# ADMINISTRATION OF MEDICINES POLICY

# Introduction

This policy statement must be considered in conjunction with the school’s health and safety policy and the policy on supporting pupils at school with medical needs. Administration of medicines is not considered to be first aid and a separate policy on first aid exists.

Schools are expected to develop policies on managing medicines, and to put in place effective management systems to support individual children with medical needs. At Pippins School we believe that positive responses to a child’s medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

All members of staff have a duty to maintain professional standards of care and to ensure that our pupils are safe. In response to the Equality Act 2010, we make reasonable adjustments for disabled school users, including those with medical needs, and we plan strategically to improve access over time. In response to the requirement to support pupils at school with medical conditions we also produce individual healthcare plans and make reasonable adjustments to enable pupils with medical needs to participate fully in all areas of school life including educational visits and sporting activities.

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. However, some support staff at Pippins School do have specific duties to provide medical assistance as part of their contract. In an emergency, swift action must be taken by any member of staff to assist any child. Teachers and school staff have a common law duty of care to act like any reasonably prudent parent. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

At Pippins School we believe that children should take responsibility to manage their own medicines if they are able to and, whenever possible, assume complete responsibility under parental guidance.

# Objectives and targets

The purpose of this policy, in conjunction with the policy on supporting pupils at school with medical conditions, is to put into place effective management systems and arrangements to support those children with medical needs in our school and to provide clear guidance for staff and parents/carers on the administration of medicines so that all children with a medical requirement can be cared for well while in the school.

# Action plan

At Pippins School non-prescribed medicines eg pain relief are never administered without first checking maximum dosages and when the previous dose was taken. The prior consent of parents is required if possible and they will, in any case, be informed. Aspirin is never given unless prescribed by a doctor.

Similarly no child will be given prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the

knowledge of the parents. In such cases, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

For any child who will need to have medicine administered at school on a regular basis, an individual healthcare plan (see appendix 8) will be drawn up in consultation with the school, parents/carers and health professionals. The healthcare plan will outline the child’s needs and the level of support required in school. It will be reviewed at least annually.

Under the Management of Health and Safety at Work Regulations 1999 covering the administration of medicines no child under 16 will be given medicines without their parent’s written consent so any parent wishing their child to have medication administered must complete the form ‘Parent request for school to administer medication’ (see appendix 1). The headteacher must agree in writing to the request by completing the form ‘Headteacher/head of setting agreement to administer medication’ (see appendix 2) before any administration of medication takes place.

All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Children may carry, and administer, their own medicines if they are considered able to do so and if the parent has completed the form ‘Request to self-administer medication’ (see appendix 4). If this is the case, then staff need only to supervise the action.

If a child refuses to take medicine, staff must not force them to do so, but should note this in the records along with the reasons for refusal and any action then taken by the staff member. Parents will be informed of the refusal as soon as possible on the same day. If a refusal to take medicines results in an emergency, the school’s emergency procedures should be followed – See ‘Contacting emergency services’ (appendix 7).

Pippins School holds salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil’s prescribed inhaler is not available (eg because it is broken, or empty).

Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. Occasionally though a pupil’s presence on the school site represents a serious risk to the health or safety of other pupils, or school staff, and the headteacher may send the pupil home that day after consultation with the parents. This is not an exclusion and may only be done for medical reasons.

## Roles and responsibilities: headteacher

The headteacher, in consultation with the governing board, staff, parents/carers, health professionals and the local authority (LA) – will decide how our school can assist a child with medical needs. The headteacher is responsible for:

* Reporting to the governors on an annual basis an analysis of the administration of medicines throughout the school over the year.
* Implementing the policy on a daily basis.
* Ensuring that the procedures are understood and implemented.
* Ensuring appropriate training is provided. Training for all staff will be offered on a range of medical needs, including any resultant learning needs as and when appropriate. Details of all training will be recorded on the ‘Staff training record – administration of medication’ (see appendix 6).
* Making sure that there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils’ health needs.
* Determining if medication is to be administered in school, and by whom, following consultation with staff.
* Ensuring that all members of staff are aware of the school’s planned emergency procedures in the event of medical needs.

If the circumstances require an intimate or invasive treatment then this will only take place at the discretion of the headteacher and governors, with written permission from the parents/carers and only under exceptional circumstances. The school’s intimate care policy will be followed in all circumstances. Two adults must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.

## Roles and responsibilities: school staff

* Staff, including supply staff, will be informed of any pupil’s medical needs where this is relevant, and of any changes to their needs as and when they might arise. All staff, parents and pupils will be informed of the designated person with responsibility for medical care.
* Any member of staff giving medicine to a pupil should check on each occasion:
* Name of pupil.
* Written instructions provided by the parents/carers or doctor.
* That the medication is labelled and provided in the original container as dispensed by a pharmacist and includes the instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container).
* Expiry date of the medication and of the request to administer it.
* That permission has been granted by the headteacher to administer medication to the child.
* That any needles and other sharps are placed in the sharps box for disposal.
* If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.
* Staff must complete and sign the form ‘School record of the administration of medication’ (see appendix 5) each time they give medicine to a child. School staff involved in the administration of medicines will receive training and advice from health professionals.
* School staff will undertake a risk assessment to ensure the safety of all participants in educational visits and to enable, as far as possible, all pupils to have access to all activities and areas of school life. No decision about a child with medical needs attending/not attending a school visit will be taken without prior consultation with parents/carers. The same will apply for residential visits and sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities, eg swimming, we may request the assistance of the parent/carer.

## Roles and responsibilities: parents/carers

At Pippins School we expect parents/carers to administer medication to their children at home if at all possible. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (eg crushing of tablets). A ‘Parent request for school to administer medication’ form must be completed (see appendix 1).

It is the responsibility of parents/carers to:

* Inform the school of their child’s medical needs.
* Provide any medication in a container clearly labelled with the following:
* The child’s name.
* Name of medicine.
* Dose and frequency of medication.
* Any special storage arrangements.
* Collect and dispose of any medications held in school at the end of each term.
* Ensure that medicines have NOT passed the expiry date.

At the start of each school year, parents/carers should give the following information about their child’s long-term medical needs. The information must be updated as and when required and at least annually.

* Details of pupil’s medical needs.
* Medication including any side effects.
* Allergies.
* Name of GP/consultants.
* Special requirements, eg dietary needs, pre-activity precautions.
* What to do and who to contact in an emergency.
* Cultural and religious views regarding medical care.

Written permission from parents/carers will be required for pupils to self-administer medicine(s). A ‘Request to self-administer medication’ form (see appendix 4) must be completed.

## Confidentiality

In compliance with the general data protection regulation (GDPR) Pippins School offers a privacy notice which explains to parents how the school may use and share confidential medical and other information which is held concerning their child. For pupils over the age of 13, there is a similar privacy notice available.

## Carrying and storage of medicines

For safety reasons, pupils are not allowed to carry medication unless agreed on an individual basis (see ‘Request for child to carry his/her own medication’ – appendix 3). All other medicines must be handed into the administration office on entry to the school premises where it will be kept locked in the administration office and logged onto the school’s file. Pupils must be made aware of where their medication will be stored. Teachers may store pupils’ inhalers, which must be labelled with the pupil’s name. Where children have been prescribed controlled drugs, staff must be made aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

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 always be readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.

# Monitoring and evaluation

The school will monitor and review the individual needs of pupils and administer medicines in order to meet the all-round needs of each child on an on-going basis. An annual report to governors of the administration of medicines throughout the school will be prepared, and analysed by the headteacher to monitor the efficacy of this policy and it will be evaluated in the light of its findings.

# APPENDIX 1

# PARENT REQUEST FOR SCHOOL TO

# ADMINISTER MEDICATION

School cannot give your child medicine unless you complete and sign this form **and** the headteacher has agreed that school staff can administer the medication.

# Personal details

|  |
| --- |
| Name of pupil: |
| Contact telephone number: |
| Condition or illness: |

# Medication

|  |
| --- |
| Name/type of medication: (as described on the container) |
| Special storage requirements: |
| Date dispensed: |
| How long will your child take this medication? |

# Full directions for use

|  |
| --- |
| Dosage: |
| Frequency/timing: |
| Method:  |
| Any particular problems with administration? |
| Side effects: |

# Parental declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date: Relationship to child:

# APPENDIX 2

# HEADTEACHER/HEAD OF SETTING

# AGREEMENT TO ADMINISTER MEDICATION

|  |  |
| --- | --- |
| Name of school |  |

|  |  |
| --- | --- |
| It is agreed that  | (name of child)  |
| will receive  | (quantity and name of medicine)  |
| every school day at  | (times medicine to be administered eg lunchtime or afternoon break) |

|  |  |
| --- | --- |
| Name of child: | Will be given/supervised while he/she takes their medication by:(member of staff) |
| This arrangement will continue until | (either end date of course of medicineor until instructed by parents/carers) |
| Date: |  |
| Signed: |  |

(Headteacher/named member of staff)

# APPENDIX 3

# REQUEST FOR CHILD TO CARRY HIS/HER

# OWN MEDICATION

This form must be completed by parents/carers. If more than one medicine is to be given, a separate form should be completed for each one.

## If staff have any concerns discuss this request with healthcare professionals

|  |  |
| --- | --- |
| Name of school/setting |  |
| Child’s name |  |
| Group/class/form |  |
| Address |  |
| Name of medicine |  |
| Procedures to be taken in an emergency |  |

# Contact information

|  |  |
| --- | --- |
| Name |  |
| Telephone numbers | homemobilework |
| Relationship to child |  |

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

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

# APPENDIX 4

# REQUEST TO SELF-ADMINISTER MEDICATION

The school will not give your child permission to self-administer unless you complete and sign this form (part 1) **and** the headteacher has agreed to self-administration (part 2). (Separate forms should be used for each medication required.)

# Part 1: To be completed by parent/carer

# Personal details

|  |
| --- |
| Name of pupil: |
| Contact telephone number: |
| Condition or illness: |

# Medication

|  |
| --- |
| Name/type of medication:(as described on the container) |
| Special storage requirements: |
| Date dispensed: |
| For how long will your child administer this medication? |

# Full directions for use

|  |
| --- |
| Dosage: |
| Frequency/timing: |
| Method: |
| Any particular problems with administration? |
| Side effects: |

# Parental declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:

# Part 2: To be completed by headteacher

# HEADTEACHER/HEAD OF SETTING

# AGREEMENT FOR PUPIL TO HOLD AND SELF-

# ADMINISTER MEDICATION

Having taken into consideration any risk and insurance implications Pippins School agrees to allow …………………………… (name of child) to carry and self-administer their named medication.

Name of headteacher (please print) ...…………………………………………

Signature of headteacher ………………………...….

Date…………………...

# APPENDIX 5

# SCHOOL RECORD OF THE ADMINISTRATION

# OF MEDICATION

|  |
| --- |
| Name of pupil and class: |
| Name and strength of medication: |
| Date medication provided by parent/carer: |
| Quantity received: |
| Dosage and frequency: |
| Expiry date: |
| Quantity returned: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date and time of administration (or refusal) | Administrator | Alteration to medication (if any) | Side effects (if any) | Signature (of staff member or pupil if self-administering) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# APPENDIX 6

# STAFF TRAINING RECORD –

# ADMINISTRATION OF MEDICATION

|  |  |
| --- | --- |
| Name of school/setting |  |
| Name of staff member |  |
| Type of training received |  |
| Date training completed |  |
| Name of training provider |  |
| Profession and title of provider |  |

I confirm that the above named member of staff has received the training detailed, and is competent to carry out any necessary treatment. I recommend that the training is updated state interval or date.

|  |  |
| --- | --- |
| Trainer’s signature: |  |
| Date: |  |

## I confirm that I have received the training detailed above

|  |  |
| --- | --- |
| Staff signature: |  |
| Date: |  |
| Suggested review date: |  |

# APPENDIX 7

# CONTACTING AMBULANCE SERVICES

(School to pre-load this form, as far as possible, with all relevant information.)

|  |
| --- |
| Request for an ambulance: dial 999, ask for ambulance and be ready with the following information: |
| School’s telephone number |  |
| School location  |  |
| School postcode  |  |
| Give the exact location in the school/setting |  |
| Give your name |  |
| Give name of child/adult and a brief description of their symptoms |  |
| Inform ambulance control of the best entrance and state where the crew will be met and taken to |  |
| Date and time of call |  |

**Speak clearly and slowly and be ready to repeat information if asked**

**Put a completed copy of this form by the telephone**

# APPENDIX 8

# INDIVIDUAL HEALTHCARE PLAN

|  |  |
| --- | --- |
| Name of school |  |
| Child’s name |  |
| Group/class/form |  |
| Date of birth |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |
| Review date |  |

# Family contact information

|  |  |
| --- | --- |
| Name |  |
| Phone numbers | work |
|  | home |
|  | mobile |
| Email address |  |
| Name |  |
| Phone numbers | work |
|   | home |
|   | mobile |
| Email address |  |

# Clinic/hospital contact

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| GP |  |
| Name |  |
| Phone number |  |
| Email address |  |

|  |  |
| --- | --- |
| Person responsible for providing support in school |  |

# Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

|  |
| --- |
|  |

# Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

|  |
| --- |
|  |

# Daily care requirements (eg before sport/at lunchtime)

|  |
| --- |
|  |

# Specific support for the pupil’s educational, social and emotional needs

|  |
| --- |
|  |

# Arrangements for school visits/trips etc

|  |
| --- |
|  |

# Any other information

|  |
| --- |
|  |

# Describe what constitutes an emergency for the child, and the action to take if this occurs

|  |
| --- |
|  |

# Who is responsible in an emergency (state if different for off-site activities)?

|  |
| --- |
|  |

# Plan developed with

|  |
| --- |
|  |

# Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |

# Form copied to

|  |
| --- |
|  |

# Parental agreement

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of insert child’s name ………………………………………………….

Signed ………………………………………………… Date / /

Parent or Guardian (or pupil if above age of legal capacity)