

6.6.4 ADMINISTRATION OF MEDICINES

FOREWORD

This document has been prepared to provide guidance on the policy and procedures for dealing with administration of medicines at Saint Ronan's School.

It is written with reference to the Model Policy for the Administration of Medicines in Schools issued by Kent County Council (2008) and also Managing Medicines in Schools and Early Years Settings issued by Department for Education and Skills/Department of Health (2005)

STATUS AND IMPLEMENTATION

All other policy documentation must be complied with, including: all appropriate statutory, Department for Education, regulatory authority e.g. Health and Safety Executive (HSE) documentation and the School's Health & Safety Policy.

This policy is written with reference to all the children at Saint Ronan's School including those in the Early Years Foundation Stage.

REVISION

This document will be revised on a regular basis to confirm that the procedures are still appropriate.

DEFINITIONS

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.

The school will seek written agreement from parents about sharing information about a child, where information needs to be shared outside the school. However, in cases of confidentiality, the health and safety of the child must take precedence.

School – Saint Ronan's School

SECTIONS

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of medicines
4. Children's medical needs - Parental responsibilities
5. Supporting children with complex or long-term health needs
6. Children taking and carrying their own medicines
7. Advice and Guidance to staff
8. Record keeping
9. Storing medicines
10. Emergency procedures
11. Risk assessment and arrangement procedures (care plans)

1. MANAGING MEDICINES DURING THE SCHOOL DAY

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours.

The National Service Framework encourages prescribers to explore medicines which:

- (i) need only be administered once a day; or
- (ii) provide two prescriptions - one for home use, one for school use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) prescription medicines; and

b) non-prescription medicines.

Prescription Medicines

- Staff may administer such a drug for whom it has been prescribed, according to the instructions.
- The school may look after the drug on behalf of the child.
- The school will keep the drug safely locked up (unless the medication needs to be kept in the fridge, in which case it will be in the Still Room) with access only by staff and with record keeping for audit and safety.
- Prescription drugs should be returned to the parents when no longer required.
- Ritalin and prescription drugs (known as "controlled drugs") need to be kept in a secure environment.

Non-prescription Medicines

- Paracetamol or Ibuprofen can only be given to children when parents have given written permission. Permission is granted via the 'Annual Medical Update and Parental Consent for Trips' form. This form allows parents to indicate which form of analgesia (if any) they consent to being administered.
- The Medical Form, which is completed by parents as part of the registration process, also allows parents to consent to either form of analgesia.
- The school staff will never give aspirin unless prescribed by a doctor.
- Parents will be given written details of any non-prescription medicines administered to their child during a school day. This will either be given to the child (from Year 6 upwards) or put in the child's class pigeon hole (Years 3-5) or given directly to the person collecting the child (Nursery or Pre Prep) by the class teacher/teaching assistant.

2. MANAGING MEDICINES ON TRIPS AND OUTINGS

- Children with medical needs will be encouraged to take part in visits.
- The responsible member of staff will carry out a specific and additional risk assessment in conjunction with the Matron and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made.
- Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)
- All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil's care plan describes emergency procedures that might occur on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. ROLES AND RESPONSIBILITIES OF STAFF MANAGING OR SUPERVISING THE ADMINISTRATION OF MEDICINES

- The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency whether according to any individual child's care plan or not.
- Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening, all staff will need to be aware what action to take.
- Where necessary specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.
- When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from Matron and/or health professionals, where they are willing to administer medicines.

Matron is responsible for:

- Liaising with parents about agreement of care plans
- Giving appropriate support and training to teaching and other staff where they are willing to administer medicines
- Liaising with teaching and other staff with regard to completing risk assessments

4. CHILDREN'S MEDICAL NEEDS – PARENTAL RESPONSIBILITIES

The school will liaise closely with parents so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals (if required).

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix C). The Headteacher should seek their agreement before passing information to other school staff.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines being stored at the school will be checked by Matron at the end of each term and parents informed if they are (or about to become) out of date, with a view to informing the parents and having them renewed for the beginning of the term to come. In any case all medicines should be collected by parents at the end of Term 6. If new supplies are needed, it is the responsibility of the parents to supply medication as needed.

5. SUPPORTING CHILDREN WITH COMPLEX OR LONG TERM HEALTH NEEDS

The school will aim to minimise any disruption to the child's education as far as possible. They will call on the Health Needs Education Service for support and advice, as needed, with regard to the possible impact on learning and supportive strategies required.

The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals (Appendices A & B).

The school will call on any specialist nursing services required to deliver advice, support and appropriate (documented) training if a child at the school requires any procedures e.g. tube feeding or tracheotomy management.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

6. CHILDREN TAKING AND CARRYING THEIR OWN MEDICINES

- Secondary age children may legally carry their own prescription drug (e.g. insulin or Epipens).
- The School will strongly encourage independence, so a child will not be restricted from using their 'as required' medication (e.g. asthma inhaler) during the course of the school day, but it is considered courteous to make the normal requests of the teacher prior to taking medication.
- It is expected that when drugs are taken by a pupil, the time and dosage will be recorded. This is to ensure that if a child appears to need 'as required' medication too frequently, then the parent can be informed
- Epipens need to be kept with or near the pupils who need them.
- Asthma medication to be kept in or near children's classrooms so children can use it independently. It must be taken on school trips (see the School's Asthma Policy).

7. ADVICE AND GUIDANCE TO STAFF

The school will arrange and facilitate staff training for children with complex health needs, calling on organisations such as:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

8. RECORD KEEPING

Appendices

- A. Health Care / Emergency Plan (translate when taken abroad on school trips)
- B. Risk assessment forms
- C. Parental agreement for the administration of medicines
- D. Record of medicines administered during a school day

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

Any advice and support obtained by medical/nursing/therapist staff will be documented and kept with each individual child's medical records and also copied on to PASS medical records.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition.

9. STORING MEDICINES

The school will keep medicines in a secure place (not asthma pumps or Epipens) accessed only by staff. The 'medical fridge' in the Still room is used for medicines that need to be kept cool.

10. EMERGENCY PROCEDURES

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

11. RISK ASSESSMENT AND ARRANGEMENT PROCEDURES (CARE PLANS)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendices).

12. MEDICINES WITHIN THE EARLY YEARS FOUNDATION STAGE SETTING

In the Early Years Foundation Stage the above guidelines apply and in addition: All medicines, Prescription and Non-prescription (including inhalers and adrenaline injectors), will be kept in the child's classroom in a cupboard out of reach and sight of children. Medicines should be in their original containers and clearly labelled. Medicines requiring refrigeration e.g. antibiotic suspensions will be kept in a fridge in the Head of Nursery and Pre-Prep's office and be accessible to staff only. Receipt, administration, recording and return of prescribed medicines is the responsibility of staff within the department using the 'Record of Medicines to be Administered to an Individual Child' and 'Dispensed Medicines' forms.

Person Responsible ALB

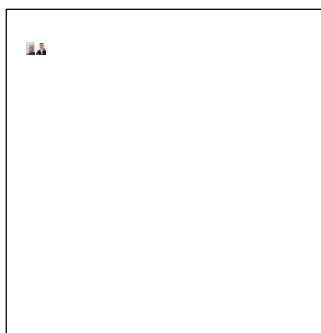
Implemented February 2011

Revised March 2012, September 2013, October 2017, October 2019

APPENDIX A

**Health Care / Emergency Plan
(for translation when taken abroad on
school trips)**

INDIVIDUAL CARE PLAN



Pupil's Name	
DoB	
Diagnosis	
Emergency Contact	
Home address	
Home Tel No	
Mobile No	
GP Practice	
Consultant Specialist	

CONDITION MANAGEMENT

ALLERGIC REACTION = swelling of face, lips; rash anywhere; burning or itching in the mouth

In the event of an allergic reaction administer oral antihistamine.

ANAPHYLACTIC REACTION = Difficulty breathing; fainting; any loss of consciousness

In the event of an anaphylactic reaction:

- Administer Adrenaline injection and note time given
- Lay down and raise feet if feeling at all faint
- Call ambulance
- Inform emergency contact

PRECAUTIONS

OTHER CONCERNS

This document has been produced to ensure that provisions are in place for pupils to manage their condition in school. This document should be agreed and signed by the pupil's parent/guardian and by Matron

PARENT/GUARDIAN

I agree to the care arrangements as detailed in this plan and agree that I will inform the named health professional of any changes to my child's condition/treatments.

I agree to the school sharing information about my child's medical condition with our General Practitioner or Medical Specialist if necessary

Name:	
Signature:	
Date:	

Health Professional

Name:	ANGELA BOUCHARD
Job Title:	HEALTH MATRON
Signature:	
Date:	

Next Review Date:	
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Distribution List:
Class Teacher
Games Staff

APPENDIX B

Parental Agreement for the Administration of Medicines

**SAINT RONAN'S SCHOOL
RECORD OF MEDICINE TO BE ADMINISTERED TO AN INDIVIDUAL
CHILD**

MEDICATION RECEIVED

SCHOOL SETTING	NURSERY/PRE-PREP/PREP
NAME OF CHILD	
DATE MEDICINE PROVIDED BY PARENT	
CLASS NAME	
QUANTITY RECEIVED	
NAME & STRENGTH OF MEDICINE	
EXPIRY DATE	
DOSE AND FREQUENCY OF MEDICINE	
QUANTITY RETURNED (IF ANY)	

STAFF NAME (RECEIVING MEDICATION)

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STAFF SIGNATURE

.....

SIGNATURE OF PARENT

.....

MEDICATION ADMINISTERED

DATE			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF INITIALS			

DATE			
TIME GIVEN			
DOSE GIVEN			
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APPENDIX C

Record of medicines administered

