



Inspire Partnership Academy Trust

Administering Medicine in School Policy

DATE APPROVED BY CEO:

Administration of Medicine Policy

- **Introduction**

This policy has been prepared in response to the DfE Guidelines '[Supporting Pupils at school with Medical Conditions](#)' (September 2014).

Schools have a duty, under [the Children and Families Act 2014](#), to support children to access education fully, including school trips and physical education.

Foxfield Primary School will administer medicine in school where the Headteacher considers it appropriate, e.g., finishing a course of antibiotics or long-term medical conditions such as asthma. The prime consideration will be the welfare together with the continuity of education for the child.

Where a child is unwell or has an infection, which may be passed to others they should be kept at home until recovered. If a child requires medication they should be kept at home until the course of treatment is completed. However, subject to the health and safety of the school community, it may be possible for a child, who is almost fully recovered and simply needs to complete a course of medication or antibiotics, to return to school, after discussion with the school.

- **Useful Definitions**

A **prescription medicine**, also known as prescription-only-medicines (POM) is a pharmaceutical drug that legally requires a medical prescription to be dispensed and supplied to a patient.

A **non-prescription medicine**, also known as an over-the-counter (OTC) medicine, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications).

- **Prescription medicines**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Staff members administer medicines voluntarily and are able to refuse to administer medication if any concerns arise.

It would be helpful, where clinically possible, if medication can be prescribed in a dose frequency which enables it to be taken outside of school hours. For instance, if a medication is prescribed three times a day, then this may be taken in the morning, after school hours and at bedtime. Should the medication be prescribed four times a day, or more, the Headteacher will give prior permission of the school hours' administration by a member of the First Aid trained team in cases where the parent is unable to come to give themselves.

It remains the responsibility of the parent or carer to inform the school of any changes to the child's condition. If it is not possible for school staff to administer medication, then permission may be given for parents or carers to come into the school to administer these themselves.

No child under 16 should be given prescription or non-prescription medicines without their parents'/carers' 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 should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Whether the child has long or short-term medical needs, the procedure for managing medication at school is the same.

Medication, e.g., for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed at the end of the school day with the written record of the medicine administered in school.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g., on school trips.

When no longer required, medicines will be returned to the parent to arrange safe disposal.

- **Non-Prescription medicines**

In order to reduce accessibility for urgent medical conditions and to reduce using GP appointments for the sole purpose of acquiring a prescription, the administration of non-prescription medicines will be administered in exceptional circumstances at the discretion of the Headteacher, or the Headteacher in their absence.

The Medicines & Healthcare products Regulatory Agency (MHRA) classifies non-prescription medicines as OTC because they are considered safe and appropriate to be used without a prescription when they are recommended by your pharmacy. The school will consider administering these medications on a case by case basis in discussion with the Headteacher. Clear instructions would need to be in place, alongside a completed **Administering Medication Form** which is available from the school office. Where possible, it will be asked that a parent come into school to administer the medication to the child. The following OTC medications would be considered:

- Pain relief that has not been prescribed by a doctor, e.g. paracetamol or ibuprofen would be considered by the Headteacher for circumstances such as a broken limb, following an operation, or post-dental extraction.
- Hay Fever medicines

- Chloramphenicol eye drops for over the age of 2 years of age for conjunctivitis

No child should carry his or her medication during school hours. The school will also always ensure immediate access to emergency medication

Staff will not be able to administer the following:

- Aspirin will not be administered in school unless specifically prescribed.
- Injections; any 'timed' medication or specialist treatment which would result in serious consequences to a pupil if staff were to forget or be unable to administer the dose at a precise time of day.
- Packets of medicated throat sweets are unsuitable for pupils to have at school as we are unable to monitor if these are being eaten at the correct time intervals.

- **Managing medicines**

Prescription medicines will only be administered at school and the school will follow the procedures set out in this Administering Medication Policy. Parents/carers will need to complete the parental agreement to administer medication ([Appendix 3](#)) before staff will administer medication.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as methylphenidate (type of ADHD medication).

A pupil who has been prescribed a controlled drug will not have it in their possession. Controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept ([Appendix 4](#)).

- **Record Keeping**

Medicines coming into school **MUST** be brought to the School Office and handed to a member of office staff. On handing over the medicine, parents must complete the relevant medicine form, Parental Agreement for Administering Medicine (**Appendix A**) This includes information about the best time of day the medicine should be administered. Completion of the form may not be necessary if parents are delivering further medication for a current condition.

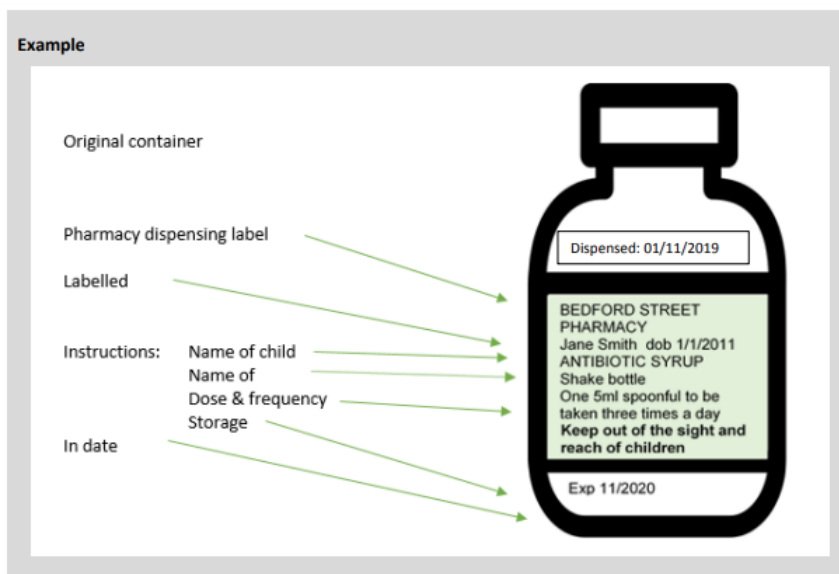
The following information must be completed by the parent or carer:

- The name and date of birth of the child.
- The name and address of the parent or carer and contact telephone number.
- The name, address and contact number of the child's GP.
- The name of the medication.
- The dosage.
- Expiry date of the medication.

- Storage details.
- Date and time last dose given.
- Consent by the parent or carer for the member of staff to administer the medication.

The parent/carer must also complete the top half of the Record of Medicine Administered to an Individual Child (**Appendix B**). The bottom half of this sheet will be completed by the member of staff administering the dose each time and reviewed by the parent/carer at the end of each day.

Parents are responsible for collection of their child's medicine from a member of school staff at the end of each school day, unless otherwise arranged with the school and/or in a Individual Healthcare Plan (IHP).



- Medication should only be administered from its original container. (The only exception to this is Insulin which must still be in date but will usually be in an Insulin pen or pump, rather than its original container.)
- It should be clearly and properly labelled.
- It should be in date.
- It should also indicate whether the medication is on-going or has a finish date.
- Possible side effects should be listed, or the manufacturer's information leaflet usually supplied with the medication should be available.
- The storage of medications should comply with the manufacturer's instructions and COSHH regulations.
- Some emergency medications such as epi-pens (epinephrine) and asthma inhalers should not be locked away, but kept safe and where they can be accessed quickly.
- Other medications should be kept in a safe, secure place, out of the reach of children.
- Appropriate arrangements must be made for medication requiring refrigeration. These medications should not be placed in a refrigerator that is used for food or other items.
- A sharps container should be provided, and adequate arrangements made for the appropriate disposal of needles and body fluids, such as blood etc.

- **Long-term or complex medical needs:**

Where a child has long term medical needs, an Individual Healthcare Plan (IHP) must be written with the assistance of the school nurse, parents, carers and/or other outside agencies. Please refer to the **Supporting Pupils with Medical Conditions Policy**. The IHP should be reviewed on a regular basis, and it is the parents or carers responsibility to inform the school of any changes which may require alteration of the IHP.

Pupils who need to take long-term medication, for example inhalers to relieve asthma, will be supervised by staff provided the parent has completed the **Administering Medication Form** to request this. Medication for other medical conditions may be administered by school staff after discussion with parents. Advice may need to be sought from outside agencies for some conditions where, for example, there are staff training needs e.g. use of an EpiPen for pupils who have severe allergies.

- **Parents and carers responsibilities:**

In most cases parents and carers should administer medication to their children out of school hours.

Where this is not possible and medication is required during school hours, then permission may be given for them to come into school to administer these themselves.

Parents and carers must complete the parental agreement form before any medication can be administered by school staff. Parents and carers must ensure that the school is accurately advised about the medication, its usage and administration.

Parents and carers are responsible for ensuring that all medication or medical equipment kept at school e.g. asthma pumps, epi-pens etc are kept up to date. The correct measuring spoon/pot should be included with all liquid medications sent into the school.

Parents and carers are responsible for notifying the school of any change in medication, or condition of their child's medical needs.

- **Responsibilities of school staff:**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.

School staff who administer medication to a child should not do so without a signed parental consent form. This form should be retained in the school, and a copy given to the parents or carers if requested.

If a child requires intimate care, then two members of staff must be in attendance. No intimate care should be undertaken alone by a member of staff.

It is essential for a member of staff who has agreed to administer medication to:

- i. Wash their hands
- ii. Ensure a drink is available, if required.
- iii. Check the label on the medication.
- iv. Check they are about to administer the correct medication to the correct child.
- v. Check the dose and route of administration
- vi. Check the start and finish date.
- vii. Check for any special instructions.
- viii. Ensure the medicines record book is signed by the member of staff who personally administered the medication and, if necessary, is also signed by the member of staff who acted as witness to the medication being given.

If there is any doubt about a medication or procedure, then staff should not administer but seek advice from parents or health professionals.

- **Refusing Medication**

If a child refuses their medication, they must not be forced to take it and parents or carers will be informed as soon as possible. A note will be made in the record of administration and a note made that parents have been informed.

- **School visits and residential visits:**

When organising school visits, the school will need to consider taking additional precautions, such as the presence of staff who are able to administer medications, or the inclusion of parents or carers of children requiring medication.

For residential visits, there should be a named person who has the responsibility for the administration of medications and care of the children, as above. Parents or carers may be asked to meet beforehand with school staff to ensure they are adequately informed and aware of all medical requirements. All necessary documentation should be completed by parents or carers before commencement of the visit.

- **Missed medication or medication given in error:**

Occasionally mistakes may happen and the procedures outlined in this policy ensure that these are rare. However, if this occurs, then the parent or carer should be informed as soon as it has been discovered. In the case of a missed dose, it may be possible to give it at a later time.

Where a medication has been given in error it is important the parents or carers be informed and the nature of the error be explained to them. The child should be monitored for any reactions or side effects and medical advice should be sought promptly.

- **Confidentiality**

Any details of a child's medical needs will form part of their school record and kept in their files and as part of the School Information Management System. Long term medical needs may also form part of Special Needs information which is kept in their SEND file, in a locked cupboard in the Inclusion Manager's Office.

Key medical information will be shared with relevant staff members, as needed, i.e. class teachers, support staff, MMS – following parental consent.

• **Appendix A: Parental Agreement for Administering Medicine**

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

| | | |
|----------------|-------|--|
| Name of school | | |
| Name of child | | |
| Class | Year: | |
| | Reg: | |
| Date of birth | | |

| Medical condition or diagnosis | Summary | Notes |
|--------------------------------|---------|-------|
| | | |

| Medicine | |
|---|--|
| Name/type of medicine (as described on the container) | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

| Family Contact Information | |
|--|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| <i>I understand that I must deliver the medicine personally to</i> | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I

will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

• **Appendix B: Record of Medicine Administered to an Individual Child**

| | |
|----------------------------------|-----------------------------|
| Name of school | |
| Child's name | |
| Date medicine provided by parent | |
| Class | Year: Reg: |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature

Signature of parent

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | | | |
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| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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