

Medical Conditions and Medicine Policy

September 2020

For Schools within our Collaboration:



At the schools within our collaboration, we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, gender, disability, faith or religion or socio-economic background. All staff are expected to uphold and promote the fundamental principles of British values, and as such, the schools within our collaboration are fully committed to safeguarding and promoting the welfare of all our pupils including protection against radicalisation. We therefore aim to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and able to participate fully in school life. Our core purpose, values and ethos is embodied in our mission that everyone takes:

P= personal

R= responsibility

I = in

D= delivering

E= excellence

Frequency of Review: Annually

Reviewed and Approved by: The Combined Committee of the Governing Body

Date: September 2020

Date of Next Review: Autumn 2021

Reviewer: Sally Harvey

Signed:  (Chair of Governing Body)

Date: 14.10.2020

Policy Statement

The schools within our collaboration are an **inclusive** community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as their peers. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The schools ensure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

The schools understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- asthma
- cancer
- diabetes
- epilepsy

The schools understand the importance of medication being taken as prescribed.

All staff understand the common medical conditions that affect children at our schools. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Parents should not send a child to school if they are unwell. School is **not** an extension of Accident & Emergency. If your child sustains an injury it is your duty of care to ensure you take your child to their local A + E or GP. We can only deal with first aid issues that occur on site.

Where a child has a long term medical need, a written health care plan will be drawn up with the parents, staff and health professionals.

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up.

The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offers three key principles for inclusion:

Schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning

Schools must:

- *set suitable learning challenges*
- *respond to pupils' diverse learning needs*
- *overcome potential barriers to learning and assessment for individuals and groups of pupils*

Responsibilities

Parents and carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form. **Verbal instructions will not be accepted.**

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with health professionals and/or school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication stored in school and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever applicable;
- Dispensing date/pharmacists' details.

School Staff

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so, they advise that the teacher has access to information, training and that appropriate insurance is in place. In practice, head teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school. Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. When a medicine is administered, 2 members of staff will be present and will sign the Medicine Administration Recording sheet (MAR). They will also follow the 6 rights of medicine administration and independent checking sheet – appendix 12. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

HEALTH CARE PLANS

The Health care Plan should be completed by Parent(s) and designated school staff. Health professionals may also be involved where necessary. It should include the following information, and an example is in appendix 1.

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

STAFF TRAINING

When training is delivered to school staff, the school must ensure that a record of the training is kept on the child's file and also for the schools Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), Gastronomy and the administration of medicines, although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

STORAGE

When items need to be available for emergency use, e.g. spare asthma pumps and Epipens, they may be kept in the Office, in the First Aid cabinet in the relevant building or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys. All medicines should be stored in relation to the named individuals and not by storing similar medicines together.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for ADHD) are kept on school premises, a **written stock record is also required and will be kept in the controlled drugs recording book** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school, provided this is possible, and at bedtime. If there are any doubts or queries about this requirement please contact health professionals.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Older children may bring in and take home their own antibiotics if considered appropriate by the parent(s) and teachers. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does **not** keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place. **CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.**

OVER THE COUNTER MEDICINE (EG HAYFEVER REMEDIES)

These should be accepted only in exceptional circumstances and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS

On occasion it may be necessary for a school/centre to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV4) will provide an “if needed” authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council’s Insurance and Legal Sections.

REFUSING MEDICINE

When a child refuses medicine, the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

SELF MANAGEMENT

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

TRAVEL SICKNESS

It has also been agreed by the Council’s Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness, by coach or public transport, the following procedure may apply:

DAY VISITS

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey in a clearly marked sealed envelope with child’s details, contents, and time of medication. Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by health professionals. Training of designated staff will be provided by health professionals and a record of training undertaken will be kept by the Senior Leaders. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by health professionals. The Epipen should be replaced by the parent(s) at the request of health professionals /school staff.
5. The use of the Epipen must be recorded on the child’s Care Plan, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent’s responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency. All children with asthma will need to have an asthma plan on file which is to be completed by parents / carers.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom.
3. It would be considered helpful if parent(s) could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell, they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

Salbutamol inhalers have been bought by the school for **emergency use** and the document entitled 'Guidance on the use of emergency salbutamol inhalers in schools- March 2015' is being followed.

- Parents will need to sign and return to school the document entitled *Annex A Consent form: use of emergency salbutamol inhaler (Appendix 10 of the policy)*, which states that 'In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.'
- In the event that the emergency inhaler is administered, *Annex B - Letter to inform parents of emergency salbutamol inhaler use (Appendix 11 of the policy)* will be issued to parents.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or

detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or health professionals.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

GUIDELINES FOR MANAGING CANCER

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy
- surgery
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parents, should be able to reassure them and if necessary, arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.

Regularly revise the pupils' timetable and school day as necessary.

Having a 'key' person at school

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available.

With older children, you can also give the pupil a card which enables them to leave class without having to explain too much.

Physical activity

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals
Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

Further Information and Guidance

Asthma UK

18 Mansell Street, London, E1 8AA

Tel: 020 7786 4900

www.asthma.org.uk

Diabetes UK

Macleod House, 10 Parkway, London, NW1 7AA

Tel: 0345 123 2399*

www.diabetes.org.uk

Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY

Tel: 0113 210 8800

www.epilepsy.org.uk

CLIC Sargent (Cancer)

Horatio House, 77-85 Fulham Palace Road, London, W6 8JA

Tel: 0300 330 0803

www.clicsargent.org.uk

Contents of appendices:

Appendix 1 - Health Care Plan

Appendix 2 - Contacting Emergency Services

Appendix 3 - Request for child to carry his/her medicine

Appendix 4 - Medicine Administration Recording form

Appendix 5 - Medical permission form – Parent

Appendix 6 - Consent form: use of emergency salbutamol inhaler

Appendix 7 - Letter to inform parents of emergency salbutamol inhaler use

Appendix 8 – The 6 rights of medicine administration and independent checking sheet



Healthcare Plan

Name of School	
Child's name	
Class / Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

If medicated please state medication, dosage and expiry date.

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:



Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number:

2. Give your location:

3. State that the postcode is

4. Give exact location in the school

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Put a completed copy of this form by the telephone

Appendix 3



Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School:	
Child's Name:	
Class/Group:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

Contact Information

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: Date:

If more than one medicine is to be given a separate form should be completed for each type of medicine

Appendix 5



Permission form for the administration of essential drugs

MEDICINES TO BE GIVEN DURING SCHOOL HOURS

This is to certify that my child requires the following dose of daily medication.

Name of medication

Amount to be administered.....

Time of administration:

Date, time and amount that this medication was last administered to my child

Does this medication require refrigerating (tick one)? [] Yes [] No

I give permission for the following people to support the administration of the above medication:

- 1.
2.
3.

I undertake to deliver the correct medication to my child's Class teacher / Office staff member as required in the original clearly labelled package.

I acknowledge and recognise that school staff are not medical practitioners.

Signed:..... (Parent / Carer)

Print name:

Date:.....

(Tick one)

I have been given medical proof that the above named child should be receiving the medication stated. []

OR I can confirm that the medication provided by the parent is unopened previously. []

Signed :..... (Senior School Staff) Role:.....

Date:

Copy placed in Medicine Folder (school office)

Class Teacher to be informed via CPoms (school office)



(Annex A from Guidance on the use of emergency salbutamol inhalers in schools March 2015)

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

E-mail:

Appendix 7

(Annex B from Guidance on the use of emergency salbutamol inhalers in schools
March 2015)



LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely

The **SIX** Rights of medicine Administration & independent checking

In line with NICE Medicines Optimisation Quality Standard Principle 3— Ensure medicines use is as safe as possible

1. Right DRUG

Is the prescription clear, prescribed using the generic name including type of preparation eg modified release where appropriate?

Have you selected the right drug?

Check label against prescription chart

Ensure patient has no allergies to the drug prescribed

If patient is being treated under Mental Health Act, is the drug covered by appropriate Consent to Treatment Paperwork, where necessary?

2. Right DOSE

Use the BNF to confirm doses if you are unfamiliar with the medicine

Have you selected the right dose, strength of preparation.

If a comma is used is this a decimal point?

Use 5 to 1 rule – if more than 5 tablets / vials etc is required to make a dose is this the correct dose?

Check calculations and measurements

3. Right ROUTE

Have you confirmed you have the right route prescribed?

Have you confirmed the route to be given?

Is the formulation you have suitable for administration via this route?

4. Right TIME

Is it the right time for this medicine to be given?

For a PRN medicine, has the correct time elapsed since it was last given?

Ensure the maximum number of doses in any rolling 24 hour period is not exceeded

5. Right PATIENT

Check patient details on medication card before preparing the medicine and again before administration

Confirm you have the right patient both verbally and by photographic ID, written description, or wrist band where worn

6. Right DOCUMENTATION

Have you completed the correct documentation, signed prescription charts, completed Controlled Drug register?

Independent checks

If a second check is required this must be done independently. The person completing the second check must verify ALL the details above.