

# **HOWITT PRIMARY COMMUNITY SCHOOL**



## **Managing and Administering Medicines Policy June 2021**

**HOWITT COMMUNITY PRIMARY SCHOOL**  
**MANAGEMENT AND ADMINISTRATION OF MEDICINES**  
**IN SCHOOL POLICY**  
**June 2021**



**AIMS**

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that pupils with medical needs receive proper care and support in school.

The governing board must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such pupils can access and enjoy the same opportunities at school as any other child.

The governing board should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a pupil's ability to learn, as well as increase their confidence and promote selfcare. They should ensure that staff are properly trained and competent to provide the support that pupils need.

**Prescribed Medicines**

We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Where prescribed medicines have to be administered in school time, a permission form for administering medicines must be completed and signed by parents / carers. The permission forms are stored with the medicines in the main office.

It is helpful, when clinically appropriate, that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

**Controlled Drugs** should never be administered unless cleared by the headteacher. eg Ritalin. Reference should be made to the DfES document Managing Medicines in Schools and Early Years Settings 2005. See appendix 1

**Non-Prescription Drugs**

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the pupil's name, dose and time of administration and complete a consent form.

Staff should **never** give non-prescribed drugs to a pupil unless there is specific permission from the parent/carers. Administration of the medicine will be witnessed and counter signed by a second member of staff. Written confirmation / permission will be obtained using the school's medication form. This will only be a short term measure.

The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs.

If symptoms persist medical advice should be sought by the parent.

Other remedies, including herbal preparations, will not be accepted for administration in our school or on a visit.

A pupil under 16 should never be given aspirin unless prescribed by a doctor.

## **Short Term Medical Needs**

In order to reduce the time a pupil is away from school, the school will administer medicines, for example the end of a course of antibiotics, or apply a lotion, but only for a course of up to 5 days. The Medication Form will be completed by parents / carers.

## **Long Term Medical Needs**

The school will be fully informed of the pupil's needs before admittance.

It is essential to have sufficient information in order for the pupil's medical needs to be adequately supported. (Reference should be made to the 2005 DfES document.)

A care plan is in place for pupils who have long term needs. A copy is kept in the pupil's classroom and a second copy is kept in the main school office. The care plans are written with parents and undated as necessary.

## **Administering Medicines**

Members of staff giving medicines should check:

- The pupil's name
- Prescribed dose
- Expiry date
- Written instructions on the packaging

Members of staff giving medicines will be staff who are:

- Willing and consent to perform such tasks and/or
- Trained where necessary for the task.
- Preferably a trained first aider at least.

**Administration of medicines must be witnessed by a second member of staff and the written record will be kept, using the school's medication form.**

**Medicines can only be given if parents have signed a consent form**

## **Administration of Epipen/Anapen by Staff**

**Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.**

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the headteacher who has been trained by the appropriate health professional. Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the headteacher. A large proportion of our staff have been trained.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Epipen/Anapen should only be used for the person for whom it is prescribed.

1. Where an Epipen/Anapen may be required there is an individual care plan and Consent Form, in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.
2. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box.
3. It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are regularly checked. Parents are ultimately responsible for replacing medication as necessary.

4. The use of the Epipen/Anapen must be recorded on the pupil's care plan, with time, date and full signature of the person who administered the Epipen/Anapen.
5. Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
6. It is the parent/carer's responsibility to renew the Epipen/Anapen before the pupil returns to school.
7. The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

### **Self - Management of Medicines**

Pupils who are able will be encouraged to manage their own relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through staff. Staff will work alongside pupils who have diabetes and support their monitoring and medication.

### **Return of Medication**

Medication should be returned to the pupil's parent/carer whenever:-  
The course of treatment is complete.

Labels become detached or unreadable. (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer.)

Instructions are changed.

A designated first aider will check medicines and record all long term medication: inhalers, epipens and the expiry date, asking parents to update medication if necessary.

**It is the parent/carers responsibility to replace medication which has been used or expired, at the request of the school/setting staff.**

### **Record Keeping**

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

**A written record of medicines administered, witnessed by a second member of staff, will be kept in school.**

Up to date care plans must be kept for pupils on long term medication ie using epipens or have diabetes.(see the Diabetes Policy)

### **Educational Visits**

All medicines required by pupils on such undertakings will be part of the overall risk assessment for the visit. Medicines not self-managed by pupils will be in the safe care of a nominated member of staff. This colleague should be one who is willing to accept this responsibility and has at least first aid training. If any member of staff is concerned they should seek advice from the school first aiders.

### **Residential Visits**

The medication form must be completed by parents / carers before departure for the medicine to be administered during the residential. The medicine will be administered and witnessed by two members of staff willing to accept this responsibility. The medication form will be completed and kept as a record.

### **Sporting Activities and Off-site Venues**

Asthma relievers not self - managed should be taken to off-site venues and be supervised by a member of staff who is willing to accept this responsibility and has atleast first aid training. Staff are made aware of pupils who have medical needs, e.g. asthma.

## **Roles and Responsibilities**

### **Governing Board and Embark Multi Academy Trust**

- 1) To review this policy periodically to ensure it is still relevant and up to date.
- 2) To support the headteacher and staff in delivering this policy and to make any necessary resources available to enable them to do so.
- 3) To ensure that the key elements relating to parents/carers responsibilities are published and communicated to parents/carers in a suitable manner e.g. schools prospectus, schools website, newsletters.
- 4) To ensure suitable facilities for the administration of medicines are provided.

### **Headteacher**

- 1) To be responsible for the day to day implementation of this policy in school.
- 2) To ensure any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities.
- 3) To ensure staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date.
- 4) To monitor the administration of medicines and the recording of this are in line with this policy.
- 5) To report to the governing board any issues that arise out of the implementation of this policy.
- 6) To ensure the policy is applied equitably and fully throughout the school.
- 7) To ensure any disputes regarding the application of this policy are resolved.
- 8) To ensure where staff support is required medicines are only administered where permission on the appropriate form has been obtained.
- 9) To ensure parents/carers are informed of the policy and its implications for them. In all complex cases, the headteacher or member of the staff will liaise with parents and where parents' explanation is deemed to be reasonable, advice will be sought.

### **Staff Volunteering to Administer Medication**

- 1) All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts.
- 2) To ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine.
- 3) To fully check before administering any medication that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- 4) To record all medicines administered on the correct recording form.
- 5) To immediately bring to the attention of the headteacher any mistakes made in the administration of any medicine.
- 6) To ensure any training undertaken is refreshed as necessary.
- 7) To ensure confidence (knowledge of) the immediate line management structure. (*appendix 2*)

## **Storing Medicines**

Medicines should be stored away from pupils, in their original containers and refrigerated where necessary. This will be the responsibility of the First Aiders.

Emergency medicines such as asthma inhalers and adrenaline pens should **not** be kept locked away but always in the vicinity of the relevant pupils.

## **Key Points**

***The school will not normally and regularly administer medicines to pupils unless the above policy applies.***

**• Any staff member administering medicines will do so willingly and witnessed by a second member of staff.**

**• All medicines will be kept in the main office.**

The School First Aiders will know where these medicines are in school and the asthma register shall be updated as and when new children come in to school, or a pupil is deemed to be no longer Asthmatic by their G.P. (For which a signed letter from parents / carers is required).

This policy will be used in connection with the Health and Safety policy, First Aid Policy, Equal Opportunities Policy, Diabetes Policy, Safeguarding Policy

Signed ..... Date .....

To be reviewed .....

## Appendix 1

## Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff volunteering to administer medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container within a locked cabinet to which only named staff should have access.
- A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people will be present - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration. Both should complete the administration record.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

### Lone working

In exceptional circumstances if it is not possible to ensure that 2 staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised. The school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the headteacher and governing board and will be written down. They should be agreed by parents/carer's and the staff agreeing to undertake the administration.

**If staff are concerned that a medicine that is not a controlled DRUG should be managed in the same way, it can be treated as a controlled drug.**

### **Off-site and in the Community**

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- a second person will witness the administration;
- during short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person.
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.
- For residential visits on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

### **THE CONTROLLED DRUGS NEED SPECIFIC REQUIREMENTS FOR SAFE STORAGE & ADMINISTRATION.**

#### **Storage:**

- The controlled drug must be stored in a lockable cupboard/cabinet or in a place not accessed by the pupils – *this may be the safe cupboard used for all medicines, in which case there should be a separate, labelled container for the drugs and this register.*
- Staff responsible for the administration of the controlled drug must be aware of its location and have access.
- The controlled drug must only be given by a member of staff who has received instruction in its administration.
- The dosage must be witnessed by a second member of staff, wherever possible - *where this is not possible, for example in 1-1 situations, a manager/supervisor at intervals should countersign this record to evidence compliance with the procedures*
- Any discrepancies must be reported and investigated immediately.

#### *NB – Emergency medicines*

*Where a drug that is either a controlled drug or one that should be subject to the standards for controlled drugs and is designed for emergency use (Buccal Midazolam, for example), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely and not in a way where pupils could access it*

## **Recording:**

The receipt, administration and disposal of controlled drugs will be recorded on a record sheet intended for that purpose.

- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug.
- The prescriber's instructions and any additional guidelines will be followed
- Where necessary a care plan is in place for a pupil.
- All pages are stored for future reference.
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."
- If it is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed

**Appendix 2**

1. ***Before the medicine is given each time, staff will ensure they have checked the following***

Right Person	Is this the right person for this medicine?
Right Medicine	Is it the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right Dose	Dose the label state the same as the instructions? Remember to check not just the amount eg 5ml or 10ml but also the correct concentration eg 125mg/5ml
Right Time	Are you sure it is 12 midday that this medicine should be given? Where can you check?
Right Route	Are you sure that the way you are about to give the child this medication is the right way? You are not going to put ear drops in their eye?
Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this eg Do not use after 7 days. Always check the documentation that is has not already been given

IF THERE IS ANY DOUBT WHETHER THE MEDICATION SHOULD BE GIVEN FOR ANY REASON THEN THE MEDICATION WILL NOT BE GIVEN. FURTHER ADVICE SHOULD THEN BE SOUGHT FROM HEALTH PROFESSIONALS AND /OR PARENTS AND THIS SHOULD BE RECORDED AND REPORTED TO THEIR LINE MANAGER.

2. If a pupil refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the MAR sheet and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupils to take another dose.