

Sidestrand Hall School

Administration of Medications Policy



November 2016



POLICY FOR ADMINISTRATION OF MEDICATION IN SCHOOL

PHILOSOPHY

To safeguard both staff who administer and pupils who receive medication.

AIMS

To clarify the procedures and guidance for administration of medication.

To ensure that the following is taken into account:

- The role and responsibility of the parent
- The best interests of the child
- The role and limit of responsibility of the members of staff

STRATEGIES

The guidance and procedures below, as set out by the LEA, should be followed.

ROLES and RESPONSIBILITIES

Medication should only be administered by those named persons, as set out below. **No other person should administer or handle medicines.**

RECORDING and ASSESSMENT

Records of medicines administered should be kept as outlined in the guidance and procedures.

RESOURCES

Monies should be available for continuous training of all named staff.

Name/Signature of Chair of Governors:

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Revd Roger Billings

Name/Signature of Headteacher:

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Mrs Sarah Young

Date:

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Review date:

November 2018



ADMINISTRATION OF MEDICATION – GUIDANCE & PROCEDURES

Prescribed Medicines

Medicines should only be taken to 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'.

School should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

School should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent 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).

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

In general, non-prescription medicines should not normally be administered. However, examples may include analgesics (pain relief), milk of magnesia tablets or liquid, creams and sprays etc.



Where a non-prescribed medicine is administered to a child it must be recorded on Form Med 2 – Record of Medicine Administered to an Individual Child and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

It is helpful to develop a written health care plan for such children involving the parents and relevant health professionals. This can include:

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

Form Med 5 provides an example of a health care plan that schools can use.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

The child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.



If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Schools should also arrange for staff to complete and sign Form Med 2 – Record of Medicine Administered to an Individual Child each time they give medicine to a child.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where appropriate, children may carry their own medicines, bearing in mind the safety of other children and medical advice from the prescriber regarding the individual child. A parental consent form (Form Med 3 – *Request for Child to Carry His/Her Medicine*) should be used in these circumstances.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However children could access them for self-medication if it is agreed that it is appropriate.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in the child's health care plan. Parents should be informed of the refusal on the same day.

Record Keeping

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: -

name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.



Parents should be given Form Med 1 – *Parental/Headteacher Agreement for School/Setting to Administer Medicine* to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Form Med 2 – Record of Medicine Administered to an Individual Child must be used.

Educational Visits

Children with medical needs are encouraged to participate in safely managed visits. Reasonable adjustments should be made to enable children with medical needs to participate fully and safely on visits. Planning arrangements will include the necessary steps to include children with medical needs and selection of appropriate staff to supervise. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP. See also [Educational Visits and Journeys Guidance on young people with special educational needs](#).

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.



Home to School Transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

It is known that schools do not always make health care plans available to the Passenger Transport Unit (PTU). Schools should make every effort to provide health care plans and other relevant information to the PTU so that risks to pupils are minimised during home to school transport. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

Dealing with Medicines Safely

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Many schools allow children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.



Access to Medicines

Children need to have immediate access to their medicines when required. The school/setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the district council's environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. See also guidance on [dealing with blood and body fluid spills](#) in guidance on [Control of Infection and Communicable Disease](#).

Emergency Procedures

All schools/settings should have arrangements in place for dealing with emergency situations. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school should make arrangements with a local health professional for emergency cover.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.



Drawing Up a Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary – see Form Med 1 – Parental/Headteacher Agreement for School/Setting to Administer Medicine.

It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: -

the headteacher/head of setting; the parent or carer; the child (if appropriate); class teacher (primary schools)/form tutor/head of year (secondary schools); care assistant or support staff; staff trained to administer medicines;

Co-ordinating Information

Coordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The headteacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. The head should make sure that supply staff know about any medical needs.

Off-Site Education or Work Placements

Schools are responsible for ensuring that work placements are suitable for students with a particular medical condition. Schools are also responsible for children with medical needs who, as part of key stage 4 provision, are educated off-site through another provider e.g. the voluntary sector or a further education college. Schools should consider whether it is necessary to carry out a risk assessment before a child is educated off-site or has work experience. See also guidance in [section 26](#) on Work Placements.



Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs appropriate training should be arranged in collaboration with local health services. The following staff have undertaken training in the **Administration of Medication**:

Ellie Bradstock-Tye
Marie Cannell
Jon Coates
Christine Coppen
Claire Dewing
Yolande Downes
Debbie Eade
Liz Garwood
Carla Hall
Steve Hoskins
Helen Keyworth
Hannah Letts
Jane Mann
Wendy Muffett
Jane Olivey
Krissie Williamson

In addition, staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy' (course reference number ENWD8).

The following staff have undertaken **Diabetes training**:

Jackie Brownsell
Yolande Downes
Carol Gilman
Sheena Waters



Epipen training has been undertaken by:

Debbie Batch
Alison Brooks
Fiona Drake
Leah Hammond
Megan Hewitt
Jayne Johnson
Beth Owen
Emma Thurston

In addition, staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy' (course reference number ENWD8).

Confidentiality

The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Please note: This policy should be read in conjunction with the "Supporting Pupils at School with Medical Conditions Policy".