

St Andrew's CE Primary School



Administration of Medicine Policy

The Policy was agreed by Governors in:	December 2022
This Policy will be reviewed in	November 2024 or earlier if necessary.
The Policy is available for staff at:	Staff Shared Policies, Staff Room and the website
And for parents/carers at:	School Entrance and the website

Introduction

St Andrews' governing body, as much as reasonably possible, ensure that medical conditions are supported so our pupils can have full access to education, school trips and physical education. The governing body and school leadership team where applicable consult with health and social care professionals to ensure the needs of children are met.

Regular school attendance is vital for every child at St Andrews CE Primary School. The school does all that it can to maintain positive attendance for all pupils. Nevertheless, from time to time children will become ill and may require some time out of school to recover. However, children will be supported to attend school especially:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler. Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

Legality

The decision as to whether medication is appropriate to be administered to a pupil in school is the responsibility of the Headteacher, in conjunction with the parental / carer consent given. Medicines may only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

There is no legal duty for Teachers, Teaching Assistants, Welfare or Administration staff to administer medicines or to supervise a child taking it. It is not part of a teacher's professional duties; however they may, following discussion with the headteacher, volunteer to administer medication to the pupil. Administering medicine is purely a voluntary role. School / headteacher should be particularly cautious agreeing to administer medicines where:

- the timing is crucial to the health of the child;
- there are potentially serious consequences if medication or treatment is missed;
- a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines may not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs and must have the approval from the head teacher and or Deputy Head Teacher. **Under no circumstances must any medication be administered without parental consent.**

It is the responsibility of the Head Teacher, supported by the Deputy Head Teacher, to wherever possible ensure that the appropriate staff are fully trained when caring for a child. Training requirements may change as a child's needs change.

Long term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. St Andrews' may draw up an Individual Health Care Plan (IHCP) for such pupils, involving the parents and the relevant health professionals. **Children who return to school after long term illness must receive support from the school enabling them to be fully involved in school life. Staff training may be required to cater for individual needs.**

Children with disabilities

Some children with medical conditions may be disabled. Where this is the case, the governing body will, as much as reasonably possible, comply with its duty under the Equality Act 2010. Some pupils may also have special

educational needs (SEN) and may have a statement, or Education Health and Care (EHCP) plan which brings together health and social care needs, as well as Non-Prescription Medication as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

Health Care Plans.

It is the role of the Head Teacher, Deputy Head Teacher, Office Administrator and Class Teacher to ensure that an IHCP is put in place as stated in the Long Term Medical needs section of this policy.

It may include

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

An EHCP may be reviewed annually or if circumstances change.

Managing medicines on school premises

Medicines may only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Safety checklist:

- Has administering medicine training been undertaken for relevant staff members to be able to administer medicines safely?
- Is this the first dose? Staff must not administer the first dosage in case there is a reaction.
- Is any necessary protective clothing or equipment required / available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Details of this policy and procedures will be publicised widely and available from the school website.
- Will medication be stored in the same place and at a suitable temperature?

Specific instructions and training may be given to staff before they are required to assist with or administer medicines or medical procedures. This may include the identification of tasks that should not be undertaken.

Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Non-Prescription Medicine

It is St Andrews' Policy that non-prescription medication can be administered by the school in cases where parents/carers are unable to attend school to administer medicine. Parents/Carers must inform Staff whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. Parents or consenting relatives may come in to administer this medicine. Parent/Carers will be required to give written consent for any administering of medicine.

If a pupil suffers regularly from a professionally diagnosed acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff may notify the parents that their child has requested medication (if they have symptoms) and supervise the pupil taking the medication if the parents have agreed to it being taken.

Prescribed Medication

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this.

Such medicines may only be taken into schools where it would be detrimental to a child's health if it were not administered during the school day.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases when administering medicines that are prescribed or non-prescribed, the following **"8 Rights"** procedure checks must be followed:

1. Right Patient

- ✓ Check the name on the medication
- ✓ Use 2 identifiers. So a second person to check that it is the right patient.
- ✓ Ask patient to identify themselves

2. Right Medication

- ✓ Check the medication label
- ✓ Check the care plan or parent consent paperwork to confirm that it is the right medication for the patient

3. Right Dose

- ✓ Check the care plan or parent consent paperwork to confirm that the right dose is to be administered.

4. Right Route

- ✓ Check the care plan or parent consent paperwork for the appropriateness or intended route for medication to be taken. For example: orally, through injection, through a located port etc.

5. Right Time

- ✓ Check the frequency of the medication to make sure enough time has lapsed between doses
- ✓ Double check that you are giving the ordered dose at the correct time
- ✓ Confirm when the last dose was given

6. Right Documentation

- ✓ Record / document the administration **AFTER** giving the ordered medication using the agreed whole school system
- ✓ Record the date, medication given, dosage given, time given, who it was given by and who witnessed that the correct ordered medication was administered.

7. Right Reason

- ✓ Confirm the rationale for the ordered medication
- ✓ Revisit / review the reasons for long-term medication use with carers at the beginning of the school year and throughout where necessary.

8. Right Response

- ✓ Make sure that the drug administered led to the desired effect.
- ✓ Be sure to document your monitoring of the individual in the event of the administered medicine not leading to the desired effect.

All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away. If the medication must be kept refrigerated, proper arrangements should be implemented to ensure that it is both secure and available whenever required.

Under no circumstances should medicines be kept in first-aid boxes

Asthma-inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)

All inhalers to be kept in a class specific medical bag.

Keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler. Copies are kept in the school office, staff room and in each classroom. **This must be shared with visitors, supply staff or coaches on a need to know basis.**

Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.

Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.

Appropriate support and training for staff in the use of the emergency inhaler in line with this wider policy on supporting pupils with medical conditions.

Keep a record of use of the emergency inhaler as required and inform parents or carers that their child has used the emergency inhaler

Record keeping

Parents / Carers should provide details of medicines their child needs to take at school. A form should be filled in as a way of consent. This could be for long or short term administration. (Appendix 1)

School must keep records of all medicines administered.

Staff must complete and sign a record each time they give medicine to a child. (Appendix 2) The most common form to be used will be for children's use of an inhaler, therefore the form is to be found in the green inhaler folders found in each class.

Self-Management

It is important that as children get older, they are encouraged to take responsibility and manage their own medication. This is mostly relevant to asthma or hay fever sufferers; however some children may need a care plan and this will be put together as and when necessary.

Staff should be aware of the need for asthmatics to know where their inhalers are kept and use (or for staff to take appropriate action) when it is deemed necessary to do so. The size of the school means that if a sufferer is to be further than a minute away from their inhaler box, it must be taken with them.

Refusing medication

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 **immediately**. If necessary the school should call the emergency services (999).

Defibrillator

The school has a defibrillator and staff have been trained in its use. It is located in the KS2 corridor by the main office.

Offsite visits

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments should be conducted.

To the best of our ability a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled, for example travel sickness tablets)

Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan.

If restrictions apply, individual risk assessments should be conducted to ensure their inclusion.

Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (E.g. asthma-inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Unacceptable practice

Every effort is made at St Andrews' to ensure that children are cared for in line with this policy. Staff may use their discretion whenever and wherever possible and seek advice from a member of the SLT. Each case will be considered on its own merit, however it is generally not acceptable 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 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, sending them to the school office 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 may feel they have to give up work 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.
- fail to follow any of the guidance outlined in this policy.

Emergency situation

As part of general risk management processes, St Andrews' has arrangements in place for dealing with emergencies. Where a child has an Education Healthcare Plan, this may clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school may know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

First Aiders

St Andrews' has first aid trained staff and there will most likely be one available for any offsite visit or at the destination. This is always considered within the risk assessment for any offsite visit.

Accidental failure of the agreed procedures outlined in this policy

Should a member of St. Andrews' staff fail to administer any medication as required within this policy they will inform the parent/carer as soon as possible. However, the position should nor normally arise as any child requiring vital medication or treatment would not normally be in school.

Complaints

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

Appendix 1 – FORMS ARE AVAILABLE FROM THE SCHOOL OFFICE.

PERMISSION FOR SCHOOL TO ADMINISTER MEDICINES

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that authorised school staff can administer the medication.

DETAILS OF PUPIL

SURNAMEFORENAMES(s)

CLASSD.O.B.....

Condition or illness

MEDICATION

Name/Type of Medication (as described on the container)

For how long will your child take this medication

Date dispensed

FULL DIRECTIONS FOR USE:

Dosage and method

St Andrews' C.E. Primary

School Record of

Administration of

Medication

Pupil name.....

Year.....

Name of Medication.....

Expiry date.....

“8 Rights Flow Chart for Administering Medication”

Are 2 adults present to administer the medicine?



1. Have you got the **Right Patient**?



2. Have you got the **Right Medicine**?



3. Have you identified the **Right Dose**?



4. Have you identified the **Right Route**?



5. Is the medicine being taken at the **Right Time**?



6. Have you recorded the medicine administered on the **Right Documentation**?



7. Have you administered the medicine for the **Right Reasons**?



8. Has the medication administered led to the **Right Result**?

Process for developing Individual Health Care Plans

