



Medicines in School Policy

REVIEWED: May 2019

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PURPOSE

Schools manage medications in respect of children and young people within their care.

Children may need medication in the following circumstances:

- During a short term illness or condition, such as the requirement to take a course of antibiotics
- For treatment of a long term medical condition which may require daily medication to keep them well e.g. asthma where children may have the need for daily inhalers (and, potentially additional assistance during an attack).
- Medication in particular circumstances, such as children with severe allergies who may need an adrenaline injection.
- There is no general contractual requirement for any teacher to administer medication to a pupil. Staff may carry out the procedure voluntarily but they must be confident, properly trained and qualified to undertake the task. Where staff choose to administer medications on a voluntary basis, guidelines outlined in the policy should always be strictly followed.
- There are occasions when staff are required to help children by administering medicine either as part of long term therapy for a chronic health condition or as an emergency measure, e.g. allergic reactions.
- Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with support.
- Where it is required an individual health care plan can help staff identify the necessary safety measures to support children with medical needs.

Aims and Objectives

- Any administering of medicines is conducted in a safe and competent manner, procedures must be followed and relevant legislation complied with.
- The overall aim of the policy is to document procedures which detail how medication will be managed.
- parental consent
- All staff must have a full knowledge of the Medication Policy and Guidance and any local arrangements or procedures. (signing log)
- All staff must have received training where this is required
- All staff must have attended refresher training as required

Medical Confidentiality

- Staff in schools have no automatic right to be informed of any medical condition suffered by any pupil. However, in order that pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day.
- Any medical or related information provided to the school either by parents/guardians or health care professionals must always be treated in the strictest of confidence.

- Information should only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

School Staff:

The Academy fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following these medication guidelines.

A list of all staff who have been authorised to administer medication and a sample of their signature and initials is documented below.

- There is not a duty on Headteachers or staff to administer medication
- School staff have no legal obligation to administer medicines to pupils unless they have been specifically contracted to do so. It is generally accepted, that all staff are acting voluntarily.
- Staff are not health professionals, but have received training and support to enable them to become competent in the administration of medication.
- Individual decisions on involvement must be respected. At St Giles' and St George's, the paediatric first aiders administer medicine which MUST be witnessed by another member of staff. School staff have a professional and legal duty to safeguard the health and safety of pupils by following procedures.
- Staff will do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life as children have a right to be educated and should not be excluded purely as a result of requiring medication.
- As part of the DES at St Giles' and St George's, pupils have the right to have medicines administered.

Receipt of Medicines by the school:

Labelling of medicines

- On the few occasions when medicines have to be brought into schools, the original duplicate container, complete with the original dispensing label should be used.
- The label on the container supplied by the pharmacist must not have been altered under any circumstances.
- All medicines brought in to be administered by the setting, must be recorded in the pupil's notes.

The record must show:

- Young Person for whom medication is prescribed or purchased.
- Name and strength of the medicine.
- The dosage required to be administered
- The time of the required dose
- Expiry date of medicines and any special warnings or precautions mentioned on the label.
- Signature of the employees receiving the medicines and date

The information on the label should be checked to ensure it is the same as on the parental consent form Appendix 2. Where the information on the label is unclear such as "as directed" or "as before" then it is vital that clear instructions are given on the parental consent form Appendix 1. If the matter is still not clear then the medicine should not be administered and the parents should be asked to clarify the problem.

Storage

Medication must at all times be stored in containers as indicated above.

- All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate.
- Medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination with foodstuffs being stored in the same area, the medicines must be stored separately within a sealed container labelled "medicines - authorised access only".
- The head teacher is responsible for ensuring that, when medicines are admitted to school premises, a system of safe keeping is in place, which limits open access by pupils to medicines. Some medicines are kept in a locked drawer in the head teacher's office.
- School and early years settings must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer.

Information to parents

Parents/Guardians are advised in the school prospectus that pupils who are unwell should not be sent to school. However, many pupils need to attend school while taking prescribed medicines either because they are:

- suffering from chronic illness or allergy;
- recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines.

Parents:

- It is the responsibility of parents to give permission for the administration of medicine in school by signing the permission form. Where clinically appropriate, medicines need to be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this.
- Non prescribed medicine arrangements allow for parents to come and administer a dose during the day.
- Parents have the responsibility of handing over the medicine to an adult in school.
- Parents have the responsibility for checking periodically if medicines are in date eg epi pens, inhalers. Medicines which have passed the expiry date will be returned to parents/carers for disposal. Parents will be advised that the medicines are out of date and should be asked to collect them. Out of date medicines will not be sent home with pupils.
- Parents have the responsibility of collecting medicines at the end of a school day.

Roles and responsibilities of staff administering medicines

On the premises:

No medication should be given to a young person without written consent obtained from the person with parental responsibility for the child. Procedures must be in place to ensure that this consent is obtained.

- All medicines that are to be **administered in school** must be accompanied by written permission from the parent or as Part of a Care Plan regime.
- **Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber may be administered**
- Medicine is handed over to staff by parents not children.
- Prescription medicine is administered and only when dosage cannot be fitted evenly into the day at home. Parents/carer can come to school to administer the medicine.
- Over the counter medicine is not administered by school staff.
- **Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.**

- Each time there is a variation in the pattern of dosage a new form should be completed and the previous one filed away safely in the folder in the MI room.
- A list of medication administered to children is kept in the office. The dosage and time given is noted, signed and witnessed. Completed logs are kept in the office for the academic year.
- Medicine is kept in the refrigerator in the staffroom.
- Children do not self-medicate.
- To avoid the risk of double dosing in schools or administering the incorrect medicine, the head teacher will ensure that only named personnel administer medications.
- When medicine is given **Appendix 2**, the form is signed, dated and witnessed by a second member of staff.

Out of school:

- The administration of medicines during educational visits and other out of school activities requires special attention and pre-planning.
- Read and take any specific Risk Assessment that is in place for children with diabetes or other chronic conditions.
- Consideration must be given to ensuring that visits and journeys are staffed by colleagues who have undergone suitable training.
- School will ensure that any local arrangements made for pupils to receive medications during the normal school day are also available at all other times when pupils are in the care of the school e.g. during after school clubs.
- Storage of medicines should be planned carefully and be kept safe by the first aider on the visit.
- Administration of medicines must be signed and witnessed as before.

Each person who administers medication must:

- Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- Confirm the dosage/frequency on each occasion, and consult the medicine record form **Appendix 2** to ensure there will be no double dosing;
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual care plan
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named pupil and is within the expiry date
- Record on the medication record form **Appendix 2** all administration of medicines as soon as they are given to each individual;
- Understand and take appropriate hygiene precautions to minimise the risk of cross contamination;
- Ensure that all medicines are returned for safe storage;
- Ensure that they remain confident in the procedures and have received appropriate training
- Adverse reaction to medicines or error in administration, **Appendix 1** needs to be completed and the head teacher informed

Risk Assessment

- A risk assessment is available for diabetic children and children who undertake regular medication.

Individual Care Plans

- Not all children who have medical needs will require an individual 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, who will carry out that support and how the setting will deal with any problems or emergencies.
- The Individual Care Plan may include individual risk assessments which have taken place as decisions have been made about the child's medication or care.
- An individual health care plan clarifies for staff, parents and the child the help that can be

provided. It is important for staff to be guided by the child's GP or paediatrician as well as parents and carers.

- 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.

Information, Instruction and Training

- All staff who participate in administering medication must receive appropriate information and training for specified treatments as detailed in the guidelines. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.
- Training should be arranged by the head teacher who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases or required in a care plan.
- The head teacher ensures that all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication; and that this person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action.
- The bursar keeps a record of all relevant and approved training received by staff. Prior to staff administering any medication in school, the headteacher must be satisfied that the staff member is competent
- All staff receive asthma training and epi pen training every two years
- All TA members of staff hold Paediatric First Aid certificates. There are two members of staff who hold First Aid at work certificates
- Head teachers formally authorises competent members of staff by keeping a register (see below). In order for staff to remain competent, they should receive training and re-training

Incidents in Administration of Medicines

In the event that medication has been administered incorrectly, the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the child's condition is a cause for concern.
- Notify the head teacher/ deputy head teacher.
- Contact the young person's parents/carers as soon as practicable.
- Contact the young person's GP for advice if necessary.
- Document any immediate adverse reactions and record the incident in the young persons file/ Care Plan using the Medication Incident Report Form HSF36.
- The head teacher will complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- The head teacher will commence an immediate investigation about the incident, inform the the Strategic Health and Safety Team, and, where applicable inform any relevant regulatory body. Statements should be taken from staff.
- The medication administration record should reflect the error.
- Young person's parent/carer should be informed formally in writing.
- It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to the head teachers.
- A thorough and careful investigation taking full account of the position of staff and circumstances will be conducted before any managerial or professional action is taken.
- Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.
- Should there be an adverse reaction or errors in administration of medication, the following procedure must be documented in the pro forma in **Appendix 1**

Allergic Reactions

- Some children and young people are at risk of severe allergic reactions.
- The care plan will outline how to reduce the likelihood of the risk of allergic reactions.
- Staff are trained in the use of an adrenaline pen for emergencies where appropriate. These pens must only be used for those children for whom they are prescribed.

Emergency Provision of Care

- Individual health care plans should include instructions as to how to manage a child in an emergency, and identify the role and responsibilities of staff during the emergency.
- Staff and other children should know what to do in the event of an emergency, and all staff should know how to call the emergency services.
- If there is an emergency or an incident require emergency treatment, paramedics or an ambulance should be called by the head teacher or other senior staff
- Parents are informed by the office staff.
- If parents are unable to get to school promptly, the head teacher or deputy head 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 unless accompanied by another member of staff and only then in extreme emergencies.

Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

- **The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given and parents have given permission via a Care Plan,** (a copy of which should kept with the emergency inhaler)
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- The reliever inhalers are kept in a plastic box in each classroom.
- Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler.
- Inhalers are taken outside for PE
- When attending school swimming classes children with asthma must take their inhalers with them and leave them at the side of the pool in case they need to use them.
- If medication has been administered, parents are informed by a note in the child's planner. The date, time and dosage are noted.

Health and Safety Issues

- Staff should avoid direct contact with medicines.
- Where this is unavoidable staff should contact the dispensing pharmacist for advice, e.g. when staff have to apply steroid creams **directly** to a child, non latex gloves must be used.
- Infection control principles must be followed by staff administering medication and staff must be familiar with effective hand washing principles.

Medicines for a staff members own use

- An employee may need to bring medicine into school /setting for their own use.
- All staff have a responsibility to ensure that these medicines are kept securely and that young people will not have access to them, e.g. locked desk drawer or staff room.
- Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

Further details on any aspect of this policy and its implementation can be obtained from the school.

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Chair of Directors, Mr M Alcock :

Date :

Headteacher, Mrs C Pointon :

Date :

Appendix 1:-

Adverse reaction or error in the administration of medicine

Name of child and adult involved

Date **Time of administration**

Medicine given

Dosage

Outline the facts of the incident

Reason for the incident,
Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Directorate Health and Safety Team),

Witness Statement.

Parents / Carers Informed

Time

Outline any corrective and remedial action taken.

Outcome of Investigation by senior manager or further action.

