

BLACK HORSE HILL INFANT SCHOOL



ADMINISTRATION OF MEDICINES POLICY

21st October 2020

Approved by Committee _____

19th November 2020

Approved by Full Governing Body _____

A Cowan

Signed _____ (Chair)

J Morris

Signed _____ (Headteacher)

Introduction

Black Horse Hill infant School is committed to reducing the barriers for its pupils in taking a full and active part in school life. This policy sets out the steps which the school takes to ensure full access to learning for all its children who have medical needs and are able to attend school.

(All paragraph numbers listed below refer to the DfE publication 'Supporting pupils at School with Medical Conditions' 16 August 2017)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

1. Managing prescription medicines which need to be taken during the school day

Parents/carers should provide full written information about their child's medical needs.

Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. (Paragraph 37)

Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include 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.

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

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects

Expiry date (Paragraph 51)

Non-prescription medicines (over the counter medicines) can be administered following written permission by the child's parent. GPs or other appropriate prescriber ie nurse should not be required to write to confirm that it is appropriate to administer over the counter medicines – parents can provide this consent. However the school will only administer non-prescription medicines in exceptional circumstances. If there are a significant number of children needing medicine this has an impact upon teaching and learning and staffing.

Therefore school will usually only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Parents/carers are informed of this policy when they join the school.

Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

The school will refer to the DfE guidance document and advice form Wirral Clinical Commissioning group when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

The school will consider that reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This includes carrying out all necessary risk assessments. (Paragraph 56)

If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. (DfE guidance on planning educational visits). (Paragraph 58)

The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE will be recorded on their Health Care Plan. (Paragraph 60)

Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff will be aware of any specific medical requirements of the children in their care. Inhalers are kept in the child's classroom in the red grab bags. (Paragraph 61)

The school co-operates with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs. (Paragraph 64)

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitable supportive environment for children with medical needs.

It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

Whenever possible, the school will designate a minimum of two people to be responsible for the administering of medicine to a child.

Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific prior written permission from the parents/carers. Where the Headteacher agrees to administer a non-prescribed medicine it **must** be in accordance with the policy.

National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school will inform parents/carers of this policy. (Paragraph 35)

Any controlled drugs which have been prescribed for a child are kept in a fixed locked cupboard in the Medical Room, except where pupils manage their own medication or where the medicine has to be kept in the fridge (antibiotics). The fridge will be in a place where children do not have access (staffroom).

If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed. (Paragraph 49)

If in doubt about a procedure, staff should not administer the medicine, but check with the parents/carers or a health professional before taking further action.

4. Parental responsibilities in respect of their child's medical needs

It is the parents'/carers' responsibility to provide the headteacher with sufficient written information about their child's medical needs if treatment or special care is needed.

Parents/carers are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

It is the parents'/carers' responsibility to keep their children at home when they are acutely unwell. (Paragraph 83)

It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely this will be the parent/carer with whom the school has day-to-day contact.

Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See Form 3B).

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

The school will agree with parents/carers how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. (Paragraph 119)

The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility. (Paragraph 120)

In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

Headteacher

Parent or carer

Child (if appropriate)

Class Teacher

Teaching Assistant

Staff who are trained to administer medicines

Staff who are trained in emergency procedures (Paragraph 122)

The school will consult the DfE publication 'Managing Medicines in Schools and Early Years Settings' when dealing with the needs of children with the following common conditions;

Asthma
Epilepsy
Diabetes
Anaphylaxis (Paragraphs 131 – 193)

Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Two adults must be present for such treatment. The dignity of the child must be protected as far as possible.

6. Off-site Education

The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during breaks and lunch hours. (Paragraph 127)

Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers. (Paragraph 128)

7. Children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. (Paragraph 45)

There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. (Paragraph 46)

Where pupils have been prescribed controlled drugs, these are kept securely in the Medical Room. Pupils could access them for self-medication if it was agreed that this was appropriate. (Paragraph 48)

8. Staff support and training in dealing with medical needs

The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines,

and what to do if they occur. The type of training necessary will depend on the individual case.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher will agree when and how such training takes place. She will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. (Paragraph 83)

Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention. The child's parents/carers and health professional should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

9. Record keeping

Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. (Paragraph 50)

The school will use Form 3B to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. Form 6 will be used to keep a record of all medicines administered to children requiring regular medication in school and Form 6B will be used to keep a record of all medicines administered to all other children. Completed forms are kept in the medical room.

The school will use Form 3B to record long-term administration of medication. This will be used to support a child's Health Care Plan. Consent forms should be provided by the consenting parent/carer. Staff should check that any details

provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

It is the parent/carer's responsibility, not the schools', to monitor when further supplies of medication are needed in the school.

Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. (Paragraph 55)

10. Safe storage of medicines

The school will only store, supervise and administer medicines that have been prescribed for an individual child.

Medicines will be stored strictly in accordance with the product instructions – paying particular note to temperature and in the original container in which dispensed.

Staff and parents/carers will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

Where a child needs two or more prescribed medicines, each will be in a separate container.

Non-healthcare staff will never transfer medicines from their original containers. (Paragraph 107)

Children will be informed where their own medicines are stored and which members of staff know how to access them (the Medical Room cupboard is secured by a key which is kept out of the reach of children).

All emergency medicines, such as asthma inhalers are kept easily available in the child's classroom. Adrenaline pens, are readily available but in a secure place (Medical Room).

Other non-emergency medicines are kept in a secure place not accessible to children. (Paragraph 108)

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled. (Paragraph 109)

Access to Medicines – Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and are only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines. (Paragraph 111)

11. Disposal of Medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

All medicines should be returned to the parent/carer when no longer required in order to arrange safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Under no circumstances should unused medication be handed over to pupils. Parents/carers should also collect medicines held at the end of each term.

Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority. (Paragraph 113)

12. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medication accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

13. Access to the school's emergency procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations. (See School Emergency Management Plan)

Children know what to do in the event of an emergency, i.e. tell a member of staff.

All staff should know how to call the emergency services. (Guidance on calling an ambulance is provided in Form 1).

All staff should also know who is responsible for carrying out emergency procedures in the event of need (See School Emergency Management Plan)

Whenever possible a member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. (Paragraph 115)

Staff should avoid transporting children to hospital in their own car; it is safer to call an ambulance. Where this cannot be avoided, the school should ensure that an additional responsible adult is available to accompany them. (Paragraph 116)

Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisors) are made clear of children's needs and of their role. (Paragraph 117)

14. Risk assessment and management procedures

This policy will operate within the context of the school's Health and Safety Policy.

The school will ensure that risks to the health of others are properly controlled.

The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

The school is aware of the health and safety issues relating to dangerous substances and infection.

J Morris
October 2020

Appendix 1

Forms

Form 1	Contacting Emergency Services
Form 2	Health Care Plan
Form 3B	Parental agreement for school to administer medicine
Form 6	Record of medicines administered to children requiring regular medication
Form 6B	Record of medicines administered to all children

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

These and other forms are available on the LA website:

<http://www.wirral-mbc.gov.uk/HealthandSafety/index.asp>

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial (9) 999, ask for ambulance and be ready with the following information

- 1 Your telephone number
 - . School: 0151 625 5238
- 2 Give your location as follows
 - . Black Horse Hill Infant School
 - Saughall Massie Road, West Kirby, Wirral, Merseyside
- 3 State that the postcode is
 - . CH48 6DR
- 4 Give exact location in the school/setting
 - .
- 5 Give your name
 - .
- 6 Give name of child and a brief description of child's symptoms
 - .
- 7 *Give details of any medicines given or prescribed*
- 8 Inform Ambulance Control of the best entrance and state that the crew will be met and taken to
 - .

N.B. Where possible the member of staff should try to use a telephone with an outside line as near as possible to the classroom the child is in as questions about the child and his/her condition will be asked.

Rooms with an outside line:

Foundation 1
Foundation 2 corridor (Between the two Foundation 2 classrooms)
Deputy Headteacher's Office (opposite Year 1 classroom)
Headteacher's Office
Secretary's Office
Year 2 corridor (outside Computer Suite)

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

FORM 2

Health Care Plan (this should be regularly reviewed)

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms

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Daily care requirements (*e.g. before sport/at lunchtime*)

--

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

--

Follow up care

--

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

--

Form copied to

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FORM 3B

Parental agreement for school to administer 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	Black Horse Hill Infant School
Date	
Child's name	
Class	
Name and strength of medicine	
Expiry date	
How much to give (<i>i.e. dose to be given</i>)	
Any other instructions	
Number of tablets/quantity to be given to school	

Note: Prescribed medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer	
Name and phone no. of GP	
Agreed review date to be initiated by	

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.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

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

FORM 6

Record of regular medicines administered to (Name of child)

Name of School

[illegible]

FORM 6B

Record of medicines administered to all children

Name of School

[illegible]

