

Administration of Medicines Policy



Sandy Lane Nursery and Forest School

DOCUMENT STATUS

Produced By	Version	Date	Description	Agreed
Sandy Lane Nursery and Forest School with acknowledgement to Evelyn Street C P School	2011	Autumn 2014	Adopted by school's Premises, Health and Safety Committee	02.10.14

Legislation

- Children and Families Act 2014
- Statutory Framework for the Early Years Foundation Stage
- Equality Act 2010
- SEN Code of Practice
- Statutory Guidance – Supporting Pupils at School with Medical Conditions, April 2014 (including Templates) (although this does not apply to maintained nursery schools)

This policy complies with Warrington local authority (LA) guidance.

Writing and Reviewing Administration of Medicines Policy

Medication and medical care administration relates to other policies including:

- Inclusion Policies
- Safeguarding Policies
- Risk Assessments

Rationale

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported.

Purpose

- to ensure the health and safety of pupils
- to ensure appropriate safeguarding protocols have been agreed and adhered to for the safety of pupils and adults
- to agree appropriate safe working practices
- to give clarity to individuals and their responsibilities and role to ensure safe medication and medical care
- to ensure appropriate accountabilities are clearly understood by all

Broad Guidelines

School will inform the various people of their roles and responsibilities (see DfE guidance, pages 11-14 for definitions). These are listed below.

1. Parent/carers with parental responsibility:

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits
- Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell
- Should be aware that one parent is required to agree to, or request in writing, that medicines be administered
- Should provide the headteacher with sufficient information about their child's medical condition, medication and treatment or special care needed (use template A)
- Will reach an agreement with the headteacher on the school role in helping with their child's medical needs (use template A)
- Should ascertain whether prescribed medication can be taken outside the school day. Parents should ask the prescribing doctor or dentist about this
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child
- Should be aware of those infectious diseases which should result in not sending their child to school
- Parents and carers should be aware, there is no contractual obligation for teachers or headteacher to administer medication

2. **The Governing Body:**

- Will ensure that the health and safety policy is in place and regularly reviewed
- Will, where necessary, ensure that risk assessments are carried out
- Will also ensure this policy is up to date and compliant with relevant legislation and guidance
- Will ensure that staff training needs are identified and appropriate training sourced
- Will be aware that giving medication does **not** form part of the contractual duties of Headteacher or teachers

It is recommended that, where possible, staff administering medication are subject to an enhanced DBS check.

3. **The Headteacher :**

- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed
- Should ensure that all staff are aware of the health and safety policy and the policy relating to medication in school
- Will agree with the parents/carers, exactly how the school will support the child (use template A)
- Will seek further advice when required, from the school health adviser, the school paediatrician, other medical advisers or the LA
- Will identify staff who are trained and supported to administer medication. These persons will sign template C after medication has been administered and counter-signed by the parent/carer on collection of the child
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs

4. **Teachers/Staff:**

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition and when and where the child may need extra attention
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply)
- Who work regularly with children, as above, and have undertaken specialist training with health care professionals, may administer medication with parental consent and under the direction of the class teacher

Staff have a common law duty of care to children in the school. They are 'in loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

5. **Support Staff:**

- May have the administration of medication as part of their contractual duties
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be 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

- Whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out
- Who administer medication must be named. The named person will assist in drawing up an **individual health care plan** (use template A) for those children who require it. (See DfE guidance on drawing up an **individual health care plan**.)

Procedures

It is recommended that school draws up a flowchart detailing key points, where things are stored and the members of staff responsible.

Short-term health care needs

- Where children are well enough to attend school but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this. **It is recommended that in cases of recovery from short-term illness, only two days of medication should be taken at school**
- Parents must complete a request form and undertake delivery and collection of medicines, (ie, themselves or their adult representatives) (use template B)
- Short-term health care documentation, eg, template C, will be shredded after medication has been completed

Long-term health care needs

- The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change
- For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures (use template A)
- For children transported to school by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.
- The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff
- Long-term medication documentation will be held on the child's personal file

Non-prescribed medication

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy
- No child under 16 should be given medication without his or her parents'/carers' written consent. A pupil under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor

Generally, staff should not take children to hospital in their own car. An ambulance should be called.

Intimate or invasive treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse
- Parents/carers and the headteacher should respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing
- The headteacher and governing body will arrange for appropriate training for staff with the appropriate health professional
- The school should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment (see Intimate Care Policy)
- Staff should protect the dignity of the child as far as possible, even in emergencies

Hygiene and infection control

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment

Special arrangements for children with medical needs

- All children should participate on trips and managed outings, wherever safety permits
- Additional staff arrangements may need to be made and if necessary, a risk assessment carried out
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures
- A copy of the **individual health care plan** should be taken on visits
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and consent to their visit and medical advice from the school's health service or the child's GP or make contact with the CDC (Child Development Centre). See Warrington Borough Council guidance on planning educational visits and the school's Educational Visits and Learning Outside the Classroom Policy

Record Keeping

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail (use template D).

- Parents/carers must supply information about medication that needs to be administered in the school
- Parents/carers should let the school know of any changes to the prescription
- School should ensure pro-formas are used to provide clarity and consistency

- The school is not legally required to keep a record of medicines given to children and staff involved - however, it is good practice to do so. All early years' settings **must** keep written records of all medicines administered to children and make sure their parents/carers sign the record book to acknowledge the entry
- Where possible in schools, medical information will be recorded in SIMs STAR, background tab. It is recommended that this field is only updated for long-term illnesses or conditions
- The school will ensure that information is transferred to any receiving school/setting and brought to the attention of the appropriate member of staff

Storing Medication (including Controlled Drugs)

- School should not store large volumes of medication
- The headteacher may request that the parent brings the required dose each day or uses a weekly dispenser, such as a dosset box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week
- When the school stores medicines, staff should ensure that the supplied medication is labelled with:
 - the name of the child;
 - the name and dose of the medication;
 - the frequency of administration;
 - the date of issue;

and a measuring spoon or dropper must be supplied if appropriate

- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container (use template B)
- The headteacher is responsible for making sure that medication is stored safely

It is not safe practice to follow re-labelled/re-written instructions or to receive and use re-packaged medicines, other than as originally dispensed.

- A few medications, such as asthma inhalers, must not be locked away and should be readily available to the child
- Other medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet will be appropriate in such circumstances
- The use of controlled drugs in school is sometimes essential. School should keep controlled drugs in a locked, non-portable container and only named staff should have access. A record should be kept for audit and safety purposes
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions
- A child who has been prescribed a controlled drug may legally have it in their possession. 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
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal

- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines

Access to Medication

- Pupils must have access to their medication when required
- The school may want to make special arrangements for emergency medication that it keeps for certain children
- It is also important to make sure that medication is only accessible to those for whom it is prescribed

Disposal of Medicines

- Parents/carers will collect medicines at the end of the dosage period
- Parents/carers are responsible for the safe disposal of date-expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by a named member of staff

Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an **individual child's health care plan**
- Parents should be informed of the refusal on the same day
- If a refusal to take medicine results in an emergency, the school emergency procedures should be followed

Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations (COSHH - 2002)

Emergency Procedures

Generally, staff should not take children to hospitals in their own car. An ambulance should be called.

- All staff must know emergency procedures, including how to call an ambulance (use template F)
- All staff must also know who is responsible for carrying out emergency procedures
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available
- **Individual health care plans** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency (use template A)

Staff Training

- A health care plan may reveal the need for training. Training can be arranged in conjunction with the Primary Care Trust via the school's health adviser/paediatrician, or specialist nurse and is to be organised on a case by case basis by the employer

Confidentiality

- All medical information held is confidential. It should be agreed between the Headteacher and parent/carer, who else should have access to records and information about a child

Grappenhall Clinic Tel 261488	Guardian House Tel:405714	Penketh Clinic Tel: 791671	Woolston Clinic Tel: 816282
Alderman Bolton Community Primary	Beamont Community Infant	Barrow Hall Community Primary	Birchwood C E Primary
Appleton Thorn Primary	Beamont Community Junior	Burtonwood Community Primary	Birchwood Community High
Bradshaw Community Primary	Bewsey Lodge Primary	Callands Primary	Brook Acre Community Primary
Bridgewater High	Cinnamon Brow C E Primary	Evelyn Street Primary	Bruche Community Primary
Broomfields Junior	Dallam Community Primary	Great Sankey High	Croft Primary
Cardinal Newman Catholic High	Long Lane Community Primary	Great Sankey Primary	Culcheth High
Cherry Tree Primary	Oakwood Avenue Community Primary	Park Road Community Primary	Culcheth Community Primary
Cobbs Infant	Christ Church C E Primary	Penketh High	Glazebury C E (Aided) Primary
Grappenhall Hall	Padgate Community High	Penketh Community Primary	Gorse Covert Primary
Grappenhall Heys Community Primary	St. Alban's Catholic Primary	Penketh South Community Primary	Locking Stumps Community Primary
Green Lane	St. Andrew's C E Primary	Sacred Heart Catholic Primary	Longbarn Community Primary
Latchford C E (Aided) Primary	St. Anne's C E Primary	Sankey Valley St James C E Primary	Newchurch Community Primary
Lymm High (Voluntary Controlled)	St. Benedict's Catholic Primary	St. Barnabas C E Primary	St. Helen's C E (Aided) Primary
Oughtrington Community Primary	St. Bridget's Catholic Primary	St. Gregory's Catholic High	St. Lewis' Catholic Primary
Our Lady's Catholic Primary	St. Margaret's C E Voluntary Aided Primary	St. Joseph's Catholic Primary	St. Oswald's Catholic Primary
Ravenbank Community Primary	St. Stephen's Catholic Primary	St. Paul of the Cross Catholic Primary	St. Elphin's (Fairfield) C E V A Primary
Sir Thomas Boteler Church of England High	William Beamont Community High	St. Phillip (Westbrook) C E Aided Primary	St. Peter's Catholic Primary
St. Augustine's Catholic Primary		St. Vincent's Catholic Primary	Twiss Green Community Primary
St. Monica's Catholic Primary		Sycamore Lane Community Primary	Winwick C E Primary
St. Thomas' C E Primary		Westbrook Old Hall Primary	Woolston C E Aided Primary
St. Wilfrid's C E Primary			Woolston Community Primary
St. Matthew's C E Primary			Woolston Community High
Statham Community Primary			
Stockton Heath Primary			
The Walton Community Infant			
The Walton Community Junior			
National College			

