Administration of Medicines

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VERSION CONTROL			
VERSION	**DATE**	**AUTHOR**	**CHANGES**
1	Sept 23	N Harris	
2	Sept 24	N Harris	Minor changes to wording and staff training.
3	Sept 25	N Harris	Updated staff lists of trained people Changed the SSS training to National College training Added a note to the residentials to say that sleeping gummies are not permitted on residentials.

Administration of Medicines

Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs can attend school regularly and, with some support from the school, can take part in most normal school activities. Abbey Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

Training

The school has six fully qualified workplace first aiders and four qualified paediatric first aiders who are responsible for dealing with any serious first aid matters and can be called upon to offer advice whenever required. They are:

- Kate Summerville – Workplace First Aider
- Jennifer Warren – Workplace First Aider
- Claire Fearn – Workplace First Aider
- Louise Martin - Workplace First Aider
- Helen Boot – Paediatric First Aider
- Claire Browning-May – Paediatric First Aider
- Michael Blackwell – Paediatric First Aider
- Jennifer Warren – Paediatric First Aider
- Aimee Chick – Paediatric First Aider
- Maxine O'Neill – Paediatric First Aider
- Helen Owen – Paediatric First Aider
- Lisa Leeson – Paediatric First Aider
- Charlotte Mellors – Paediatric First Aider

In addition to this some members of staff and lunch time leaders have undertaken the 1 day emergency first aid training and will administer to small incidents that are the normal occurrence in a school day.
First aid training is carried out every three years in line with current Health and Safety recommendations.

Diabetes Awareness Training

Four members of staff have completed the Diabetes Awareness Training, they are:

- Paula Jarman
- Teresa Waby
- Sally Endy
- Laura Hardwick
- Jess Nuttall

Responsibilities

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carers coming in to school at lunch time to administer the medication. However, this might not be practical and in such a case parents/carers may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then parent/carers must bring it to the school office and fill in a Medication form (Appendix 1 or 2). Medication must **not** be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

If the office staff and parent/carers jointly agree to administer medication in the short term whilst in school or on an occasional basis, the parent/carers are required to complete and sign a medication form. They can give instructions to continue giving medicine on a short term basis on the form, in these instances the medication form will need to be signed and filled in by parent/carers but then the medicine can be sent in to the office for the remainder of the course by another responsible adult and the parent or carer will need to call the office each morning with information of when the last dose was given and time for school to administer.

If pupils can self-administer medication in school, a completed consent form is still required from the parent/carers.

If a child spits out their medication, the office staff will contact the parent, who will need to come to the school to administer the medication.

Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the **original container** as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date but will generally be available to school inside an insulin pen or a pump, rather than in its original container. School **will not** accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

A Medicine form (Appendix 1 or 2) must be completed and signed by the parent/carer. No medication will be given without the parent/carers' written consent.

Prescribed medication, other than emergency medication, will be kept in the locked office draw or the medical refrigerator in the staff kitchen as appropriate. All emergency medicines (asthma inhalers, epi-pens etc.) should be kept in the child's classroom, in a red labelled bag and be readily available and taken with the child at all times. A second Epi-pen for each child, who requires one, will be kept by the class teacher in the classroom, in a box clearly labelled with the child's name and photograph.

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. The school will work closely with parents and other health professionals to support the implementation of a health care plan when required. Refer to the "Supporting pupils with Medical Conditions Policy" for more information.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an Epi-pen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in daily by parents, but certainly no more than a week's supply and the amount of medication handed over to the school will be recorded.

Controlled drugs will be stored in a locked drawer in the office, and only fully qualified workplace first aiders are allowed access to it. Each time the drug is administered it must be recorded on the long-term medication form which was completed by parent/carer, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. The person administering the controlled drug should monitor that the drug has been taken.

As with all medicines any unused medication should be recorded as being returned to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Non-prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may administer non-prescription Paracetamol and non-prescription antihistamine if requested by the parent and if it will facilitate the child attending school and continuing their learning. Paracetamol will usually be for a short period only and no more than 3 consecutive days without seeking medical advice. We may consider administering non-prescription Ibuprofen in exceptional circumstances (e.g. broken bone). For this to be considered a written request will need to be made and a member of the SLT will consider each request on an individual basis. However, such medicines will only be administered in school where it would be detrimental to a child's health and cannot be administered at home.

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

If non-prescription medication is to be administered, then the parent/carer must complete a Medicine Consent form (Appendix 1 or 2), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

Administering Medicines

The following members of staff have undertaken the Administration of Medication in an Educational Setting training through National College CPD:

- Sally Endy
- Charlotte Mellors
- Kate Summerville
- Jennifer Warren
- Emma Wright

Medicines will only be administered by fully qualified workplace first aiders and always witnessed by a member of staff. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an Epi-pen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the Head Teacher.

When a member of staff administers medicine, they will check the child's Medication form with another member of staff to witness, against the medication, to ensure that the name, dose and timings are correct. They will then administer the medicine as required, and record this on the form, both staff members will sign the form. For long-term medication, a Long-Term Medication Form (Appendix 2) will be used as necessary.

Emergency Medication

In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep one emergency reliever (blue) inhaler for the emergency use of children whose own inhaler is not available for any reason. This will be stored in the locked medical drawer in the school office. However, to avoid needing to use the emergency school inhaler we request that parents send into school two labelled inhalers one of which is carried by the child at all times and the other that is stored in a locked cupboard in the classroom.

For administration of emergency medication, a care plan must be completed by the parent/ carer in conjunction with a health professional and/or school staff. Minor changes to the care plan can be made if signed and dated by the parent/carer. If however, changes are major, a new care plan must be completed. Care plans should be reviewed annually (as a minimum).

Self-Management

It is important that as children get older, they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

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. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

Offsite visits

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

Travel Sickness - Tablets can be given with written consent from a parent/carer but the child's name, dosage, time of dose and any possible side effects (where possible the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents/carers will need to complete a Medication form.

Residential visits – All medicines which a child needs to take should be handed to a named first aider on the visit. The only exception are asthma inhalers, which should be kept by the child themselves and a named person will keep one emergency reliever (blue) inhaler for use in an emergency. The qualified workplace first aider will ensure that all pupils have the medication identified on the EV4 each day. The parents/carers will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 1 or 2.

Please note that sleeping gummies or similar sleeping aids are not permitted on residentials unless prescribed by a GP

Disposal of Medicines

The Office staff will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles when required and will be provided to school when needed. If any child requires regular injections (e.g. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost empty so that they can bring in a new box and take the full box for disposal.

School Staff

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so, they advise that the teacher has access to information and training and that appropriate insurance is in place. In practice, Head Teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school.

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

Medical Concerns

The medical concern form (Appendix 3) is completed by parents/carers at the child's point of entry to school and is updated at least annually on the ScholarPack parent app. It is the parent/carers responsibility to inform school as soon as possible of any changes. All medical information is stored on our electronic system, ScholarPack and reports generated for relevant staff.

Staff Training

When training is delivered to school staff, the school must ensure that a training record is completed for inclusion in health and safety records. This will be primarily appropriate for the use of Epi-pens (for allergies), although other conditions / procedures may also be included from time to time. This is for both insurance and audit purposes.

Guidelines for the Administration of Epi-pen by school staff

An Epi-pen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epi-pen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An Epi-pen can only be administered by school staff that have volunteered and have been designated as appropriate by the Headteacher and have received the appropriate training.

- There should be an individual care plan and consent form in place for each child – these should be readily available.
- Ensure that the Epi-pen is in date. The Epi-pen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The Epi-pen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epi-pen can be carried on their person.
- Expiry dates and discolouration of contents should be checked termly.
- The use of the Epi-pen must be recorded on the child's care plan with; time, date and full signature of the person who administered the Epi-pen.
- Once the Epi-pen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time as administering the Epi-pen. The

used Epi-pen must be given to the ambulance personnel. It is the parent/carers' responsibility to renew the Epi-pen before the child returns to school.

- If the child leaves the school site e.g. school trips, the Epi-pen must be readily available.

Appendix 1

Abbey Primary School – Short Term Medication Form

Child's Information

1. **Full Name:** _____
2. **Class:** _____

Medication Details

1. **Name of Medication:**

   _____

2. **What is the medication for (condition)**

   _____

3. **Dosage (amount & frequency):**

   _____

4. **Route of Administration: ☐ Oral ☐ Inhalation ☐ Topical ☐ Other:**

   _____

5. **Time(s) Medication Should Be Given:**

   _____

6. **Duration of Treatment:**

   _____

7. **Date Medicine was Dispensed:** _____
8. **Is this medication prescribed by a doctor / from a pharmacy? Please circle:**
9. **Special Instructions (e.g., take with food, avoid certain activities, etc.):**

Consent & Acknowledgement

I give permission for my child to receive the medication as prescribed at Abbey Primary School. I will inform the school of any changes to dosage or condition.

Name of person completing the form: _____

Signature of person completing the form: _____

Relationship to child: _____

Date: _____

Important Information

The information provided on this form will be inputted into the school's medical tracker system. Once entered, an email will be sent to parents to review the details and give formal permission for the medication to be administered. **Medication can only be given once parental permission has been completed through the system**

Appendix 2

Abbey Primary School – Long-Term Medication Form

Child's Information

3. **Full Name:** _____
4. **Class:** _____

Medication Details

10. **Ongoing illness/medical condition:** _____

_____

_____

11. **Name of Medication:**

_____

12. **How many doses are recommended by a professional withing a 24hour period:**

_____

_____

13. **Dosage (amount & frequency):** _____
14. **Route of Administration:** ☐ **Oral** ☐ **Inhalation** ☐ **Topical** ☐ **Other:** _____
15. **When should the medication be given? (Please list set times or describe the symptoms that show it's needed. Note: If it's 'as needed,' we may call to confirm whether a dose has already been given that day.)"**

_____

_____

16. **Duration of Treatment:**

_____

17. **Date Medicine was Dispensed:** _____
18. **Is this medication prescribed by a doctor / from a pharmacy? Please circle:**
19. **Special Instructions (e.g., take with food, avoid certain activities, etc.):**

_____

Consent & Acknowledgement

I give permission for my child to receive the medication as prescribed at Abbey Primary School. I will inform the school of any changes to dosage or condition.

Name of person completing the form: _____

Signature of person completing the form: _____

Relationship to child: _____

Date: _____

Important Information

The information provided on this form will be inputted into the school's medical tracker system. Once entered, an email will be sent to parents to review the details and give formal permission for the medication to be administered. **Medication can only be given once parental permission has been completed through the system**

Appendix 3

Abbey Primary School

Medical Concern Form upon entry to school

Child's Name		Class Teacher		Child's date of birth	

Please complete all sections.

1	Does your child have a long term medical condition (eg diabetes, epilepsy)?	Yes	No
If yes, please provide more information.			
2	Does your child have asthma?	Yes	No
If so, an inhaler must always be with them at school. Do you have an inhaler at school?		Yes	No
3	When did you child last have a tetanus injection?		
4	Has your child had any significant infections or illnesses in the last 12 months?	Yes	No
If yes, please provide more information.			
5	Is your child at present under treatment for any medical conditions?	Yes	No
If yes, please provide more information.			
6	Does your child suffer from any diagnosed allergies?	Yes	No
If yes, please provide more information.			
7	Does your child have any specific dietary requirements or intolerances?	Yes	No
If yes, please provide more information.			
8	Does your child suffer from hay fever?	Yes	No
If yes, please provide more information.			
9	Does your child need to wear glasses in school?	Yes	No
10	Is your child prone to travel sickness?	Yes	No
If yes, please provide more information.			

Please sign the next page and return to school as soon as possible.

Please give any other information not included above which may be required

You could include other health concerns such as glue ear, speech concerns, hearing difficulties, behavior concerns and premature birth. If any of these do apply they are really useful for us to know.

Toileting needs. Please put as much information here if your child needs any support with toileting.

Any medication required during school for medical conditions listed on this form needs to be recorded on a long term medicine form.

I Understand that it is my responsibility to inform the school as soon as possible of any changes to the information supplied.

The return of this form is essential and must be completed annually.

Name	
Signature	
Relationship to child	
Date	