

Eccleston C.E. Primary School *Let Our Light Shine*

Administration of Medicines Policy

*The Designated Person responsible is Mrs Katie Prescott (Headteacher)*

Curriculum Committee

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Signed by Chair of Governors:

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**ECCLESTON C.E PRIMARY SCHOOL**

**Administration of Medicines Policy**

# INTRODUCTION

The Governing Board and Head teacher will ensure that arrangements are in place to support pupils with medical conditions. They will follow the guidance in this document which is based on the DfE statutory guidance ‘Supporting Pupils at School with Medical Conditions’ (September 2014).

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Head teacher can request that parents or carers keep the pupil at home if necessary.

A few children, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illness such as asthma or diabetes to receive medication. This policy is designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject.

The Governing Board and Head teacher will ensure that the focus is on the needs of the individual pupil and how their medical condition impacts on their school life.

No pupil will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Board and Head teacher will ensure that a pupil’s health is not put at risk from, for example, infectious diseases. They therefore do not have to accept a pupil in school at times where it would be detrimental to the health of that pupil or others.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education Health and Care (EHC) plan. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) policy.

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. The school’s ability to provide effective support depends on working co-operatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate social care professionals), local authorities, parents and pupils is critical.

Parents have the prime responsibility for their child’s health and should provide the school with sufficient and up to date information about their child’s medical needs. Parents should be involved in the development and review of their child’s Individual Health Care Plans (IHCP) where one is considered appropriate. They should carry out any action they have agreed e.g. providing medicines and equipment and ensuring they or another nominated adult are contactable at all times.

In the case of foster care placements, Cheshire West and Chester employees when completing placement plans and agreements, should discuss medication issues with the parent/guardian and have this documented. The parents will generally maintain parental responsibility and will need to be consulted to give consent for medication being given. Where Cheshire West and Chester has joint parental responsibility, consent procedures should be clearly documented.

**A young person under 16 should never be given aspirin unless prescribed by a medical practitioner.**

In circumstances when a young person suffers headaches or toothache, school staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain. Analgesics should only be given to children under the age of 16 when parents have given prior written permission. Medication should never be administered without first checking the maximum dosage, when the previous dose was taken, and if any other medication has been taken recently. In appropriate circumstances, specific members of staff should be authorised to issue medication, keeping a record of pupil’s name, time, date, dose given and the reason. Parents should be informed of any doses given.

Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Fridges with restricted access are available for storage when (depending on the prescriber’s instructions). Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be ready available and not locked away.

In the event of storage of a controlled drug, the storage container should be safe, secured to a wall. Only named staff should have access to the medication. A record should be kept of any doses used and the amount of the controlled drug held in school. Pupils should know where their own medicines are being stored and who can has access.

# PARENT/CARER’S RESPONSIBILITY

Medicines should only be administered in educational establishments when it would be detrimental to a child’s health or school attendance not to do so. Where possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Whenever possible the parent/carer should make arrangements to administer medicines at home. However, when a pupil needs to take medication at school a written consent form must be completed authorising school personnel to administer the medication. See Appendix 1.

Medicines will only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and clearly showing the patient’s name, instructions for the administration, dosage and storage. The label on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin which still must be in date but will be generally supplied in a pen or pump rather than its original container.

Medicines should be brought in an envelope clearly showing the pupil’s name and dosage to be given. Details of any possible side effects should be clearly stated. It is not appropriate nor acceptable for pupils to bring in their own medication.

All medication should be handed directly to the Head teacher or the Office Manager.

Over-the-counter, herbal, holistic, homeopathic and/or natural products must be given at home.

It is the responsibility of the parent/carer to ensure that medications are in date.

It is also the responsibility of the parent/carer to collect any medications from school either at the end of the school year or when the pupil is no longer taking that particular medication. If it is not collected, medicines will be destroyed.

It is important that a parent/carer provides an up-to-date record of home and work contact numbers in case of emergency.

# SCHOOL’S RESPONSIBILITY

The school will only administer medicine prescribed by a doctor, dentist or nurse prescriber.

Medication can only be administered at school following permission from the Head teacher. Medication will only be given once the parental consent form has been completed: consent forms will then be stored with the medication.

The day-to-day administration of medicines is delegated to the Class teacher and there are suitable cover arrangements in case of staff absence. Staff do not have a duty to administer medicine or supervise a pupil taking it. This is a voluntary role.

If staff volunteering to administer medicine are concerned about any aspect of its administration, they must not administer it and must seek further advice.

Medication needed for emergency situations will be readily accessible. Inhalers should be carried by pupils wherever possible; a spare inhaler may be left with the Main Office and should be clearly marked with the pupil’s name.

Sharps will never be disposed of in general waste bins. Used sharps will always be stored in a 'sharps bin' which is stored in the caretaker's cupboard. They will then be disposed of in a safe and appropriate manner.

# TRAINING AND INSTRUCTION

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care plans).

**A first aid certificate does not constitute appropriate training in supporting children with medical conditions.**

School staff will be aware of, and must take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. In most cases, written instructions from the parent or the medical container dispensed by the pharmacist may be considered sufficient.

In addition to ‘whole school awareness’, staff who are responsible for administration of medicines should be fully aware of the school’s policy and procedures and have received suitable training to achieve the necessary level of competency and feel confident in their ability before they take on responsibility to support children with medical conditions.

For those pupils with an Individual Health Care Plan (IHCP) it is ultimately for the school to decide the level of training required - having taken into consideration the view of healthcare professionals and parents and this should be documented in the IHCP.

The school ensures suitable cover arrangements are in place in case of staff absence to ensure someone is always available to administer the medication.

The family of a child will often be key in providing relevant information to school staff about how their child’s needs can be met, and parents should be asked for their views. They may provide specific advice, but should not be the sole trainer.

Staff with a pupil with medical needs in their class or group should be informed about the nature of the condition and when and where the pupil may need extra attention.

# Administration

The school must keep written records each time medicines are given and staff will complete and sign this record (see Appendix 2) to help demonstrate that staff have followed procedures. Parents will be requested to sign the form to acknowledge the entry. If a pupil refuses to take medicine, staff should not force them to do so, but will note this in the records and follow procedures agreed in the Individual Health Care Plan, where one exists. Parents will be informed of the refusal as soon as possible.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

# MEDICATION ARRANGEMENTS FOR PUPILS WITH AN INDIVIDUAL HEALTH CARE PLAN (IHCP)

Individual Health Care Plans (IHCP) help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when a health care plan is appropriate and should capture the key information and actions that are required to support the child. If a pupil is self-medicating this must be clearly stated. Pupils should also be involved whenever appropriate. A sample IHCP is provided in Appendix 3. An IHCP should be reviewed at least annually.

The IHCP should consider several important issues in consultation with the healthcare professional, particularly including the following:

* If there are confidentiality issues, the designated individuals to be entrusted with the information;
* What to do in an emergency including whom to contact and contingency arrangements.

# HOME-TO-SCHOOL TRANSPORT

Most individuals with medical needs do not require supervision on transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the parent and health professionals as to whether supervision may be required. This should be included on the ICHP.

# SCHOOL TRIPS

Pupils in need of medication must be encouraged to take part in school trips wherever safety permits. It may be that the school would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise. It may be necessary to take medication for pupils on a school trip, i.e. adrenalin pens, inhalers or epilepsy emergency medication. This medication must be logged in and out of school. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication **must** be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to paramedics to administer when necessary.

# COMMON CONDITIONS AND PRACTICE

From 1st October 2014, schools can now make the decision on whether to hold an emergency inhaler and spacer. The school’s policy is to hold these items and appropriate arrangements are in place. (See [www.asthma.org.uk/knowledgebank-treatment-and-medicines](http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines) .)

# SUPPORT FOR STAFF

In addition, the school nurse, local NHS hospital trust and the pupil can provide further information.

All pupils with diabetes are supported by paediatric clinical nurse specialists who are happy to provide advice. Further information is available from Diabetes UK at [www.diabetes.org.uk](http://www.diabetes.org.uk/) .

# ATTENTION DEFICIT AND HYPERACTIVITY DISORDER (ADHD)

Young people who have had a formal diagnosis of ADHD should be following a behaviour management programme and, in some cases, with medicine prescribed by a child psychiatrist or paediatrician.

# PRESCRIBING NON PRESCRIPTION MEDICATION IN NURSERIES AND SCHOOLS

Non-prescription /over the counter (OTC) medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it.

['The Statutory Framework for the early years foundation stage'](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2), which governs the standards of institutions looking after and educating children, used to include a paragraph under specific legal requirements - medicines that stated: 'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'

This has now been amended to read ‘Prescription medicines should only be taken’.

The previous working resulted in some parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be taken in nurseries or schools. We would like to remind practices that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school.

In 2015, the GPC wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the EYFS Statutory Framework, who confirmed in a letter that an FP10 is not required, and as a result they have now updated their guidance to clarify that this is only applicable for prescription drugs, whereby non-prescription medication can be administered where there is parents' prior written consent..

The Statutory Framework for the EYFS (Early Years Foundation Stage) outlines the policy for administering medicines to children in nurseries/preschools 0-5 years:

“The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date.

Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable”.

Further guidance for pupils at schools with medical conditions, including templates, is available on the [Gov.uk website.](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

**APPENDIX ONE**

# ECCLESTON CE PRIMARY SCHOOLSCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Head teacher,

I request that ………………………………………………… (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth………………………… Group/class/form ………………………

Medical condition or illness ………………………………………………..

Name/type of Medicine ………………………………………………..

(As described on container)

Expiry date……………………………. Duration of course…..………………….

Dosage and method ………………… Time(s) to be given………………….....

Other instructions/Special precautions e.g. to be taken with/before/after food

…………………………………………………………………..

Are there any side effects that the establishment needs to know about?

…………………………………………………………………..

Procedures to take in an emergency

………………………………………………………………….

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child’s name in FULL.

Name and telephone number of GP ……………………………………………….

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

I also understand that it is my responsibility to ensure that all medications are in date.

Signed ……………..……………………Print Name ………………………………

(Parent/Guardian)

Daytime telephone number …………………………………………………………

Address …………………………………………………………………..

…………………………………………………………………..

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Head teacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Head teacher reserve the right to withdraw this service.

**APPENDIX TWO**

**RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN**

# ECCLESTON CE PRIMARY SCHOOL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Pupil’s Name | Time | Name of  Medicine | Dose given | Any reactions | Signature of staff | Print name |
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**APPENDIX THREE**

# ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE INVIVIDUAL HEALTH CARE PLAN

|  |
| --- |
| (Insert a photograph) |

# ECCLESTON CE PRIMARY SCHOOL

Young person’s name ……………………………………………….

Date of birth …………………...Class................Year…………

Young person’s address …………………………………………………..

…………………………………………………..

…………………………………………………..

Medical diagnosis or condition …………………………………………………..

…………………………………………………..

Date …………………………………….Review date ………………………………

# Family Contact Information

Name …………………………………. Phone no. (Work) …………………………

(Home)………………………………… (Mobile) ……………………………………

Name …………………………………. Phone no. (Work) …………………………

(Home)………………………………… (Mobile) ……………………………………

# Clinic/Hospital Contact

Name …………………………………. Phone no. …………………………………

G.P Name.……………………………. Phone no. …………………………………

Describe needs and give details of young person’s symptoms.

………………………………………………………………………………………….

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Medicines to be kept in ………………………………………………………………….............

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Daily care requirements (e.g. before sport/at lunchtime).

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Describe what constitutes an emergency for the child, and the action to take if this occurs.

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Follow up care.

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Who is responsible in an emergency (state if different for off-site activities)?

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Form copied to:

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