

## SHAMBLEHURST PRIMARY SCHOOL

### ADMINISTRATION OF MEDICINES POLICY

**Written by:** Lisa Hinder  
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#### Policy Statement

This policy aims to provide school staff with general information and guidance about medicines and medical support to pupils in school. It has been implemented in order to ensure that any administering of medication is conducted in a safe and competent manner and that any procedures comply with relevant guidance provided by Hampshire County Council.

Shamblehurst Primary School will undertake to ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools*<sup>1</sup> with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at the school is held by the Headteacher who is the responsible management.

It is our policy to ensure that all medical information will be treated confidentially by all staff who have a duty of care to follow and co-operate with the requirements of this policy.

#### Aims and Objectives

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of :
  - Prescribed medicines
  - Non-prescribed medicines
  - Maintenance drugs
  - Emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

<sup>1</sup>*Health Guidance for Schools is available in the first aid room*

#### ADMINISTRATION

The administration of medicines is the overall responsibility of parents. The Headteacher is responsible for ensuring children are supported with their medical needs whilst on site and this may include managing medicines where appropriate and agreed with parents.

Where employees may need to bring their own medicine into school, they have a clear personal responsibility to ensure their medicines are not accessible to children.

#### Routine Administration

Prescribed medicines

- It is our policy to manage prescribed medicines (eg antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, the parents. Parents should be encouraged to administer medication at home, before and after school, where appropriate.
- **Inhalers:** A pupil may need to use an inhaler regularly, if wheezy or before exercise. Inhalers should be readily available when taking part in sporting activities. The inhaler should be marked with the individual's name. Most children of school age are able and trained by asthma nurses to use their own inhalers. The school also holds spare inhalers and spacers for emergency situations only. Parental consent will be obtained for all children with inhalers in school, to allow for the spare inhaler to be used if the child's is mislaid or broken.

#### Non-prescribed medicines

- It is our general policy not to take responsibility for the administration of non-prescribed medicines (eg Calpol or cough mixtures provided by parents) as this responsibility rests with parents
- On occasions when children require paracetamol it is our policy to administer providing that written consent from parents has been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document.
- The school will gain written permission from parents to administer Calpol in an emergency.
- Calpol will not be administered until after 1pm if the parent cannot be contacted. This is to ensure that 4 hours have passed since the child may have had a previous dose.
- Children under 16 years old should never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the Headteacher who may decide to administer under certain miscellaneous or exceptional circumstances

#### Maintenance drugs

- It is our policy to manage the administration of maintenance drugs (eg Insulin) as appropriate following consultation and agreement with, and written consent from, parents. On such occasions, a health care plan will be written for the child concerned and if required training given.
- **Insulin:** Diabetes in the majority of children is controlled by two injections of insulin each day, and are unlikely to require further injections during school hours. Where injections or prick testing is required during the school day, an agreed plan will be drawn up with the agreement of the child's parent/carer. Staff should only administer insulin injections where they have received appropriate training to do so. In most cases, staff will need to supervise a pupil's self-administration. Insulin dosages must be witnessed by a second person.
- **Adrenaline:** With anaphylaxis, an extreme allergic reaction, people are normally prescribed adrenaline in an injecting device (Epi-pen). This looks like a fountain pen and is pre-loaded with the correct dosage of adrenaline. The responsibility for giving this injection is voluntary and should not be undertaken without training from a qualified health profession. The school has ensured that there are sufficient employees available who are willing and trained to administer this type of injection.
- The school also holds emergency adrenalin pens of two different dosages for emergency situations only. Parental consent will be obtained for all children with adrenalin pens in school, to allow for the spare adrenalin pen to be used if the child's one is mislaid or broken.

### **Non-Routine Administration**

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):
  - Injections of adrenaline for acute allergic reactions
  - Injections of Glucagon for diabetic hypoglycaemia
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

The administering of other invasive specialist medical injections or procedures (other than insulin and epipens) will not be administered by a member of the school staff. If a pupil needs this treatment, it will be administered by a parent/carer or suitably qualified medical practitioner.

If a child has a medical condition affecting the bladder/bowel, the school will ensure that there is flexibility for visiting the toilet during lesson time.

### **Allergies**

The school must be notified of all allergies. Parents are expected to complete the medical/health questionnaire in detail. Before a pupil is admitted to school, the parents/carers of any pupil with a medical condition will be requested to make contact with the school to discuss the condition, in order to ensure that appropriate procedures/support can be put in place. Allergies developing after this time should be notified to the school by the parent/carer immediately they are known.

### **Medi-alerts**

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily.

### **Impaired Mobility**

Providing the approval of the General Practitioner has been given, there is no reason why children wearing plaster casts or using crutches should not attend school. Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation or normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. A Vulnerable Person Risk Assessment and PEEP will be undertaken for these children.

### **Procedure for Administration**

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required. All medicines must be brought into the school office by a responsible adult. For liquid medicines, parents should provide a measuring syringe.

Any child required to have medicines will have an 'administration of medicines / treatment' consent form completed by the parent and kept on file. A 'record of prescribed medicines' form will be completed each time the medicine is administered, and this will be kept on file. Forms will be copied to the relevant class teacher in order that support staff administer medicines. In the absence of an LSA, medicines will be administered by the Admin staff..

If a child refuses to take medication the parents will be informed at the earliest available opportunity.

Instructions from children should not be followed if they differ from the instruction sheet. Mention the child's comments to the school admin assistant who will contact the parent, but issue the usual dose on this occasion.

**Before** a member of staff administers any medication they should check:

- The written instructions supplied by the parent
- The pupil's name
- The prescribed dose
- The expiry date
- Prescribed frequency

If a member of staff is in doubt about any of these issues they should check with the child's parents or main carers or a health professional before proceeding.

Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability. This health care plan will be held in the office next to the first aid room and in relevant classrooms (covered) and brought to the attention of any temporary staff, such as supply teachers, by support staff or neighbouring teacher. Staff may contact the School Health Service for clarification, advice and training.

Health advisers recommend that children, however young, are encouraged to take responsibility for their own medical care, ie in the use of inhalers or prick testing. School staff should support children in this practice, if appropriate.

Children with severe food allergies will be introduced to kitchen staff and details provided for their purposes and to create a special menu if required. Allergy children will take lunch first each day and be given a different colour wrist band to identify themselves.

### **Contacting Emergency Services**

When a medical condition causes the child to become ill and / or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

### **MEDICAL ACCOMMODATION**

The first aid room, situated in the main office, will be used for medicine administration / treatment purposes.

### **ABSENCE FROM SCHOOL**

Absence from school is recommended for the following reasons:

- Contagious rashes and skin disease, ie weeping (not dry) impetigo
- Diarrhoea and vomiting (for 48 hours after the last episode)
- Respiratory conditions, severe coughing other than asthma
- Other infections complaints
- High temperature

A visit to the doctor is recommended for the above categories.

In the case of a child having a stomach virus or 'bug', symptoms of diarrhoea and/or vomiting must have ceased for at least 48 hours before returning to school.

If a child has been hospitalised or had an operation, it is important that the school is informed, in writing, giving the nature of the condition.

The school must be notified if a child has had a minor accident the previous night or before arriving at school the following day.

### **ILLNESS AT SCHOOL**

During the school day, if a child develops symptoms causing any concern at all, the parent will be contacted and advice sought.

If a child has been confirmed to have been physically sick at school a parent/contact will be telephoned and requested to collect the child from school.

If a child has a bowel accident at school, the parent will be contacted to deal with the situation on the school premises and, if appropriate, leave the child to continue the school day. If a child has a diarrhoea problem during the school day, the parent will be contacted and expected to take the child home.

**In cases of worrying symptoms, the emergency contact will be asked to attend the school immediately/emergency services summoned if necessary. In the event of the emergency person not being available, the emergency services will be summoned and a member of school staff will accompany the child to the hospital.**

### **TRAINING**

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

### **STORAGE**

The storage of medicines is the overall responsibility of the Headteacher who will ensure that arrangements are in place to store medicines safely.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed. Medicines will be stored in the Medical Room or in the office fridge, except emergency medication such as inhalers or adrenaline. Inhalers & Epipens will be kept in a place that is close to hand and not locked away. Their expiry dates will be checked on a regular basis and parents contacted to provide new. **Please note: Epipens must not be refrigerated.** We can be provided with a second inhaler or adrenalin injectors which can be kept in the medical room if the parents would like this.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration (include on consent form).

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Controlled medicines such as Ritalin must be kept in a double locked cupboard in a secure room (not on an external wall) in line with the Controlled Drugs Legislation. Other prescribed medicines must also be kept secure.

### **DISPOSAL**

It is not the school's responsibility to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Children will take these home if a sharps box is not available in school. Collection and disposal of the boxes will be locally arranged as appropriate.

### **CONFIDENTIALITY AND PRIVACY**

***All medical information should be treated confidentially.***

Staff who may deal with emergencies will need to know about a pupil's medical needs. Supply teachers also need to be aware of medical needs.

Where treatment or medication may involve intimate or invasive administration, school staff are under no pressure to assist in this kind of treatment. It will also be appropriate for two members of staff to be present for administration of this nature..

### **RELATED SCHOOL POLICIES**

Attention is brought to the school:

- Health and safety policy
- First aid in school policy
- Equalities policy

All policies are available from the school office.

### **STAFF INDEMNITY**

Hampshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment, and this includes the administration of medicines and the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked.

### **NOTE**

This procedure equally applies to off-site activities.

<b>MEDICAL TRAINING</b>	
Asthma	Every two years
Epipen	Every two years
Diabetes	As required for an individual child or trip
Epilepsy	As required for an individual child or trip
Schools Inset First Aid/First Aid at Work	Every 3 years
Paediatric First Aid	Every 3 years