

# Sandown Primary School and Nursery Administration of Medicines Policy



Policy Contact Person	Mr Charlie Lindsay
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Signed by Link Governor/Chair	
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**This Policy takes into consideration the following legislation:-**

The Children & Families Act 2014

The SEN and Disability Act 2001

The Disability Discrimination Act 1995

The Single Public Sector Equality Duty under Equality Act 2010

Under the requirements of the Special Educational Needs and Disability Act it is the school's responsibility to enable children to be in school wherever possible.

To make all parents new and existing aware of the school procedures, a summary of this policy is included in the school prospectus or setting handbook.

The school's policy is clear that parents should keep their children at home when they are acutely unwell and that they should not return until they are able to participate in the full curriculum.

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### **1. Responsibilities**

#### 1.1. The Governing Body will:

- Ensure a local policy is produced for, and make arrangements to support pupils with medical conditions in school.
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### 2. The Headteacher will:

- Review this policy in line with the Local Authority document and ensure it is effectively implemented
- Implement effective management procedures to manage individual

children's medical needs.

- Nominate sufficient staff within the school to manage medicines as part of their duties.
- Ensure that these staff are appropriately trained to support children with medical needs.
- Ensure that all staff are informed about the action to take in the event of a medical emergency.
- Implement an effective information sharing system between the school and healthcare professionals.
- Agree with parents the support that can be provided on an individual basis.
- Ensure that medicines are handled correctly.

3. The Health and Safety Co-ordinators (Kate Tugwell and Helen Pugh) will:

- Monitor the Administration of Medicines Policy on behalf of the Headteacher.
- Make recommendations to the Headteacher for matters requiring immediate attention, e.g. changes to legislation.

#### **4. General**

4.1. Most children will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some children, however, have medical conditions that, if not managed, could limit their access to education. These children are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that children and others are not put at risk.

4.2. Parents or carers have prime responsibility for the child's health. Parents must provide the school with up to date information about their child's medical condition/needs. Parents/carers should obtain additional details from their child's healthcare professional when needed.

4.3. The school will take into account their responsibilities under the Disability Discrimination Act and a child's right of admission when deciding on their policy. However, staff undertaking the role of administering medication will have reference to it in their job description.

4.4. Procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when a pupil's needs change, and arrangements for any staff training and support. For new children arrangements are generally in place in time for the start of the relevant school term. In other cases, such as new diagnosis or children moving to a new school mid-term, every effort is made to ensure that arrangements are put in place within two weeks.

- 4.5. Children who have complex medical needs will require more support than regular medicines. The school will seek medical advice and training regarding the child's individual needs. The school will not wait for a formal diagnosis before providing support to such pupils.
- 4.6. The school will develop individual health care plans to identify the necessary safety measures that need to be put in place to fully support the children with specific medical needs.
- 4.7. There will be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks.
- 4.8. Some children depending on age and ability may be capable of taking their own medicine, or deciding when they need to do so. The progress towards such independence will be agreed in consultation with parents, the child and the relevant healthcare professionals. Initially this may also involve a greater degree of vigilance and supervision as part of the school.
- 4.9. The individual child and family have a right to confidentiality and as with any other medical condition; privacy and the need for prompt and effective care will to be balanced with sensitivity. Ideally, the Headteacher will seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a child.

## **5. Training**

- 5.1. There are seven members of staff trained to administer medication, Veronica Ball, Lorraine Csobonas, Emma Gerrish, Zoey Jenks, Vanessa Perry, Jackie Earley, and Karen Watts. In addition, these members of staff are trained to administer medicine for diabetic pupils.
- 5.2. A record of these staff who have received training in the administration of medicine is kept in the Health and Safety training record.

## **6. Procedure for Managing:**

### **6.1. Non-Prescription Medication**

- 6.1.1. School staff will only administer non-prescribed medicine to a child if there is specific prior written permission from the parent(s) for a specified time period and reason. The full dosage instructions must be present on the medicine container and these instructions followed (See Appendix 1).

6.1.2. Administration of non-prescribed medication will only occur if it is in the child's best interest to have such medication and that the medication can be administered safely within the school. (We will make it clear that non-prescription medicines should not normally be administered)

6.1.3. A record of the name, date, time and dose of the medication must be kept, signed by the person administering the medication and witnessed by another. Parents should be made aware when medication has been administered during the day to ensure over-dosing does not occur. A telephone call to the parents or a note should be sent home with the child with records kept.

6.1.4. Children under 16 will not be given aspirin-containing medicine unless prescribed by a doctor.

## **6.2. Prescribed Medicines**

6.2.1. These are medicines that would be detrimental to a child's health if they were not administered during the school day.

6.2.2. Only medicines that have been prescribed by a doctor, dentist, nurse or pharmacist prescriber will be accepted. The medicines must always be provided in the original container and include the prescribed instructions for administration.

6.2.3. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school day i.e. three times per day (breakfast, teatime and bedtime). **Therefore we will not administer any medication that is prescribed three times per day.**

6.2.4. Medication that is prescribed for four times a day can be administered by the school at lunch time only.

**6.2.5 Medicines must be in its original package/container. The school will never accept medicines that have been taken out of the original package/container or make changes to dosages on parental instruction.**

## **6.3. Short Term Medical Needs**

6.3.1. For example to finish a course of antibiotics or to apply a lotion. By allowing children to do this will minimise the time they need to be absent. However, medicines must only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Again, ideally the medication could be prescribed in dose frequencies which enables it to be taken outside the school day i.e. three times per day (breakfast, teatime and bedtime).

#### **6.4. Controlled Drugs**

- 6.4.1. Only a trained member of staff will administer a controlled drug to a child for whom it has been prescribed and the prescribed instructions must be followed.
- 6.4.2. A child who has been prescribed a controlled drug may legally have it in their possession and it is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child to whom it has been prescribed.
- 6.4.3. Controlled drugs will be kept in a locked non-portable container in the school office and only named staff will be given access. A record will be kept for audit and safety purposes.
- 6.4.4. When administering controlled drugs, two members of staff must sign the record of administration form (See Appendix 2).
- 6.4.5. When a controlled drug is no longer required, it will be returned to the parent who will arrange safe disposal via the local pharmacy. If this is not possible, the drug will be returned to the dispensing pharmacist.
- 6.4.6. Misuse of a controlled drug, such as passing to another child for use is an offence and will be dealt with by the Drug, Substance and Alcohol Policy.
- 6.4.7. Where there is any doubt about the correct dosage to be administered, advice will be obtained from the child's healthcare professional before the medicine is administered.

#### **7. Long-Term Medical Needs**

- 7.1. To enable the school to have sufficient background information about the medical condition of a child with long term medical and/or complex needs a Health Care Plan will be developed involving parents and Health Professionals.

#### **8. Health Care Plans**

- 8.1. The Health Care Plan will identify the support that a child with medical needs requires. The school and parents will agree on the review procedures for the plan but this will take place no less than once per year. A copy of each of the health care plans is stored in the Medical Room in the school foyer. Each plan contains information regarding any

emergency action needed should rapid intervention be required and who has responsibility (See Appendix 3).

## **9. Administering Medication**

9.1. The school has a lockable cabinet in the school office to store medication. Medication that is required to be refrigerated is kept in the fridge in the main office.

9.2. Children will not be given any medication without parental consent. All prescribed medicines that are to be administered in school must be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

9.3. To enable the administration of non-prescribed medication, these must also be accompanied by written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

9.4. Any member of staff giving medication should check:

- Details on the medicine label
- Child's name
- Written instructions provided by parents
- Prescribed dose
- Expiry date
- That all children who are due to receive medication have received their medication.

9.5. Each time there is a variation in the pattern of dosage a new form must be completed. (See Appendix D) If necessary the healthcare professional can assist with the completion of the form.

9.6. We recommend that pupils should never carry medicine to and from school. Medicine must be handed over as soon as the child arrives at school.

9.7. Medication will only be given to the named child. Children will not be given medication which has been prescribed for another child. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

9.8. Where there is any doubt about the correct dosage to be administered, advice will be obtained from the child's healthcare professional before the medicine is administered.

- 9.9. Only one member of staff at any one time will administer medicines (to avoid the risk of double dosing). When administering medication, staff must complete and sign a record of administration (See Appendix 2).
- 9.10. The handling of sharp instruments will be managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Parents will be asked to provide the appropriate disposal equipment.
- 9.11. The types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal diazepam will only be carried out with the approval of the Headteacher and following training in invasive procedures.
- 9.12. A consent form for the administration of rectal diazepam must be completed by the child's Paediatrician (See Appendix 4).
- 9.13. For the protection of both staff and children a second willing member of staff will be present while the more intimate procedures, for example, the administration of rectal diazepam, is being followed. Appropriate personal protective clothing, e.g. gloves, will be worn during the administration of medicines/catheterisation procedure.
- 9.14. Where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms will be provided by the Healthcare Professionals. Photos of children, who have Health Care Plans, with brief details of their medical needs, are displayed in the staff room and medical room for quick reference and recognition purposes.

## **10. Self-Management**

- 10.1. As it is good practice to allow children who can administer their own medication to do so we will encourage children. Staff will then only need to supervise. No children will carry their own medication but it will be stored securely in the school office or in the child's class.
- 10.2. Where a controlled drug has been prescribed it will be kept in a secure container in the school office.

## **11. Refusing Medication**

- 11.1. If a child refuses to take their medication, they will not be forced to do so and a note made in the record of administration. The parents/carers will be informed of the refusal on the same day. If the refusal results in an emergency, the school emergency procedures will be followed.

## **12. Record Keeping**

- 12.1. Parents/carers are responsible for supplying information about the medication and informing schools about changes to the prescription or the support needed. However, the school will check that this is the same information as that provided by the healthcare professional or on the prescribed instructions.
- 12.2. Medicines must always be provided in the original container and should include the following written information:
- name of child/young person;
  - name of medication;
  - dose;
  - method of administration;
  - time and frequency of administration;
  - any side effects;
  - expiry date.
- 12.3. A parental consent form must be obtained before the administration of any medication and this form will record the above details (See Appendix 1).
- 12.4. Records will be kept of all medicines administered and kept for the recommended 10 years (See Appendix 2).

## **13. Safety Management**

- 13.1. Some medicines may be harmful to anyone for whom they are not prescribed. The Headteacher has a duty to ensure that the risks to the health of others are properly controlled and monitored.
- 13.2. Medication and consent forms must be handed to the school office staff who will ensure it is passed to the staff trained in the administration of medicines.
- 13.3. Information regarding administering medication is posted on the notice board in the school office.

## **14. Storing Medication**

- 14.1. The school has adequate facilities, a lockable cabinet in the school office and a fridge in the office for medication.

- 14.2. We will only store, supervise and administer medicine that has been prescribed for an individual child. If a child requires two or more prescribed medicines, each should be in a separate container.
- 14.3. The Headteacher is responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children. All emergency medicines, e.g. asthma inhalers, epi-pens are stored in the school office and are available at all times.
- 14.4. All non-emergency medicines will be kept in a locked cabinet in the school office used only for that purpose. Controlled drugs will be kept in a locked non portable cabinet in the school office and only named staff will have access. The name of the people responsible for administering medication is stated on the cabinet. In case of emergency the key must be readily available to all members of staff to ensure access.
- 14.5. Some medicines need to be refrigerated and may only be kept in a refrigerator containing food if they are in an airtight container and are clearly labelled. There should be restricted access to a refrigerator holding medicines.

## **15. Disposal of Medicines**

- 15.1. School staff will not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines.
- 15.2. Sharps boxes will always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional.
- 15.3. Collection and disposal will be arranged with the registered special waste contractor.

## **16. Hygiene/Infection Control**

- 16.1. All staff must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the Health and Safety Policy.

## **17. Emergency Procedures**

- 17.1. The school has arrangements in place for dealing with emergency situations. This is included in the Health and Safety Policy. Children within the school know what to do in an emergency e.g. telling a member of staff, and all staff know who is responsible (including a deputy) for carrying out emergency procedures.

- 17.2. A member of staff will always accompany a child to hospital by ambulance and will stay until the parent arrives. Healthcare professionals are responsible for any decision on medical treatment when parents are not present. Staff will not take children to hospital in their own car, an ambulance will be called.
- 17.3. The individual Health Care Plan include instructions as to how to manage the child in an emergency, and identify who has the responsibility in an emergency.

## **18. Off-site Activities and Educational Visits**

- 18.1. The school will encourage children with medical needs to participate in safely managed visits. The group leader, in liaison with the Headteacher will consider the reasonable adjustments to be made to enable children with medical needs to participate fully and safely in the activity and a risk assessment may need to be carried out.
- 18.2. When an off-site activity or educational visit takes place, a member of staff trained in administering medication will attend with the medication, if required.
- 18.3. Further control measures may be necessary e.g. additional adult to accompany an individual child. Arrangements for taking any necessary medication will also be considered as well as the storage requirements.
- 18.4. All staff supervising off-site activities or educational visits will be made aware of any medical needs and the relevant emergency procedures. A copy of the individual Health Care Plan will be taken on visits in the event of the information being needed.
- 18.5. The school will also consult the activity/venue provider regarding any specific requirements for a child's medical needs.

## **19. Sporting Activities**

- 19.1. Any restrictions on a child's ability to participate in PE will be included in their individual Health Care Plan.
- 19.2. Children may need to take precautionary measures before or during exercise or may need to have immediate access to their medication.

## **20. Supplying asthma inhalers for emergency use**

- 20.1. The "Human Medicines (Amendment No. 2) Regulations 2014" came into force on 1 October 2014 and allows schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

20.2. From 1 October 2014 the school may consider buying inhalers and spacers (the plastic funnels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit.

## **21. Confidentiality**

21.1. All medical information will be treated as confidential by the Headteacher and school. The Headteacher will agree with the parent and the child who else should have access to records, etc about a child. If information is withheld from staff they cannot generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **22. Indemnity**

22.1. Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified.

22.2. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

## **23. Employees**

23.1. If a member of staff has been identified with a medical condition such as Diabetes, Epilepsy, Asthma or Anaphylaxis and the school has been informed, steps will be taken by the school to reach an agreement with the member of staff on the action to be taken in an emergency.



## Appendix 1 - Parental Consent Form

**To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school staff. The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.**

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.

*Please complete in block letters*

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### **Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

**Contact Details**

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]
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**A separate form must be completed for each medicine.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with their 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 understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school/setting premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



**Appendix 2 - Record of Medicine Administered to Pupils**

**Date Commenced:**

**Date Discontinued:**

<b>Date</b>	<b>Name of Pupil and D.O.B</b>	<b>Name of medicine</b>	<b>Strength of Medicine and Form</b>	<b>Frequency</b>	<b>Special Instructions</b>	<b>Dose given</b>	<b>Time</b>	<b>Any reactions</b>	<b>Refused</b>	<b>Signature of staff</b>	<b>Print name</b>



### Appendix 3 - Individual Healthcare Plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	
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Who in the school needs to be	
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aware of the child's condition and the support required?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Describe action to take in the event of the child/young person refusing their medication

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Procedures to be followed when transporting the child (e.g. home to school transport, off-site visits)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency? (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Signed: (Headteacher / Manager)	Signed: (Parent / Carer)
Date:	Date:
	Relationship to child:



## Appendix 4 - Instructions for the Administration of Rectal Diazepam

Name of Child: .....

Date of Birth: .....

Address .....

Doctor's name: .....

Hospital consultant: .....

Doctor's signature: .....

In the event of a seizure the above child should be given rectal diazepam according to the following instruction:

Parent's signature: .....

Date: .....

### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child/young person. This should be completed by the child's Healthcare Professional, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes
- How much medicine should be given.

Included on the authorisation form should be an indicator of when an ambulance is to be summoned.

Records of administration should be recorded on the form shown in Appendix 2 or similar.