

ADMINISTRATION OF MEDICINES POLICY

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 not be administered by school based staff.
- 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 – Agreement to Administer Medicine).
- Written confirmation of instructions from a health practitioner is required prior to administering any medication.
- Records of all administration will be recorded. (form B – Record of Medicine/s Administered)

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 office 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.

Storage of Medication in school

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. Unless the medication is inhalers and epi-pens. If so these will be kept in an unlocked cupboard in the classroom. A sign on the door will indicate where they are kept. The second epi-pen will be kept in an unlocked cupboard in the main office area.
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.

Documentation

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
 - Pupil record of medication administered. (Form B - appendices)
 - Parental/guardian consent for school trips
11. In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C Health Care Plan).

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 – Staff training record).
- 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 – Record of Medicine/s Administered).
- 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 – Request for child/Young person to carry his/her own medicine)

At Bailey Green we will look at each child on an individual basis and decide who can take their own medication. If we don't think this appropriate for the child we will let them carry the medication but will supervise the administration.

Record Keeping

14. 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 to be kept.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed of and the form of this disposal

15. 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.

16. 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

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

18. Records of administration of medication to be kept.

Emergency Medication

19. Emergency medication is subject to the same request and recording systems as non-emergency medication (form C – Health care plan) with additionally signed CONSENT and written Individual Care Plan (Section 2 – Authorisation of emergency medicine)

20. This type of medication will be READILY AVAILABLE.

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

22. The Care Plan will be checked and reviewed yearly .

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

24. Parents' of children embarking on a residential trip should complete the Residential Trip Medication form

Monitoring of Impact:

Health and Safety Officer, First Aid Leader and Headteacher should monitor the policy.

Appendix A – Clinical procedures that may be delegated to staff

Guidance note on completion of Individual Health Care Plan

Form A Agreement to administer medicine

Form B Record of Medicine/s Administered

Form C Health Care Plan (Managing Medicines)

Form D Request for child/young person to carry his/her own medicine

Form E Staff training record

Section 2 Authorisation for the administration of emergency Medication

Section 3 – Individual Epilepsy Plan

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 jejunostomy 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*

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-effects 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

SICKNESS

A child who exhibits signs of sickness must be treated with care, sensitivity and respect.

A sick child needs observing and an assessment made as to the nature of the sickness. The child will need to be made as comfortable as possible.

Whilst it is policy to support Parents/Carers working and/or training this must not be to the detriment of the child or the Nursery.

Where children have an infectious disease, they should be excluded from the setting in line with the guidance provided by the Public Health England (Guidance on Infection Control in Schools and Other Childcare Settings). The guidance should be kept on public display for parental information.

A child who has experienced sickness and diarrhoea should be excluded from the setting until they have been symptom free for 48 hours, in line with the guidance provided by the Health Protection Agency.

If a child has a communicable disease confirmed by their doctor, then a notice must be prominently displayed and staff and Parents/Carers informed.

Any diagnosis of, or concerns around a serious infectious disease, must be reported to the Head teacher immediately who should contact the Health Protection Agency for further advice and guidance if needed.

Hygiene and Health & Safety Procedures must be followed to ensure containment of the infection and limit the risk of further contamination.