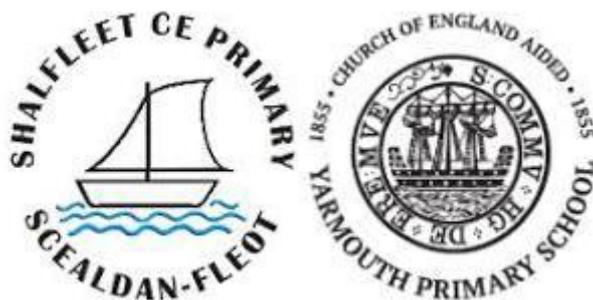


# The Federation of the Church Schools of Shalfleet and Yarmouth

## Achieving Together for a Brighter Future



# ADMINISTRATION OF MEDICINE A STATEMENT OF POLICY

|                       |              |
|-----------------------|--------------|
| Approved by           | DD/SH        |
| Portfolio             | Policies     |
| Approved on           | Spring 20    |
| Review date           | Spring 23    |
| Review Cycle          | 3 Year       |
| COVID amendment added | October 2020 |

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Administration of Medicine Policy

### PHILOSOPHY:

We work in partnership with parents to enable regular attendance of their child at school. In doing so, we recognise the occasional need to cater for the safe use of medicines at school. We also recognise that children with long-term complaints or chronic illnesses such as asthma, diabetes or certain allergies may need to receive medication administered regularly at school.

### PRINCIPLES:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs.
- Medicines should only be taken to school when essential where it would be detrimental to a child's health were they not to be administered during the day.
- Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber.
- Non-prescribed medicines should **never** be given to a child, **except** in agreement with the school and **where** there is specific prior written permission given by parents in extenuating circumstances.

### PROCEDURES:

The school has adopted the following guidance from the Department of Education, September 2014, 'Supporting Pupils in School with Medical Conditions'. It should be noted that no member of staff is required to administer medicines. The Head will ensure however, that a named volunteer member of staff is responsible for administering prescribed medicines in school together with a named alternative. Parents are always welcome to come to school to administer their child's medicines providing that it complies with the principles of this policy. The Head will consider the administration of any non-prescribed medicines on a case by case basis.

The procedures are summarised below:

#### **Prescribed medicines**

- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- **We cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**
- We encourage parents to ask for prescriptions in dose frequencies which enable the medicine to be taken outside school hours.

#### **Controlled drugs**

- A child who has been prescribed a controlled drug may legally have it in their possession where this has been authorised by their parent.
- Otherwise it will be kept in a locked, non-portable container and only named staff have access.
- When no longer required, it will be returned to the parent for safe disposal.
- **No controlled drug will ever be passed to another child for their use.**

#### **Non-prescription medicines**

- Where non-prescribed medicine is administered to a child it will be recorded on a form and the parents informed. [NB the school will **not** administer non-prescribed cough sweets, cough medicines and pain relievers such as Calpol or junior ibuprofen, **unless** covered by the 'agreed with the school' clause in the Principles.]
- If a parent considers that their child needs more frequent use of Calpol or Piriton it is recommended that a doctor's prescription is obtained so that it can be administered at school.

- If a child suffers regularly from frequent or acute pain we will encourage parents to refer the matter to the child's GP.

## COVID-19 response amendment to policy

In light of the current pandemic and to recognise the misuse of GP time in obtaining a prescription for over the counter medication, we have made the following alterations to our policy based on information gathered from the British Medical Association ([bma.org.uk/advice-and-support/gp-practices](http://bma.org.uk/advice-and-support/gp-practices)). Quotes as follows:

“Non-prescription or over-the-counter medication does not need a GP signature or authorisation in order for a school, nursery or childminder to give it.

### Clarification on prescription medicines

The Government's [early years foundation stage statutory framework](#), which governs the standards of institutions looking after children, used to include the paragraph: ‘Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.’

This resulted in some parents making unnecessary appointments to seek a prescription for a non-prescription medicine so that it could be taken in nurseries or schools.

It has now been amended to refer to ‘prescription medicines’. The Department for Education has confirmed to the BMA that an FP10 is not required and non-prescription medication can be administered where parents have given written consent.”

We ask that any non-prescribed medicines are handed into the school office in a unopened bottle/sachet and that written consent is provided.

### Short-term medical needs

- Many children will need to take medicines during the day at some time during their time in school or setting. This will usually be for a short period only, perhaps to finish a course or antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day
- Staff administering lotions must always wear gloves for their own protection.

### Long-term medical needs

- The school needs to be made aware about any particular needs before a child is admitted, or when a child first develops a medical need.
- Special arrangements may also be necessary for children who attend hospital appointments on a regular basis.
- A written individual health care plan will be developed involving the parents and relevant health professionals

### Administering medicines

- Authorised staff giving medicines to a child will check:
  - The child's name
  - Prescribed dose
  - Expiry date
  - Written instructions provided by prescriber or label on container
  - Time, date and dosage of last administration
- If in doubt about any procedure staff will not administer the medicine but check with parents or a health professional before taking further action.
- Staff will complete and sign a record each time they give medicine to a child

### Self – management

- Children are supported and encouraged to administer their own medicine from an early age.
- This particularly applies to older children with a long-term illness where the decision about transferring responsibility must be taken in consultation with the parents and health professionals.

- Where pupils self-administer their own medicine staff will always be present to supervise.
- Where children have been prescribed controlled drugs these are kept in safe custody in a lockable cupboard or drawer in the school office.

### **Refusing Medicines**

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

### **Record Keeping**

- Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases, it is necessary to check that written details include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date
- Parents should be given a form to record details of medicines in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- The school will keep records of children's ongoing medical conditions until they leave the school. All information regarding their short term medical conditions will be deleted once the condition has cleared up and medication is no longer required.

### **Educational Visits**

- Children with medical needs are encouraged to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.
- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

- Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## APPENDIX 1

### DFE Guidance –Managing medicines on school premises

- 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
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg 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 adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when 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 and record should be kept
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction.
- 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
- Written records should be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

***This policy should be read in conjunction with the school's Child Protection Policy, Drugs Education and GDPR/Data Protection Policy and regulations.***