MANAGING MEDICINES IN SCHOOLS

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Summary Statement

- Unless children are acutely ill they should attend school
- School will administer any **prescribed** medicine to facilitate this
- All medicines must be in their original packaging and clearly labelled
- All medication to be handed in to the office and a parental declaration completed and signed. Medicine will be locked away either in a cupboard or fridge as required.
- All inhalers and certain creams to be handed to classroom teachers and stored in allocated classroom bag which accompanies children around school and on trips
- At the end of a course of treatment all remaining medication must be removed by parents from School and disposed of accordingly.
- School will hold a supply of Calpol and salbutamol inhalers and will only administer if parental permission is received.

POLICY FOR THE ADMINISTRATION OF MEDICINES

Background to the Policy:

Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, **in accordance with the procedures detailed within this guidance**, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.

- This policy refers to prescribed medication only as non-prescribed drugs will generally not be administered by school-based staff. The only exception will be Calpol, which will be kept on site in the main office only and administered following permission from a parent / carer.

- Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours, however this should only be when essential. Where clinically appropriate medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

- Written agreement from parents/guardian is required prior to administering any medication (form A).

- Telephone permission from parents/guardian is required prior to administering any Calpol on the same day.

- Written confirmation of instructions from a health practitioner is required prior to administering any medication.

- The school will have a system of record keeping. Records of all administration and disposal of medications must be kept in a bound book to prevent falsification. (form B)

This policy applies to:

All Pupils

Statement of the Policy

The purpose of this policy is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

Main Policy

1. All medication must be in the original container.

2. All medication **MUST** be clearly labeled with:

    - the child's name
    - the name and strength of the medication
    - the dosage and when the medication should be given
    - the expiry date

3. All medication (including homeopathic) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.

4. If two medications are required, these should be in separate, clearly and appropriately labeled containers.

5. On arrival at school, all medication is to be handed to the designated member of staff by the parent, unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

<u>Storage of Medication in school</u>

6. Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff.

7. If fridge storage is required this must be lockable and in a designated area of the school.

8. Once removed from the cabinet, medication should be administered immediately and never left unattended.

<u>Documentation</u>

9. Samples of documentation are included in the appendices. **VERBAL MESSAGES ARE NOT ACCEPTABLE.**

10. Each pupil receiving medication will have the following documentation:

    - Written request for school to administer medication (Form A - appendices)
    - Written confirmation of administration from a health practitioner including confirmation of an annual review for asthma that requires continued use of an salbutamol inhaler only in school, specifically named for the child concerned.
    - Pupil record of medication administered. (Form B - appendices)
    - Parental/guardian consent for school trips
    - Parental /guardian verbal consent on day of administration for Calpol

11. In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C – Appendices).

Administration of Medication

12. Staff who have volunteered or who are employed for the purpose of administration of medication and health care:

- Should receive training and advice from the appropriate health practitioner i.e. the school nursing service.
- Training will be updated appropriately and recorded (form E - appendices).
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered.
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration (Form B - appendices).
- A child should never be forced to accept medication and where medication is refused parents will be informed.

Self-Administration of Medication

13. Parents/guardians must complete a written request form for a child to self-administer medication. (Examples would include Insulin and or asthma medication. This is not a conclusive list). This would only be allowed if a child has been trained and is competent to administer their own medication. (form D - appendices).

14. The School requests that all asthma inhalers are put into the wallet in the classroom which will go where the child goes i.e. outside into the Dome during break and lunchtime; to the hall if there is indoor PE, outside with the teacher for outdoor PE, with the group leader for out of school visits etc. All pupils will know where they can get their medication from for self-administering.

15. Children should not carry inhalers themselves – this is to prevent their loss and ensure all relevant staff know where the medication is at all times should it be required.

Record Keeping

16. A system of record keeping will include:

- Records of parental/guardian consent and health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
- Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed of and the form of this disposal

17. A parent/guardian request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.

18. The request form must include:

- Child's name, class, date of birth
- Reason for request
- Name of medication, timing of administration and dosage of medication (**CONFIRMED IN WRITING BY A HEALTH PRACTITIONER)**
- Emergency contact names and telephone numbers
- Name and details of Doctor and/or health practitioner
- Date of annual asthma review for inhaler users

19. Reasons for not administering regular medication must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.

20. The school must keep records of administration of medication in a bound book. This bound book must be kept in the storage cabinet.

<u>Emergency Medication</u>

21. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Individual Care Plan (form C - appendices).

22. This type of medication will be READILY AVAILABLE.

23. Consent and Care Plan to be kept with the medication.

24. The Care Plan must be checked and reviewed TERMLY.

25. It is the parents'/guardians' responsibility to notify school of any change in medication or administration.

26. Procedures in the Care Plan (sample in appendix) should identify:

- Where the medication is stored
- Who should collect it in an emergency
- Who should stay with the child
- Who will telephone for an ambulance/medical support
- Contact arrangements for parents/carers
- Supervision of other pupils
- Support for pupils witnessing the event

<u>Monitoring of Impact:</u>

Health and Safety Officer and Headteacher should monitor the policy.

Appendix A – Clinical procedures that may be delegated to staff

It is often the case that families and school staff can be trained and supported by health professionals to provide support. However, in some cases this may not be possible without direct health support.

The specific examples included below are an extract from 'Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues' Royal College of Nursing, updated September 2012. As such, the list below may be delegated to non medical staff, provided they have been given appropriate training.

The following advisory list of clinical procedures may be safely taught and delegated to unregistered health and non-health qualified staff following a child-specific assessment of clinical risk:

- *Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.*
- *Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).*
- *Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine*
- *Rectal medication with a pre-packaged dose i.e. rectal diazepam*
- *Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician*
- *Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.*
- *Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist*
- *Assistance with inhalers, cartridges and nebulisers*
- *Emergency treatments covered in basic first aid training including airway management*
- *Tracheostomy care including suction using a suction catheter*
- *Emergency change of tracheostomy tube*
- *Oral suction with a yanker sucker*
- *Assistance with prescribed oxygen administration including oxygen saturation monitoring where required*
- *Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank*
- *Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.*
- *Bolus or continuous feeds via a nasogastric tube*

- *Bolus or continuous feeds using a pump via a gastrostomy tube*
- *Bolus or continuous feeds using a pump via a jejenostomy tube*
- *Intermittent catheterisation and catheter care*
- *Care of Mitrofanoff*
- *Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter where the stoma has been established for less than 6 months*
- *Replacement of gastrostomy button devices in non-urgent and urgent situations once stoma has been well established for more than 6 months and there have been no problems with the stoma*

Form A – Agreement to Administer Medicine

Note: <u>Medicines must be in the original container as dispenced by the Pharmacy</u>

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	
Date received	
Dose and frequency of medicine (or as printed dosage schedule)	
Quantity received (number/Dose/Volume)	
Quantity returned	
Date returned	
End date of course of medication	
Date of annual asthma review (for inhalers)	

It is agreed that (*name of child)* _____ will receive

(name & dosage of medicine) _____

At the following time/s _____

Medication will be given or supervised by _____

Agreed review date _____

Signature (Headteacher Or Head of Setting) _____ Date: _____

Signature of named Person/s _____ Date: _____

Signature of Parent/carer _____ Date: _____

Form B – Record of Medicine/s Administered

Name of School or Setting: _____

Child's Name: _____

Quantity received
No. of Doses/Volume: _____

Date received: _____

Quantity returned: _____

Date returned: _____

Date	Time	Name and strength of Medicine	Dose given	Comments	Signature of Staff	Witnessed & checked by (signature of staff)

Form C - Health Care Plan (Managing Medicines)

Name of School/Setting	
Child's Name	
Group/Class/Form	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Outline medical needs and give details of childs symptoms

List any regular medication taken by the child

Daily management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevent health care professionals (e.g. specialist nurse etc)

Form copied to:

Form D - Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Name of School or Setting	
Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: _____ Date: _____

Parent/carer Signature _____ Date: _____

Form E – Individual Epilepsy Plan

To be completed where there is a known history of epilepsy

Name of School or Setting	
Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone No.	

Are there any triggers or warnings prior to a seizure?

Description of usual seizures:

Frequency of seizures – Please specify	

Usual Care during a seizure

- Observe time at start of seizure
- Stay with (name)_____ and reassure them
- Summon help
- Protect head from injury
- Maintained privacy & dignity through removing other students from the area
- Other care

Emergency care/medication:
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

Post Seizure
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy

Guidance note on completion of Individual Health Care Plan

When identifying what information plans should record, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments

- the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional

- who in the school needs to be aware of the child's condition and the support required

- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition

- what to do in an emergency, including whom to contact, and contingency arrangements

Form F – request for child/young person to administer his/her own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be disucssed with the healthcare professionals)

In the event of a salbutamol inhaler being used in school, we require confirmation from a medical practitioner that an annual asthma review has been undertaken and that the child may administer their own inhaler medication. The inhaler should be prescribed in the child's own name.

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	
Date of annual asthma review	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary. I agree to this being stored in the case allocated to each class and this will follow the children to break, lunch, outdoor and indoor activities and trips.

Signature Of Parent/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.