



## Administering Medicines

Date	Review Date	Coordinator	Nominated Governor
SPRING 2015	SPRING 2018	LOUISE GUTHRIE	CARLI DAVISON

We believe this policy relates to the following legislation:

- Medicines Act 1968
- Misuse of Drugs Act 1971
- Health and Safety at Work, etc Act 1974
- Children Act 1989
- Workplace (Health, Safety and Welfare) Regulations 1992
- Education Act 1996
- Schools Standards and Framework Act 1998
- Education (School Premises) Regulations 1999
- Management of Health and Safety at Work Regulations 1999
- Special Educational Needs and Disability Act 2001
- Education Act 2002
- Health and Safety (Miscellaneous Amendments) Regulations 2002
- Children 2004
- Equality Act 2010
- School Premises (England) Regulations 2012
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Children and Families Act 2014
- Supporting Pupils at School with Medical Conditions 2014

### Aims

- To outline the procedures for administering prescribed medicines to pupils.
- To work with other schools to share good practice in order to improve this policy.

We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication.

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided before any member of the school personnel who has volunteered and accepted this role to be familiar with all administration of medication procedures.

Medicines will only be administered that have been prescribed by a doctor or some other authorised person and where it would be detrimental to a child's health if the medicine were not administered during the day. No medicines will not be administered by staff but parents/carers can make arrangements at lunch time to administer the medication to their child.



We as a school community have a commitment to promote equality. Therefore, an equality impact assessment has been undertaken and we believe this policy is in line with the Equality Act 2010.

### **Duty of care**

It is possible for staff through their professional 'duty of care' to administer medications to pupils who require it, enabling known medical conditions to be managed during the school day. Staff are not expected to routinely medicate pupils in situations whereby medication can be taken in a planned way around the school day e.g. antibiotics; however it is recognised that in some cases a child may require medication to ensure the child's health and safety, and where the medication regime cannot be upheld without school staff being involved. (NB the duty of care also extends to staff leading activities off site e.g. visits, residential, etc

There is no legal or contractual duty that requires teachers in schools or settings to administer medicine or supervise a child taking it. (The only exceptions to this related to the 'duty of care' outlined in the LA's policy).

Children with medical needs have the same rights of admission to school as other children. In certain circumstances however, e.g. where there is a risk to the health and safety of staff or other pupils, alternative arrangements may have to be made to meet a child's educational needs.

### **Local authorities, schools and early year's settings have a duty:**

- i) Not to discriminate against or treat children with disabilities less favourably than those who are not disabled, without justification.
- ii) To make reasonable adjustments to ensure disabled children are not put at a substantial disadvantage in comparison to those who are not disabled.
- iii) To plan to increase access to the school or setting, the curriculum and provide written materials in alternative formats.

As some medical conditions may be classed as a disability, the Local Authority and council would expect schools and settings to have considered arrangements that can reasonably be made to support children presenting with such needs. This would include children who may require the administration of medication.

All staff have available to them

- Advice and information on common childhood illnesses and conditions
- First aid training, to ensure they feel confident in dealing with minor everyday injuries
- Specific information that applies to the pupil/s under their immediate care
- Access to the named school's Public Health Nurse and Staff Nurse who is able to give advice both general and specific on a range of issues and conditions



## Procedure

### **Medicines in school**

Medicines should only be taken in school when it is essential. For example when it would be detrimental to the child's well being (health and safety).

Parents/carers should time 'doses' of medication outside the school day, i.e. before school, after school and before bed.

Medicines MUST be in their original container, which clearly states the child's name, the medicine name and dose to be taken.

Parents/carers must label the medication with the child's FULL name. Should parents/carers not do this school staff must do so immediately.

**School will not administer any medication to children unless they have a life threatening illness ie cystic fibrosis.**

### **Medication during sporting activities – most likely asthma**

Some children may require access to inhalers during sporting activities.

- These should be transported in a suitable container to the event/activity and the child and relevant staff informed of their location, this includes on-site and off site PE activities.
- Medication MUST be taken to PE lessons in the class container, whether the lesson be indoors or outdoors. This is the responsibility of the teacher in charge of the class, and in the case of children attending sporting events in mixed groups the responsibility of the class teacher to ensure medication is accessible to the child.

### **Medicines on school trips**

Where appropriate pupils may carry their own medication this is particularly possible in the case of inhalers, or when children may be working with a range of adults as part of the arrangements for the visit.

When pupils are participating in a visit this policy still applies. Asthma medication should be transported in a secure container under the responsibility of a member of staff (usually the class teacher or designated party leader). This person must be readily accessible to the child for the duration of the visit in case the medication is required. The child must know which adult has their medication and be told to ask for it should it be required. Staff must note that volumatics must be taken on visits as appropriate.

Should a child be able to self medicate the child may carry their own medication

A log sheet must be taken on visits to log any child who takes their medication this information must then be transferred to the child's individual log IMMEDIATELY on return to school.



It is the responsibility of all staff to be aware of the medical conditions of any pupils who in their charge on a visit, this knowledge should form part of the preparation and risk assessment for educational visits.

### **Administering regular medication, e.g. methylphenidate type drugs**

Each time medication is given, the following MUST be checked, prior to administration of medication and the completion of the child's individual administration record

- The child's name – it is good practice to ask the child's name EVERY time they are due to receive their medication
- Prescribed dose
- Expiry date on bottle/box or edge of tablet strip
- The written instructions on label or container

### **Methylphenidate (e.g. Ritalin, Equasym, Concerta etc) Medication for ADHD**

Occasionally the dosage of this type of medication can be altered at short notice over a short period of time in order to establish an effective required dosage. As a result, it is not usually possible for a new prescription to be issued. Therefore in such circumstances patients under the care of CAMHS, etc will send an official written instruction (email or via letter) signed by the prescribing doctor indicating any changes. This will be accepted in the same way as an amended prescription. This written instruction must be securely attached to the child's record of medication and an indication made on the 'record of medicines administered' proforma. Such change must be highlighted (using a bold highlighter pen) to bring attention to the changes instructed.

This part of the guidance has been discussed and agreed by the LA in consultation with LA SEN services, CAMHS psychiatrist and the Head Teacher.

Procedures for other prescribing health professionals are yet to be agreed at LA level.

### **Information gathering, sharing, record keeping etc**

Annually at the start of each academic year parents/carers are required to complete new 'data collection sheets' and 'multi permission' forms. On these it is the parent/carer's responsibility to note any medical conditions etc that are known.

On the basis of this information school clerks will collate medical information and compile revised medical information sheets indicating medical and other needs. This information will be shared with teachers, support staff, and held in the emergency contacts file, within the 'medication' file, and other locations as appropriate (e.g. class register files). This information will be updated as necessary and re-circulated as soon as any amendments are known.

When parents/carers indicate a child has a medical condition this will be followed up. Usually this involves the parent/carer completing additional documentation to enable school to have a clear view of the every child's condition. On the basis of this information the school is then able



to establish a care plan for each child. Should such a plan involve medication the regime for this will form part of the plan.

Having established comprehensive information about the range of medical conditions in school it is then possible to ensure that the needs of pupils are appropriately met by school, whilst ensuring that parents/carers retain their appropriate responsibilities.

In the main most conditions are managed effectively with generic information; however there are other conditions that require staff have comprehensive information regarding a child's medical needs in order to ensure the Health, safety and well being, whether or not the child requires medication routinely or in an emergency situation. In all these cases consultation with health visitors or the school's Public health Nurse (PHN) are necessary.

Copies of all medical information including consent forms, current and previous, etc are stored in the child's 'white file' for reference, retained and passed on as appropriate including to new schools/settings.

Current and on-going forms are to be stored in class files and/or the central file for controlled drugs.

### Administering medication

Any medication that is administered or taken must be logged, and an on-going record maintained for every child for whom it is appropriate. This includes asthma medications. Effective record keeping demonstrates that staff have exercised a duty of care.

### **Medication Types**

#### Controlled drugs

Very few controlled drugs are administered in school, methylphenidate drugs are usually the typical controlled drugs that schools may need to make provision for. Such medications are kept in a secure, wall mounted cabinet in the medical/support room (the 'pink room'). A labelled file, held on the bookcase, will contain the necessary record keeping sheets for each child. This file must never be removed from this location.

#### 'Class held' medicines, eg inhalers

A list of all pupils requiring such medication will be held within the class base, and on the central lists.

Should medication be administered, the class teacher or their representative (who must be a staff member) must complete an individual log. This log must be completed in full at the time of medication being taken, or as soon as practical thereafter.

Class files must not be removed from the class base, and must be located in an accessible and obvious place, i.e. next to the box where the medication is stored.

#### Medication requiring immediate access

Emergency medications such as asthma inhalers should be readily available and never locked away, or out of a child's reach. When pupils move to allocation other than their class base inhalers **MUST** be taken with them, then returned to the box in the class.



### Asthma inhalers

Inhalers must be labelled clearly with the child's name and expiry date on the outside.

Each class has a box in which to safely store inhalers.

It is school policy only to administer the 'relievers' (i.e. blue inhalers), brown preventative inhalers are to be administered in the home.

Volumatics or similar devices must be labelled with the child's name and stored next to the medicines box.

### Children carrying own medicines

We anticipate that children will not routinely carry their own medicines (other than inhalers, and where children are able to effectively self medicate), this is largely for the safety of others. This will be kept under review, and any issues shall be dealt with on a case by case basis bearing in mind the age and level of responsibility of the child and their individual circumstances.

### Conditions that do not require medication

Certain pupils have conditions that do not require medication but demand that staff have a full knowledge of the condition and know what that child's care plan needs to be.

These will be managed on a case by case basis using the school's current documentation and any other documentation etc parents/carers and health professionals may provide, eg written notes from parents/carers.

### Allergies

Allergies should be diagnosed by an endocrinologist and information relating to these must be shared with all staff, and where appropriate the LA's dietician is involved to ensure their needs are met by catering and other staff.

### Emergency Procedures

In the event of any kind of emergency swift action needs to be taken by any member of staff. Should the emergency be asthma, epileptic or other possibly anticipated emergency (i.e. one where there has been a known risk no matter how small), staff should act in the manner that has been agreed with parents and is documented on file as appropriate. This information will have been shared with all staff on a regular basis. The emergency services should be called as appropriate and without hesitation.

In any emergency situation 999 should be called.

The Head Teacher or the next most senior member of staff will co-ordinate dealing with emergency situations, seeking support from other staff as needed.

All staff must work cooperatively.

Children should be removed from the area.

- Dial 999
- Contact parents
- Staff member with first aid training and/or experience will assist with the situation.



## **Prescribed, short term medication**

It is the policy of the school to not routinely administer antibiotics and other similar medicines that are for short-term illnesses/conditions. These should be administered at home, in a timely way around the school day.

## **Non Prescribed Medicines**

School staff will not administer non-prescribed medications.

In the event of a request being made by a parent/carer for this to happen the Head Teacher MUST be informed immediately and the parent/carer referred to the Head.

## **Cough/throats 'sweets'**

In general school discourages children from taking this 'medication' during school time as staff are unable to monitor its administration and taken in excess side effects are possible.

On occasions children take throat/cough 'sweets' in school, frequently without the knowledge of school staff, however when staff are aware that such 'sweets' are being taken they should discuss this with parents/carers. Usually children will be requested to give the teacher the sweets and be allowed to take one at lunchtime, and possibly breaktimes. These will be returned to the child at the end of the day.

## **Return of medication to parents/carers**

### **Asthma medication**

It is the responsibility of the parents/carers to ensure medication is in plentiful supply and not running low.

All medication (including volumatics) will be returned to the parents on the last day of each term. This is to ensure that parents/carers are able to check the quantity of medication remaining, and replenish/renew as appropriate, as well as clean volumatics etc

### **Other medications including controlled drugs.**

These are also to be returned to parents/carers at the end of a school term (In the case of controlled drugs to ensure they do not stay on school premises). Parents/carers must collect these medications from the teacher, children should not take them home.

It is the responsibility of the class teachers to ensure medications sent home and returned to school termly, they should liaise with clerks and the learning mentor accordingly who will contact parents/carers as appropriate .

Staff must note when the medication is returned and inform parents should it not be.

## **Disposal of medicines**

Unused or expired medicines must be returned to parents. It is the responsibility of parents to return these to the pharmacy.



Should medication be left in school for a long period advice will be sought regarding its safe removal/disposal.

## **Responsibility for the Policy and Procedure**

### **Role of the Governing Body**

The Governing Body has:

- appointed a member of staff to be responsible for Health and Safety;
- delegated powers and responsibilities to the Headteacher to ensure all school personnel and stakeholders are aware of and comply with this policy;
- responsibility for ensuring that the school complies with all equalities legislation;
- nominated a designated Equalities governor to ensure that appropriate action will be taken to deal with all prejudice related incidents or incidents which are a breach of this policy;
- responsibility for ensuring funding is in place to support this policy;
- responsibility for ensuring this policy and all policies are maintained and updated regularly;
- responsibility for ensuring all policies are made available to parents;
- the responsibility of involving the School Council in the development, approval, implementation and review of this policy;
- nominated a link governor to visit the school regularly, to liaise with the Headteacher and the coordinator and to report back to the Governing Body;
- responsibility for the effective implementation, monitoring and evaluation of this policy

### **Role of the Headteacher**

The Headteacher will:

- ensure all school personnel, pupils and parents are aware of and comply with this policy;
- ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice;
- work closely with the link governor and coordinator;
- provide leadership and vision in respect of equality;
- provide guidance, support and training to all staff;
- monitor the effectiveness of this policy;
- annually report to the Governing Body on the success and development of this policy

### **Role of the Designated Person/s**

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- undertake appropriate training;
- be up to date with the Individual Health Care Plans for those pupils with specific medical needs or emergency medication such as asthma inhalers or epipens;



- be aware of Individual Health Care Plans and of symptoms which may require emergency action;
- read and check the Medical Consent Forms before administering or supervising the taking of medicines;
- check that the medication belongs to the named pupil;
- check that the medication is within the expiry date;
- inform the parent if the medication has reached its expiry date;
- confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage;
- record on the medication record all relevant details of when medication was given;
- return medications to the secure cabinet for storage;
- always take appropriate hygiene precautions;
- record when a child refuses to take medication;
- immediately inform the parent/carer of this refusal

## Role of the Coordinator

The coordinator will:

- lead the development of this policy throughout the school;
- work closely with the Headteacher, designated persons and the nominated governor;
- ensure the following information is supplied by the parent/carer:
  - Name and date of birth of the child
  - Name and contact details of the parent/carer
  - Name and contact details of GP
  - Name of medicines
  - Details of prescribed dosage
  - Date and time of last dosage given
  - Consent given by parent/carer for staff to administer medication
  - Expiry date of medication
  - Storage details
- ensure all medications are kept in a secure place and accessible only to the designated persons;
- ensure all medications are kept cool in a small secure fridge;
- provide guidance and support to all staff;
- ensure a designated person will attend all educational visits in order to administer medications;
- ensure pupils have immediate access to asthma inhalers during sporting activities in the school day and during extra-curricular clubs;
- provide training for all staff on induction and when the need arises;
- keep up to date with new developments and resources;
- review and monitor;
- annually report to the Governing Body on the success and development of this policy



## **Role of the Nominated Governor**

The Nominated Governor will:

- work closely with the Headteacher and the coordinator;
- ensure this policy and other linked policies are up to date;
- ensure that everyone connected with the school is aware of this policy;
- attend training related to this policy;
- report to the Governing Body every term;
- annually report to the Governing Body on the success and development of this policy

## **Role of School Personnel**

School personnel will:

- comply with all aspects of this policy;
- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- attend appropriate training sessions on equality;
- report any concerns they have on any aspect of the school community

## **Role of Pupils**

Pupils will:

- be aware of and comply with this policy;
- listen carefully to all instructions given by the teacher;
- ask for further help if they do not understand;
- support the school Code of Conduct and guidance necessary to ensure the smooth running of the school;
- liaise with the school council;
- take part in questionnaires and surveys

## **Role of Parents/Carers**

Parents/carers must provide:

- written permission by completing the Medication Consent Form;
- sufficient medical information on their child's medical condition;
- the medication in its original container;
- sufficient medicine for the dosage to be given in school

## **Role of the School Council**

The School Council will be involved in:

- determining this policy with the Governing Body;



- discussing improvements to this policy during the school year;
- organise surveys to gauge the thoughts of all pupils;
- reviewing the effectiveness of this policy with the Governing Body

## **Raising Awareness of this Policy**

We will raise awareness of this policy via:

- the School Handbook/Prospectus
- the school website
- the Staff Handbook
- meetings with parents such as introductory, transition, parent-teacher consultations and periodic curriculum workshops
- school events
- meetings with school personnel
- communications with home such as weekly newsletters and of end of half term newsletters
- reports such annual report to parents and Headteacher reports to the Governing Body
- information displays in the main school entrance

## **Training**

All school personnel:

- have equal chances of training, career development and promotion
- receive training related to this policy on induction which specifically covers:
  - general information about medication
  - administering medications
  - safe use and storage of medications
  - dealing with emergencies
- receive periodic training so that they are kept up to date with new information
- receive equal opportunities training on induction

## **Equality Impact Assessment**

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

## **Monitoring the Effectiveness of the Policy**

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Headteacher and the nominated governor.



A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement. (See Policy Evaluation)

**Linked Policies**

▪ Health & Safety	▪ Medical & First Aid	▪ Asthma	▪ Diabetes
▪ Epilepsy	▪ Sharps & Needles	▪ Manual Handling	

<b>Headteacher:</b>		<b>Date:</b>	
<b>Chair of Governing Body:</b>		<b>Date:</b>	



## Initial Equality Impact Assessment

Please complete an initial equality impact assessment once this policy has been customised to suit your purposes.

Policy Title	The aim(s) of this policy	Existing policy (✓)	New/Proposed Policy (✓)	Updated Policy (✓)
			✓	

This policy affects or is likely to affect the following members of the school community (✓)	Pupils	School Personnel	Parents/carers	Governors	School Volunteers	School Visitors	Wider School Community

Question	Equality Groups															Conclusion										
<b>Does or could this policy have a negative impact on any of the following?</b>	Age			Disability			Gender			Gender identity			Pregnancy or maternity			Race			Religion or belief			Sexual orientation			Undertake a full EIA if the answer is 'yes' or 'not sure'	
	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS		
		✓				✓				✓				✓				✓				✓			Yes	No
<b>Does or could this policy help promote equality for any of the following?</b>	Age			Disability			Gender			Gender identity			Pregnancy or maternity			Race			Religion or belief			Sexual orientation			Undertake a full EIA if the answer is 'no' or 'not sure'	
	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS		
	✓				✓				✓				✓				✓				✓				Yes	No
<b>Does data collected from the equality groups have a positive impact on this policy?</b>	Age			Disability			Gender			Gender identity			Pregnancy or maternity			Race			Religion or belief			Sexual orientation			Undertake a full EIA if the answer is 'no' or 'not sure'	
	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS	Y	N	NS		
	✓				✓				✓				✓				✓				✓				Yes	No

<b>Conclusion</b>	We have come to the conclusion that after undertaking an initial equality impact assessment that a full assessment is not required.
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<b>Preliminary EIA completed by</b>	<b>Date</b>	<b>Preliminary EIA approved by</b>	<b>Date</b>



## Policy Evaluation

Points to be considered	Yes	No	N/A	Please supply evidence
• Policy annually reviewed				
• Policy in line with current legislation				
• Coordinator in place				
• Nominated governor in place				
• Coordinator carries out role effectively				
• Headteacher, coordinator and nominated governor work closely				
• Policy endorsed by governing body				
• Policy regularly discussed at meetings of the governing body				
• School personnel aware of this policy				
• School personnel comply with this policy				
• Pupils aware of this policy				
• Parents aware of this policy				
• Visitors aware of this policy				
• Local community aware of this policy				
• Funding in place				
• Policy complies with the Equality Act				
• Equality Impact Assessment undertaken				
• Policy referred to the School Handbook				
• Policy available from the school office				
• Policy available from the school website				
• School Council involved with policy development				
• All stakeholders take part in questionnaires and surveys				
• All associated training in place				
• All outlined procedures complied with				
• Linked policies in place and up to date				
• Associated policies in place and up to date				
<b>A statement outlining the overall effectiveness of this policy</b>				

