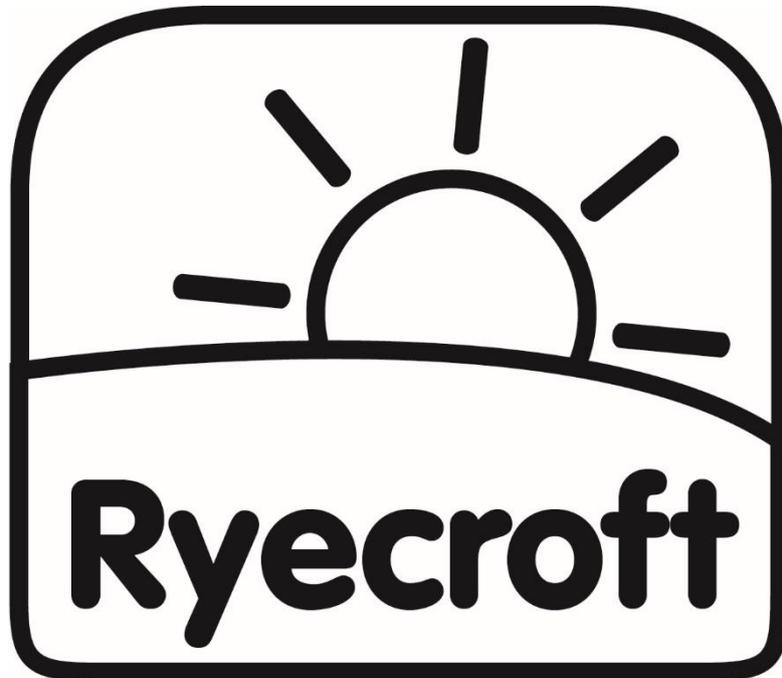


# Administration of Medication Policy



**Primary  
Academy**

## RYECROFT PRIMARY ACADEMY ADMINISTRATION OF MEDICINES

Reviewed and updated: December 2016

Next review: December 2017

Suitable for: all types of schools

Status: non-statutory

This document should be read in conjunction with the DFE statutory guidance 'Supporting pupils at school with medical conditions' December 2015, while early years settings should follow guidelines in The Statutory Framework for the early years foundation stage DFE March 2014. The CEFM policies 'Pupils with medical conditions' and 'First aid' will also be helpful as will Education update October 2014i Inhalers in schools.

### Background

All schools are expected to develop policies on managing medicines and are obliged to put in place effective management systems to support individual children with medical needs. Positive responses by schools to a child's medical needs not only benefit the child directly, but can also positively influence the attitude of their peers.

Legislation, notably the Children and Families Act 2014, Education Act 1996, the Disability Discrimination Act 1995, the Care Standards Act 2000 and the Medicines Act 1968 are relevant to schools when dealing with children's medical needs. The Health and Safety at Work etc Act 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. Depending on the status of the school, the employer will be the local authority (LA), the governors or the trustees.

Under the Medicines Act 1968 anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. Thus medicine may only be administered to the pupil for whom it has been prescribed, labelled and supplied; and no-one other than the prescriber may vary the dose and directions for administration. The administration of prescription-only medicine by injection may also be done by any person but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

Since October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency inhaler may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – it is a discretionary power enabling schools to do this if they wish. Those schools which choose to hold an inhaler should establish a protocol for the use of the emergency inhaler based on the guidance.

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. However, support staff in schools may have specific duties to provide medical assistance as part of their contract. Employers (whether LAs, governing boards or trustees) should ensure that their insurance policies provide appropriate cover. Swift action needs to be taken by any member of staff to assist any child in an emergency. Anyone caring for children, including teachers and other school staff, has 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.

It is considered to be good practice for children to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. Older children with a long-term illness should, whenever possible, assume complete responsibility under parental guidance.

# **RYECROFT PRIMARY ACADEMY**

## **ADMINISTRATION OF MEDICINES POLICY**

### **Introduction**

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 Ryecroft Primary Academy 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 Ryecroft Primary Academy 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 Ryecroft Primary Academy 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.

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.

### **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 Ryecroft Primary Academy non-prescribed medicines e.g. pain relief are never administered without first checking with the parents that these cannot be administered prior to the school day or within the school day by the parent themselves. Where this is not possible school will never administer 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.

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 principal must agree in writing to the request by completing the form 'principal agreement to administer medication' (see appendix 2) before any administration of medication takes place.

Children may 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 only need 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).

Ryecroft Primary Academy 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 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 principal 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: school staff**

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

- Implementing the policy on a daily basis.
- Ensuring that the procedures are understood and implemented.
- Ensuring appropriate training is provided.
- 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.

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.

The person named to administer medicine at Ryecroft Primary Academy is Karen Atkinson. In the absence of the Karen Atkinson, the responsibility falls to the class teacher or teaching assistant. 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.

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 principal to administer medication to the child.
- That any needles and other sharps are placed in the sharps box for disposal.

If the circumstances require an intimate or invasive treatment then this will only take place at the discretion of the principal and governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, 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.

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.

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).

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 Ryecroft Primary Academy 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.

**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 in the fridge by 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.

### **Reviewing**

The policy will be reviewed following the discussion by the governors of the annual report on administration of medicines and changed accordingly where necessary.

Next school review December 2017

**APPENDIX 1****PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

School cannot give your child medicine unless you complete and sign this form **and** the principal 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

## Principal/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 medicine or until instructed by parents/carers)

Date:

\_\_\_\_\_

Signed:

\_\_\_\_\_  
(Principal/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	home mobile work
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 **and** the principal has agreed to self-administration.

**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:



**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 EMERGENCY 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
Name	
Phone numbers	work
	home
	mobile

**Clinic/hospital contact**

Name	
Phone number	
GP	
Name	
Phone number	

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)