



# Administration of Medicine POLICY

<b>Document History</b>	
<b>CREATED:</b>	Head Teacher
<b>By:</b>	Governing Body
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## **Policy statement**

Regular school attendance is vital for every child and Easterside Academy does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete.

There are, however, a few exceptions:

- ❖ When a child has almost fully recovered and simply needs to complete a course of medication (eg antibiotics) for a day or so.
- ❖ Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler.
- ❖ Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

## **Legal Aspects**

- ❖ There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. ***This is purely a voluntary role.*** Staff should be particularly cautious agreeing to administer medicines where:
  - ❖ the timing is crucial to the health of the child;
  - ❖ where there are potentially serious consequences if medication or treatment is missed;
  - ❖ Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs.

Under no circumstances must **any** medication, including non prescription drugs such as *Paracetamol*, be administered without parental approval.

## **No child under 16 should be given medicine containing aspirin unless prescribed by a doctor.**

Named People who can administer medicines at Easterside Academy are:

Steph Callaghan  
Karen Horne  
Delyth Linacre  
Joanne Basanek  
Meg McCabe  
Katie Hinman

It is the governing body's responsibility to ensure that the appropriate level of insurance is in place. Insurance policies should provide liability cover relating to the administration of medicines, but individual cover may be required for any health care procedures.

**Easterside Academy's insurance policy has been taken through Baker Tilly.**

### **Safety checklist**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?

• What action is necessary in the event of an accident or failure of the agreed procedures?

Will medication be stored in a same place and at a suitable temperature?

**• Details of this policy and procedures will be publicised widely and available from the school website: [www.eastersideacademy.co.uk](http://www.eastersideacademy.co.uk)**

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

No child under 16 should be given prescription or non- prescription medicines without their parents written consent. It is recommended only prescribed medicines should be administered in schools.

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

Schools should **only** administer medicines that are in **date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.** This should also be the case for any non-prescribed medicines should they be agreed to be administered. They should be in the original box complete with instructions.

Only staff who have been authorised to administer medicines by the Policy Lead should do so.

Where children self-administer a medicine that may put others at risk e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.

Facilities should be available to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.

Ideally medication administration should take place in the same room that the medicine is stored. All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the Administration of Medicines in Schools Consent form and the School Record of Medication. At Easterside Academy medicines are administered in the reprographics room.

Medication should only be administered to one child at a time.

It is expected that the child should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine to positively identify the child at time e.g. by confirming name / date of birth and / or comparing with recent photo attached to School Record of Medication (parental consent will be required for photos to attach to medication records)

**Before administering the medicine school staff should check:**

- the child's identity
- that there is written consent from parent / carer
- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the child's identity
- that the medication is in date
- that the child has not already been given the medicine

**Immediately** after administering or supervising the administration of medicine written records should be completed and signed.

**Where a pupil refuses to take their medication:**

- staff should not force them to take it;
- the school should inform the child's parents as a matter of urgency;
- schools should consider asking parents to come to school to administer the medicine;
- where such action is considered necessary to protect the health of the child the school should call the emergency services;
- records of refused/non administration or doses should be made in the child's medicines administration record.

Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.

Wasted doses e.g. tablet dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Such doses should not be administered.

Liquid medicines should be administered with a suitable graduated medicines spoon or syringe.

If the normal routine for administering medicines breaks down e.g. no trained staff members available, immediate contact with parents should be made to agree alternative arrangements.

### **Instruction and Training**

Specific instructions and training should be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should not be undertaken.

Such safeguards are necessary both for the staff involved and to ensure the well being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

### **Record Keeping**

The following information must be completed by the parent:

- Name and date of birth of the child
- Name of parents/guardian, contact address and telephone number
- Name, address and telephone number of GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by the parents/guardian for staff to administer these medicines.
- Expiry dates of the medicines
- Storage details

The Parent Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference.

### **Safe storage and disposal of medicines**

A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to pupils and must not be locked away. They must still be stored safely in such cases. The school has an emergency inhaler stored centrally in school.

Large volumes of medicines should not be stored in schools. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines.

When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff.

Medicines should only be kept while the child is in attendance.

It is recommended that medicines are routinely returned to parents at the end of each term and received back into school at the start of each of term.

Some drugs administered in schools may be classified as controlled drugs e.g. Methylphenidate, Midazolam. In schools controlled drugs should be handled in the same way as any drug except that they are not suitable to be carried by the child and should be stored in a locked non portable device. The exception to this is Midazolam which is used in the emergency treatment of epilepsy and this should be readily available at all times.

The Head Teacher is responsible for making sure that all medication is safely stored.

School staff should not dispose of medicines by for example flushing tablets or medicine down the toilet. Expired / no longer required medicines should be collected from school by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired / no longer required medicines within the specified time frame the school should arrange for these medicines to be returned to their local community pharmacy. This should be recorded on the child's medication sheet – it is advised that this is documented and undertaken by two members of staff.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

Any unused or outdated medication will be returned to the parent for safe disposal.

#### **Interpretation Expiry dates**

##### *Expression*

Use by May 2015

Use by 20 May 2015

Use before May 2015

Use before 20 May 2015

##### *Interpretation*

Do not use after 30 April 2015

Do not use after 20 May 2015

Do not use after 30 April 2015

Do not use after 19 May 2015

Expires 31 May 2015  
Expires May 2015

Do not use after 31 May 2015  
Do not use after 31 May 2015

Expiry dates of all medicines held in school should be checked before every administration. A check of expiry dates should be undertaken of all medicines held in school on a half termly basis.

The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Ideally parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

### **Unacceptable Practice in School:**

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child and parents.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch.
- If the child becomes ill, send them to the school office or medical room unaccompanied.
- Penalise children for their attendance record if their absences are related to their medical condition. E.g. hospital appointments. Parents/carers however must produce medical evidence for any absence.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's needs.
- Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

### **Accidental failure of the agreed procedures**

Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school.

### **Complaints**

Any complaints should be firstly discussed with the school, either with the class teacher or the Head Teacher. If this doesn't resolve the issue then parents/carers should follow the school's complaints procedure. This can also be found on the Academy's website.

### **Children with infectious diseases**

Children with infectious diseases will not be allowed in school until deemed safe by their GP and / or the School Nurse or local health authorities.

### **Medication Consent Form**

**This form is used for all medicines taken on site:**

**Important: School staff are not required to undertake this duty**

Please use block print

Child's name:

Date:

Parent emergency contact:

Doctor: Surgery

Surgery Tel:

Medication:

Storage requirements:

Dosage:

Use before date:

Any special guidance / frequency:

Consequences if medication or treatment missed / action required:

PARENT/CARER CONSENT. Please read and sign.

***This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.***

Signature:

STAFF MEMBER. DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO

Staff Signature:

1. Original: Retain with medication
2. Copy: to be filed in Medication File