

English Martyrs Catholic Voluntary Academy
Administering Medicines Policy



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Approved by :

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1. Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. English Martyrs CVA is committed to ensuring that children with medical needs have the same right of access as other children. There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. The Role of Parents/Carers

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunch time to administer the medication. In many cases, it is possible for children's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.

However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

If a child has not had a medication before it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in *Managing Medicines in School and Early Years Settings*; the Head teacher is responsible for ensuring all staff understand and follow these procedures.

3. The aims of the Policy

The purpose of this Policy is to ensure that first any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DFE guidelines "Supporting Pupils at School with Medical Conditions" December 2015 and also in line with the "Children and Families Act 2014" which places a duty on the governing bodies to make arrangements for supporting pupils at their school with medical conditions. This means that no child with a medical condition should be denied admission (School Admissions Code 2014) or prevented from taking up a place in school because arrangements for their medical condition have not been met. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

4. Procedures

Administering Medicines

- Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be the administration staff but in their absence another appropriately trained member of staff may carry it out.
- Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.
- A list of all staff trained in administration of medicines will be maintained by the administration team. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.
- When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary.
- Staff are responsible for the correct administration of medication to children. This includes ensuring that the "**Administration of Medicine**" (appendix 1) register has been completed. All columns on the registration form must be completed.
- Children taking prescribed medication must be well enough to attend school.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition. Non-prescribed medication may only be administered for a total of 3 consecutive days, including dosage taken at home.

- Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.
- A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.
- If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.
- If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.
- All parents have indicated on a school consent form whether they are happy or not for a member of staff to administer the correct dose of Calpol if needed for emergency pain relief. Parents will always be contacted verbally before this happens to ensure that there are no reasons why pain relief should not be given eg within the time frame between doses. Administration of Calpol will be recorded using the school system and parents asked to sign a retrospective permission form.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. Medicine requiring refrigeration will be placed in a lockable fridge with no foodstuffs.
- Parents must give prior written permission for the administration of medication. This is completed on "Permission to Administer Medication" form. No medication will be given without the completion of this form.
- It is the responsibility of the School Office to receive the medicine and "Permission to Administer Medication" form and complete the first part of the "Administration of Medicine" register.
- The administration is recorded accurately each time it is given and is signed by staff.

5. Storage of Medicines

- All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or in a locked fridge with no food stuffs.
- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- **Emergency medicine** such as asthma inhalers or Epi-pens will be stored in a personal medical box in a place that is easily accessible and known to all staff. Children may be required to carry their medicine with them at some times during the school day. This will be decided in discussion between the school, parents and, if applicable the child's doctor. Secondary Epi-pens will be stored in the medicine cupboard. The use

of an inhaler must be recorded on the Administration of Medicine form by either the teacher or teaching assistant at all times.

- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- **Controlled drugs**, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.
- **A spare inhaler** will be kept in school for use in an extreme emergency it will be available for a child that has forgotten to bring one or their inhaler is out of date. In these circumstances the parent must be contacted to replace immediately. Parents of children with a diagnosed asthma condition will need to sign a consent form see appendix 2.

6. Disposal / Return of Medication

- The school has a procedure for returning medication. Parents / Carers are responsible for ensuring that any medication that is no longer needed is returned to a pharmacy and disposed of.
- Medication should be returned to the parent /carer when the course of treatment is complete, the medication is out of date, the labels are no longer able to be read or when instructions are changed.
- At the end of every term medication should be checked by the administration team to ensure that no medication needs to be returned to a parent / carer. If for any reason any medication is not collected by a parent / carer then the school will ensure the medication is taken to a known pharmacy and disposed of.
- All medication returned or disposed of should be recorded.

Children who have **long term medical** conditions and who may require on going medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Head Teacher, SENDCO and class teacher together with parents and external medical personnel.
- Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should understand the routines and activities and point out anything which they think may be a risk factor for their child. If appropriate they may also be shown around the setting.

- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Staff awareness needs to form part of the risk assessment.
- The risk assessment includes vigorous activities and any other school activities that may give cause for concern regarding an individual child's health needs.
- A separate risk assessment is written if taking medicines on outings outside of the school grounds and the child's GP's advice or the school nurse is sought if necessary where there are concerns.
- A health care plan for the child is drawn up based upon information from the parent and advice from the child's doctor.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed annually or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Any changes to the health care plan are discussed with parents.
- A list of children needing medication for long term medical conditions eg Epi-pens is displayed in the Staff Room and kitchen with parental consent. This will be updated during the year by the school administration team.

7. Managing medicines on trips and outings

- It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.
- **Travel Sickness** - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.
- **Residential visits** – All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exceptions are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered

Appendix 1



Administration of Medicine in School

Name	
Date of Birth	
Name of Medicine*	
Required Dosage	
Time of Dosage	
Person giving permission (Print)	
Person giving Permission (sign)	
Relationship to child	
Date	

Office Use:

Date	Medication	Amount Given	Time	Administered by	Witnessed by

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*Over the counter medicine can only be administered for 3 consecutive days

Appendix 2

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
[delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from emergency inhaler held by the school for such emergencies.

Signed:..... . . Date:.....

Name (print):.....

Child's name:.....

Class:.....

Parent's address and contact details:

.....

Telephone:.....

E-mail:.....