



## Administration of Medicines

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## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of Norwich Road Academy will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in:

‘Supporting pupils at school with medical conditions’ December 2015.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil’s ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

## **Organisation**

The leadership of the organisation will develop policies and procedures to ensure the medical needs of pupils at Norwich Road Academy are managed appropriately.

## **Implementation monitoring and review**

All staff, governors, parents/carers and members of Norwich Road Academy will be made aware of and have access to this policy. This policy will be reviewed and its implementation monitored as part of the Principal’s responsibility.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs the Class Teacher and the SENCo will complete an assessment of the support required. This might include the development of an Individual Health Care Plan (IHCP) and additional staff training. The academy will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the academy may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place. (See Appendix Template A).

## **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil’s medical needs and this should be recorded on the IHCP or pupil record. It is expected that staff with contact to a pupil with medical needs will, as a minimum, be informed of the pupil’s condition and know how to respond in a medical emergency.

## **Consent to administer medication**

Prescribed and non-prescribed medication – each request to administer medication must be accompanied by ‘Parental consent to administer medication form (Template B).

## **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day.

In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.

The Principal or a member of the Leadership Team must first agree the administration of the medicine if it is for a re-occurring or long-term illness. The parent or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents must complete a 'Parental agreement for setting to administer medicine' form (Appendix Template B). On no account should a child come to school with medicine if he/she is unwell.

### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. An asthma care plan will be completed. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in the academy. The academy may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Inhalers are kept in the classroom in a named bag. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First /Aider. It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

### **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually. In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Each child should have two Epi-pens which are kept in the pupil's classroom cupboard. Epi-pens are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training to enable them to administer the epi-pen in emergencies.

### **Mild Allergic Reaction**

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication

i.e. P.E. Science, Design and Technology.

### **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer one standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHCP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHCP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office and also in the inside front cover of the Record of Medicine Administered to Individual Children folder.

### **Non-prescription Medicines**

Under exceptional circumstances, where it is deemed that their administration is required to allow the pupil to remain in the academy, the academy will administer non-prescription medicines. The academy will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHCP or EHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed.

The storage and administration for non-prescription medication will be treated as prescription medicines. Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained (Appendix Template B). Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operatively general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHCP.

In addition to the protocol for the administration of paracetamol detailed above the academy will:

- Administer one dose, if a dose of pain relief has not been administered in the past four hours, with parental consent,
- Only administer paracetamol for a maximum of 1 week.
- Request that the parent or guardian will supply daily a single dose of paracetamol for administration. This can be in the form of a liquid sachet.
- Regularly review the requirement for pain relief during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHC.
- The school will inform the parent/guardian if pain relief has been administered and the time of administration.
- Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc.
- If the school is in any doubt if symptoms warrant pain relief, the school nurse will be contacted for further advice.

The academy will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

### **Controlled Drugs**

The academy does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the Principal and SENDCo with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, SENDCo, Principal, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHCP) or Educational Health and Care plan (EHCP). These plans will be reviewed by the academy annually or following a significant change in a pupil's medical condition.

### **Impaired mobility**

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' form (Appendix Template B).

### **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine.

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept securely. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency. Emergency medicines such as inhalers and epi-pens are kept in the office in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

Medicines that require refrigeration are kept in the office, clearly labelled in an airtight container. Any uncollected medicines and out of date medicines will be disposed of at the end of the academic year.

### **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the 'Guidance on infection control in schools and other childcare settings' from the Health Protection Agency.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' (Appendix Template C) and 'record of medicine administered to all children' (Appendix Template D).

### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the academy's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

### **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents should ensure they complete a consent form (Appendix Template B) and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit. All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Principal. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution.

### **Appendices**

Template A: Template individual Healthcare Plan

Template B: Parental agreement for administration of medicine

Template C: Record of administration of medicine to a child

Template D: Records of medicine administered to all children.

Template E: Staff training record

Template F: Contacting medical services

Template G: Model letter inviting parents to contribute to IHCP



## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Template C: record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


## Template D: record of medicine administered to all children

Name of school/setting

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[illegible]

## Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

## Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely