

Health & Safety Guidance Children' Services Department

Buxton Junior School



Administration of Medicines Policy

Review Date	Changes Required	Name & Position

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Administration of Medicines Policy

Buxton Junior School

Policy Statement

It is the policy at Buxton Junior School that we will administer medication in situations where medicines are required. This applies to both prescription and non-prescription medicines where taking these during school time is essential to allow a pupil to attend school.

It should, however, be noted that where a pupil is not well enough to attend school they should stay at home and should not be sent in with medicine.

The school understands that administering medicines is a purely voluntary activity (except for staff where this is written into their job description) and will not force, pressure or expect staff to undertake this activity.

The school will only accept medicines in their original container accompanied by a fully completed parental consent form. It is the responsibility of the parent/carer to supply medicines, and ensure it is in date and to collect and dispose of any unused medicines.

This policy is to be implemented in conjunction with the Local Authority's guidance "The Administration of medicines and associated complex health procedures for Children's Services in Derbyshire".

This policy was agreed at the Governing Body meeting on:

Date: _____

Minute Number: _____

Signed: _____ (Headteacher)

Signed: _____ (Chair of Governors)

The policy will be reviewed every two years unless guidance changes prior to this date.

(This policy should be read in conjunction with DCC 'Codes of Practice'.)

[Admin of Meds code of practice from p62.doc](#)

Roles and Responsibilities

Governing Body

- 1) To review this policy periodically (at least every two years) to ensure it is still relevant and up to date.
- 2) To support the headteacher and staff in delivering this policy and to make any necessary resources available to enable them to do so.
- 3) To ensure that the key elements relating to parents/carers responsibilities are published and communicated to parents/carers in a suitable manner e.g., school website, newsletters.
- 4) To ensure suitable facilities for the administration of medicines are provided.

Headteacher

- 1) To be responsible for the day-to-day implementation of this policy in school.
- 2) To ensure any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities.
- 3) To ensure staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date and reviewed regularly.
- 4) To monitor the administration of medicines and to ensure the recording of medicines administered are in line with this policy.
- 5) To report to the Governing Body any issues that arise in relation to the implementation of this policy.
- 6) To ensure the policy is applied equitably and fully throughout the school.
- 7) To ensure any disputes regarding the application of this policy are resolved.
- 8) To ensure that where staff support is required to administer medicines this is only done so where permission on the appropriate form has been obtained.

Staff Volunteering to Administer Medication

- 1) To ensure they are competent (and where necessary trained) and are confident in undertaking the administration of the medicine.
- 2) To fully check before administering any medication that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- 3) To ensure all medicines administered are recorded on the correct form.
- 4) To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.

- 5) To ensure any training undertaken is refreshed as necessary.
- 6) To ensure confidence (knowledge of) the immediate line management structure.

Arrangements for Administering Medication at Buxton Junior School

Receipt of Medication

No medicines (either prescribed or non-prescribed) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or carer. (A copy of this form is located at Appendix 1.)

The form and the medicines should be brought to the school office and handed over to administrative staff, or a senior member of staff.

Medicines will only be accepted in their original container with the dispensing label clearly stating as a minimum, the name of the child, the name of the dispensing pharmacy, date of dispensing, name of medicine, amount of medicine dispensed and strength, the dose and how often to take it, and if necessary, any cautions or warning messages. Non-prescription medicines should be in their original bottle/containers and clearly labelled with the young person's name.

Ideally, only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long term course of medication the school will, by arrangement with the parent/carer, agree to store sufficient medicine to avoid unnecessary toing and froing of medicines on the understanding that these will be in date for the duration agreed and supplied as per the previous statement, and that the parent/carer accepts that they are responsible for collecting and disposing of any excess medicines or medicines which are out of date.

Staff receiving medicines will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as "as directed" or "as before", unless there are clear directions on the parental consent form the medicine will be rejected and not be stored or administered in the school until there are clear directions.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. In the event that school decide not to administer the medicine, the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

A member of staff and the parent/carer should check and agree the quantity of medicine provided and this should be recorded on the Medicines Administration Record (MAR) sheet Appendix 2 and signed by both the staff member and parent/carer.

The school will ensure parents are made aware of the above requirements at the start of each year and will remind them periodically via newsletters and the school website.

The school, on receipt of the medication and completed parental consent form, will ensure a suitable medication administration record (MAR) form (located at Appendix 2) is completed for the pupil and medication. Two staff will be involved in drawing the MAR form to ensure the information transposed onto the form is correct and complete.

Storage of Medication

All medicines should be brought to the school office.

Medicines will be stored as follows:

Medicines which are **not** “rescue medicines required immediately in an emergency” e.g., antibiotics, pain relief etc., will be stored in a locked cupboard in the school office.

Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in the staff room.

Emergency or rescue medication is that which is required immediately in an emergency situation (such as an asthma inhaler or an adrenalin pen). These need to be readily available to pupils as and when they are required.

Where the pupil is deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so.

Where pupils are not deemed to have sufficient capacity to store and administer their own rescue medication the school will ensure that it is stored so that it is readily accessible in an emergency but is only available for the child it has been prescribed for.

In this school that will be within each classroom in a drawstring bag inside a cupboard. For those children who require adrenalin pens, a second pen will be held in the school office (above the medicine cabinet).

Suitable arrangements will be in place to ensure these emergency medications are readily available during break/lunch times and other activities away from the classroom such as PE, swimming, offsite activities etc. Teaching and administrative staff regularly update lists of medication required.

NB: ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL LABELLED/NAMED CONTAINERS IRRESPECTIVE OF WHERE THEY ARE STORED.

Storage and Administration of Controlled Drugs

There are certain legislative requirements concerning controlled drugs. As such there is a separate section on these at Appendix 3 of this policy which will be followed should any medication designated as a controlled drug be required in school.

Administration of Medicines

There are 3 levels of administration of medicines in schools:

- A. The child self-administers their own medicine of which the school is aware.
- B. The child self-administers the medication under supervision.
- C. A named and trained consenting staff member administers the medicine.

(Further details on each of the above can be found on pages 37-41 of the overarching guidance document “The Administration of Medicines and Associated Complex Health Procedures for Children Advice & Guidance for Children’s Services in Derbyshire”.)

Administering medications is a purely voluntary activity (unless this is specified as part of a staff member’s job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless their job description includes duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering medication to ensure pupils access to education is not disrupted however:

- individual decisions on involvement will be respected.
- punitive action will not be taken against those who choose not to consent.

In this school medicines will only be administered by administrative staff or teaching staff (including teaching assistants who are working with that child).

All staff who administer medications will receive sufficient information, instruction and, where necessary, training to undertake this task. Training from a health professional will always be required for invasive procedures requiring a specialised technique. Examples include (but are not limited to) diabetes, epilepsy, gastric and rectal medication.

For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a child.

Where a child has complex health needs and requires an individual treatment plan and specific or rescue medication, the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. This training will be refreshed annually (or as required) should there be any significant changes to the medicine or administration procedure.

For all administration of medicines the following procedures will be adopted:

1. Wherever possible, two staff members will be present to ensure that the correct dose of the correct medicine is given to the correct child.
2. Before the medicine is given each time, staff will ensure they have checked the following:

Right Person	Is this the right person for this medicine?
Right Medicine	Is it the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right Dose	Does the label state the same as the instructions? Remember to check not just the amount e.g., 5ml or 10ml but also the correct concentration e.g., 125mg/5ml
Right Time	Are you sure it is 12 midday that this medicine should be given? Check for instructions such as an hour before or after food. Where can you check?
Right Route	Are you sure that the way you are about to give the child this medication is the right way? Make sure you are not going to put ear drops in their eye!
Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this e.g., do not use after 7 days. Always check the documentation to ensure that is has not already been given.

3. Medication will only be given to 1 pupil at a time and the MAR sheet will be completed before any medication is given to the next pupil.
4. Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil.

IF THERE IS ANY DOUBT WHETHER THE MEDICATION SHOULD BE GIVEN FOR ANY REASON THEN THE MEDICATION WILL NOT BE GIVEN. FURTHER ADVICE SHOULD THEN BE SOUGHT FROM HEALTH PROFESSIONALS AND /OR PARENTS/CARERS AND THIS SHOULD BE RECORDED AND REPORTED TO THE HEADTEACHER/SBO.

5. If a pupil refuses to take their medication or it is suspected that they have not taken a full dose, staff will record this on the MAR sheet and immediately seek advice from health professionals and/or parents/carers. This should also be reported to the Headteacher/SBO.
They should not attempt to give another dose or try and force the pupils to take another dose.

Changes to Medication

The school will not change the dose of a prescribed medication without written authorisation from a health professional.

Non-prescription Medicines

The school will accept non-prescription medications. Non-prescription medicines must be supplied by parents/carers in their original containers labelled with the pupil's name. The medicine must be in date for the duration that it is required for and must be accompanied by a consent form which has been fully completed by the parent/carer. Before administering, parents must be contacted to clarify what (if any) dose has been given to the pupil already that day to avoid accidental overdosing. Schools who give non-prescription medicines in line with these guidelines should inform parents/carers of any dose given.

The school will not keep a stock of non-prescription medication to give pupils.

NB: The school will not administer any medications containing aspirin or ibuprofen unless prescribed by a doctor.

Complex Health Needs

Pupils with complex health needs will have an individual treatment plan. This will specify exactly how and when medicines should be administered and what training is required. The school will follow the guidance in the County Council "Administration of medicines and associated complex health procedures for children" guidance and will also comply with the codes of practice relating to specific individual medical conditions contained within their document. (A list of these specific codes of practice is contained at Appendix 4).

Specialist Training

Many of the conditions indicated in the previous section require staff to undertake specific training to be able to administer the medication in line with the pupil's individual treatment plan.

There are also specific medical practices which require insurance approval before they can be undertaken by school staff, the table at Appendix 5 gives details of these.

This policy should be read in conjunction with DCC 'Codes of Practice'.

Appendix 1

Parental Consent for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School

Date

Child's name

Date of Birth

Group/Class/Form

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by
(name of member of staff) (LONG TERM MEDICATION ONLY)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets or quantity given to school

Are there any side effects that school needs to know about?

Self- administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent for staff to administer the medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing

Date _____ Signature(s) _____

Parent’s signature _____

Print name _____

Date _____

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

For School Use Only

Checked by	Date	Signature	Print Name

To be reviewed annually or if dose changes (LONG TERM MEDICATION ONLY)

Appendix 2

Record of medicine administered to an individual child (MAR) Form

Name of school	<input type="text"/>
Child's name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Class	<input type="text"/>
Date medicine provided by parent/carer	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Quantity returned	<input type="text"/>
Dose, timing and frequency of medicine	<input type="text"/>
Staff signature	<hr/>
Signature of parent	<hr/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<hr/>	<hr/>	<hr/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix 3 - Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff volunteering to administer medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely within a locked cabinet to which only named staff should have access.
- A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug two people will be present where possible - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover.
- Every time the drug is administered, the remaining balance of the drugs held in stock should be checked and recorded by the person administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal.
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the school's disciplinary process and the police may be involved (where appropriate).
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

Lone working

In exceptional circumstances, if it is not possible to ensure that 2 staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised, the school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the Headteacher and Governing Body and will be written down. They should be agreed by

parents/carers and the staff agreeing to undertake the administration.

For Community and Voluntary Controlled schools also add and be agreed by the Local Authority.

If staff are concerned that a medicine that is not a controlled DRUG should be managed in the same way, it can be treated as a controlled drug.

Off-site and in the community

This will cover a range of circumstances for which appropriate arrangements will need to be made, for example, a short off-site 1:1 activity, a day visit off site, or a longer, perhaps overnight, activity within a group. The minimum requirements are:

- there must be a named person responsible for the safe storage and administration of the medicine;
- a second person will witness the administration;
- if the controlled drug is required to be administered during short duration or day visits off-site, the named person should carry the medicine with him/her at all times and a lockable/portable device (such as a cash box) will be used to prevent ready access by an unauthorised person.
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register may also be taken where that is appropriate (e.g., a long absence where the register is not required elsewhere in respect of another young person) or alternatively, a record must be kept, and the register updated on return to base.
- for residential visits, on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

THE CONTROLLED DRUGS REGISTER – SPECIFIC REQUIREMENTS FOR SAFE STORAGE & ADMINISTRATION OF CONTROLLED DRUGS

Storage:

- The controlled drug must be stored in a lockable cupboard/cabinet – *this may be the safe cupboard used for all medicines, in which case there should be a separate, labelled container for the drugs and this register.*
- Staff responsible for the administration of the controlled drug must be aware of its location and have access.
- The controlled drug must only be given by a member of staff who has received instruction in its administration.
- The dosage must be witnessed by a second member of staff, wherever possible - *where this is not possible, for example in 1-1 situations, a manger/supervisor at intervals should countersign this record to evidence compliance with the procedures.*
- Any discrepancies must be reported and investigated immediately.

NB – Emergency medicines

Where a drug that is either a controlled drug or one that should be subject to the standards for controlled drugs and is designed for emergency use (Buccal Midazolam, for example), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely and not in a way where pupils could access it.

Recording:

The receipt, administration and disposal of controlled drugs will be recorded in a book intended for that purpose.

- A separate sheet will be maintained for each child, for each controlled drug that is stored and for each strength of the drug.
- The prescriber's instructions and any additional guidelines will be followed.
- The controlled drug register replaces the MAR sheet for *the specific drug only* – the health and medicine information sheet will also be completed.
- **Entries must never be amended or deleted, nor pages removed.**
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."
- If it is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed.

Information on a controlled drugs register, as a minimum will record the information set out in the templates below.

CONTROLLED DRUG REGISTER FORMAT PART 1								
NAME OF CHILD								
MEDICINE RECEIVED								
Name of medicine received:								
Strength:								
Form:								
Quantity/amount:								
Received from:		Pharmacy: or			Date			
		Parent/carer			Date			
Signed:							Date	
Witnessed:								
DISPOSAL METHOD								
Name of medicine received:								
Returned to:		Pharmacy: or			Date			
		Parent/carer			Date			
Amount: – <i>this should be the amount remaining from the administration record</i>								
Signed:							Date	
Witnessed:								
CONTROLLED DRUG REGISTER FORMAT PART 2								
Received		Administered				By whom		Stock
Amount	Date	Name	Date	Time	Amount given	Worker administering	Worker witnessing	Balance remaining

Appendix 4 - List of Codes of Practice in Children's Services

Guidance

1. Allergy/Anaphylaxis
2. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) in school and other settings
3. Asthma
4. The asthma attack – What to do
5. Children with Diabetes needing insulin
6. Continence management & the use of Clean Intermittent Catheterisation (CIBC)
7. Epilepsy - Treatment of Prolonged Seizures
8. Action to be taken if a medicine administration error is identified
9. Controlled Drugs
10. Disposal of Medicines
11. Safe handling and storage of medical gas cylinders
12. Non-prescribed medicines/medicinal products
13. First Aid

Appendix 5

The following information is subject to regular review. The most current version is maintained in the electronic version on the Derbyshire County Council Intranet/Extranet:

Procedures can only be performed where parental permission has been given, staff are following written guidelines, have been trained and been judged to be competent to carry out a procedure

For advice on whether or not a procedure can be performed or for approval to be sought email the requirements to:

HealthandSafetyCAYA@derbyshire.gov.uk

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Anal Plugs	Yes	
Apnoea monitoring	No	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	Yes	
Blood samples	No	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	No	Covered - following written guidelines
Bursting blisters	Yes	
Catheters (urinary) including mitrofanoff - clean/change of bag	No	Covered - following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.
Catheters (urinary) including mitrofanoff - insertion of tube	Yes	
Chest drainage exercise	No	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	No	Covered - following written guidelines in respect of both cleaning and changing of bags

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Defibrillators/First Aid only	No	Covered - following written instructions and appropriate documented training.
Dressing Care - Application & replacement	No	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	No	Covered - following written guidelines
Eye care/ Eye Drops	No	Covered - following written guidelines for persons unable to close eyes
Gastrostomy & Jejunostomy care <ul style="list-style-type: none"> • General Care • Administration of medicine • Bolus or continuous pump feed 	No	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Gastrostomy & Jejunostomy tube - insertion/reinsertion	Yes	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	No	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	No	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	No	Covered but only for the administering of pre-packaged dosage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non-pre-measured doses	Yes	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	Yes	
Manual Evacuation	No	To be undertaken by competent staff in line with a care plan
Mouth toilet	No	Covered
Naso-gastric/jejunal tube feeding	No	Covered - following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion which should be carried out by a medical practitioner

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Naso-gastric/jejunal tube – reinsertion	Yes	
Oral prescribed medication	No	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Carers should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Carer and this should be in accordance with LA procedure on medicines in schools etc.
Oxygen administration – assistance	No	Covered but only in the respect of assisting user following written guidelines, i.e applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	No	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	Yes	
Pressure area care (bed sores etc)	No	To be undertaken by competent staff in line with a care plan
Pressure bandages	No	Covered - following written guidelines.
Physiotherapy	Yes	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed.
Rectal administration generally e.g. morphine	Yes	
Rectal midazolam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must be present.
Rectal diazepam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must present.
Rectal Paraldehyde	Yes	

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Stoma care	No	Including maintenance of patency of stoma in an emergency
Suppositories	Yes	Applies to suppositories other than pre-packed midazolam or diazepam (which are shown separately)
Syringe drivers – programming	Yes	
Swabs – External	No	Covered - following written guidelines.
Swabs – Internal	Yes	No - other than oral following written guidelines.
Topical Medication	No	To be undertaken by competent staff in line with a care plan
Tracheostomy - clean external	No	Cover is only available for cleaning around the edges of the tube following written guidelines.
Tracheostomy - removal and re-insertion	Yes	
Vagas Nerve Stimulator	No	As long as written care plan is in place.
Ventilators	Yes	Covered - following written guidelines.