Administration of Medicine Policy

St Charles Catholic Voluntary Academy

Policy Statement

It is the policy of St Charles Catholic Voluntary Academy that we will administer medication in situations where medicines are required. This applies to prescription medicines where taking these is essential during school time 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 not do so and not be sent in with medicine.

The school understand that administering medicines is a purely voluntary activity with the exception of 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 a parent/carers responsibly to supply the medicines in date and to collect and dispose of any unused medicines.

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

Signed *I Bowd* Head of School Date 14th October 2025

Signed *R Shaw* Chair of Governors Date 14th October 2025

Roles and Responsibilities

Governing Body

1) To review this policy periodically 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 is a suitable manner e.g. schools prospectus, schools 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.

4) To monitor the administration of medicines and the recording of this are in line with this policy

5) To report to the Governing Body any issues that arise out of 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 where staff support is required medicines are only administered 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 confident to undertake 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 record all medicines administered on the correct recording 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 St Charles Catholic Voluntary Academy

Receipt of Medication

No medicines (prescribed) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or guardian a copy of which is located at Appendix 1.

(NB for secondary schools this form can be completed by the pupil if they have been deemed to have sufficient comprehension and intelligence to be legally competent to make decisions about their own health care, it is however considered exceptional for children under the age of 14 to be deemed competent

The form and the medicines should be brought to the school office.

Medicines will only be accepted in their original container with the dispensing label clearly stating as a minimum the name of the young person, 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.

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 parent/guardian, agree to store sufficient medicine to avoid unnecessary to-ing and fro-ing of medicines on the understanding that these will be in date for the duration agreed supplied as per the previous statement and parent/guardian accept they are responsible for collecting and disposing of any excess medicines or medicines which are out of date.

Any other 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 won’t 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 the school decided not to administer the medicine the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

Staff and parents/guardian 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/guardian

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via the school website and/or newsletter or text messaging service.

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" such as 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 school staffroom. Where this is a long term medication the fridge will be regularly defrosted, cleaned and the temperatures will be checked and recorded daily.

Emergency or rescue medication is that which is required immediately in an emergency situation such as asthma inhalers or adrenalin pens. 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 in the first aid cupboard.

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. For off-site activities such as swimming, school trips, each class has their own designated asthma box. Any child who has been diagnosed with asthma also has a signed parental consent form in place to state that an emergency inhaler can be administered if required.

NB

ALL MEDICATIONS WILL BE STORED IN THEIR ORIGINAL LABELED/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/ service 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 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 they have accepted job descriptions that include 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

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, gastronomy 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 an individual treatment plan and requires 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 will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child and once the medicine has been administered both will sign the Medicines Administration Record (MAR) sheet (NB for controlled drugs there **must** be 2 people in attendance)

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	Dose 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? 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? 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 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 AND THIS SHOULD BE RECORDED AND REPORTED TO THEIR LINE MANAGER.

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 their line manager. <u>They should not attempt to give another dose or try and force the pupils to take another dose</u>.

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 not accept non-prescription medications.

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

The school will not administer any medications containing aspirin 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 in Appendix 4.

Specialist Training

Many of the conditions indicated in the previous section require that staff undertake specific training to be able to administer the mediation 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.

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	
Childs 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/quantity to be given to School/Setting	
Are there any side effects that the School/Setting needs to know about?	
Self administration	Yes / No (*delete as appropriate*)
Procedures to take in an emergency	

Contact Details – First Contact

Relationship to child

Telephone Number

Address

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

Contact Details – Second Contact

Name

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 to School staff administering 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/Setting of any changes in writing

Date _____ Signature(s)

Print name _____

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/Setting	
Childs name	
Date of birth	
Group/Class/Form	
Date medicine provided by parent/carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose, timing and frequency of medicine	
Staff signature	

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			

Name of member of staff			
Staff initials			
Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

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/setting.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container 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 - 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. Both should complete the administration record.
- 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
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) 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 schools disciplinary process and police 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 week's 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/carer's 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. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- a second person will witness the administration;
- during short duration or day visits off site if the controlled drug is required to be administered 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); alternatively a record 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 manager/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. It will be bound and with numbered pages.

- A separate sheet is to 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/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: – *this should be the amount remaining from the administration record*				
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**	
Apnea 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 • 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**	

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
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
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/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian 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.

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
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**	
Stoma care	**No**	Including maintenance of patency of stoma in an emergency
Suction Machine - Oral Suction Yanker Sucker	**Yes**	
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.