



Our Lady of Good Counsel School
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Chairperson of the Board of Management: Harold Brooks

Policy: **Administration of Medication Policy**

Date of Issue: **2004**

Amendments / Reviews

Amended 06; Amended 09; Reviewed: Jan '12; Jan 15- Buccal Midazolam added; Jan 16 (Chairperson change); May 2017 – Chairperson Change

Aim of Policy: To outline how medication is administered in the School.

GUIDELINES FOR PARENTS REGARDING THE ADMINISTRATION OF MEDICINES

The school will strive to co-operate with parents as far as is reasonable in the administration of medication to students. Parents must understand that teachers are not medically trained nor have any access to medical services (other than 999 emergency services), so the administration of medicine is done in the same way as a parent. *This means that from time to time doses may be forgotten or administered later than the recommended time.* Parents should let the school know in advance of the level of risk to the child if a dose is missed.

Parents need also to be aware that the presence of medicines in a school poses a health and safety risk to other pupils who might inadvertently take them.

THE FOLLOWING POLICY APPLIES:

1. Written permission must be sent in with the medication at the beginning of the school year for medicines needing to be taken every day (or at the beginning of the prescribed course for other medicines). This letter gives the Board of Management permission to arrange for the administration of medication in the school. This letter is **absolutely essential** for insurance purposes. The following information is required by the Board:
 - Child's full name and address
 - The name of the medication to be administered
 - The exact dosage and time of administration
 - Level of risk to the child if a dose is missed?
 - Signature of parent/guardian
2. **Bottles/tablets must *absolutely not* be given to pupils to bring to school or put in their school bags. They must be handed to a member of the school staff such as the bus escort, S.N.A., teacher or principal. This reduces the risk of other children accessing the medicine on the bus or in the classroom. It is the responsibility of the parent to ensure that the teacher actually receives the medicine. Parents are welcome to phone the class to check.**
3. Essential medicines only will be administered and must be clearly labelled with the child's name.
4. Antibiotics/cough bottles etc. should not be sent to school to be administered if they can be taken at home later in the day.
5. Large amounts of tablets or liquids will not be stored in school, therefore the school can only accept a weeks supply at a time. (Any medicines left over on Friday will be sent home).
6. All medicines must be sent to school in a child-proof container.
7. Where there are changes during the year of dosage or time of administration, the parent/guardian or other person designated by the parent/guardian, should write another letter requesting these changes as above.
8. Medicines will normally be administered at lunch time (12.30p.m.)
9. If a dosage is missed the teacher will inform the parent as soon as possible.
10. Children requiring special procedures (such as the administration of oxygen, emergency epilepsy medication e.e Buccal Midazolam or asthma inhalers) must have "Special Care Notices" which contain clear instructions from parents regarding the procedure or medication to be administered. These notices are filed in the classroom and copies kept in the pupil's main file in the office. If staff training is required, parents will be requested to come to the school to demonstrate the correct procedures.

We will do all in our power to comply with requests to administer medication but we need parents' co-operation with the above policy to ensure that medication is administered in a safe way for the benefit of all pupils in the school.

GUIDELINES FOR TEACHERS REGARDING THE ADMINISTRATION OF MEDICINES

1. Read Administration of Medication Policy for parents.
2. Bring or send medicine via S.N.A. to locked medication cupboard outside principal's office and put in the box appropriate to your class.
3. Ensure that a letter of permission is provided by parent/guardian. If not - administer medication for that day only and phone parent for letter/form for subsequent days. Ensure relevant information as outlined in the policy is given by parent.
4. Come to medication cupboard at 12.25 to administer medication ***and sign the form on the inside of the door when medication has been administered.***
5. Return medication that is not used on a Friday via bus escort or direct to parents. ***Please do not put medicine in a child's bag where another child on the bus might access it unknown to the escort.***
6. If a child unexpectedly requires medication during the day for stomach cramps due to menstruation or for a high temperature, permission from the parent must be sought by phone. If permission is granted, please note the phone call on the medication form on the first aid press door. Please let the Principal or Deputy Principal know if you consider it necessary that such medication is needed. Parents should be requested to collect a child with a high temperature (as recorded on a thermometer). A high temperature is usually regarded to be that of 100 degrees or over.
7. Please ensure that SNAs are familiar with the above procedure. In the absence of the teacher, the Principal or Deputy Principal or other teacher will administer the medication.

The Board wishes to inform teachers that any inadvertent mistakes that may be made in good faith regarding the administration of medication are covered under Duty of Care in our insurance policy and also to thank them for their continued support and co-operation in this area.



ADMINISTRATION OF MEDICATION FORM

I wish to request that the Board of Management makes arrangements to administer the following medication to my child during or outside of school hours. I have read the school's Administration of Medication Policy and agree to abide by its contents.

Child's Name: _____

Child's Teacher: _____

Name of medication: _____

Dose prescribed: _____

Time of dosage: _____

(Please note that it is convenient for us if the medicine can be administered at 12.30)

Level of risk to the child if dosage is missed? (e.g. low/high) _____

Please note:

- *Essential medicines only will be administered.*
- *Bottles/tablets must absolutely not be given to the child to bring to school. They must be contained in a child-proof container and handed to a staff member such as the bus escort, S.N.A. or teacher.*
- *Any changes in doses etc. require a new form to be filled.*

I/we hereby indemnify the Board of Management and any authorised member of staff in respect of any liability that may arise regarding the administration of such medicines while our son/daughter is under the care and supervision of school staff.

Signature of parents/guardians:

Date: _____

Where there are changes during the year of dosage or time of administration, an updated form must be sent into school.

Please request more copies of this form from the school if required.

Administraion of Buccal Midazolam

'Buccal Midazolam' is being increasingly used as an emergency treatment for prolonged seizures to prevent the occurrence of status Epilepticus¹

“Status Epilepticus is a condition characterised by a seizure or a series of seizures that lasts for 30mins or more, without complete recovery of consciousness in between”³

Midazolam belongs to a family of medicines known as benzodiazepines. Midazolam is available under the brand Epistatus. Outside of the hospital setting, the most effective and socially acceptable way of giving this drug to treat a seizure is buccally² (which means between the lower gum and cheek, hence the name Buccal Midazolam).

It is recognised that the administration of Buccal Midazolam for the control of prolonged or continuous seizures is an effective treatment, which can be life saving³.

‘The administration of Buccal Midazolam is considered to be a less invasive procedure than the administration of rectal diazepam. The issues of privacy and dignity are less compromised and in situations where it is not acceptable or convenient to use rectal diazepam, Buccal Midazolam is an effective alternative’¹

Our care plan and policies are guided in this matter by:

- Joint Epilepsy Council of the UK & Ireland
- “*Working Together for Epilepsy*”
- *A Guideline for Training standards for the administration of Buccal Midazolam. (JEC Oct. 2005)*

Scope:

This document will apply to all nominated staff within Our Lady of Good Counsel School (OLGC) who have undergone appropriate agreed training and who have been deemed competent to carry out this procedure.

This policy and procedure should be read in conjunction with other safe policy statements e.g. The Safe Administration of Medications, Policy on Epilepsy.

Roles & Responsibilities:

1. It should also be recognized that although Midazolam is a licensed drug, the use of Buccal Midazolam for the treatment of prolonged or continuous seizures is as yet **unlicensed**.
2. *‘An unlicensed or unauthorised medicine is a medicinal product, which is not yet licensed by the Irish Medicines Board or by the European Medicines Evaluation Agency’.*
3. *“The Medicinal Products (Licensing & Sale) Regulations 1998 (SI No.142 of 1998) provides the statutory authority for a registered medical practitioner or dentist to treat a patient/service user under his care to prescribe an unauthorised/unlicensed medication or to prescribe an authorised medication of r an off label use. The prescriber has the professional responsibility for the use of such medications. This authority does not extend to nurse prescribers”⁴.*
4. It is the prescriber’s responsibility, namely the Consultant, to write up the individual’s prescription and seizure care plan.

5. Once the individual **seizure care plan** is in place (*see Appendix 1*), it is the responsibility of the Principal to ensure that all staff who will carry out this procedure are adequately trained and that insurance cover is in place¹.
6. It is the responsibility of the nominated staff to carry out the procedure as outlined in the care plan and the organizational policy and guidelines. It is also the responsibility of the nominated staff to review and update their practice regularly.
7. It is the responsibility of the parents/guardians to furnish the organisation with a signed **seizure care plan** from the Consultant Physician. It is the responsibility of “everyone with a part to play in the use of Buccal Midazolam for the emergency treatment of seizures to sign a document agreeing to the procedure¹”. Signatories should include “the prescribing doctor, family carer, staff member, head of the unit and the employer¹”.

Policy

1. The decision to use Buccal Midazolam as a rescue medication for the control of prolonged or continuous seizures is a consultant’s decision in consultation with the parents/guardian. It is recommended that a **consultant physician prescribe Buccal Midazolam¹**.
2. It is OLG policy that there will be an individual special care notice and a prescription for each person on Buccal Midazolam.
3. It is OLG policy that there will be a detailed written protocol outlining each step of the procedure.
4. Staff members who administer Buccal Midazolam will be given training in ‘Epilepsy awareness’, ‘The administration of Buccal Midazolam’ and ‘Health & Safety issues’. Only named staff trained every **2 years** in the administration of Buccal Midazolam and are signed off as part of the individual **seizure care plan**, are authorised to administer the drug¹.
5. The box containing the Buccal Midazolam must be clearly marked and securely stored in a locked cupboard. Do not store in a fridge, the liquid must be stored at room temperature, provisions will be made for safe disposal of used materials².
6. The checking, preparation, administration or destruction of Buccal Midazolam must be witnessed¹.
7. It may be ‘recommended that t test dose of Buccal Midazolam be administered in a hospital^{1,7}. In many cases this is the first dose. **This is at the discretion of the prescribing medical practitioner¹ i.e. the Consultant.**
8. Clear instruction regarding the administration of the first dose of Buccal Midazolam must be stated in the individual seizure care plan e.g. it may be necessary to call an ambulance for a service user who is in a seizure and has been prescribed Buccal Midazolam and has not yet received their first dose.
9. Parents/G.P./School Principal must be informed when the Buccal Midazolam has been administered².

Guidelines

Aim:

To safely administer Buccal Midazolam as an emergency treatment for the control of prolonged or continuous seizures and so help prevent any complications or loss of life.

Before undertaking this procedure the nominated person must:

- Assess their own individual competence in their ability to carry out this procedure in accordance with the guidelines provided.

- Be fully aware of their professional responsibility in carrying out this procedure.
- As the administration of Buccal Midazolam is given in an emergency situation it is incumbent on the nominated staff to familiarise themselves with the **prescription** and the **seizure care plan** that has been provided and ensure that they meet all relevant criteria.

Prescription:

The Consultant Neurologist must have written the prescription.

1. The prescription must be in ink (or otherwise indelible) and be signed by the practitioner issuing it with his/her usual signature and dated by him/her⁶.
2. The prescription must clearly indicate the name of the consultant issuing and except in the case of a General Medical Services prescription (G.M.S.) specify his/her address⁶.
3. The prescription must also clearly indicate the name and address of the person for whose treatment it is issued⁶.
4. The prescription must specify in the prescriber's handwriting:
 - The dose to be taken.
 - The form.
 - The strength and total quantity of the drug to be supplied⁶.
5. In the case of a prescription for a total quantity intended to be dispensed by instalments, the prescription must specify the quantity, the number of instalments and the intervals to be observed⁶.
6. Midazolam may not be used regularly as it is an emergency drug, so the expiry date must be checked regularly. If the liquid goes milky in appearance a repeat prescription must be requested².

Seizure Care Plan:

This is a confidential document and will include written guidelines from the consultant in conjunction with the parents and the school.

Clear instructions regarding the administration of the first dose of Buccal Midazolam must be stated in the individual seizure care plan.

It will also include:

- Detailed seizure classification and description
- Indications for the use of Buccal Midazolam
- Contraindications
- Who should administer the drug (named people authorised to carry out the procedure)
- Initial dose
- If and when a second dose can be given
- When emergency assistance should be sought
- Who should be informed and when (see Appendix 1).

The **seizure care plan** must be signed by everyone who is involved in carrying out this procedure i.e. the prescribing consultant, family carer, designated staff members and the Principal.

The **seizure care plan** should have an agreed expiry date to ensure it is reviewed⁷.

References

1. JEC October (2005). The Joint Epilepsy Council of the U.K. and Ireland Working Together for Epilepsy, A Guideline on Training Standards for the Administration of Buccal Midazolam.
2. Bedford Hospital NHS Trust (2006) Buccal Midazolam – A parent and carers guide to administration of Buccal Midazolam.
3. Appleton R. Gibbs (1998) Epilepsy in Childhood and Adolescence (2nd Edition) London, Martin Dunlitz Ltd.
4. Guidance to Nurses and Midwives on Medication Management (2007) (3.2 Unlicensed or unauthorised medications).
5. Glare Jim: Principal pharmacist, primary care MI support, WMMIS (2003) (West Midlands Medicines Information Services).
6. Bord Altranais (2000) “Guidance to Nurses and Midwives on the Administration of Medical Preparations”.
7. Colchester PCT Learning Disability Services, Administration of Epistatus Buccal Midazolam – 10mg Base in 1ml sugar free syrup to people who have Epilepsy.

Sources of further information:

- Great Ormond Street Hospital (2004) www.ich.ucl.ac.uk/factsheets
[www.gosh.nhs.uk/factsheets.families/f040014/index.html](http://www.gosh.nhs.uk/factsheets/families/f040014/index.html)
- British National Formulary for Children
- An Bord Altranais www.nursingboard.ie
- Irish Medicines Board www.imb.ie
- Kids Helath information for Parents www.rch.org.au/kidsinfo/factsheets

MIDAZOLAM TREATMENT PLAN

1. WHEN SHOULD BUCCAL MIDAZOLAM BE ADMINISTERED? (Note here should include whether it is after a certain length of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH BUCCAL MIZAZOLAM IS GIVEN INITIALLY? (Note recommended number of milligrams for this person)

3. WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM?

4. IF THERE AR DIFFICULTIES IN THE ADMINISTRATION OF BUCCAL MIDAZOLAM, E.G. EXCESSIVE SALIVATION, WHAT ACTION SHOULD BE TAKEN?

5. CAN A SECOND DOSE OF BUCCAL MIDAZOLAM BE GIVEN ? YES / NO

(There is an increased risk of respiratory depression when more than 2 doses of benzodiazepine are given. It is therefore recommended that one dose is given and that an ambulance is called if the initial dose in not effective, as more benzodiazepine may be required in hospital.

6. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP ? (Pease tick appropriate box) IF THE FULL PRESCRIBED DOSE OF MIDAZOLAM FAILS TO CONTROL THE SEIZURE : ____ OTHER (give details) ____

7. WHO SHOULD WITNESS THE ADMINISTRATION OF BUCCAL MIDAZOLAM?

8. WHO/WHERE NEEDS TO BE INFORMED?

Prescribing doctor

_____ Tel: _____

Parent/ Guardian

_____ Tel: _____

Other:

_____ Tel: _____

9. FOR CARE/MEDICAL STAFF: Is insurance cover in place? YES / NO

10. **PRECAUTIONS** UNDER WHAT CIRCUMSTANCES SHOULD BUCCAL MIDAZOLAM NOT BE USED? (E.g. other medication already administered in the last minutes)

ALL OCCASIONS WHEN BUCCAL MIDAZOLAM IS ADMINISTERED MUST BE RECORDED

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

PRESCRIBING MEDICAL PRACTITIONER Signature

(BLOCK CAPITALS)

Date:

AUTHORISED PERSON(S) TRAINED TO ADMINISTER BUCCAL MIDAZOLAM:

NAME (BLOCK CAPITALS)

Signature: _____

Date: _____

CLIENT / PARENT(BLOCK CAPITALS)

Signature: _____

Date: _____

HEAD OF SCHOOL (BLOCK CAPITALS)

Signature: _____

Date: _____

This form should be available for examination at every medical review of the patient

Copies to be held by _____

Date for review of plan _____

Copy holders to be notified of any changes by _____

2017/18

RECORD OF USE OF BUCCAL MIDAZOLAM

Date					
Recorded by					
Type of Seizure					

Length and/or number of seizures Initial Dosage					
Outcome					
Second Dosage (if any)					

Outcome					
Observations					
Parent informed					

Prescribing medical practitioner informed					
Other information					
Witness					

Re-order Buccal Midazolam					
Name of person re-ordering					
Date					

Appendix 2 - Protocol for the Administration of Buccal Midazolam

The following outlines the procedure followed by Our Lady of Good Counsel School staff in the administration of Buccal Midazolam.

These procedures are compliant with the Guidelines advised by An Bord Altranais: 'Guidance to Nurses and Midwives on Medication Management' July 2007

The Procedure for Administration of Buccal Midazolam:

1. Ensure that the person is definitely having a seizure².
2. Ensure that they are safe while you call for help and get their 'Midazolam pack' to them².
- 3. Never try and move anyone having a seizure unless they could be in further danger for example the risks associated with water, fire and electricity².**
4. Check the identity of the person and that it is the correct individual seizure care plan. It will state the right medication, the right dose, circumstances and timing to administer Midazolam².
5. Check that the medication has not expired².
6. Staff should always put on gloves before administering the medication².
- 7. Never give any medication if you are not sure².**
8. Having drawn up the prescribed amount of Midazolam into the syringe, place the nozzle of the syringe between the lower gum and cheek. Slowly give half of the Midazolam dose into the mouth, remove the syringe, close the lips together and gently rub the cheek on the outside. Repeat this on the other side of the mouth to give the remaining dose². Replace the cap immediately after use to prevent evaporation of the product.
9. Do not give the Midazolam too quickly as this may cause the person to choke or swallow it. If a small amount is swallowed it is not a problem².

After giving Buccal Midazolam remember:

1. Continue to monitor the person to make sure that they are recovering and breathing well².
2. Dispose of used syringe and gloves safely.
- 3. It should be noted that there is a risk of respiratory depression.**
4. Following the administration of Midazolam a record must be made of the date, time and dose of medication given in accordance with the individual care plan².
5. The person who has just had a seizure is likely to:
 - a. Feel sleepy, confused, disorientated and anxious.
 - b. Experience short-term memory loss, and they may not remember having an epileptic seizure. They should be allowed to rest somewhere comfortable and remember to talk to them reassuringly about what has happened².
6. The parent, principal, GP or consultant must be informed that the seizure has taken place and that Buccal Midazolam has been administered.

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