

Administration of Medicines

September 2016



Relevant Staff

EY Manager: Maria Testa (Nursery), Jessica Harris (EY Lead)

First Aid Lead: Sarah Billing (Kay Heap)

KEY FACTS:

- ✦ **This policy applies to all children in our care, in school or offsite and including early years**
- ✦ **This school welcomes and supports pupils with medical conditions and makes sure that staff understand their duty to safeguard and promote their welfare**
- ✦ **Administration of medication requires effective, regular communication between parents and school staff**
- ✦ **Written permission is required for administration of all medicines, as well as consent to emergency medical treatment and medical advice**
- ✦ **Individual Healthcare Plans will be provided by the school in close liaison with parents for long term and complex health needs.**
- ✦ **Medicines are stored in specific secure locations at school, and administration of all medication is recorded.**

1 Aims

- 1.1. Our aim is to implement and maintain an effective management system for the administration of medicines to all pupils in our care as well as to ensure that we provide support to individual pupils with medical needs.
- 1.2. The purpose of the document is to provide an outline of how staff manage medication in school and to put in place effective systems to support individual children.
- 1.3. We wish to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.4. Staff asked to give children medication to help keep children safe and healthy, and the measures taken must not discriminate against children with long term health conditions or who otherwise need medication. Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act/Equality Act 2010. School makes reasonable adjustments for disabled children including those with medical needs, covering all aspects of school life such as school trips and visits, clubs and all activities. For pupils with special educational needs and/or disabilities, this policy should be read in conjunction with the SEND Code of Practice to ensure compliance.
- 1.5. The school Health and Safety Policy (Health and Safety at Work Act 1974) incorporates arrangements for managing the administration of medicines and supporting children with complex medical needs. Appropriate risk assessments will need to be undertaken and should be included in the school's health and safety procedures.
- 1.6. As part of our duty to safeguard and promote the welfare of children, children and young people with medical conditions are entitled to fulltime education and they have the same rights of admission to school as other children. We ensure that plans, policies, procedures and systems are properly and effectively implemented in alignment with our safeguarding duties.

2 Applicability

- 2.1. This policy applies to all pupils including those in the early years (EYFS). This policy meets the legal requirements set out in the *Statutory Framework for the Early Years Foundation Stage (2014 set out on page 25: 3.44, 3.45, 3.46)*.
- 2.2. This policy is addressed to all staff and covers the administration by staff of medication to children in the care of the school. This policy should be read in conjunction with the First Aid Policy, and in conjunction with procedures discussed with parent/carer(s) for managing children who are ill or infectious. We must take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.
- 2.3. This policy has been written to ensure that we promote the good health of all the children in our care. We are responsible for obtaining information about a child's needs for medicines, and for keeping this up-to-date. To this end, we will regularly review medication permission forms to ensure that there are no changes. For example, a child may no longer need, or be able to, take some medication or may need an additional form. Even though an early years parent/carer may have signed a form, we will still contact them by telephone to check that we can still administer the medication. This is to protect the child, parent(s)/carer(s) and the school.
- 2.4. Our policy applies to each and every medicine that a parent wants us to give during the school day, on school visits and residential visits. We ensure that the permission we obtain from parents applies from the start of any course of medication and during the entire course of treatment. Written parental consent will always be obtained prior to any course of medication.
- 2.5. Parents should keep their child at home if acutely unwell or infectious.
- 2.6. We provide a medical room as appropriate accommodation which is readily available for use for medical examination and treatment, as well as for the care of sick or injured pupils. This must contain a washing facility and be reasonably near a toilet, and not used for teaching purposes.
- 2.7. This policy document includes our systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date as follows:
 - SIMS Data Collection Sheets printed out and sent home at the start of each academic year (first week of Autumn Term)
 - Parents check all details, note any changes – this includes **medical information** - Class teacher to collect data sheets by end second week of Autumn term
 - School Secretary to update records and pass any change in medical information to First Aid Lead
 - First Aid Lead to provide each class teacher / key persons with a list of medical needs for children in their care
 - September 2016 introduce Asthma UK **My Asthma Plan** – find at following web link <https://www.asthma.org.uk/globalassets/health-advice/child-asthma-action-plan.pdf> (see at end of this policy) for all children to complete with parents (for use at home and to share with school). This plan should be returned to class teacher with relevant inhalers as soon as possible in September
 - Independent Health Care Plan (IHCP) reviewed with parents at the start of each academic year, reviewed more often (termly) if required

3 Liaising with Parents

- 3.1. We promote ongoing communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.
- 3.2. We expect parent/carer(s) to inform us at admission and registration of any known medical needs, to supply the medicine and ensure that it is in date; replacing any supply as necessary at the request of the school.
- 3.3. Parents must inform us if their child develops a medical condition which will require either any medication to be taken at school, and of any changes to the medication required. Only one parent (person with parental responsibility under the Children Act) is required to agree to, or request, that medicines are administered by staff at school.
- 3.4. We ask parent/carer(s) to make sure that only essential medication is taken at school; that is, where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home before, and after, attending school.
- 3.5. We will not administer any medication to a pupil without obtaining prior written permission on a consent form from parent/carer(s). This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment, or from seeking advice or treatment in confidence.
- 3.6. It is the parent's responsibility to renew any medication and ensure that it is not out of date.
- 3.7. In some cases, for example where a very young child is on antibiotics, parent(s)/carer(s) may be asked not to allow them to attend school for 2-3 days in case they react adversely to the medication and/or in circumstances where the school consider it is necessary to prevent the spread of infection to others. This particularly applies if the child has not had the antibiotics before.
- 3.8. In the early years, the key person is responsible for the correct administration of medication to children for whom they are responsible. This includes ensuring that the parent/carer(s) completes the consent form, medicines are stored correctly and records are kept in accordance with procedures. In the absence of the key person, another nominated member of staff will be responsible for the oversight of medication. It is the duty of the early years manager to ensure that these procedures are adhered to at all times.

4 Individual Healthcare Plans

- 4.1. Where a pupil has long-term or complex health needs, the First Aid Coordinator will liaise with the parents to produce an Individual Health Care Plan (IHCP) for that pupil. The IHCP is a confidential document which outlines the procedures staff follow in the event of an emergency.
- 4.2. The IHCP will be implemented and reviewed annually by the parents. The parents will be responsible for communication of any changes to the IHCP through the First Aid Co-ordinator. The Plan for children with medical needs is only completed for children who have serious medical conditions such as diabetes, epilepsy, severe allergies and asthma, and who may need emergency medication.
- 4.3. Once the IHCP is implemented, the First Aid Coordinator will be responsible for making sure the plan is adhered to and that an annual review is undertaken with parent/carer(s). Pupils should be actively involved in this process so they can contribute as much as possible to the development of their healthcare plan and as such be well-informed about taking good care of their own welfare.

5 Training

- 5.1. We ensure that there are members of staff who are appropriately trained to manage medicine in line with the school's curriculum. These are as follows:

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- 5.2. The First Aid Coordinator is responsible for the administration of medicine in school. They will provide guidance in line with the administration of medicine on school trips, which will be stored in first aid kits taken on a school visit.
- 5.3. Where it is identified that the administration of prescription medication to a pupil requires technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be undertaken by appropriate staff from a qualified health professional. For example, the use of an EpiPen.
- 5.4. School will maintain a record of all training undertaken when it is required to administer a particular type of medicine or in dealing with emergencies. Where further advice is needed, the school will contact a school nurse, health visitor or specialist voluntary bodies who are available for advice, support and training, including any specifically requested by parent/carer(s).

6 Medical Records & Consent

- 6.1. Parents of all pupils at our school, including early years pupils, are required to complete a permission form before the pupil starts, in which parents' consent to emergency medical treatment or medical advice from the appropriately qualified professionals such as the GP or Accident and Emergency staff/emergency paramedics. School staff are not qualified to provide emergency medical treatment or medical advice and should not do so.
- 6.2. Parents of pupils who require medication prescribed by a doctor must discuss this with the First Aid Coordinator and complete the Consent for Prescribed Medicines Form, available from the First Aid Coordinator, prior to the administration of the medication.
- 6.3. If a parent or carer wants us to give their child medicine, we always obtain written permission and clear instructions showing the dose, expected time for administration and how often it is given. The dose given must always be consistent with the written instructions from the doctor/medical professional. Any inconsistency with the original packaging will be verified by the parents in writing in advance.
- 6.4. Staff administering medicines **will always** sign the individual treatment sheet **each time** a medicine is administered. These records are separate from NHS records and contain the name of the pupil, the date and details of the administration of medication as well as the reason for administration. The record will be signed by the administering member of staff. An additional member of staff is always present as a witness to the administration of medicine and should also sign the medication record form. The responsibility is therefore shared. Written records of all medication administered to every pupil are retained by the First Aid Coordinator and relevant records can be provided, subject always to Data Protection law, to parents on request. These records are regularly reviewed by the First Aid Coordinator. School must keep a written record each time a medicine is administered to a child, and inform the child's parent/carer(s) on the same day, or as soon as is reasonably practicable.
- 6.5. The medication record form states the following:

- Name of child
- Name and strength of medicine
- Date and time of dose
- Dose given and method
- Signature of staff member/key person who administered, and witness
- Signature and date from parent/carer(s) (later on the day of administration).

- 6.6. Under the Data Protection Act, medical documents are deemed sensitive information. Any information in a healthcare plan and/or related information needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure at all times. Plans must not be displayed in a public place such as the staff room or on notice boards because of the sensitive information they contain; unless there is a clear, justifiable reason to do so and the parent/carer has also given their explicit written consent for this to happen. Where appropriate, pupils should also be consulted.
- 6.7. All early years settings must keep written records of all medicines administered to children for two years. The recommended statutory retention for school records is the date of birth of the child taking medicine plus 25 years. This allows for records to be kept as evidence for litigation.

7 Prescription & Non-Prescription Medication

- 7.1. Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) for the pupil named on the medication in line with the stated dose.
- 7.2. Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. Where medication is administered, parents should be informed.
- 7.3. In Early Years medicines must not usually be administered unless they have been prescribed for a child by a doctor/dentist/nurse/pharmacist.
- 7.4. Over-the-counter medicines recommended or prescribed by a pharmacist, or in the case of some controlled drugs by a specially qualified nurse, may be administered.
- 7.5. Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for a named pupil.
- 7.6. We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.
- 7.7. Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible.
- 7.8. Methylphenidate (e.g. Ritalin) is sometimes prescribed for Attention Deficit Hyperactivity Disorder (ADHD) but its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations. It must be stored in a locked, non-portable container to which only named staff have access and a record of administration must be kept. Unused Methylphenidate must be sent home via an adult and a record kept.

8 Administration of Medicine

- 8.1. All medicines supplied to the School by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils.
- 8.2. If our staff are in any doubt over the procedure to be followed, the parent/carer(s) will be contacted before action is taken.
- 8.3. Medication should be returned to the parent/carer(s) when the course is complete, labels become detached or unreadable, instructions are changed, or the expiry date has been reached. A record of this should be kept in the child's file.

9 Refusing Medication

- 9.1. If a pupil refuses their medication, staff will record this and contact the parents as soon as possible.
- 9.2. If a child refuses to take medicine, staff will not force them to do so, but should note this in the records and follow agreed procedures. The procedures may be set out in the individual child's healthcare plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, then we will not delay in calling the emergency services.
- 9.3. We reserve the right to remove any pupil who refuses to take prescribed medication, if it is likely to pose a risk to the pupil or to others.
- 9.4. If a child has an anaphylactic condition, they must have immediate access to an EpiPen. Refusal to carry an EpiPen will be considered to be a refusal of medicines.

10 Storage of Medication

- 10.1. Medicines are always securely stored in accordance with individual product instructions.
- 10.2. We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 10.3. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 10.4. Emergency medication - one reliever inhaler and/or adrenaline (epinephrine Auto-Injector) pen will be kept on the pupil's person at all times, with a duplicate in the medical room in a clearly marked box. Pens suitable for day use only must be clearly marked as such by the parent before they come into school.
- 10.5. If a pupil is prescribed a controlled drug (e.g. Ritalin), it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication.
- 10.6. Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. We will not keep a stock of our own medicines in school.
- 10.7. We will keep medicines securely and locked and only named staff will have access, apart from EpiPens and Asthma pumps, which need to be with or near pupils who need them.

11 Self-Medication

- 11.1. In special circumstances, it may be necessary for the pupil to carry and administer prescribed medication. The First Aid Coordinator will hold written consent from the parents

12 Emergency Procedures

- 12.1. In the event of an emergency related to the administration of medicine, the First Aid Coordinator should be called as soon as possible, if not already present. If the First Aid Coordinator does not consider s/he is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided while another person summons emergency medical care.
- 12.2. Children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.
- 12.3. Staff should always dial for the emergency services in the event of a serious medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with the ambulance services on our school site.
- 12.4. Staff should never take a child to hospital in their own car. It is always safer to call an ambulance. A member of staff must always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. There must be no delay while waiting for a parent to arrive before staff take the child to hospital in an ambulance. Emergency services is rung before the parent, because parents have signed the prior consent form giving the school clear authority to seek emergency medical treatment and medical advice. School staff should take the child's contact details with them to the hospital.

13 Off-Site Visits & Sporting Events

- 13.1. If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to assist with or administer the medication in accordance with this Policy.
- 13.2. All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled. Pupils must ensure that attending staff are aware they will self-medicate with such items.
- 13.3. Secure storage for medicines will be available at all short-term accommodation used by the school.
- 13.4. Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child's name and photo for easy identification, and the name of the medication. Inside the box/bag is a copy of the signed consent form and a proforma to record when it has been given accordingly. On return to school, this proforma will be stapled to the medication record form for the parent to sign.
- 13.5. If any emergency medical treatment is given such as attendance at hospital, then the box/bag will travel with the child.

14 Complaints

- 14.1. The school's complaints procedure sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should any parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issues, they may make a formal complaint via the school's complaints procedure. For further details, please see the school's separate written complaints procedure.

15 Review

- 15.1. This Policy and its procedures will be reviewed and updated on an annual basis.
- 15.2. Supervision is used to support staff in administering medication to children, is included in induction training for all Early Years staff, and reviewed when any new type of medication is introduced.
- 15.3. This policy and procedure will be automatically reviewed in the event of any incident or related complaint in school.

Administration of Medication

Ownership and consultation	
Document sponsor (role)	Director of Education
Document author (name)	Melissa Jones, UK Health & Safety Manager

Compliance	
Compliance with	ISSR England, ISSR Wales, BSO, Keeping Children Safe in Education, Statutory Framework for EYFS 2014, Complaints Procedure, Safeguarding and Child Protection Policy, Health and safety policy, Special Educational Needs and Disability, First Aid, Prevention of Infection and Communicable Diseases, Data Protection, Accident and Incident Recording and Reporting, Learning Outside the Classroom, Whistleblowing.

Audience	
Audience	Heads, DSLs, First Aid Coordinators

Document application	
England	Yes
Wales	Yes
Spain	Yes

Version control	
Implementation date	October 2016
Review date	May 2017