

Medicines Management in Special Schools

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Summary of Key Points

- This guideline will provide a framework for the safe administration of medication to children and young people within Special School settings, and reflects best practice
- Medication administration in Special Schools is primarily carried out by non-registered staff employed by the Local Education Authority; this guideline outlines strategies for ensuring a clear consistent process for ensuring this is completed with minimal risk to both children and young people receiving medication, and also those administering medication.
- The document guides safe practices within the Special School setting to ensure all medication is appropriately prescribed, supplied, stored and administered to all children who require medication whilst in the care of school staff.
- All medication to be administered to children attending Special Schools should be prescribed by a registered doctor or non-medical registered prescriber.
- If transcription is required, the nurse will have completed transcription training and this will be updated in line with the HWHCT Transcribing Policy.
- Medication times should avoid the need for administration at school whenever possible.
- All qualified nurses involved in medication administration will have completed mandatory Medicines Management Training.
- Any staff member who is employed by either the school or HWHCT, who is not a registered health care practitioner, will have completed relevant training and competency assessment prior to administering medication. This competency will be renewed annually.
- Schools should obtain written consent from parents/ carers enabling medication to be administered within the school setting (DfE 2015).

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Version History

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Guideline review			
1	12.5.20	Team Lead – Special School Nursing	Minor amendments

Version	Circulation date	Job title of person(s) or name of group circulated to	Brief summary of change
2	5.6.20	Senior Pharmacist – Medicines Safety	Minor amendments throughout guideline, including; <ul style="list-style-type: none"> • removal of use of fax • second source for transcribing where possible • allergy status prior to every medication administration and include in care plan • tighten parameters for ensuring current prescription used for transcribing • rewording of section regarding school trips (section 7.7) • include fridge and room temperature monitoring • audit use of medicines not transcribed form • Separate section Emergency Adrenaline and O2
3	6.7.20	Interim Head of Education and Clinical Development	No amendments
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4	13.8.20	Medicines Management Safety Sub Committee	Amendment to section 7.6
5	29.9.20	Clinical Policies Group	Addition to 5a), to include Nursing Associates
6	29.9.20	Author	Amendments following Clinical Policies Group
7	10.5.21	Author	Amendment to section 7.3 Transferred to new Trust guideline format, electronic links updated
	11.5.21	Medicines Safety Officer, Senior Pharmacist	Further amendments to section 7.3, 7.4 and 7.7(CDs)
8	29.6.21 & 13.7.21	Special School Nurse Team Lead	Addition of section 7.4.1
	2.8.21	Medicines Safety Officer, Senior Pharmacist	Additions to section 7.7, and other minor amendments
9	1.12.21	Medicines Management Safety Sub Committee	Agreed
9	14.12.21	Clinical Policies Group	Approved
9	23.02.22	Quality & Safety Committee	Ratified

1. Introduction

- a. Children and Young People attending Special Schools require medication administration where it would be detrimental to a pupil's health or school attendance not to do so.
- b. This guideline will provide a framework for the safe administration of medication to children and young people within Special School settings, and reflects best practice.
- c. Medication administration in Special Schools is primarily carried out by non-registered staff employed by the Local Education Authority; this guideline outlines strategies for ensuring a clear consistent process for ensuring this is completed with minimal risk to both children and young people receiving medication, and also those administering medication.
- d. This document should be read in conjunction with [Herefordshire and Worcestershire Health and Care Trust \(HWHCT\) Medicines Policy - HWHCT MED- 095](#).
- e. The guideline also incorporates standards expected for 'Supporting pupils at school with medical conditions' (DoE 2015)

2. Purpose of Document

The purpose of the document is to guide safe practices within the Special School setting to ensure all medication is appropriately prescribed, supplied, stored and administered to all children who require medication whilst in the care of school staff.

The document makes recommendations to schools in support of best practice in administration of medication by nonregistered health care staff and teaching assistants.

3. Definitions

- a. Children – Children and Young People up to and including 19 years attending Special School.
- b. Special School – differs from mainstream school, in providing education to a concentration of children with identified additional health care needs, which may include learning difficulties, emotional and behavioural difficulties, and physical difficulties, (including children with sensory and/or complex healthcare needs).

- c. The Trust – Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

4. Scope

- a. This guideline is relevant to any Herefordshire and Worcestershire Health and Care Trust (HWHCT) employees involved in medication prescribing, supply, storage, administration within a Special School setting.
- b. This guideline also applies to Student Nurses and Trainee Nursing Associates, under the supervision of a Registered Nurse
- c. The guideline supports safe medication administration by both health and education employed staff within the Special School setting. This is achieved by working in partnership to safeguard the wellbeing of all children and young people requiring medication during the school day.
- d. This guideline has been discussed with individual Special School Head Teachers to agree implementation within each school due to the differing needs of each school setting.
- e. Special School sites within Worcestershire are; Chadsgrove School, Fort Royal School, Pitcheroak School, Regency High School, Rigby Hall School, Vale of Evesham School and Wyre Forest School. These sites are managed by the Local Education Authority and not HWHCT. However, HWHCT staff work within these premises.

5. Training/Competencies

- a. All nurses and nursing associates registered with the Nursing and Midwifery Council (NMC) involved in medication administration will have completed mandatory Medicines Management Training via the [Script eLearning package](#).
- b. All nursing staff prescribing medication will have completed and achieved Non-Medical Prescribers (NMP) Qualification relevant training and be a registered nurse prescriber with the Nursing and Midwifery Council (NMC). Non-Medical Prescribers (NMP) will also have registered their qualification with the Trust and complete annual Approval of NMP Competence scope of Practice with the Trust.

- c. If transcription is required, the nurse will have completed transcription training and this will be updated in line with the [HWHCT Transcribing Policy](#). If an individual identifies need for more frequent training this will be addressed.
- d. Registered healthcare professionals who delegate medicines administration to a carer (employed by HWHCT or other employee) retain the accountability for the delegation, and the responsibility for the training.
- e. Any staff member who is employed by either the school or HWHCT, who is not a registered health care practitioner, will have completed relevant training and competency assessment prior to administering medication:
 - [Medicines Administration Competency](#)
 - [Medicines Administration Workbook](#)
- f. This competency will be renewed annually; it is the responsibility of the education staff member to seek an update and reassessment when it is due. Reminders will be given to school regarding when annual staff training is due. Records of training and competence will be kept by the Special School Nurse.
- g. The Registered health professional will ensure retraining and competency assessment is available in a timely manner.

6. Responsibilities and Duties

- a. The Special School Head and Governing body have responsibility to ensure support for pupils with medical conditions is in place, enabling all pupils remain healthy and achieve their academic potential (DoE 2015).
- b. The Special School Nursing Service Lead will be responsible for ensuring the guidance is safe and reflects best practice.
- c. HWHCT nursing staff (registered and non-registered) will be responsible for adhering to the policy and raising any concern or issues that are experienced relating to it.
- d. Agreement should be achieved between the Special School Nurse and the Special School Head Teachers to ensure a training plan and competency assessments can be completed for delegated school staff responsible for administering medication within the school setting. Special School Nurses will provide the school with reminders regarding when annual staff training is due.

- e. School staff should seek an update and reassessment of competency when this is due.
- f. Schools should obtain written consent from parents/carers enabling medication to be administered within the school setting (DoE 2015). Parents/carers should complete [‘Parental Agreement to Administer Medication’ form \(based on DoE guidance\) Supporting Pupils with medical conditions templates](#)

or similar, for all medication that is to be administered within the school setting. This includes changes to dosages, regular medication and short term courses of treatment.

NB. if the child is the subject of a care order, both the Local Authority and parents ideally, should be approached regarding this. The Parental Agreement to Administer Medication form must be reviewed by the Special School Nurse whenever there are changes to medication and renewed at least annually, always on admission to school and at the beginning of September. This should be recorded in the child’s health records.

- g. Parents/carers are responsible for providing a supply of medicines for use in the school that is appropriate, has a minimum of 6 months left to expiry, unless preparation has a known short shelf life e.g. omeprazole suspension and in the original packaging.
- h. Special School Nurse or school staff, if responsible for administering medicines, are responsible for notifying parents that medications are approaching their expiry dates. This includes emergency medication i.e. adrenaline auto injectors, where expiry dates should also be documented on the outside of emergency box containing the medication, and a reminder written in classroom diaries, to prompt this.
- i. Schools are responsible for the safe and secure storage of medicines. This includes drug fridge temperature monitoring, and room temperature monitoring in areas where medication is stored. Special School Nurse can advise on this and will monitor and audit recordings.

7. Procedure

7.1 Medication Prescribing

All medication to be administered to children attending Special Schools should be prescribed by a registered doctor or non-medical registered prescriber.

Evidence of the prescription can be obtained from:

- The dispensing label on the medication packaging, with a current date, and checking it isn't from a previous prescription
- Written letters from GP or Consultant Paediatrician and team, Consultant Psychiatrists
- Discharge letter or summary from hospital
- FP10 prescription, copy of the repeat prescription request (from FP10)
- An emailed prescription or direction from a doctor (this must only be sent and received via an 'nhs.net' email account). School email accounts should not be used.

This information may also be used for transcribing

Evidence of any one of these is sufficient, but more than one source may be used. Where only a labelled product is available, best practice would suggest that an additional source should always be sought, wherever possible.

It is essential that any changes to medication doses are communicated by the prescriber, in writing to Special School Nurses and that Special School Nurses communicate with medical staff and parents/carers to ensure medication can be administered safely as prescribed.

Special School Nurses must obtain written documentation of a prescribed dose change.

A care plan will be available for all children requiring **emergency** medication identifying:

- The child's diagnosis
- Detail of the name of the medication, dose and route, frequency
- Allergy status and type of reaction whenever possible
- Side effects
- Special considerations e.g. dietary needs, pre activity precautions
- Details of emergency parameters and actions

Medication times should avoid the need for administration at school whenever possible.

For example, if a medicine is required three times a day, it may be possible to adjust administration times so that doses can be given before school, after school and at bedtime, where this does not conflict with the treatment.

Medication that is required twice daily can usually be administered outside of school times.

Any request to administer daily, twice daily or three times daily medication should be discussed with the Special School Head Teacher, Special School Nurse and Social Care where appropriate to consider the benefits and risks associated with administering any doses at school. This should take place prior to any agreement with parents or professionals.

Medication that needs to be given four times a day, e.g. short term antibiotics, will necessitate at least one dose being given in school.

All prescriptions and care plans should be reviewed at least annually by the Special School Nurse.

All parents should complete a consent form e.g. Parental Agreement to Administer Medication' to allow medication to be administered within school setting (example can be found in [Department of Education 'Supporting Pupils with medical conditions templates' \(2015\)](#)).

Staff will not give medication unless a consent form is completed. However following discussion with the Special School Nurse, medication that has been brought into school (or came in via school transport with the child) may be administered without consent for the first 24hours, where there is clear prescribing, ie medication packaging is clearly labelled with administration instructions and date that the prescription was issued; this should be within the last 72 hours, i.e. a new current medication This will be assessed on an individual basis, by the Special School Nurse.

All **emergency** medication should be prescribed in the same way with agreed documented care plans giving parameters for each emergency requiring the administration of medication.

7.2 Medication Transcribing

Medication should be transcribed onto an approved HWHCT medication chart as soon as possible.

All Special School Nurses will complete the transcribing medication training.

All Special School Nurses will be familiar with the [Trust Transcribing Policy](#).

Non-registered health care practitioners i.e. teaching assistants (TA's), school staff and others will not be responsible for transcribing and **MUST NOT** transcribe.

Where a new medication has been provided to school and is required before details can be transcribed to the medication chart:

- Contact the Special School Nurse or Special School Nurse Team Lead for guidance and to inform of need for transcription.
- Confirm with the Special School Nurse or Special School Nurse Team Lead the requirement for medication as received from the parent/carer.
- Confirmation between Special School Nurse or Special School Nurse Team Lead detail on medication label regarding medication name, dose, route, amount and time to be administered
- If the Special School Nurse or Special School Nurse Team Lead advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication not transcribed form (see Appendix). These should be scanned into Carenotes after the medication has been transcribed.
- Special School Nurse or Special School Nurse Team Lead will arrange for transcription as soon as possible.

All medication MUST be transcribed when the Special School Nurse next attends site including emergency medication and as required (prn) medication.

7.3 Medication Storage

All routine medication brought into school must be stored in a locked wall mounted cupboard in the original packaging with the dispensary label intact.

Medication should be segregated according to child, either by storage on a different shelf, drawer or storage box within the drug cupboard/trolley. If there are a large number of named children's medications, they should be stored in a clear logical order e.g. alphabetically or clearly labelled with name or class group in order to minimise risk of administration of the wrong medicine.

Any medication that needs to be stored in a refrigerator should be stored in a locked refrigerator dedicated to medicines storage (i.e. not for food use). Drug 'fridge temperature must be monitored daily when the 'fridge contains medication, or weekly when the 'fridge is empty, this being the responsibility of the school; Ideally the school should allocate a staff member to complete this; when there is a Special School Nurse on site this may be completed by the nurse. However the overarching responsibility lies with the school. The Special School Nurse will be responsible for monitoring and auditing recordings. Fridge temperature must remain between 2°C - 8°C.

For additional information see [HWHCT Drug Fridge Temperature Monitoring Procedure](#).

The temperature of rooms used for the storage of medication must be monitored. Schools must be notified if rooms used are unsuitable for medication storage, and advised on how this might be remedied, i.e. use of fans, closing window blinds, keeping lights switched off, or advised that an alternative area should be found.

For additional information see [HWHCT Room temperature Monitoring Procedure](#).

Only designated staff should have access to the medicines cupboard and medicines refrigerator. This will be the Special School Nurse and designated school staff allocated by the Special School Head Teacher.

Inhalers should be stored in a safe accessible place, they shouldn't be locked away. They must be accessible to the child where the child can manage the inhaler independently, or accessible to the member of staff caring for the child, where the child requires the assistance of another, to manage their inhaler. This must be agreed with school staff and documented in the child's care plan (Asthma UK 2020).

Schools may choose to purchase additional salbutamol inhalers, which are then available to children where their inhaler has expired, runs out, or is not brought into school (DOH 2015)

Spacer devices should be cleaned according to manufacturer's instructions but should always be labelled with child's name to protect from cross infection. They should be stored in a clean dust free environment (closed container or bag).

Original packaging should be intact and must include the child's name, dispensing date, expiry date, instructions for use and dose.

All **emergency** medication should be stored securely, in a locked cupboard but in a location that is readily accessible by appropriate staff.

Controlled Drugs

Controlled Drugs (CDs) will be stored as all other drugs in school in a secure lockable cabinet.

All CDs in school will be recorded in approved HWHCT Controlled Drugs Register Patients' Own CD booklets (registers).

Balance checks of solid CD formulations' (e.g. tablets) must be carried out monthly by the Special School Nurse. All liquid preparations held on site will be checked termly and those formulations that stay with the child, i.e. travel between school and home on a daily basis, will be annotated in the CD register as not requiring a check.

Guidance regarding sending CDs out for trips is covered in section 7.7.

7.4 Medication Administration

School Nurses and school staff may choose to wear 'Do not disturb: Drug Round in Progress' tabards whilst administering medicines or undertaking training, if desired. This will be dependent upon the individual scenario and child involved; some children may have strong reactions to staff wearing a red tabard, due to behavioural challenges or learning difficulties.

All medication must be checked by the person administering (nurse or school staff) against the drug administration document the dispensed label on the medication packaging and against any original manufacturer packaging where appropriate. Prescribed medicines must only be administered in line with the precise directions on the medication chart and dispensing label.

Medication can be checked and administered by a single registered nurse. For further information see [HWHCT Medicines Policy – MED -095](#).

School staff should follow their own guidance regarding checking medicines if they have their own guidance.

Allergy status of the child must be checked prior to every medication administration.

The identity of the child **must** be confirmed prior to administration. If administered by a registered nurse it may be necessary to refer to school staff to confirm identity.

When administering a medicine, check:

- The child's name against the medication chart
- The child's name against the name on the dispensing label
- The name of the medicine against the administration chart
- Administration details on the dispensing label match the instructions on the administration chart
- The medication is in date and fit for use.
- That the medication hasn't already been administered

Where a new medication has been provided to school staff and is required before details can be transcribed to the medication chart:

- Contact the Special School Nurse or Special School Nurse Team Lead for guidance and to inform of need for transcription.

Confirm with the Special School Nurse or Special School Nurse Team Lead the requirement for medication as received from the parent/carer

- Confirmation between school staff, Special School Nurse or Special School Nurse Team Lead detail on medication label regarding medication name, dose, route, amount and time to be administered
- If the Special School Nurse or Special School Nurse Team Lead advises administration of the medicine, document details of the child/young person; medication given, dose, amount and route including the date and time on the Medication Not Transcribed Form (see appendix).
- Special School Nurse or Special School Nurse Team Lead will arrange for transcription as soon as possible.

Emergency medicines require the same rigorous checks prior to administration, as any other medicines.

7.4.1 As required medication (PRN – Pro Re Nata)

Some children will be prescribed medication that can be administered under a certain set of criteria, or for intermittent conditions, i.e. not taken regularly or at specific times/days.

Good practice for prescription, direction and pharmacy labelling of PRN medication, should include clear parameters for administration, including

- Name of medication, strength and formulation
- Dose to be given
- Circumstances for administration, i.e. for pain
- Interval between doses i.e. every 8 hrs
- Maximum dose in 24hrs i.e. no more than 4 doses in 24hrs
- Expected outcome i.e. for pain relief

As with all medication administration, if the instructions are not clear the prescriber must be contacted.

A care plan will also be written, giving detail of the procedure for administration of PRN medication.

Local Authority staff (i.e. Teaching Assistants) MUST check with the parent or Special School Nurse prior to administering PRN medication, to check when previous dose was administered.

The only exception to this is the administration of Emergency Medication, i.e. Buccolam®, Epipen®, etc

7.5 Non Prescribed Medication

Special School Nurses should not administer non prescribed medication, nor are they able to support school staff in this administration. School should discuss this with parents and must follow their own policy regarding this.

7.6 Emergency Adrenaline and Oxygen

The use of emergency adrenaline is covered by Schedule 19 exemption of Human Medicines Regulation 2012.

Only child specific prescribed oxygen will be administered. Emergency oxygen will be obtained via 999 call.

7.7 Medication Administration on School Trips

Staff administering medication on a school trip will have completed relevant training and competency assessment.

A copy of the child's care plan and the approved HWHCT medication chart should be reviewed prior to the school trip to ensure instructions on the original packaging are correct. Medication expiry date must also be checked prior to leaving school. This will include emergency medication and actions to take in an emergency.

On return from the school trip the medication chart should be completed.

Medication should only be transported in the original packaging with original label containing the child's details and details of the medication.

Where medication is presented in a liquid format the following guidance must be followed;

There may be occasions where the least risk option for liquid medication, is for it to be prepared for administration immediately prior to the trip.

The following will be considered prior to this decision

- Practicality of transporting original container due to increased risk of breakage
- Medication's storage conditions e.g. has to be stored < 25C, reduced risk of taking one dose on a trip, rather than affecting whole container.
- Ease of administering medication to child, as there is a risk when drawing up a single dose of medication that if there are issues e.g. syringe is knocked out of a carer's hand, that there is no further supply of medication available to draw up a further supply.

Liquid medicines may be sent as a drawn up single dose of medication, clearly labelled rather than sending whole bottle of medicine on trip

This is associated with the following risks:

- Incorrect dose being drawn up
- Incorrect instructions on the label.
- Leakage of dose from syringe.

In practice this happens infrequently, but where no other option exists, the above steps must be followed, in order to minimise risk.

- Only Registered Nurses who have completed training in line with the HWHCT Transcribing Policy will label syringes of medicine
- Medication administration box must be scored/completed as follows;
 - Special School Nurse who draws up the dose, will initial the top half of the relevant medication record box, when they measure the dose in the presence of staff member (e.g. Teaching Assistant) who will administer the medication
 - Only oral or enteral (purple) medication syringes must be used to prepare and administer medication via oral or enteral routes
 - Syringe caps will be used to ensure that there is no loss during transport.
 - Special School Nurse will write the label with the name of the child, name of medication, dose, time and route to be given and initial the label
 - Staff member (e.g. Teaching Assistant) checks that instructions on the label are correct, verifies the correct dose has been drawn up and also initials the label
 - The syringe is transferred straight to a medication bag
 - Before administration the staff member rechecks the label and drawn up dosage against the medication administration chart and verifies that both are correct.
 - If correct, they then administer the medication and initials the bottom half of the administration box.
 - If any discrepancies arise then the staff member will contact the Special School Nurse for further advice.
 - The Special School Nurse will then complete an incident report via Ulysses, for any incident involving this process.

Medication should be held in a fastened bag by school staff and not left unattended

When Sending CDs Out For Trips

Ideally an additional small, dispensed supply will be provided by the pharmacy for use out of school, correctly labelled with a pharmacy dispensing label, with the child's details and medication details, (this reduces the risks associated with taking larger volumes of CDs out of school).

Liquid CD preparations are unlikely to be dispensed as outlined above so instead, the whole bottle (with measure – spoon/oral syringe) should be safely transported with the designated school staff member.

The stock must be checked out and recorded in the CD register (e.g. XXX dose taken to administer on school trip) in the presence of the person who will be administering the medication. The drug chart will be signed by the person who administers the medication at the time of, or immediately after administration on the school trip.

CDs along with the medication chart should be stored in a fastened bag by school staff during the trip but returned to safe locked storage within school on return and recorded on the CD register (including the return of bottles of liquid CDs and any unused CDs). This is to ensure balances are correct; the total balance must be physically checked against the quantity recorded in the CD register.

Residential Trips

Arrangements and agreement between education staff and parents should be sought prior to the residential trip. Special School Nurses will advise re medication administration for residential trips, but cannot provide additional training or transcribing for this purpose. Where a child is taking part in a residential trip, agreement must take place between the parent and school staff accompanying the trip, as to medicines administration and recording. The Special School Nurse will advise re best practice.

Medication should always be transported in original packaging as stated above.

In the event of medication needing to be left within a residential setting, ideally a locked cupboard should be used for storage or a lockable bag/ case. This lockable device can also be used to store relevant care plans and drug administration documentation. This will reduce risk of medication theft or loss and will protect personal data within labelling and administration charts.

8. Disposal of Medicines

Part used, or expired/out of date medicines, will be sent home for parents to dispose of.

Any stock items that are out of date should be returned to the Trust Pharmacy Hub in sealed blue trays/bags, via approved Trust transport where this is available. This will be responsibility of the Special School Nurse.

All medication will be returned home by school staff with the relevant child at the end of each school year.

HWHCT Pharmacy Team can be contacted for further advice.

WHCNHS.medicines@nhs.net : 01905 683225

9. Record Keeping

Approved HWHCT medication chart and approved HWHCT 'Controlled Drugs Register: Patients' Own CD's', must be used to record all medicines administration in Special Schools.

Omissions and refusals must also be recorded on this document. Parents and the prescriber, if appropriate, should also be informed.

Documentation supporting administration of medication in Special Schools should be updated at least annually, usually at the start of the new school year.

NMC and Trust policy on record keeping must be followed (use of pen that can be reliably photocopied, ideally black pen etc.)

10. Monitoring Implementation

- a. Monitoring implementation, compliance and effectiveness of this policy will be carried out via observation of practice by the Special School Nursing team. Any incidents relevant to this policy will be recorded via NHS Trust approved incident reporting systems. Lessons learned will be shared across relevant clinical areas. This will be led by the Special School Nurse Team Lead in collaboration with the Special School Head Teacher.
- b. Communication with Special School Head Teachers and parents/carers will be paramount in the event of any drug error or incident affecting children within school.
- c. Use of the audit tool outlined in HWHCT Medication Transcribing Policy.

- d. An audit of how often 'Medication is not transcribed forms' are utilised, will be completed by the Special School Nursing Team every 3 years, by looking at records in the Medication tab of Carenotes.

11. References

- [\(Asthma UK 2020\).](#)
- [Department for Education \(2015\) Supporting pupils at school with medical conditions](#)
- [Supporting Pupils with medical conditions templates](#)
- [Department of Health \(2015\), Guidance on the use of emergency salbutamol inhalers in schools](#)
- [Department of Health \(2017\) Guidance on the use of adrenaline auto-injectors in schools](#)

12. Associated Documentation

- [Herefordshire and Worcestershire Health and Care NHS Trust Medicines Policy– MED - 095](#)
- [Herefordshire and Worcestershire Health and Care NHS Trust Medication Transcribing Policy – MED – 037](#)
- [Herefordshire and Worcestershire Health and Care NHS Trust Room Temperature Monitoring Procedure – MED -073](#)
- [Herefordshire and Worcestershire Health and Care NHS Trust Drug Fridge Temperature Monitoring Procedure – MED -028](#)
- [Herefordshire and Worcestershire Health and Care NHS Trust Consent to Treatment Policy – CL - 189](#)
- [Herefordshire and Worcestershire Health and Care NHS Trust Clinical Record Keeping Policy – CL - 038](#)

13. Appendix

Documentation of Medication NOT Transcribed Form

(May also be used for medication administered in the absence of a Medication Chart i.e. where no transcription, or for emergency administration of adrenaline)

Childs Name:	Date of Birth:
MEDICATION NAME:	
DOSE GIVEN:	
AMOUNT GIVEN:	
ROUTE:	
DATE ADMINISTERED:	
TIME ADMINISTERED:	
SIGNATURE:	

CONSENT FROM PARENT / MAIN CARER RECEIVED BY:

FROM:

CONTACT WITH SPECIAL SCHOOL NURSING SERVICE:

Detail of message left:

Date:

Message left by:

Date Transcription completed:



14. Equality Analysis

Herefordshire and Worcestershire ICS - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (mark with an 'X' in the right-hand column)

Herefordshire & Worcestershire ICS	
Worcestershire Acute Hospitals NHS Trust	
Herefordshire & Worcestershire Health and Care NHS Trust	x
Herefordshire Council	
Worcestershire County Council	
Wye Valley NHS Trust	
Herefordshire & Worcestershire CCG	
Other (please state)	

Name of lead for activity	<u>Name</u>	<u>Job title</u>	<u>Email address</u>
Details of individual(s) completing this assessment, please include name, job title and email contact	Debbie Bolt	Children's Practice Facilitator	debbie.bolt@nhs.net
Date assessment completed	29.4.22		

Section 2



Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Clinical Guideline - Medication administration guideline in Special school nursing
What is/are the aim, purpose and/or intended outcomes of this activity?	To provide guidance on safe administration of medication in Special Schools with Worcestershire

Who will be affected by the development & implementation of this activity? (Mark with an 'X' in the right-hand column)

Service user	X
Patient	X
Carers	X
Staff	X
Communities	
Other (please state)	

This is a... (Mark with an 'X' in the right-hand column)

Review of an existing activity	X
New activity	
Planning to withdraw or reduce a service, activity or presence?	

<p>What information and evidence have you reviewed to help inform this assessment? (Please name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.)</p>	<p>Trust Medicines Management guidelines including Medicines Policy, Transcribing Policy, Drug Fridge Temperature Monitoring, Room Temperature Monitoring</p> <p>Department of Education - Supporting pupils at school with medical conditions (DoE 2015), other documents listed in reference list</p>
<p>Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)</p>	<p>Special School Nurses and HWCHT Pharmacy Team</p>
<p>Summary of relevant findings</p>	<p>Detailed in version history & body of guideline</p>

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			This guideline specifically applies to all children and young people who require medication in Special School. It incorporates standards expected for 'Supporting pupils at school with medical conditions' (DoE 2015)

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Disability		✓		Equitable care would be provided to all; many children attending Special School will have a disability
Gender Reassignment		✓		This guideline applies to all receiving medication in Special Schools irrespective of gender reassignment
Marriage & Civil Partnerships		✓		Marriage and civil partnership has no impact on delivery of this care.
Pregnancy & Maternity		✓		This guideline is relevant to anyone who is pregnant although specific guidance may be needed from pharmacy regarding safety of their medication and effect on unborn child
Race including Traveling Communities		✓		This guideline policy applies to anyone irrespective of their race
Religion & Belief		✓		Consideration would be given to cultural preferences during care delivery. Interpreting services, including BSL, would be accessed where necessary
Sex		✓		This guideline applies equally to boys and girls within the Special School setting
Sexual Orientation				This guideline is relevant and inclusive of children/young

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
		✓		people, parents/carers and staff of any sexual orientation
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		Equitable care and provision of services would be offered to all groups
Health Inequalities (reduce inequalities between patients with respect to the ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. NHS Act 2006 (as amended)		✓		This guideline is specific to care of children within the Special School setting. Equitable care and service provision would be provided to all children within the Special School setting

Section 4

What actions will you take to mitigate any potential negative impacts?



Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
None			

How will you monitor these actions?	N/A
When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	When the guideline is due for review or sooner if required.

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc., and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

1.4 Our organisations are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to assess that the Administration of Medication in Special Schools is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

1.5. Herefordshire and Worcestershire Health and Care NHS Trust must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the Herefordshire and Worcestershire Health and Care NHS Trust aims to design and implement policy documents that seek to reduce any



inequalities that already arise or may arise from any new policy. Therefore, Herefordshire and Worcestershire Health and Care NHS Trust will consciously consider the extent to which any policy reduces inequalities of access and outcomes.

1.6. Any change to a service will require a conscious effort from the author(s) of that change to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of the Project/Service, the commissioners and or Providers, who are implementing the said Project and or service will seek to minimise such an impact and simultaneously carry out a full review.

Signature of person leading & or completing the EIA	Debbie Bolt
Date signed	29.4.22
Comments:	
Signature of person approving the EIA	Debbie Bolt
Date signed	29.4.22
Comments:	

Human Rights Consideration:

NHS organisations must ensure that none of their services, policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern.

Can you please answer the following Human Rights screening questions:

	Human Rights	Yes/No	Please explain
1	Will the policy/decision/service change or refusal to treat result in the death of a person?	No	

2	Will the service change/policy/decision lead to degrading or inhuman treatment?	No	
3	Will the service change/policy/decision limit a person's liberty?	No	
4	Will the service change/policy/decision interfere with a person's right to respect for private and family life?	No	
5	Will the service change/policy/decision result in unlawful discrimination?	No	
6	Will the service change/policy/decision limit a person's right to security?	No	
7	Will the service change/policy/decision breach the positive obligation to protect human rights?	No	
8	Will the service change/policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	No	
9	Will the service change/policy/decision interfere with a person's right to participate in life?	No	

If any Human Rights issues have been identified in this section please get in touch with your Equality and Inclusion lead who will advise further and a full Human Rights Impact Assessment maybe required to be completed.