Administering Medicines in School Policy

The aim of the Administering of Medicines in School Policy is to have a clear policy for managing medicines, which is understood and accepted by staff, parents and pupils. It enables us to put in place effective management systems to help support individual children with medical needs and to make sure that within our early years and school setting, medicines are handled responsibly. It is also in place to ensure that all children with medical needs are effectively supported to enable them to have full access to school life.

1. Roles and responsibilities

Staff

There is no legal duty that requires school staff to administer medicines to children, but it is accepted that it is sometimes done. Headteachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing learning time at school. Each request should be considered on an individual basis. School staff have the right to refuse to be involved. Staff who choose to manage the administration of medicines and those who administer medicines should understand legal liabilities involved and have access to information, training and support from health professionals.

Parents

Parents have the prime responsibility for their child's health and should provide school with full and up to date information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or Paediatrician, if needed. Verbal instructions will not be accepted.

Managing prescription medicines in school

At Wynndale Primary School our policy is, in the main, to not administer medicines unless prescribed by the GP; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Examples being Asthma inhalers, insulin, Epi-pens, medication for ADHD.

In normal circumstances, we only accept medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. The GP is asked to prescribe an antibiotic which can be given outside of school hours wherever possible. Three times a day doses can usually be given in the morning before school, immediately after school and at bedtime, although we do recognise that it is sometimes advised that children have their medication prior to their mealtimes.

In accordance with the NHS guidance on spreading out the administering of antibiotics throughout the day, for children in EYFS, we will administer the middle dose of thrice-daily antibiotics. This is in recognition of the child needing to go to bed before a suitable gap could be achieved between the 2nd and 3rd dose.

Medicines should always be provided in the original container as dispensed by pharmacist and include the prescriber's instructions for administration and dosage. We never accept medicines that have been taken out of the container in which it was dispensed nor make changes to dosage on parental instructions.

On the rare occasion where it is deemed necessary to administer prescribed medicines, the approval of the Headteacher is sought, and then the correct documentation is completed. Parents should supply information about the medicine and give written consent for the nominated staff to

administer it by completion of our school form. The nominated staff member must ensure they complete the written record every time medicine is administered.

We have recording procedures for the administering of any medicines, including inhalers and insulin, and these are completed by office staff.

Managing prescription medication on trips

When planning off-site activities, we consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revisiting the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. We ensure that all medicines/inhalers are carried on off-site activities and all members of staff are aware of where they are located and how they are administered.

Non-prescription medicines

As with prescription medicines, in general it is not our policy to administer non-prescription medicines, unless necessary. **Requests for this will be considered on a case-by-case basis and at the discretion of the Headteacher.** As with prescription medicines, they should only be given where it would be detrimental to the child or young person's health or attendance not to do so. Therefore, this should be the exception rather than the norm.

The types of non-prescription medicines the school may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over-the-counter medicines, especially to suit the requirements of a school or setting.

The school will **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child or young person has returned to education following an illness or injury.

Parents / Carers are ultimately responsible for their child's health, and it is not expected that the school will administer non- prescription medicines to 'keep' a child or young person in the school or setting if they are simply too unwell to attend.

When agreeing to administer non-prescription medicines, schools and settings should always:
- ensure they obtain written parental consent prior to administering medication
- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child or young person's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.

The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Travel sickness tablets

In the event of a child or young person suffering from travel sickness (by coach or public transport), they should be given the appropriate medication before leaving home, and when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.

Residential Visits

On occasion it may be necessary for a school to administer an "over the counter" medicine in the event of a child and young person suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form should provide an "if needed" authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child or young person refuses medicine, the parent / carer should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

Record Keeping

Although there is no legal requirement for schools to keep records of medicines given to pupils and the staff involved, it is best practice to do so. Records offer protection to staff and proof that they have followed the correct procedures. As a school we record all medicines given to children. Good records help demonstrate that staff have exercised a duty of care. Copies of these are located in the Managing Medicines file in the office.

ALL completed forms must be returned to the office to be filed. In our yearly handover meeting, we ensure that we pass on accurate information to the next class teacher about all medical conditions.

Safe Storage

The correct and safe storage of medicines is vital to ensure we are carrying out our duty of care to all children. Children should know where their own medication is stored.

Medicines should be stored strictly in accordance with product instructions (paying particular attention to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of medication and the frequency of administration.

Asthma inhalers need to be kept in a prominent position in the classroom to ensure all staff and midday supervisors can locate them quickly if needed.

Disposal

Staff should not dispose of medicine; Parents are responsible for ensuring that the date expired medicines are returned to a pharmacy for safe disposal. Medicines should be routinely returned to parents at the end of each term and received back into school at the start of the next term.

Staff Training

First Aid

First Aid training is renewed as required and is provided by recognised facilitators. A current list of all First Aiders is displayed in the school office, classrooms and designated areas around school.

The law details that there must be a paediatric first aid trained member of staff present at all times, where children aged 5 and under are present. This also includes off-site visits and trips.

Expiry dates for First Aid certificates are monitored by the Headteacher and Safeguarding Lead and renewed courses booked as needed.

Training specific to a medical condition is undertaken as and when a child' needs are identified.

Emergency Procedures

In the case of a medical emergency involving a child with an individual healthcare plan, the plan is to be taken to hospital and given to medical staff to ensure that they are provided with the correct information they require.

If in the instance of an ambulance being required, there is a 999-emergency contact form located in the school office notice board and this contains all the information required by emergency services.

A member of staff should always accompany a child taken to the hospital by ambulance and should stay until the parent arrives. Health Professional are responsible for any decisions on medical treatment when parents are not available. Staff should not take children to hospital in their own car unless they have business insurance, they have a second member of staff with them, and this has been agreed by the Headteacher.

Individual health care plans should include instructions as how to manage a child in need of an emergency and identify who is responsible in such cases.

Risk Assessment

Risk Assessments are carried out for all off-site activities in accordance with the LA guidelines. Generic risk assessments are adhered to and in all cases, a group specific risk assessment is carried out. All children with medical needs should be identified on here, including Asthmatics.

Individual Healthcare Plans (IHCP)

Pupils with certain conditions will have a signed Individual Healthcare Plan. The main purpose of an Individual Healthcare Plan for a child with medical needs is to identify the level of support that is needed. A copy of these is held in the child's classroom and in their pupil file and on the school server.

An Individual Healthcare Plan clarifies for staff, parents and the child the help that can be provided. These are to be reviewed yearly or earlier if a child's medical need changes.

Information for Staff and Others

Staff who need to deal with an emergency will need to know about a child's medical needs, The office will ensure that supply staff know about any medical needs.

Individual Healthcare Plans are shared with school staff, midday supervisors and kitchen staff.