

# ST JOHN'S CATHOLIC INFANT SCHOOL

## Administration of Medicines Policy



*"Loving, Learning and Laughter Together with God"*

Article 24: "Every child has the right to the best possible health"

### Overview

This school is committed to reducing the barriers to sharing in school life and learning for all its children.

This policy takes into account the DFE statutory guidance "Supporting children with medical conditions" September 2015 and should be read in conjunction with the **Wirral Health & Safety Guidance: "The Administration of Medicines in Educational Establishments and Supporting Children with Medical Conditions" October 2018**. It is intended to ensure that procedures for supporting children with medical requirements, including managing medicines, is carried out in accordance with the relevant legislation and guidance. It forms the basis of a supportive environment in which children with medical needs may receive suitable medical care enabling their continuing participation in mainstream schooling. All staff have a duty of care to follow and cooperate with the requirements of this policy and guidance

All medical information will be treated confidentially by the responsible manager and staff.

The purpose of this guidance is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short term, perhaps finishing a course of medication.

Other children have medical conditions that if not properly managed, could limit their access to education. Such children are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from the school, can take part in most normal activities. However, school staff may need to take extra care in supervising some activities to make sure that these children and others are not put at risk.

Parents or guardians have prime responsibility for their children's health and should give school sufficient information about their children's medical condition and treatment or special care needed at school.

### Aims

Our aim is to enable the regular attendance and inclusion of all children. Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of
  - Prescribed medicines
  - Non-prescribed medicines
  - Maintenance drugs
  - Emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines

- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the policy is reviewed regularly and updated to reflect changes in guidance.

### **Entitlement**

The administration of medicines is the overall responsibility of the parents. There is no legal duty that requires school staff to administer medicines but all staff have a common law duty to act like any reasonable parent.

The headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

The school accepts that children with medical needs should be assisted if at all possible and that they have a right to the full education available to other children.

The school believes that children with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting children with medical needs.

Employees have the right to:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting children with medical needs

### **Routine Administration**

#### **Prescribed medicines**

- It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents.
- The prescription and dosage regime should be typed or printed clearly on the outside of medication. The school will only administer medicines in the original packaging, with the child's name and dosage clearly on it and in which the dosage is required **four** times a day or more. The name of the pharmacist should be visible. The Patient Information Leaflet must also be provided. Any medications not presented properly will not be accepted by school staff. Children should not bring in their own medicine. This should be brought into school by the parent/carer and left at the school office. Medicines e.g. antibiotics must be collected at the end of the school day by parent/carer.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the children. Any staff medicine is the responsibility of the individual concerned and not the school.

- **School Emergency Asthma Inhalers:**

From 1<sup>st</sup> October 2014 the Human Medicines Regulations 2014 allows school to keep a salbutamol inhaler for use in emergencies. The emergency inhaler will only be used by children, for whom written parental consent has been given. The inhaler can only be used if the child's inhaler is not available (for example, because it is empty or broken).

We have 'One Emergency Pack' and these include

- One salbutamol inhaler and three spacers
- Register of Parental Consent
- Asthma emergency letter: to go home
- School Emergency inhaler usage logbook: staff must record all usage

It is located in the School Office.

TO AVOID THE RISK OF CROSS INFECTION, THE PLASTIC SPACERS MUST NOT BE RE-USED AND MUST BE SENT HOME WITH THE CHILD.

### **Non prescribed medicines**

- It is our general policy not to take responsibility for the administration of non-prescribed medicines (e.g. calpol, cough mixtures/ lozenges, piriton/hay fever relief, etc. provided by parents). This responsibility lies with the parents. If a child requires regular relief e.g. for hay fever, parents are encouraged to seek medical advice for prescribed medication.
- On occasions such as school visits and residential visits it is school policy to administer non-prescribed medicines (e.g. paracetamol, travel sickness tablets) as required, providing written consent has been received in advance and administration is in accordance with the guidance provided.
- Children under 16 will never be administered aspirin or ibuprofen unless prescribed by a doctor
- It is our policy not to take responsibility for applying sun protection. Parents are encouraged to apply sun cream before the start of the school day.
- Decisions about the administration of all non-prescribed medicines will always be at the discretion of the headteacher.

### **Maintenance drugs/Long Term Medical Needs**

- It is our policy to manage the administration of maintenance drugs (e.g. insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions a health care plan will be written for the child concerned.
- the school will liaise with the School Health Service for advice about a child's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the child.

### **Non –routine Administration**

#### **Emergency medicine**

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example): Injections of adrenaline for acute allergic reactions, rectal diazepam for major fits, injections for Glucagon for diabetic hypoglycaemia.
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted.

### **Procedure for Administration of medicine**

School will not accept medication that has been taken out of the container as originally dispensed, or make any changes to the prescribed dosage.

All medication must be clearly labelled with the name of the child, the name of the medicine, the dose and frequency of administration, and the expiry date and be accompanied by the Patient Information Leaflet.

Before school will administer any medication, parents must complete and sign a 'parental agreement for school to administer medicines' form, either long or short term (see Appendix 1) and discuss the treatment with the responsible manager.

A record of treatment will be kept on a 'record of medicines' sheet each time a medicine is administered (see Appendix 1). This will be kept on file. Individual health care plans will be completed for children where required, and reviewed periodically in discussion with the parents to ensure their continuous suitability.

If a child refuses to take medication, the parents will be informed at the earliest available opportunity

## **Self-Management of Medicines**

- In accordance with good practise, where children have long term medical needs (e.g. asthma, diabetes), children who are able to take responsibility to manage their own medicines are encouraged to do so under the supervision of the responsible manager. This must be agreed with parents as part of the individual health care plan and written consent provided.
- Children with an asthma inhaler must have immediate access to their inhaler as needed. They are stored in a container in a labelled cupboard in the classroom and must be available for use during PE and on school visits.
- Children with emergency medication e.g. epipens must know where their medication is stored and how to access it.

## **Storage**

The storage of medicines is the overall responsibility of the headteacher who will ensure that arrangements are in place to store medicines safely.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date.

Children with emergency medication must know where their medication is stored and how to access it.

Children with an asthma inhaler must have immediate access to their inhaler as needed. They are stored in a container in a labelled cupboard in the classroom and must be available for use during PE and on school visits.

Where a child has been prescribed an EpiPen for severe allergic reaction (anaphylaxis) the EpiPen will be kept available in school (or taken on visits) and used by staff in an emergency (see annex)

## **Contacting Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

As part of general risk management processes arrangements are in place for dealing with emergency situations. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.

## **Medical Accommodation**

The Medical Area will only be used for first aid treatment purposes. Administration of medicines takes place in the School Office.

## **Training**

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted. No member of staff will be required to administer medicines if they are not comfortable in this role.

A 'staff training record' sheet will be completed to document the level of training undertaken, accompanied by a copy of the certificate provided following training. Such training will form part of the overall training plan and the refresher training will be scheduled at appropriate intervals

## **Disposal**

It is not the responsibility of the staff at St John's Infant School to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those, which have date-expired, are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

## **School Trips and Residential Visits**

Responsibility for ensuring the administration of all prescribed and non-prescribed medication lies with the visit leader. Administration of medication may be delegated to a responsible manager.

On occasions such as school visits and residential visits it is school policy to administer non-prescribed medicines (e.g. paracetamol, travel sickness tablets) as required, providing written consent has been received in advance and administration is in accordance with the guidance provided. All other requirements and procedures on school trips and residential visits remain as outlined in this policy.

## **First Aid**

The School meets its responsibilities to ensure that an adequate number of staff are trained first aiders, including an appropriate number with Paediatric First Aid training.

Children who have minor accidents in school receive non-invasive first aid treatment by trained first aiders in accordance with their First Aid training guidelines. The Medical Area is staffed at morning break and lunch times by trained staff, during the F2 afternoon break first aid is to be delivered by the qualified first aiders within the relevant Foundation Stage team. Records of accidents and first aid treatment are kept in an accident log in the medical area. Pre School keeps a separate accident log in the Pre School Room.

Where there is concern that a child has been hurt badly or is ill or very upset by an illness or injury, parents will be notified and may be asked to collect their child from school.

Where a child has had a head bump, parents are phoned and a head bump letter sent home asking parents to remain vigilant.

Where a child has had potential damage to their teeth, parents are phoned and invited to take their child to a dentist to be checked out.

Where there is concern that a child may have a significant injury or be seriously ill, an ambulance will be called for and parents will be informed. If parents are unable to accompany an ambulance to hospital a member of staff will always accompany the child until such time as parents arrive.

## **Record keeping**

Parents/carers should tell the school about the medicines that their child needs to take and provide detail

## **Risk assessment and management procedures**

This policy will operate within the context of the school/setting's Health and Safety Policy.

- The school/setting will ensure that risks to the health of others are properly controlled.
- The school/setting will provide, where necessary, individual risk assessments for children or groups with medical needs.
- The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

*The governing body have wider responsibilities under the Equalities Act 2010 and will ensure that all our school policies take account of the nine protected characteristics. We strive to do the best for all of the children and staff*

*irrespective of age, disability, educational needs, race, nationality, ethnic or national origin, pregnancy, maternity, sex, gender reassignment, religion/belief, marriage/civil partnership or sexual orientation or whether they are looked after children.*

*We have carefully considered and analysed the impact of our policies on equality and the possible implications for pupils with these protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.*

<b>Agreed by Governors on:</b> 9 <sup>th</sup> November 2013	<b>Reviewed on:</b> 25 <sup>th</sup> November 2021 (Min No:29/21) 15 <sup>th</sup> November 2018 (Min No: 20/18) 9 <sup>th</sup> March 2017
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## Appendix 1

### Forms

- Form 1:** Management of Medicines in Schools Checklist
- Form 2:** Contacting Emergency Services
- Form 3A:** Parental agreement for school/setting to administer medicine (short-term)
- Form 3B:** Parental agreement for school/setting to administer medicine (long-term)
- Form 4:** Administering medicines in school guidance
- Form 5:** Record of medicines for individual children
- Form 6:** Staff training record – administration of medicines
- Form 7:** Authorisation for the administration of rectal diazepam
- Form 8:** Treatment of Anaphylaxis



# ST JOHN'S CATHOLIC INFANT SCHOOL

## Form 1

### Management of Medicines in Schools Checklist

Checklist		Yes	No	Details
1.	Does the school have a written policy for administration of medicines in school?	✓		
2.	Has the school nominated responsible persons to administer medicines?	✓		Mrs Mary S Bulmer Mr N Muskett Miss C Sharkey Mrs Lumb Mrs Trinder
3.	Is there a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering and supervising the administration?	✓		Policy issued to nominated staff
4.	Have nominated staff received appropriate information, instruction and training on the school's policy and procedures	✓		September-annually (Provider - parent, school nurse, other)
5.	Does the school have procedures for managing medicines on trips and outings	✓		Risk assessments, consent forms, etc.
6.	Has the school received a written agreement from parents for any medicines to be given to a child	✓		Forms 3a (short term) or 3b (long term)
7.	Has the school confirmed, in writing, that they agree to administer medicines	✓		Form 4
8.	Is there guidance for children carrying and taking their medicines themselves	✓		Asthma inhalers
9.	Does the school maintain records for the administration of medicines	✓		Form 6
10. D	Do staff have access to the school's emergency procedures	✓		Form 1
11.	Is a health care plan required for the individual	✓		Form 2

### Medicines Checklist

1.	Does the school have appropriate storage facilities taking into account temperature and security	✓		Fridge School Office
2.	Is the medicine in the original container	✓		
3.	Is the container clearly labelled with the name of the child, the name and dose of the medicine, the frequency of administration, the time of administration, any side effects and the expiry date	✓		
4.	Are emergency medicines, such as asthma inhalers and adrenaline pens readily available	✓		In Classroom
5.	Does the school allow children to carry their own inhalers	N/A		In classroom



## Contacting Emergency Services

### Request for an Ambulance

Dial (9) 999, ask for ambulance and be ready with the following information

1. Your telephone number  
0151 645 5291(SCHOOL)
2. Give your location as follows  
ST JOHN'S CATHOLIC INFANT SCHOOL, OLD CHESTER ROAD , BEBINGTON,  
WIRRAL
3. State that the postcode is  
CH63 7LH
4. Give exact location in the school  
The school is situated in front of the OVAL sports centre, alongside the Junior school and  
St John Plessington College
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Give details of any medicines given or prescribed
8. Inform Ambulance Control of the best entrance and state where the crew will be met and taken  
to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

## FORM 3A

### Parental agreement for school/setting to administer medicine (short-term)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the school to administer medicine if authorised to do so by the school.

Name of school	ST JOHN'S CATHOLIC INFANT SCHOOL
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	MRS M S BULMER

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date ..... Signature(s) .....

## FORM 3B

### Parental agreement for school/setting to administer medicine (long-term)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the school to administer medicine if authorised to do so by the school.

Name of school	ST JOHN'S CATHOLIC INFANT SCHOOL
Date	
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	
How much to give ( <i>i.e. dose to be given</i> )	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

***Note: Medicines must be in the original container as dispensed by the pharmacy***

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	MRS M S BULMER

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only*

Parent/carer's signature \_\_\_\_\_

If more than one medicine is to be given, a separate form should be completed for each one.

Print name \_\_\_\_\_

Date \_\_\_\_\_

## Administering Medicines in School

The table below contains advice that members of staff can refer to when administering medicines to children in school. It is based on the Department for Education’s statutory guidance on supporting children at school with medical conditions.

Do	Do not
<p>✓ Remember that any member of school staff may be asked to provide support to children with medical conditions, but they are not obliged to do so</p> <p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p> <p>✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p> <p>✓ Inform parents if their child has received medicine or been unwell at school</p> <p>✓ Store medicine safely</p> <p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>	<p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p> <p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p> <p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p> <p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p> <p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p> <p>✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents</p>

FORM 5

Record of medicines administered to an individual child

Name of Child
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Date	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

## FORM 6

### Staff training record – administration of medicines

Name of school

ST JOHN'S CATHOLIC INFANT SCHOOL

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that \_\_\_\_\_ [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated \_\_\_\_\_ [please state how often].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## FORM 7

### Authorisation for the administration of rectal diazepam

Name of school  
Child's name  
Date of birth  
Home address  
G.P.  
Hospital consultant

ST JOHN'S CATHOLIC INFANT SCHOOL

should be given rectal diazepam          mg.

If she has a \*prolonged epileptic seizure lasting over          minutes

**OR**

\*serial seizures lasting over          minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after          minutes.

(\*please enter as appropriate)

Doctor's signature \_\_\_\_\_

Parent/carer's signature \_\_\_\_\_

Date \_\_\_\_\_

The following staff have been trained:

Trainers name and post



### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**

## Form 8

### Anaphylaxis

*Anaphylaxis is a serious life-threatening type of allergic reaction. It usually develops suddenly and gets worse very quickly.*

The symptoms include:

- feeling **lightheaded or faint**
- **breathing difficulties** – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- **confusion** and anxiety
- collapsing or losing consciousness

There may also be other **allergy symptoms**, including an itchy, raised rash (**hives**), feeling or being sick, swelling (**angioedema**), or **stomach pain**.

### What to do if someone has anaphylaxis

*Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.*

If someone has symptoms of anaphylaxis, you should:

1. call 999 for an ambulance immediately – mention that you think the person has anaphylaxis
2. remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
3. lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties
4. use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first
5. give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available
6. Keep the child lying down or seated and have someone stay with them until they have been assessed by a paramedic.
7. Unconscious patients should be placed in the recovery position

### Guide to Using An EpiPen®

1. There is no need to remove clothing to use an **EpiPen®**, but make sure the orange end will not hit buckles, zips, buttons or thick seams on clothes.
2. To remove **EpiPen®** from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the **EpiPen®** out of the carry case.
3. Lie the child down with their legs slightly elevated to keep their blood flowing or sit them up if breathing is difficult.



Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

**“You Must call 999, ask for an ambulance and state ‘anaphylaxis’.”**