



## Administration of Medicines In School Policy

We strive to ensure compliance with the relevant legislation and guidance with regard to procedures for supporting children with medical requirements, including managing medicines.

Marianne Allan, Headteacher is responsible for enforcing the policy in relation to Responsibility for all administration of medicines but appropriately trained staff are responsible for administering and storing medicines in School.

All medical information is treated confidentially by responsible staff. All administration of medicines is arranged and managed in accordance with the instructions provided by parents and healthcare professionals. All staff have a duty of care to follow and co-operate with the requirements of this policy.

### Aims and Objectives

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious.

Our administration of medicine requirements are achieved by establishing principles for safe practice in the management and administration of:

- Prescribed medicines
- Non-prescribed medicines
- Maintenance drugs
- Emergency medicine

We:

- Provide clear guidance to all staff on the administration of medicines
- Provide training from healthcare professionals to staff when required. It is the responsibility of the Headteacher to ensure that training is provided.
- Ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines both in School and on trips outside of School
- Ensure that there are suitable and sufficient facilities and equipment available to aid the safe management, storage and administration of medicines
- Ensure the above provisions are clear and shared with all who may require them
- Ensure that this policy is reviewed periodically or following any significant change which may affect the management or administration of medicines
- Ensure all staff, including supply staff, are made aware of the child's medical condition and provisions in place for the child.

### Administration of Medicines

Parents have the principal responsibility for the administration of medication to their children, who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at school. The term 'parent' is understood to include anyone who has parental responsibility for the care of a child.

Wherever possible, medication should be given at home by parents. If prescribed medicines are to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. Generally, non-prescription over the counter medication (such as cold remedies, cough medicines, hay fever eye drops etc) will not be administered in school. However, in some circumstances the school may consider administering certain medication and each request received by a parent to do so will be assessed individually. An 'Administration of Medication to Pupils - Agreement between Parents and School' form will be required in all cases before any medication can be administered. Further information can be found within the 'Non-Prescribed Medication' section.

The parents have the principal duty to inform the school of their children's medical conditions and to make a request for the Head to make arrangements for medication to be administered in school. This can occur if the child:

- has been newly diagnosed
- is due to return after a long absence and has a chronic illness or long-term complaints, such as asthma, diabetes, epilepsy or another condition

- is recovering from a short-term illness and is well enough to return to school whilst still receiving a course of antibiotics or other medication.
- has needs that have changed
- is due to attend a new school

The headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents/carers.

Teaching staff are not required to administer medicines to children. Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school must receive appropriate training.

Medical equipment belonging to a child should not be used on any other person unless the school is advised to do so by the Emergency Services in the case of a life threatening situation.

### Prescribed medicines

It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, the parents/carers. All Medication must be in date, clearly labelled and in the original packaging with instruction for administration, dosage and storage.

Prescribed medicines will be given only with consent from the Headteacher.

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Pupils with asthma need to keep their reliever inhalers with them at all times

If pupils are not able to administer their own inhaler then inhalers should be stored safely away and members of staff should issue them when the child needs the medication.

All asthma medicine should be clearly labelled with the child's name. The expiry date of the medicines should be checked every six months.

## Non-prescribed medicines

Where a decision is made by the Head to administer over the counter medication to a pupil, the following should be ensured:

- An 'Administration of Medication to Pupils - Agreement between Parents and School' form is completed and includes any information given to the parent by the GP or Pharmacist, including dosage.
- The medication is in the original packaging from the manufacturer which includes the name of the medicine and recommended dosage range.
- The expiry date is checked to ensure the medication is still in date.
- The dosage on the parental agreement form matches that on the packaging/information leaflet provided with the medication and the parent is contacted if there is a discrepancy.

Non-prescribed medicine will only be administered if approved by the Headteacher.

## Maintenance drugs

It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from parents/carers. On such occasions, a health care plan is in place for the child concerned. Full training will be provided to appropriate staff on how to administer medication safely.

## Non-Routine Administration (Emergency medicine)

Administration of emergency medicines such as:

- Injections of adrenaline for acute allergic reactions
- Rectal diazepam for major fits
- Injections of Glucagen for diabetic hypoglycaemia

In all cases, professional training and guidance from an appropriate source will be received before commitment to such administration is accepted

### **General Procedures for Administration**

When deciding upon the administration of medicine needs for children we discuss this with the parents/carers concerned and make reasonable decisions about the level of care required. Any child required to have medicines will have a 'Parental agreement for setting to administer medicine' consent form completed by the parent/carer and kept on file. The parent (not the pupil) should bring all essential medication to school. It should be delivered personally to the Head or staff member responsible for administration of the medicine. Only the smallest practicable amount should be kept in school.

Individual health care plans are completed for children with long term medical conditions and reviewed annually in discussion with the parents/carers to ensure their continuous suitability. This must be initiated by the parent or healthcare professional. Full training must be provided to staff for the administration of medicines.

When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose. This should be kept with the parental consent form. The parental consent form should be updated regularly (ideally annually) to take account of changes in a pupil's condition.

Where any change of medication or dosage occurs, clear written instructions from the parent should be provided. If a pupil brings any medication to school for which consent has not been given, school staff should refuse to administer it. In such circumstances the Head should contact the parent as soon as possible.

If a child refuses to take medication staff will not force the medication upon the child and parents/carers are informed at the earliest available opportunity. If necessary, the school should call the emergency services.

Renewal of medication which has passed its expiry date is the responsibility of the parent. If parents are unable to collect expired medication then staff should take it to the local

pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.

If a child is transitioning to another school staff will ensure contact is made with the child's new school and all relevant information provided to them.

### **Schedule Two Drugs**

These drugs, which include Ritalin, are governed by the Misuse of Drugs Act and are kept in a locked cupboard which conforms to the legislation. It is kept locked at all times except when being accessed for storage or administration of medicine. Keys are kept to a minimum and are held by staff trained in the administration of the drug.

A register of controlled (schedule two) drugs is kept which records:

- medication provided
- medication administered
- the name of the person for whom they were supplied.
- the name and quantity of the drug/medication supplied
- the amount administered each time and the amount left each time.
- the type of medication i.e. tablet/liquid and expiry date.
- two signatures for each dose of medicine given.
- two signatures for each time the medications are counted and checked. This is done once a week. The second signature is a witness.

Register entries are made in ink and in chronological order.

This register is kept for at least two years from the last entry made.

### **Contacting the Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and parents/carers informed to accompany the pupil to the hospital if at all possible.

If advised by Emergency Services to use another child's medication i.e. an auto injector or inhaler staff must do as advised by the emergency services.

### **Training**

Where staff are required to carry out non-routine, more specialised administration of medicines or emergency treatment to children, appropriate healthcare professional training and guidance is sought before commitment to such administration is accepted. It is the responsibility of the Headteacher to ensure that appropriate training is provided.

### **Storage**

The storage of medicines is the overall responsibility of the headteacher and appropriately trained school staff who ensure that arrangements are in place to store medicines safely. Secure storage is situated in each child's classroom.

The storage of medicines is undertaken in accordance with the instructions provided on the medication and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents/carers to provide medicine that is in date. This should be agreed with the parents/carers at the time of acceptance of on-site administration responsibilities.

### **Disposal of Medicines**

It is the responsibility of the parents/carers to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

'Sharps boxes' are always to be used for the disposal of needles. Collection and disposal of the boxes is arranged as appropriate.

### **School Trips**

Staff will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a trip or visit we will ensure that there is an appropriately trained member of staff with them on the trip. If the trip is for a period longer than one day then we will ensure two appropriately trained members of staff are on the trip.

School staff should be aware of how a child's medical condition will impact on their participation in such events, however, there should be enough flexibility for all children to participate according to their abilities and with any reasonable adjustments. The only exception would be in cases where evidence from a clinician, such as a GP or specialist

consultant, states that participation is not possible or parents do not wish for their child to participate and this is agreed with the establishment.

The needs of those attending will be considered well in advance and reasonable adjustments must be made so attendees may benefit from the experiences that are offered. To determine the reasonable adjustments required, the school should complete a personalised risk assessment. This will ensure that planned arrangements take account of any steps needed to ensure that pupils with medical needs are included.

The risk assessment will require consultation with parents and pupils and advice from the relevant healthcare professionals to ensure that pupils can participate safely. In certain situations, it may also be appropriate to consult the intended activity providers.

The specific arrangements for a child attending an off-site visit should be recorded with the relevant visit specific information and logged on the EVOLVE system, together with supporting information, such as the personalised risk assessment. These arrangements enable the child to participate fully in such activities.

In general, the arrangements detailed in this policy for the safe storage and administration of medication should also apply when taken off site. Medication should be stored in a locked bag or box and held by a designated member of staff who is trained to administer it. Associated documentation, such as the personalised risk assessment and Healthcare plan should also be available and securely stored with the medication or on an encrypted digital device (which does not rely on a data signal to access it).

Emergency medication, such as inhalers, AAls etc, should be readily available, with spares being available if necessary, and not locked away. All young people at risk of anaphylaxis should carry two auto-injector devices at all times.

### **Self-Management of Medicine**

Children are supported and encouraged to take responsibility for managing their own medicines from an early age. Children may carry medicine e.g. epipens and carry and administer e.g. asthma reliever where appropriate, parents must in these circumstances complete the form Request for child to carry his/her own Medicine

### **Personalised Risk Assessments for Pupils**

A risk assessment should be considered where a pupil has complex medical needs or conditions which involve daily management or use of equipment e.g diabetes, asthma. The



risk assessment should record the hazards and risks (to the pupil, staff and others) which may arise in respect of the condition and what measures have been put in place to manage these.

It should also consider the competency and maturity levels of pupils when deciding on the pupil's ability to self-manage their medical condition in a safe manner. This should also consider the view of parents and medical professionals (if appropriate). For older children, self-management of their condition is more likely and is to be encouraged, however, no two young people are the same so this will need to be considered carefully on an individual basis, rather than assessed solely on age. In particular, it should be made clear to those pupils required to carry emergency equipment/medication (e.g. emergency asthma inhalers, diabetic blood testing equipment) that they are being entrusted to carry this out in a sensible safe way, in a quiet allocated place and reinforce the importance of not misusing or sharing equipment with others. Risk assessments should be periodically reviewed to ensure they remain current, and following any incidents which may bring into question their ability to continue to self-manage their condition in a safe way.

### **Liability and Indemnity**

Members of staff administering medication in accordance with appropriate training or the details supplied by the parent/healthcare professional may rest assured that they are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party.