



## Administration of Medicines Policy 2021

This school policy takes account of the statutory guidance contained in:  
The DCSF/DOH 'Managing Medicines in Schools and Early Years Settings' 2005  
Calderdale – Access to education for children and young people with Health Needs  
The Equality Act and schools 2010 (May 2014 edition)  
DfE Supporting pupils at school with medical conditions 2015  
Children and Families Act 2014  
DfE DSEN Code of Practice 2014

### The Policy

This document is a statement of the aims, principles and strategies for dealing with children with medical needs who require medication to be administered while at school or for children who require medication for short periods of time. It is not a policy to be taken in isolation and should be read in conjunction with relating school policies on Inclusion, Equal Opportunities and the school's Accessibility Plan.

### General Statement

Savile Park Primary is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps the school will take to ensure full access to learning and school life for all its children that require medication.

### Medication

Parents should, wherever possible, administer or supervise the self-administration of medication to their child. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school.

### Legal Obligation to Administer Medicines

There is no legal obligation that requires school staff to administer medicines. Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary. Where the school agrees to administer medicines or carry out other medical procedures, staff will receive appropriate training and support from health professionals. They will be made aware of the correct procedures to follow in administering medicines, and in procedures in the event of a child not reacting in the expected way. Medicines will only be administered by a trained first aider. All administration of medicines and other interventions for sick children must be entered in the school log book.

### Prescribed medicines

If it is unavoidable and medication needs to be administered at set times during the school day, the following arrangements will be made by the school with the parent or guardian to allow the school to take on the responsibility:-

- i. The parent or carer will be asked to complete and return the attached form (Form 3B) giving all the relevant details in full. In so doing, the parent/guardian consents to the school administering medication to his/her child(ren) for the duration of the course of medication. A copy of the parental consent form will be kept by the office staff and by the classroom staff.
- ii. For pupils requiring regular doses of medicine on a long-term basis (e.g. in the case of chronic illness), the parents will be asked to discuss the implications of the illness with the Headteacher and the designated teacher, and a decision will be made as to the arrangements necessary to administer the medication and support the child. Parents will be asked to complete a consent form for the

school for the administering of the medication and a Healthcare Plan (Form 2) may be drawn up. For children with Asthma symptoms who are prescribed a Reliever Inhaler ONLY for use in school, a School Asthma Card (from Asthma UK) should be completed by the carer which provides all the necessary information and permissions (NB if a child has any other additional medical needs in school a Health Care Plan and Form B will still be required).

iii. Any staff administering medicine will do so in the presence of a 2<sup>nd</sup> staff member (*unless it is the administration of an emergency medicine such as an adrenaline auto-injector (AAI e.g. Epi-pen, Jext) in which waiting for a 2<sup>nd</sup> staff member to arrive may significantly place the recipient in additional danger*). The staff will then complete Form 6 requiring both signatures to confirm accurate medication and correct administration, as a safe guard for procedural practice. *Form 6 may be adapted to meet individual pupil needs as required.*

iv. Medicines should always be provided in the original container as dispensed by a pharmacist and include the name of the child and the prescriber's instructions for dosage and administration. School will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. Changes to dosage may only take place on written direction from a medical practitioner responsible for child's health care and medication.

v. On first opening of the medication, staff are to complete the 'opened on' and 'expiration date' label on the container. If there isn't a label on the container, then a sticky label is to be applied to the container, clearly stating the open date and the date on which the medicine expires.

vi. All expired medicines will be returned to parents to be disposed of.

vii. Some pupils with chronic complaints may well be taking responsibility for administering their own medicine, including inhalers. In these cases, a parental consent form (form 7), together with clear instructions, must be completed, and parents must liaise closely with the child's class-teacher.

The written parental consent will be kept in a folder held by the office staff and recorded on a Class list within the Class Registers, so that the information is available to any other teacher taking that class.

Forms refer to The DCSF/DOH 'Managing Medicines in Schools and Early Years Settings' – 2005 (Form 6 has been adapted for 2<sup>nd</sup> signature practice)

### **Non-Prescribed Medicines**

The school **will not administer** any medicines that **have not been prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan.

No child will be given any medicines without their parent's written consent.

### **Controlled Drugs**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act, and therefore have to be strictly managed. The amount of medication handed over to the school will always be recorded. It will be stored in a locked non portable container, and only specific named staff will be allowed access to it. Each time the drug is administered it will be recorded, including if the child refused to take it. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

### **Refusing Medication**

If a child refuses to take medication staff will not force them to do so. The refusal will be recorded and the parents informed. If necessary the school will call the emergency services.

### **Pain Killers**

Pain killers such as paracetamol and aspirin will not be administered and must not be brought to school by pupils.

### **Patent medicines**

Cough/throat sweets, "Tunes" etc. or lip balm must be labelled with the child's name and kept in a drawer. If a member of staff feels this privilege is being abused, the cough sweets or lip balm can be removed. Children must never share their lip balm or cough sweets.

Sun tan cream may come in to school as long as it is clearly labelled with the pupil's name and the pupil can apply the cream for themselves. Pupils must not share sun tan cream.

Non-prescribed hand moisturiser may be permitted for the relief of dry skin as long as it does not have a hazard warning of any sort and is clearly labelled with the child's name. It must be kept in a cupboard/drawer. Pupils must not share moisturiser.

### **Safe Storage of Medicines**

The school will only store and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions; this includes medicines that need to be refrigerated. Children will be informed where their own medicines are stored. Any medicines stored will be kept locked in a fridge or medicine cupboard and the key to these will be kept by the staff in the office. The keys will be signed in and out. All medicines will be signed in and out on the medicine stock sheet. Two signatures will be required for this; either two staff members or a staff member and parent/carer.

Asthma inhalers will be readily available to children: they are kept in a bag with the child's name clearly visible and put in the shared area between each class. All other emergency medicines such as Adrenaline pens (Epi-pens) will be clearly labelled with the child's name and kept in the child's classroom with a spare in the school office – these **must not** be locked away.

### **Emergency Salbutamol Asthma Inhalers**

In accordance with the DfE 'Emergency use of inhalers in schools guidance' (Sept 2014), the school will store the recommended 'Emergency Asthma Kit'. This will be kept in the office in a wall-mounted box together with an up to date register of pupils whose carers have given consent to use the emergency inhaler should their own be unavailable. First Aid or Asthma trained staff member must be present to assist the pupils in the use of the inhaler and to make a record of administration. (*See document for further guidance*).

### **Emergency Adrenaline Auto-Injectors (AAIs)**

In accordance with the DfE 'Guidance on the use of adrenaline auto-injectors in schools' (Sept 2017) the school will store spare sets of AAI's at the lowest dose of those prescribed for the children in school (150mcg). A set of two AAI's will be kept in the office in an unlocked drawer and a set of two will be kept in a labelled wall-mounted box in the kitchen together with an up to date register of pupils whose carers have given consent to use the emergency injector in the event that their own prescribed AAI cannot be administered correctly without delay.

### **Receiving/returning medicines**

Medicines will be received at the start of the school day via the school office.

Consent forms must be completed by the parent/carer at this time.

Medicines will be returned to the parent/carer at the end of the school day via the school office or directly from a staff member of the child's class.

**Medicines must not be brought in or collected by pupils themselves other than inhalers.**

### **Emergency Medicines**

If a pupil requires emergency medicines (inhalers, AAI's etc), the parents/ carers must inform the school by letter and an inhaler must be in school, at all times. It is the responsibility of the parent/carer to ensure that the medicine is not out of date.

Pupils who require emergency medication will not participate in school trips if they do not have their medication in school to take with them. Parents/ carers need to inform the school by letter if the pupil no longer requires their emergency medication.

### **Training**

Any specific training required by staff on the administration of medication (e.g.adrenaline via an auto-injector, rectal valium etc.) will be provided by an external training agency.

Staff will not administer such medicines until they have been trained to do so (unless the trained staff is absent with short notice given. HSE guidance states that anybody can administer an adrenaline auto-injector and has a duty of care to do so).

The school will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

### **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, medication to be administered and the relevant emergency procedures. Where necessary an individual risk assessment should be drawn up.

It should be ensured that a member of staff who is trained to administer any specific medication accompanies the pupil and that the appropriate medication is taken on the visit. Where appropriate a the emergency spare inhaler and a set of emergency spare AAls will also be taken.

### **Menstruation**

In situations involving menstrual difficulties in pupils, the best remedial action would be either to send the child home after telephoning the parent/guardian, or remove the child from class to rest until the discomfort disappears. There are relevant disposal bins in Y5 and Y6 for all pupils to use (and other classes when relevant).

### **Hygiene and Infection Control**

When administering medication, all staff will follow the HPA (Health Plan Agency) and HSE (Health and Safety Executive guidance on the prevention of contamination from blood borne viruses.

**Created by: Karen Lomas / Ian Ross**

**Date taken to governors:**

**Signed by governors:**\_\_\_\_\_

**Reviewed (state when, by whom and if amendments made/not):**

**Jeff Kitchin, July 2019.**

Minor Amendments:

Safe Storage of Medicines: This now states that epi-pens are to be in both the classroom and the school office and that they are not to be locked away in accordance with recent national H&S executive recommendations.

**Jeff Kitchin, July 2021**

Minor Amendments:

Prescribed Medicines: Added a reference to the Asthma-specific paperwork to be completed when a child needs to have an inhaler in school.

Patent Medicines: Added information re use of non-prescribed hand moisturiser in school by individual pupils

Emergency Spare Inhaler: Amended storage location in office

Emergency Spare AAls: New addition to cover the keeping of emergency spare AAI (adrenaline auto-injectors) in school in accordance with DfE guidance