

Boundary Primary School



Administration of Medicines within BOUNDARY PRIMARY SCHOOL

Policy and Practical Guidance for the administration of Medicines within
BOUNDARY PRIMARY SCHOOL

Adapted from the NHS Blackpool Teaching Hospitals NHS Foundation Trust Policy for Administration of Medicines within Blackpool Children's Centres and following the Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (April 2014) and statutory framework for the early years foundation stage - Setting the standards for learning, development and care for children from birth to five, September 2014

Review period: Annually

Date policy last reviewed: February 2017

Person Responsible for Policy: Headteacher

1.0 Purpose

To ensure that any medication administered to pupils whilst in Boundary school is given with regard to the child's safety and 'best interests'.

To ensure that pupils with medical conditions at Boundary School are properly supported so that they have full access to education, including school trips and physical education.

1.1 Introduction

- This policy must be read in conjunction with Boundary Primary School Safeguarding Children Policy and Procedures, The Statutory Framework for the Early Years Foundation Stage (September 14), Statutory Guidance for Governing Bodies of Maintained Schools and Proprietors of Academies in England 'Supporting pupils at school with medical conditions', April 2014 and other Boundary School policies, as appropriate.

In this policy when we refer to the word 'prescription' we mean written instruction from a Doctor, Dentist or independent prescriber such as a qualified pharmacist or nurse.

1.2 Philosophy

Children who are acutely ill or infectious cannot be cared for within a school setting.

Medicines must only be administered in a school setting when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

1.3 Principles

Only Prescription Medication will be administered.

Medication will only be given to a child following agreement between Boundary School SLT and the parent / carer.

Medicines must only be administered if provided in their original container (including prescriber's instructions), clearly labelled with the expiry date, child's name, and dose to be given.

Non-prescription medicines must never be given to a child.

1.4 Duties

Parents/ carers have the prime responsibility for their child's health and must provide school with information about their child's health and medical needs including details on medicines their child needs.

The policy identifies controls that must be in place and maintained. It is the responsibility of all staff to ensure that they comply with the policy.

The related procedures and guidance must be adhered to by all staff when administering medication to children.

Staff are to be informed of the medication policy at induction.

1.5 Administration of Prescription Medicines

Only Prescription Medication will be administered. Medication will only be given to a child following agreement between the SLT and a parent / carer. The Parental Agreement Medication Form (Appendix 1) must be completed.

Non-emergency medicines must be stored in one of the locked First Aid cupboards, in the Main School Office. The Keys will be kept in a safe place, out of children's reach. A few medicines need to be refrigerated (see 3.8 for regarding storage).

Medicines must always be provided in the original container as dispensed by the pharmacist detailing the prescriber's instructions:

- **Child's name**
- **Name of medicine**
- **Prescribed Dose**
- **Method of administration**
- **Time / frequency of administration**
- **Expiry date (if a Medicine does not have an expiry date it must only be administered if dispensed within the last month).**

Staff will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instruction.

Information regarding administration given by the parents must be consistent with that provided by the prescriber. If there is any doubt no medication must be administered until a member of SLT has clarified the matter.

All medicines administered will be recorded in the Parent Agreement Medication Form and parents must acknowledge this by signing.

Before administering medication the following must be checked and witnessed by another member of staff giving the medication:

- **Child's name**
- **Written instructions provided by prescriber with those of the parent**
- **Expiry date (if a Medicine does not have an expiry date it must only be administered if dispensed within the last month).**
- **Prescribed dose**

Two staff members will be present while medicine is administered, one to administer the medication and the other to witness.

The correct dose of medicine must be administered using which ever method prescribed along side the medication.

Immediately following administration the dose given must be recorded in the Parent Agreement Medication Form. The parent / authorised person collecting the child must countersign the Parent Agreement Medication Form before taking the child home.

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate. For further information on controlled drugs please see DfES, Managing Medicines in Schools and Early Years Settings', March 2005.p8.

1.6 Refusing Medication

If a child refuses to take medicine, staff must not force them to do so, but note this in on the Parent Agreement Medication Form (Appendix 1).

Parents must be informed of any refusal **immediately**. If refusal to take medicines results in an emergency, the emergency procedures must be followed.

Emergency Procedures:

Request First Aider – Paediatric First Aider or First Aider at Work

Ring 999 for an ambulance

Contact Parents

1.7 Person Administering Prescription Medication in School

The SLT will determine who will administer medication within the school.

Any member of staff who agrees to accept responsibility for administering medicines must have training and guidance when appropriate. They must be aware of possible side effects of the medicines and what to do if they occur.

If the child's parent/carer is within the school then they will administer the medication following the above procedures, with an additional member of staff witnessing and signing the Parent Agreement: Prescription Medicine Form.

1.8 Storage of Medication

All staff must ensure that all medication is stored safely.

Only medicines prescribed for individual children must be stored. Medicines must be stored strictly in accordance with product instructions (paying particular note to temperature) and in their original container.

All non-emergency medication must be stored in a secure place not accessible to children.

A few medicines need to be refrigerated. A refrigerator is available in the Office near the Medicines cupboard.

All emergency medication, such as inhalers and adrenaline pens are stored within the classroom in a safe place in a clearly identifiable box. All members of staff have access to these.

Children with diabetes have their medication in personal bags, kept for safe keeping and ease of administration in class stock rooms.

1.9 Disposal of Medication

Staff must not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They must also collect medicines held at the end of each term. If parents do not collect all medicines, they must be taken to a local pharmacy for safe disposal.

Sharps boxes must always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes must be arranged with appropriately, e.g. environmental services.

1.10 Hygiene and Infection Control

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

1.11 Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A health care plan must be completed for any child attending school with a medical condition e.g. epilepsy, diabetes, and anaphylaxis. Children with asthma are covered with Asthma UK's exemplar plan, unless specific information has been given to school by parents from a consultant or GP.

An individual health care plan clarifies for staff, parents and child the help that can be provided. The Children's Service Authority has developed a healthcare plan for settings and schools in Blackpool to use. (Appendix 2).

The healthcare plan must be written in conjunction with parents and SLT. This healthcare plan should be updated as necessary or at least annually.

1.12 Learning Outside the Classroom

In line with the Learning Outside the Classroom Policy a qualified first aider will accompany children on all outings, will administer medication if required and will be responsible for the medicines safety on the outing. Any medication due to be taken at the time of the outing will be included in the first aid box/bag and taken on the outing. The process for administering the medication will remain the same.

A copy of the Parents Agreement and the healthcare plan, as appropriate, will be taken on the outing.

1.13 Staff Medications

If a staff member is taking medication which may affect their ability to care for children they must seek medical advice. SLT must ensure those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair the staff member's ability to look after children properly. Staff medication on the premises must be securely stored in the Medicines Cupboard and out of reach of children at all times. (DfES, Statutory Framework for the Early Years Foundation Stage, 2014, 3.19, p20)

Medication of staff members must NOT be in any classroom environments and must be locked in an agreed place away from children or the Medicines cupboard, in the school office. The only exception to this is in the case of medication for life threatening illnesses such as asthma and diabetes and this would have to be agreed with management and a risk assessment and care plan completed for its storage and administration.

1.14 Monitoring

Staff will be monitored on their understanding of this policy through staff training and their compliance with this policy by the SLT and Phase Leaders.

Staff are to be given the opportunity to access their required medication and administer it in the staff room or main office. Under no circumstances is it to be taken back into a class environment to be administered.

Appendices

Appendix 1: Boundary Parent Agreement: Prescription Medication Form

Appendix 2: Boundary Health Care Plan

Appendix 3: Boundary Procedure for Administration of Medicines

Appendix 4: Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five.

Appendix 5: Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.



Appendix 1

PARENT AGREEMENT: PRESCRIBED MEDICATION FORM

Before administration, Nursery/School staff must check the child's medication bottle/box with the parent/guardian and the form below must be completed accordingly. If any parts of the form are not completed then the medicine cannot be administered.

Has the original container been dispensed by the pharmacy?		Does the original container provide clear instructions regarding administration?	
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Childs Name _____ Class _____

Name of medication _____

Reason for medication _____

Date prescribed _____ Expiry Date _____

Length of course of medication _____

Dosage and strength _____

Time (s) to be administered in school _____

Has your child had this medication before (circle answer) **YES** **NO**

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

Signed _____ Date _____

Print _____

NB: Please note a member of the Senior Leadership Team has to authorise in the first instance a member of staff to administer a prescription medicine. A second member of staff will check all the details on the prescription label to ensure they are full and correct, and countersign to witness the medication being given.

<i>Authorised By Sign</i>		<i>Print:</i>		<i>Date:</i>	
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You will be contacted immediately if your child refuses their medication. We reserve the right not to administer thereafter.

Appendix 2

Boundary Health Care Plan		
Name of school:		Year group:
Child's Name:		Date of Birth:
Hospital/NHS number:		Photograph
Child's Address:		
Medical Condition/Allergies:		
Date:	Document to be Reviewed by Date:	
Family contact information		
Name:		Relationship:
Phone [work]	[Home]	[Mobile]
Name:		Relationship:
Phone [work]	[Home]	[Mobile]
Medical Contacts:		
Consultant Paediatrician:	Phone:	
G.P.:	Phone:	
Health visitor/School Nurse:	Phone:	
Therapist:	Phone:	
Other:	Phone:	
Health needs and details of child's symptoms:		
Daily care requirements:		
Staff training:		
Emergency needs and action to be taken:		
Person responsible in an emergency:		
Onsite:	Off-site: e.g. School visit	
Parent/Guardian Signed Consent:		
I consent to staff named above administering the medical procedures as laid out in the Healthcare plan to my child, and to the information in the Healthcare Plan being shared with non-parent carers.		
I agree to provide school with up to date and accurate medical information, current contact numbers and prescribed medications (within the expiry date)		
I agree that the information I have given on this plan is all that has been passed on to me and the school is not liable for lack of information I have not shared.		
Signed:	Name:	Date:
Form completed by:		Copies held by:

Appendix 3

Procedure for Administration of Medicines

Following Boundary Primary School's Administration of Medicines within
BOUNDARY PRIMARY SCHOOL

Before administering medication the following must be checked and witnessed by another member of staff giving the medication:

- **Child's name**
- **Written instructions provided by prescriber with those of the parent**
- **Expiry date (if a Medicine does not have an expiry date it must only be administered if dispensed within the last month).**
- **Prescribed dose**

Two staff members will be present while medicine is administered, one to administer the medication and the other to witness.

The correct dose of medicine must be administered appropriately.

Immediately following administration, the dose given must be recorded in the **Boundary Record of Administering Medication**.

The parent / authorised person collecting the child must countersign the Parent Agreement Medication Form before taking the child home, however the Parent must countersign the form when next available.

Medicines must always be provided in the original container as dispensed by the pharmacist detailing the prescriber's instructions:

- **Child's name**
- **Name of medicine**
- **Prescribed Dose**
- **Method of administration**
- **Time / frequency of administration**
- **Expiry date (if a Medicine does not have an expiry date it must only be administered if dispensed within the last month).**

Staff will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instruction.

Appendix 4

Statutory framework for the Early Years Foundation Stage

Setting the standards for learning, development and care for children from birth to five
(September 2014)

Parts relating to Medicines for information

Health

Medicines

3.44. The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

3.45. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.46. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

Staff taking medication/other substances

3.19. Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Appendix 5

Supporting Pupils at School with Medical Conditions

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (April 2014)

Parts relating to Medicines for information

Managing medicines on school premises

35. The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have

been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

36. Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency procedures

37. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

38. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

39. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.