



Administration of Medicines Policy

Fenstanton and Hilton Primary School

Reviewed By : The Full Governing Body

Date of Review : July 2021

Date of Next Review : July 2023

This policy covers procedures for managing prescription medicines which need to be taken during the school day.

Fenstanton and Hilton School has put in place a number of management systems to support individual children with medical needs. The school supports the view that positively responding to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

Other School Policies and documents related to the management of children with medical needs include:-

- The Schools Health and Safety Policy which covers:-
 - o Control of substances hazardous to health (COSHH) which includes Storage of Medicines
- LEA Health and Safety Management in School Guidance Note 29 Arrangements for the administration of medication to pupils in schools
- Pupils with Medical Needs
- The School's First Aid policies and procedures
- Access to Education for Children with Medical Needs

PARENTS/CARERS - Long Term Medication

- Parents/carers are responsible for providing medical information to enable the head teacher to complete the school's medical information and consent form, prior to the admission of the child to the school.
- The school's medical information and consent form must be signed by the parents/carers who will receive a copy for their information. The top copy will be held on the individual pupil's file and a copy kept in the central medicines file. All information will be treated as confidential and only made available to teachers and other staff who have a need to know.
- Medicines should be delivered to the school office in person by the parent and collected by the parent. Children should not be given this responsibility (except for asthma inhalers). Parents should request staff in writing to administer medication via a medication consent form which is available from the school office. This request should be endorsed by a signature and date. Clear instructions should be provided in writing concerning correct dosage and timings for carrying out medication.
- Parents/carers must be able to confirm that any necessary medication has been specifically prescribed for the pupil, is correctly labelled, in date, with storage details attached.

- Parents/carers are responsible for sharing up-to-date medical advice about the pupil with the head teacher, whenever they receive it. The school must be informed of any changes to the medication prescribed or its administration.
- Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

PRESCRIBED MEDICINES

- The head teacher has sole authority, based on individual pupil medical information held on file, to sanction the administration of medication. The headteacher should be satisfied that staff are willing (and qualified where necessary to administer specific medication, for example an epipen or insulin) to undertake the task. Individual pupil medical information will consist of a combination of advice from the school's medical adviser and the pupil's parents/carers.
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. If medicine is prescribed three times a day it will not be administered by the school. Parent school administer before school, after school and before bedtime. If this is not possible parents/carers or grandparents are welcome to come into school to administer the medication during the lunch time break. If stated on the medicine bottle that the medicine is to be administered at **regular** intervals 3 x a day, then staff will administer the medicine. If a child needs medicine 4 x a day, staff will administer the medicine.
- The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including: Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- The School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Parents/carers must provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. In all cases it must include:
 - name of child
 - name of medicine
 - dose
 - method of administration
 - time/frequency of administration
 - any side effects
 - expiry date

- The School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Parents must ensure that school has sufficient medication and prescription details and sign a medication consent form.

- Parents are encouraged to ask the doctor who prescribes the medicine to consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents
- All medicines should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Procedures for managing prescription medicines on school trips and outings will be in accordance with normal school arrangements. A designated person will be responsible for first aid and medical matters during the outing and all issues relating to medical arrangements will be part of the risk assessments procedure carried out prior to the trip. (See Educational Visits Policy)
- Where practicable children will be offered a carer of their own gender for all intimate special care, including the administration of medicines. Parents/carers will be advised of these procedures.
- Provision for medical needs on the school bus is the responsibility of the LEA.

Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
- Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions following the procedures above.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- The School keeps controlled drugs in a locked non-portable container A record is kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Non-Prescription Medicines

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from a Doctor. This would be an unusual circumstance.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

ADMINISTERING MEDICINES

- No child will be given medicines without their parent's written consent.
- No staff will administer specific medicines (for example Insulin or Epipen) without prior training. A register of staff training is kept in the school office and headteacher's office.
- Any member of staff giving medicines to a child should check:
 - the child's name
 - prescribed dose
 - Expiry date.
 - written instructions provided by the prescriber on the label or container
 - If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.
 - If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school
- Staff must complete and sign the medicines book kept in the first aid room and/or classroom to record each time they give medicine to a child. ***During partial opening (COVID-19) any medicines required will remain in the child's bubble, a sign in medicine log will be provided for the bubble.***
- In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.
- Children are not permitted to carry their own medication in school (inhalers are exempt). ***Each child will have a labelled bag for their inhaler which will remain at their work station. When the child leaves the classroom for play and lunchtime they will carry their inhaler bag outside and leave this in their zoned play area under the direction of their adult.***
- Children requiring some medications may self-medicate under supervision of a trained member of staff if this forms part of their individual health plan or parents/cares have completed the consent form.
- The Local Education Authority recognises that circumstances may arise where the admission or continued attendance of a pupil may not be appropriate or may have to be deferred, if there is a particular requirement for medication that cannot be safely or satisfactorily met by the school or if there is a change in the special care and administration of medication arrangements for a pupil. (Refer to LEA Health and Safety Guidance Note 29)

REFUSING MEDICINES.

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the record and advise the Head Teacher accordingly.
- Parents should be informed by the headteacher of the refusal on the same day. (Unless an alternative procedure is listed on an individual child's care plan). If a refusal to take medicines results in an emergency the school's emergency procedures should be followed

TRAINING

- All school staff who are involved in the handling and administration of medication shall be appropriately trained with regard to safety, security and administration from the school doctor and/or their school nurse, in the first instance.
- Training includes instruction in both Local Education Authority and locally agreed procedures to ensure an appropriate level of competence, as well as to define responsibility in relation to secure methods of handling medication, administration procedures, protective equipment and pupil's confidential files.
- Members of staff will normally be expected to accept responsibility for administering medication. Those who accept responsibility must acknowledge any limitations in their competence for which the headteacher and governors will seek appropriate instruction and training. Members of staff will not be compelled to undertake the administration of medication.
- Staff must only undertake special care duties if they have received relevant training.
- A record is kept in the school of all staff training received, relating to the administration of medication. This record shows individual competence, responsibilities and authorisations.

RECORD KEEPING

- Parents/carers are given a consent form to record details of medicines in a standard format.
- Staff record in the medicines book all medication administered

Covid-19 Appendix & Update

Issue	Solution and who
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1. ALL recorded data from individual first aid cases should NOT be visible to further first aiders. This is in line with current GDPR regulations.	Books should be stored in the office once full. COVID-19 each class/bubble will contain their own first aid log book. This will be returned to the office when full.
2. Children prescribed Epipens and Inhalers MUST have these on their person at ALL times.	This is difficult for younger children but they could be in their trays. This will be good practice during CV anyway. COVID-19 – no child return returning to school currently requires an Epipen.. All Epipens are currently being stored securely within the office. Inhalers will be stored in the child's bubble at their workstation.
3. ALL staff to be made aware of whereabouts of main electrical circuit in case of electrocutions.	Circulated.
4. A Burns Kit MUST be available in the small kitchen area and kiln room.	Ordered. Placed in Small Kitchen *ordered for Kiln Room
5. First aid Manual to be visible in First Aid room and NOT to be removed.	First Aid Manual provided on Monday, 1 st June.
6. Disposable tweezers can now be part of first aid kits and be used by Paediatric Trained First Aiders Only.	Disposable Tweezers Delivered to School. Tweezers can ONLY be used by PFAs.
7. Splinters may now be removed if visibly above the surface of the broken skin by Paediatric First Aiders Only. Ensure ALL First Aiders adhere to THEIR most recent training NOT guidelines other First Aiders may be following.	Posters in place Communicated to PFAs & FAs COVID-19 – each class/bubble will have their own first aid kit and an Isolation Room in place containing PPE Equipment.
8. ALL dressings (including gloves) that have been in contact with body fluids MUST be disposed of in the small CLEAR BAGS provided within your classroom. The bags MUST be tied and placed in the YELLOW MEDICAL BIN situated in the Central Area by the end of the day. You will also receive x2 large YELLOW sealable bags. These should ONLY be used if there is a large amount of soiled items/anything that has been in contact with body fluid.	Each classroom has their own medical supply. Member of the bubble seals the clear bag after use and disposes of it in the Bin marked 'Yellow Medical Bin ONLY' in the Central Area. The Site Manager will then empty the Medical Bin at the end of each day. All TA's/Lunch-time Supervisors are responsible for refilling their class First Aid Bumbags.

9. COVID-19 has now been added to the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) regulations.	There will be a standard way that we need to report any suspected cases on a government website. The way we have to with things like scarlet fever
10. Defibrillators are available through grants but can incur running costs.	The parish council should be providing a defibrillator outside the church centre that would be our immediate one. I am unsure of the timeline of this as it may have been hindered by Covid-19
11. ANY case of choking where back thrusts have been administered MUST be sent to hospital to eliminate possible internal injuries.	Call 999 as usual
12. In cases where CPR is needed, during the current pandemic of Coronavirus and apprehension is observed by the First Aider, use face shields and if not available administer compressions ONLY. (It is a personal decision as to whether Rescue Breaths are given without a face shield)	<i>COVID-19 An isolation room has been located (teacher PPA room) which contains PPE Equipment.</i>
13. ‘ Rescue Breaths or breathing ‘- previously known as Mouth-to-Mouth Resuscitation or Kiss of Life (a lifesaving intervention in which you blow air into a person’s mouth after they stop breathing)	Advice that needs to be shared. <i>COVID -19 – a mouth-to-mouth shield will be used by the first aider.</i>
14. ALWAYS expose the patient’s chest during CPR to improve the first aider’s ability to recognise correct hand positioning, leading to more intense chest compressions and reducing the risk of inaccurate compression. Exposure also allows emergency services to quickly attach defibrillator pads, saving valuable time and aid a seamless transition of care.	Advice that needs to be shared

