

St Giles C of E Academy
Administration of Medicines Policy



Introduction

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies or Diabetics.

Aims of this Policy

- To explain our procedures for managing prescription medicines which may need to be taken during the school day.
- To explain procedures for managing prescription medicines on school trips.
- To outline the roles and responsibilities for the administration of prescription medicines.

Prescribed Medicines

Staff at St Giles are only allowed to administer medicines prescribed by a doctor, dentist or nurse practitioner and only when a parental agreement form for school to administer medicine has been completed and signed. Medicines should always be provided in the original container, as dispensed by the pharmacist and include the instructions for administration. Parents should administer at home any medicines which are less than 4 doses per day ie: before and after school.

We are unable to accept medicines that have been taken out of their original container or make changes to dosages on parental instruction.

Non-prescribed Medicines

We can administer non-prescribed medicines only when a parental agreement form for school to administer medicine has been completed and signed. Medicines should always be provided in the original container and include the instructions for administration.

Storage of Medicines

All medicines should be delivered to the office by the parent or carer. Under NO circumstances should medicines be left in a child's possession. Teachers and teaching assistants should NOT take receipt of any medicines.

All medicines should be stored in accordance with the product instructions (paying particular attention to temperature).

Medicines will normally be kept in the school office fridge and should not be kept in classrooms, with the exception of adrenaline pens, asthma inhalers and essential diabetic kits.

All medicines must be stored in the supplied container and be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

All emergency medicines, such as inhalers and adrenaline pens should be readily available to children and kept in an agreed safe place in the classroom.

Diabetic kits should be stored in a safe place and be accessible to members of staff who are trained to administer or oversee the child's self-administration.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that the date expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration period, if they are left in school.

Educational visits and Outings

Children with medical needs are given the same opportunities as other children. Staff need to consider what reasonable adjustments they might make to enable such children to participate fully and safely on the visits. This may include carrying out a risk assessment for such children. Arrangements for taking any medicines on trips must be made in advance. A copy of any health care plans should be taken on visits.

Roles and Responsibilities

Parent/carer

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.
- Must complete and sign parental agreement for school to administer medicine.
- Must keep staff informed of changes to prescribed medicines.
- Must collect medicine from the school office at the end of the day. Medicines will not be given to children to take home.
- Must check inhalers and diabetic medicines regularly to ensure they are in date and replace as necessary.

Headteacher

- To ensure the schools policy on the administration of medicines is implemented.
- Ensure that staff receives support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on administration of medicines.
- Consult with other professionals as necessary eg. School nurse.
- Ensure that medicines are stored correctly.

Staff

- On receipt of medicines. The child's name, prescribed dose and time of dose is given along with parents contact details and name/telephone number of GP.
- Ensure that parent/carer completes a consent form for the administration of medicine following the prescribed instructions.
- Complete the "record of medicine administered to an individual child" each time medication is given.
- Ensure that parents are aware that it is their responsibility to collect their child's medication at the end of each day, if necessary.

Refusal of Medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as reasonably possible.

Record Keeping

Medicines should be provided in the original container as dispensed by the pharmacist and include the prescribed instructions. Staff should check that written details include:

- Name of child
- Name of medicines
- Dose
- Time & frequency of administration
- Any side effects (if appropriate)
- Expiry date

A parental agreement form must be completed and signed by parent before medicines can be administered.

At the time of administration, the designated member of staff must complete the medicines record sheet. No medicines should be given without checking the label against the child's details.

Children with Long- term medical Needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A healthcare plan will be written for children with long term medical needs involving the parents and relevant health professionals.

Confidentiality

The head staff should always treat medical information confidentially. The head should agree with the child/ parent who else should have access to records and other information about child.

Staff Training

All staff who participate in administering medication must receive appropriate information and training for specific treatments in accordance with this guidance and the codes of practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

Training can be accessed from different services, for example specialist nurses, the school health service, Wakefield's community nursing team who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

Key responsibilities for staff:

Staff should always check:

- The children's name
- The prescribed dose
- The expiry date

- The written instructions provided by the prescriber on the label
- The individual treatment plan where available
- Any requirements of refrigerated storage

Related policies

For additional information see health & safety Policy.

Use of Plasters

Plasters will be used at the discretion of staff, unless we have been advised by parents that their child is allergic to them. Guidance indicates that leaving wounds open to infection is worse than any allergic reaction. School will always use hypo-allergenic plasters.

Employee Medicines

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that children will not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

Staff medicines must not be stored in a cabinet intended for the use of children's medicines.

Any staff who require emergency medicine, must make it known to senior leaders so they can notify relevant colleagues.

EMERGENCY PROCEDURES

Where children have conditions which may require rapid intervention, parents must notify the Head teacher/manager of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual treatment plan. All schools and services should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school or service, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance. The Headteacher/ manager must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- which children have individual treatment plans;
- possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- who is responsible for carrying out emergency procedures in the event of need;
- how to call the emergency services;
- what information from the individual treatment plan needs to be disclosed?

Other children should also know what to do in the event of an emergency, such as telling a member of staff.

When a child needs to go to hospital

Staff should not normally take children to hospital in their own car - it is safer to call an ambulance. However, in remote areas a school or service might wish to make arrangements with a local health professional for emergency cover. The national standards require early years' services to ensure that contingency arrangements are in place to cover such emergencies.

- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Training and practical advice on the recognition of the symptoms can usually be offered by a range of staff including Children in Care nurses, school nurses or community children's nurses who are employed by NHS Trusts.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan should address what should happen – exceptionally this may include a staff member using his or her own vehicle.

All such arrangements must be agreed and recorded in the child's individual treatment plan and be referred to Risk and Insurance for approval before they are carried out.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Children & Younger Adults' Department Health and Safety Handbook.

Monitoring

This policy will be reviewed annually, in accordance with national guidance.

St Giles C of E Academy is committed to the safeguarding and promoting the welfare of children

