



Abbots Ripton Church of England Primary School

# Administration of Medicines Policy

**Written by: Linda Nixon**

Written in conjunction with the Department for Health's 'Guidance on the use of adrenaline auto-injectors in schools' (September 2017) and the British Medical Association's, 'Guidance on Prescribing non-prescription (over the counter) medication in nurseries and schools'

**Date: April 2024**

**Review date: April 2027**

Our church school creates a firm foundation where together, with God's help and with the help of others, we learn for life, achieve our best and grow in faith.

## **INTRODUCTION**

1. The progress achieved on the Inclusion Agenda and wider changes relating to the health of children and young people mean that schools, early years settings, Headteachers and Managers in particular, are increasingly concerned about the safe administration of medicines. While this document makes a series of “good practice” recommendations and has been adopted by our school, it does not attempt to deal with all health issues of pupils. The Headteacher or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this policy.

## **PURPOSE OF DOCUMENT**

2. The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in our school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies;
  - Health and Safety Policy
  - First Aid
  - Intimate Care
  - Supporting Pupils with Medical Conditions

## **ROLES AND RESPONSIBILITIES**

3. All staff in the school have a duty to maintain professional standards of care to ensure that children and young people are safe. It is expected that our school will review cases individually and administer medicines in order to meet the needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.
4. Under the Equality Act 2010, schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.
5. The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a child with medical needs. The Headteacher is responsible for:
  - (a) implementing the policy on a daily basis;
  - (b) ensuring that the procedures are understood and implemented by all staff;
  - (c) ensuring appropriate training is provided;
  - (d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professional concerning the pupil's health needs.

6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.

## **PARENTS/CARERS**

7. It is the responsibility of parents/carers to:

- (a) inform the school of their child's medical needs;
- (b) provide any medication in the original container and if prescribed this must include the original label from the dispensary which clearly states:
  - THE CHILD'S NAME
  - NAME OF MEDICINE
  - DOSE AND FREQUENCY OF MEDICATION
  - SPECIAL STORAGE ARRANGEMENTS
- (c) collect and dispose of any medicines held in school when required;
- (d) ensure that medicines have not passed the expiry date. (School will also check)
- (e) ensure that any over the counter medicines are essential and that administering them during the school day is essential

## **PUPIL INFORMATION**

8. Parents/carers are required to share information about their child's long-term medical needs and to update school of any changes as necessary but at least annually. For children with medical needs a **Health Care Plan** must be completed which contains the following information (see *Appendix 1 - Health Care Plan*):

- (a) Details of pupil's medical needs;
- (b) Medication, including any side effects;
- (c) Allergies;
- (d) Name of GP consultants;
- (e) Special requirements e.g. dietary needs;
- (f) What to do and who to contact in an emergency;
- (g) Cultural and religious views regarding medical care.

For some children with medical needs, this form would be completed with support from a Healthcare professional such as the school nurse.

## **ADMINISTERING MEDICATION**

9. It is expected that parents/carers will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Parental agreement for school to administer medicine** (See *Appendix 2 – Parental agreement for school to administer medicine*) must be completed.

As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role.

Un-prescribed medication will be administered to pupils with the exception of any over-the counter medicines which contain aspirin. This must be prescribed by a doctor.

10. The Headteacher will decide whether any medication will be administered in school and following consultation with staff, by whom. Pupils will be told where their medication is kept and who will administer it.

11. Any member of staff, on each occasion, giving medicine to a pupil should check:

- (a) Name of pupil;
- (b) Written instructions provided by the parents/carers or doctor;
- (c) Prescribed dose;
- (d) Expiry date.

12. Children with asthma and diabetes will have rapid access to their inhalers/glucose tablets etc and be encouraged to manage their own condition. A **Parental agreement for school/setting to administer medicine** must indicate that the parent is happy for their child to administer this medication. (see Appendix 2 – *Parental agreement for school to administer medicine*)

13. The school has purchased an adrenaline auto-injector (AAI), for use as a spare (if a pupil has their own prescribed one but it has already been administered or can not be administered) and for emergencies (including for pupils with no known allergies). In the event of a possible severe allergic reaction, emergency services (999) would be contacted and advice sought from them as to whether to administer the spare/emergency AAI. All staff are trained in administering these devices but they will only ever be used on a child for which it is has not been prescribed, if told to do so by the emergency services, for example whilst waiting for an ambulance to arrive.

## STORAGE

14. Medicines will be kept in a locked cabinet in the Disabled toilet, or fridge if required, near the School Office. Emergency medicine or devices such as adrenaline pens and asthma inhalers are kept in an unlocked medical cabinet in the school office. This allows access at all times.

All medicine will be logged into the **Medicine held in school** file. (See Appendix 3 – *Medicine held in school*)

## RECORDS

15. Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the school office. The sheets will record the following:

- (a) Name of pupil;
- (b) Date and time of administration;
- (c) Who supervised the administration;
- (d) Name of the medication;
- (e) Dosage;
- (f) A note of any side effects;
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so.

*(See Appendix 4 – Medicines administered in school)*

## **REFUSING MEDICATION**

16. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the administering first aider.

## **TRAINING**

17. Training and advice will be provided by health professionals for staff involved in the administration of medicines, if required. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

## **INTIMATE OR INVASIVE TREATMENT**

18. This will only take place at the discretion of the Headteacher and Governors and in line with the school's Intimate Care Policy. (For Intimate Care procedures see separate Intimate Care Policy.)

## **SCHOOL TRIPS**

19. To ensure that as far as possible, all children have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with parents/carers.

## **RESIDENTIAL TRIPS**

20. Residential trips and visits off site:

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip;
- (b) If it is felt that additional supervision is required during any activities e.g. swimming, school may request the assistance of the parent/carer.

## **EMERGENCY PROCEDURES**

21. The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of a medical emergency.

## **CARRYING MEDICINES**

22. For safety reasons children are not allowed to carry medication. All medicines must be handed to the school office staff.



## Appendix 1 Healthcare Plan

|                                |  |
|--------------------------------|--|
| Name of School                 | <u>Abbots Ripton CE Primary School</u>   |
| Child's name                   | _____  |
| Class                          | _____  |
| Date of Birth                  | _____  |
| Child's Address                | _____  |
| Medical Diagnosis or Condition | _____  |
| Date form completed            | _____  |
| Review date                    | <u>The start of next academic year</u><br><small>(unless a change in condition notified by Parent/Guardian mid year)</small> |

### CONTACT INFORMATION

#### Family contact 1

#### Family contact 2

| Name                |  | Name                |  |
|---------------------|--|---------------------|--|
| Phone No.<br>(work) |  | Phone No.<br>(work) |  |
| (home)              |  | (home)              |  |
| (mobile)            |  | (mobile)            |  |

#### GP contact

#### Hospital/Clinic

| Name of Doctor  |  | Name of hospital/Clinic         |  |
|-----------------|--|---------------------------------|--|
| Name of Surgery |  | Name of Professional/Consultant |  |
| Phone number    |  | Phone number                    |  |

**Appendix 1**

**Healthcare Plan (pg2)**

|   |
|---|
| <b>Describe medical needs/condition :</b>   |
| <b>Give details of child's symptoms:</b>  |
| <b>Medication required:</b>   |
| <b>Daily care requirements at school:</b>   |
| <b>Describe what constitutes an emergency for the child, and the action to take if this occurs:</b>   |
| <b>Follow up care:</b>  |
| <b>Any cultural and religious views regarding medical care – Y/N.<br/>If yes please give details:</b> |
| <b>Form copied to:</b>  |



## Appendix 2

### Parental agreement for school/setting to administer medicine

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

|  |  |
|--|--|
| Name of School/Setting                                   | <u>Abbots Ripton CE Primary School</u> |
| Date   | _____                                  |
| Child's Name   | _____                                  |
| Class  | _____                                  |
| Name and strength of medicine                            | _____                                  |
| Medical condition requiring medication                   | _____                                  |
| Expiry date  | _____                                  |
| How much to give<br>( i.e. dose to be given)             | _____                                  |
| When to be given   | _____                                  |
| Any other instructions                                   | _____                                  |
| Number of tablets/quantity to be given to school/setting | _____                                  |

#### **Note: Medicines must be the original container**

My child is/is not able to administer their medication for themselves e.g. they can administer their own asthma inhaler), under staff supervision. (Please delete)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:

Print Name:

\_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.





## Medicines held in school

| Date received | Name of child | Name of medicine held in school | Expiry date of medicine | Where to be kept | Start date of treatment | End date of treatment | Date returned to Parent |
|---------------|---------------|---------------------------------|-------------------------|------------------|-------------------------|-----------------------|-------------------------|
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### Medicines administered in school

| Date | Name | Medicine Administered | Amount given | Time given | Administered/Supervised by | Notes if required |
|------|------|-----------------------|--------------|------------|----------------------------|-------------------|
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**Ratification of Policy**

**Administration of Medicines Policy**

Presented to: .....committee

Policy ratified on:.....

**Signed by:**

Chair of Committee :.....

Chair of Governors:.....

Head teacher:.....