



Administration of Medicines Policy 2016

Policy agreed: September 2018

Review date: September 2019

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1. Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

DfE December 2015 – Supporting Pupils at School With Medical Conditions,
Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.

2. Staff Duties

School teachers have no legal obligation to neither administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a school, we have trained specific named staff for the purpose of the administration of medicines.

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

3. Process for the Administration of Medicines in School – short term medical needs

Medicines should normally be administered at home and only be taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

(For use of inhalers see Asthma Policy)

The school will not accept or administer:

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after 3:20pm, or attending a residential visit)
- Piriton – unless with specified medical conditions
- Paracetamol eg Calpol, or aspirin.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (Maria Lisi or the class TA).

The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher. When administering, the named adult must complete a record showing the date and time and details/dosage of the medication. This must be counter-signed by another adult. In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed. Parents are welcome to come into school to administer medicines themselves that the school refuse to administer, for reasons given above.

4. The child's role in administering own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

5. Process for the Administration of Medicines in School – long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the school nurse and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually. It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered. The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned. There will also be regular/annual training for all staff on more generalised needs e.g. asthma awareness and epi-pen training, diabetes and epilepsy. The school is well supported by the Health Support to Schools Service who provides staff with advice and any relevant training on request.

6. Offsite Visits

All staff supervising visits will be made aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments will be conducted. In relevant circumstances staff will be made aware of how a child's medical condition will impact on their participation, but there will always be enough flexibility for all children to participate according to their own abilities and with reasonable adjustments. At Worsley Bridge Primary School we will make suitable arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

If medication is required during a school trip it should be carried by the child if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent/carer if present. If a child requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container.

If trips outside of the UK are being considered, parents may need to seek advice from the child's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy.

It is essential to inform all members of staff who may have responsibility for the child during the day about the need for medication and what to do should a medical emergency arise. The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal school staff responsible for the supervision or administration of medication e.g. in breakfast/after school clubs or during sports events.

Medicines taken on any visit must be kept in its original container.

7. Medical Emergencies

Emergency medication must always be readily accessible and never locked away. A copy of the child's individual management plan/authorisation form should be kept with the medication and should include clear precise details of the action to be taken in an emergency.

Whenever an ambulance has been called a Medical Emergency Report Form should be completed after the event. Information will be treated confidentially.

If a school agrees to administer emergency medication, specific specialised training is required. Staff who agree to administer emergency medication must have training from an appropriate health care professional (e.g. Health Support to Schools Service, nurse specialist, nurse educator or nurse adviser) which should be updated annually. Records should be kept of all training received.

Children who are at risk of prolonged seizures may be prescribed emergency medication e.g. buccal Midazolam or rectal Diazepam. When rectal Diazepam is administered there must always be two members of staff present, preferably one the same gender as the pupil.

Children who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation e.g. Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits. If blood glucose monitoring is undertaken in school, a clean private area with washing facilities should be made available. Staff agreeing to undertake this procedure must receive training from a Diabetes Specialist Nurse.

Asthma can be a serious condition. Schools should have an asthma policy and advice on developing an Asthma Policy can be obtained from your Health Support to Schools Service, nurse specialist, nurse educator or nurse advisers. Children who are known to have asthma must have a reliever inhaler available at all times in school. Older children should carry their own reliever inhaler and ideally should keep a spare reliever inhaler in school

8. Unacceptable Practice

At Worsley Bridge Primary school we will always use our discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

9. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with a member of SLT. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signed: Chair of Local Committee

Signed: Headteacher

Date: September 18

Appendix 1: Parental Agreement for School to Administer Prescribe Medicine



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of School:		Class:	
Name of Child:			
Date of Birth:			
Medical condition or illness:			
Medicine			
Name/type of medicine (as described on the container)			
Date dispensed:		Expiry date:	
Dosage and method:			
When to be given:			
Are there any side effects that the school need to know about?			

Self administration?	Yes/no (delete as appropriate).
Procedures to take in an emergency:	
Is there a "Care Plan" in place?	Yes/no (delete as appropriate)
Contact Details	
Daytime telephone no:	
Name and phone no. of GP:	
Agreed review date to be initiated by name of member of staff	

The above information is, to 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 or if the medication is stopped.

Name: Signature:

Relationship to the child Date:

Appendix 3: Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicine?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play? Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care? Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Reliever treatment when needed
 For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

What signs can indicate that your child is having an attack?

Asthma UK Adviceline Ask an asthma nurse specialist
 0800 121 62 55 asthma.org.uk/adviceline
 9am-5pm, Monday-Friday

Parent/carer's signature

Date