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St Jude's Church of England Schools Federation

Administration of Medicine Policy

Contents

1.	Introduction	1
2.	Legislation and guidance.....	1
3.	Management and Organisation	2
4.	Procedures for administration of medicine	2
	3 (a) Refusal to take medicine.....	4
5.	Short-term illness/infection	4
	4 (a) Antibiotics	4
	4 (b) Paracetamol/antihistamine (if the school keeps a supply)	5
	4 (c) Application of sun creams	5
6.	Care of those with long-term or severe medical conditions.....	5
7.	Record keeping	6
8.	Intimate or invasive treatment.....	7
9.	Emergency assistance.....	7
10.	Disposal of medicines.....	7
11.	Training of staff	8

Administration of Medicine Policy

Context

This policy has been created with reference to Surrey County Council's guidelines '*Young People's Health and the Administration of Medicines 2012*' which was prepared in consultation with Professional Associations/Trade Unions, headteachers and the School Health Service and fully reflects the DfES guidance '*Managing Medicines in Schools & Early Years Settings*', March 2005.

1. Introduction

There are an increasing number of children attending mainstream schools with temporary or long-term medical conditions. As a school we are committed to providing pupils with medical needs with as much education as their condition allows to minimise disruption.

Schools, acting in *loco parentis*, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This includes regular medication or the occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Management and Organisation

It is essential that safe procedures exist for the administration of medicines which meet the child's needs and are acceptable to school staff involved.

The Headteacher is designated with responsibility for children/young people with medical needs and The Governing Body ensures that staff who volunteer to administer medication receive appropriate accredited training. There is no requirement for staff to undertake these responsibilities, unless administering medicines is included in their contractual duties. A staff member has a right to decline to administer medicines. Staff undertake this role on a voluntary basis. The administration of medicines is considered to be an act of 'taking reasonable care' i.e. staff will take the same care that a reasonable, responsible and careful parent would take in similar circumstances.

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

4. Staff Indemnity

Surrey County Council fully indemnifies all of its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of 'taking reasonable care' of the child/young person, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

NB. It is important that managers make this clear before asking staff to volunteer.

The indemnity above applies to all Surrey LA schools (including voluntary aided and foundation schools that buy back into Surrey County Council's insurance package) and also extends to protect volunteers and others who may be authorised and approved by schools.

NB. Settings not maintained by Surrey County Council will need to contact their own insurers to obtain information regarding the above.

Employers must take out Employer's Liability and insurance to provide cover for injury to staff acting within the scope of their employment.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Procedures for administration of medicine

- The parent/carer will provide full details of any health problems the child has and an emergency telephone number and keep the school informed of any changes.
- The parent/carer will provide full details of any medication requirements and ensure medicines supplied to the setting do not exceed their expiry date.
- The parent/carer or another responsible adult (NOT the child) will bring the medicine to the school and hand it to a responsible member of staff. The exception to this is asthma inhalers, which are kept in a secure location within the classroom for easy

access or travel sickness medication which may be provided and passed to a member of staff accompanying the trip.

- Medicine must be brought in the container in which it was supplied with the original label from the chemist. Containers should be clearly labelled with the child's name, the type of medicine, dosage, storage instructions and expiry date.
- Parents must also bring in any equipment required to administer the medicine e.g. spoons, oral syringes, syringes for injections, sharps containers.
- Parents should always complete a Short or Long term Medical form to give permission to administer said medicine. These forms will be made available from the school office giving the child's name and class, clear instructions on the dose to be administered to the child, the time to be given and for what period including the prescriber's instructions. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or guardian and retained in the school office for reference by staff involved.
- Medicines will be locked away in a lockable cabinet or non portable container, with the key being readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this are:
 - Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access is essential.
 - Medicines needing refrigeration. The refrigerator itself will be in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines will be kept in a locked box in the refrigerator.
- A child may be allowed to take responsibility for self-administration of medicine if it is part of the written care plan between the child, their parents and the school. The written agreement will include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child will be noted in the written agreement. The school will make available a suitable location for administering the medicine.
- Unless it is an emergency situation, medicines will be administered in a location where privacy and confidentiality of the child may be maintained and facilities will be available if the child needs to rest and recover.
- Medicines will be administered and documented for one child at a time and completed before the next child is seen.
- Before administering a medicine, staff will wash their hands and check:
 - The identity of the child. If the child is not known to the member of staff then a second member of staff who does know the child must be available, and as a second check, there must also be a mechanism in place to enable staff to identify the child at the time of medicine administration e.g. a recent photograph attached to the consent form or medicine administration record, or by asking the child their name and date of birth.
 - The written parental consent form for administration of the medicine(s) and that this matches the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions.
 - The name on the pharmacy dispensed label matches the name of the child that the medicine is to be administered.

- Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered.
- The expiry date of the medicine (on the medicine container or the pharmacy dispensed label).
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.
- If there are concerns or doubts about any of the details listed above the member of staff will not administer the medicine. They will check with the child's parent or a health professional before taking further action. All advice and actions will be documented, signed and dated.
- If the member of staff has no concerns the medicine can be administered to the child.
- After administering the medicine staff will wash their hands.
- Immediately after the medicine has been administered the appropriate written records will be completed, signed and dated.
- If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration will be recorded, signed and dated.

Refusal to take medicine

- If a child refuses to take medicine they will not be forced to do so but this will be documented and agreed procedures followed. The procedures will either be set out in the policy or in an individual child care plan. Parents will be informed of the refusal as soon as possible on the same day. If the refusal to take the medicine could, or does, result in an emergency then the emergency procedure for the school will be followed.

5. Short-term illness/infection

Children recovering from a short-term illness or infection who are clearly unwell should not attend school and the Headteacher can request that parents or carers keep the pupil at home if necessary.

Short courses of medicines such as antibiotics or cough mixture which need to be taken three times a day should be administered by parents before school, as soon as the child gets home and before they go to bed, so that they do not need to be sent to school. Parents are asked to bear in mind that children on such medicines may not be well enough to cope happily with a full school day.

4 (a) Antibiotics

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named staff to administer the antibiotics supplied by the parent or carer.

4 (b) Paracetamol/antihistamine

Schools should keep a supply of paracetamol for the relief of:

- headaches - NOT ASSOCIATED WITH HEAD INJURY
- toothache
- dysmenorrhoea (painful periods)
- sudden rise in temperature.

Both schools should also keep a supply of antihistamine for any allergic reaction.

Paracetamol/antihistamine may only be given to children whose parent/carer has given written consent to its administration in appropriate doses with instructions about when the child should take it. Verbal permission will also be accepted if written consent is not possible within the required timeframe.

Staff will check when the child had their last dose of paracetamol/antihistamine and it and will not be administered if taken within the last 4 hours. The manufacturer's instructions will be followed. A member of staff will supervise the child taking the medication and notify parents in writing on the day the paracetamol/antihistamine was taken. Administration will be recorded on the appropriate form.

4 (c) Application of sun creams

Most children, apart from the very youngest and those with special needs, will be able to apply their own sun cream under supervision. When this is not possible supervisors will apply cream for the child but will not do this whilst alone with a child. Parents/carers are expected to provide a named bottle of sun cream for their child when appropriate. The Health Education Authority recommends the use of a sunscreen with a sun protection factor of 15 or above.

6. Care of those with long-term or severe medical conditions

Pupils have the right to an education that helps them reach their potential in their community alongside peers and to be consulted and agree to co-operate with their negotiated Care Plan (parents on behalf of younger pupils). Pupils can expect flexible approaches, e.g. timetabling, full use of Information and Communication Technology, and small steps or negotiated tasks towards a maximum involvement in school life.

The school has a responsibility to keep any pupil with a specific medical need on roll and work closely with the pupil and their parent/carer to ensure access to education. The Headteacher is designated to care for pupils with medical needs and will liaise with parents and various agencies as part of ensuring that the child has full and continuous access to education. For a pupil whose medical need is not thought to be recurring and whose absence is likely to be less than 15 days, it is our responsibility to advise parents/carers of how they can continue to support their child's learning at home should they be deemed well enough.

Where there is a concern about whether the setting can meet a child's needs, or the expectations of the parents appear unreasonable, the Headteacher can seek further advice from the Local Education Officer or the A2E Medical Team..

The Headteacher will produce and co-ordinate the Care Plan. This includes arranging, chairing, and recording of planning meetings and re-integration meetings with associated services. For those pupils on the Special Educational Needs Code of Practice, the Special Educational Needs Co-ordinator (SENCo) will conduct review meetings in liaison with the named person and seek written parental permission to liaise with health and related services. They will also ensure that concessions during exams and any special arrangements are planned in discussion with our SENCo.

The plan will be completed and agreed between:

1. the relevant medical experts
2. the school
3. the parent and, where appropriate, the child.

The plan will be tailored to the particular circumstances of the school and child and will include the following: -

- a communication system for alerting trained setting staff (e.g. use of preloaded adrenaline injection etc)
- a system for calling an ambulance where necessary
- contacting parents
- evacuating other children from the room (e.g. in the event of a seizure)
- first aid provisions.

Pupils who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, will have access to education, so far as possible from day one. Work plans will be made available to hospital or home teaching staff in the agreed National Curriculum subjects which the pupil would normally be learning. The school will supply the hospital or home teaching staff with up to date information about the pupil including reading levels and any current Individual Education Plans and offer a loan of appropriate resource materials, where possible, to teaching staff to ensure that concessions for end of Key Stage assessments are well planned.

Access to Education – Medical

A2E medical service provides support for pupils who cannot attend school for medical reasons.

Public Health England (PHE), formerly Health Protection Agency (HPA): if you need any advice or support on issues relating to communicable or infectious diseases or wider health protection issues, please log on to the website: www.hpa.org.uk or www.gov.uk.

As a school we have the right to expect the pupil and parent to abide by the home-school agreement and any agreements in individual plans.

Parents will receive feedback on progress as necessary and may be asked to adjust their parenting approaches or patterns. Permission to liaise with outside agencies is always sought. It is expected that parents will share relevant information in a timely way.

7. Record keeping

The school will keep the following records in connection with the administration of medicines:

- Names of trained and competent staff responsible for the storage of medicines, access and administration (see Mrs Edney in the school office).
- A completed individual care plan for a child with long term conditions such as diabetes, epilepsy.
- An action plan for an individual child for a medical emergency. This may form part of the care plan, if the child has one.
- A completed signed parental consent form each time there is a request for a medicine to be administered in the school. A new form will be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A new supply of correctly labelled medicine will be provided by the parent.
- A record of the administration of all medicine will be kept.

- If the child is self administering and requires supervision the above record will be kept. It will be clearly indicated on the record that the member of staff is supervising the medicine administration.
- Reasons for non-administration of medicines will be recorded and the parent/carer informed as soon as possible on the same day.
- If the school keeps a supply of paracetamol or antihistamine, parental consent and instructions, records of the quantity kept in the setting, administration details, as above, and records of disposal will be kept.

8. Intimate or invasive treatment

Parents/carers should respect concerns staff may have about administering intimate or invasive treatment and should not put undue pressure on staff to assist. A staff member has a right to decline to administer medicines. It may be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Staff who volunteer to administer this treatment will protect the dignity of the child as far as possible.

9. Medic alert bracelets/necklaces

Medic alert bracelets or necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will be aware of the significance of these bracelets/necklaces and be clear to whom they belong when taking charge of them.

10. Emergency assistance

The school has arrangements in place for dealing with emergency situations. Children know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

When a child becomes unwell at a setting or is injured in an accident (other than minor cuts or bruises) the school will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital.

In some situations it may be necessary for professional medical care to be sought immediately e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment. In this case, the child's parent/carer will be notified and an ambulance called. If the parent is not present when the ambulance arrives, a member of staff will accompany the child to hospital and will stay until the parent/carer arrives. In the absence of a parent to give express consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. Staff will communicate to the medical staff any religious/cultural wishes, where known. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

11. Disposal of medicines

When medicines are no longer needed or have expired, parents are expected to collect them and dispose of them safely at a local chemist. It is the parent's responsibility to note expiry dates of medicines at school and arrange for disposal and replacement when necessary.

12. Training of staff

Initial validated training with certification, along with regular updating from qualified professionals is provided to staff that volunteer to administer medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses. A school checklist of key personnel helps to record the following: those trained, the provider, date trained, date of expected update of training. (See Mrs Edney in the school office.)

13. Child Protection

Any member of staff who has concerns about the medication a child's parent/carer is providing, the purpose of the medication or the frequency with which a child is being medicated, should seek clarification initially from the parent and then, if necessary, further advice from the Surrey MASH (Multi Agency Safeguarding Hub).