacist – FYPC Directorate**	**Date 24/04/2023**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	Information about individuals not collected
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	Information about individuals not collected
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	Information about individuals not collected
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	Information about individuals not collected
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	Information about individuals not collected
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	Individuals not contacted

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure**,** the process involves service users/staff providing information about them, over and above what we would normally collect

Question 3: This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via
LPT-DataPrivacy@leicspart.secure.nhs.uk

Appendix 5 **Due Regard Screening Template**

Section 1	
Name of activity/proposal	Policy and Procedure for Managing Medicines In School
Date Screening commenced	24/04/2020
Directorate / Service carrying out the assessment	FYPC
Name and role of person undertaking this Due Regard (Equality Analysis)	Tejas Khatau. Lead Pharmacist- FYPC Directorate
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Ensure all activity involving medicines in special school setting is carried out safely and consistently	
OBJECTIVES: Provide step-by-step guidance to staff	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	
Disability	Yes – possible negative impact as parents with a learning disability may struggle with producing an authorisation. Need to produce an authorisation is kept to a minimum and parents will be given a template to make this easier.
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No √	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4
If this proposal is low risk please give evidence or justification for how you reached this decision:
Document describes steps and guidance for managing medicines taken from national and local best practices. An authorisation is required so that administration associated with the particular medicine can be logged.

Signed by reviewer/assessor	T KHATAU	**Date**	4/4/20
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	T KHATAU	**Date**	4/4/20

Appendix 6 **NHS Constitution**

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐ Yes
Respond to different needs of different sectors of the population	☐ Yes
Work continuously to improve quality services and to minimise errors	☐ Yes
Support and value its staff	☐ Yes
Work together with others to ensure a seamless service for patients	☐ Yes
Help keep people healthy and work to reduce health inequalities	☐ Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐ Yes