

# ADMINISTRATION OF MEDICATION POLICY

(Policy SB6 -19)

Adopted by the Governing Body – Vincent Foster Date: 14/04/2024

Date: February 2024

Next Review due by; February 2025

# Administration of Medication Policy

#### **General Guidance:**

- The Governors and staff of Southdale C of E Junior School Primary School wish to ensure that pupils with medical needs receive care and support to enable them to have full access to education, including school trips and physical education.
- The Governors should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will, at some time have short-term medical needs i.e. finishing a course of medicine. Medicines should only be taken to school or settings when essential.
- Supporting pupils at school with medical conditions December 2015 provides further guidance.
- With regard to pupils with long term medical needs schools should ensure that
  they have sufficient information about the medical condition. A Health Care Plan
  may clarify for staff, parents and the child the help that can be provided.
- Some children with medical needs are protected from discrimination under the Equality Act 2010. Schools and Early Years Settings must not discriminate against disabled pupils in relation to their access to education and associated services.
- The Head Teacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day.

 Staff Indemnity Policy. The Wakefield MDC provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of parents and school as follows:

The Wakefield Metropolitan District Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is negligently given or where the administration is overlooked, in practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

School also has cover through, the risk protection arrangement, (RPA), which is provided by the Government. The administration of medication is covered under third party public liability cover.

If the school is found negligent at administrating medication to a pupil the claim will be covered under the Public Liability Section.

A copy of the wording policy can be found in the School Office.

- Staff who assist in the administration of medication will receive appropriate training/guidance where necessary identified by the Head Teacher in liaison with Health professionals.
- Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet.
- Information and guidance on health related issues can be obtained from the school nurse.

#### **Prescribed Medication:**

- Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health.
- Schools and settings should never accept medicines that have been taken out of
  the container as originally dispensed nor make changes to dosages on parental
  instructions (secondary dispensed). Alteration to the label is not acceptable. Any
  alteration to dosage must be accompanied by written instructions provided by the
  prescriber.
- Medicines can only be accepted in a school/setting where it has been prescribed by a doctor, dentist, nurse prescriber or pharmacist and include the prescriber's instructions for administration.
- Where the possible side effects of medicines have been communicated by the prescriber or pharmacist to a member of staff they must ensure that this information is shared with all staff and recorded in the child or young person's file and individual health care plan. If a member of staff notices side effects they must report this to their manager or senior officer on duty who will notify the prescriber and ask for advice. Information regarding side effects can also be obtained from the Patient Information Leaflet, which must be supplied with every medicine.
- Crushing of tablets (or opening of capsules unless specified) is not advocated, as
  it is an unlicensed use of the medication. If the child or young person is unable to
  take oral medication in the solid dosage form it should be referred back to the
  prescriber/pharmacist for amendment to a suitable liquid/soluble preparation.
- Medicines must not forcibly be given. This includes the crushing of tablets etc. into food or drinks in order to deceive. Where children and young people refuse to take medication that is essential to their health, a multi-disciplinary meeting must be held which must include the children and young person (where appropriate), the G.P., parents/persons with parental responsibility and representative (if applicable) to decide how to proceed. Any decision must be reached after assessing the care needs of the individual and the decision must be

recorded in the individual health care plan. A written procedure must be developed that is specific to the child or young person.

#### Non-Prescribed Medication:

- Staff should never give a non-prescribed medicine to a child unless there is specific prior written or verbal permission from the parents. The Head Teacher/ nominated person in charge must approve the administration of the medicine.
- Criteria in the National Standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 2.
- A child under 16 should never be given asprin or medicines containing ibuprofen unless prescribed by a doctor.

#### Administering Medicines

Wakefield MDC schools and settings should incorporate managing the administration of medicines into their health and safety policy.

#### No child under 16 should be given medicine without their parent's.

Any member of staff giving medicines should check:

Child's name

Prescribed dose

Expiry date

Written instructions provided by the prescriber on the label or container.

Verbal instruction over the phone from a parent and supported by a medicines form.

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 or setting.

Schools should arrange for staff to complete and sign a record each time they
give medicine to a child. (Appendix form 2) can be used for this purpose. Good
records help demonstrate that staff have exercised a duty of care. 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.

#### Staff administrating medication

The administering of medicines is a voluntary role; however, schools should ensure they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

#### **Educational Visits**

Schools should put in place procedures for managing prescription medicines on trips and outings.

#### Record Keeping

Written details from the parent/carer should be kept in a medical folder which is locked away with the medication. Parents to complete the appropriate parental Agreement form for both short and long term medical needs. These forms should be renewed annually.

It is recommended that schools/settings use the record keeping forms provided in appendix 1 Such records can offer protection to staff and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The following details should be checked:

Child's name

Name of medication

Dose

Method of administration

Time/frequency of administration

Any side effects

Expiry date

It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting.

#### Safe Storage and disposal of medicines

Where a school agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled.

All medicines within school are in a lockable cupboard.

At the end of the school year all medicines are returned to the parent of a child with medication held in school.

At the beginning of a new school parents with children in school who need medication must complete a new Medication permission form.

#### **Emergency Procedures**

As part of the general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.

#### Risk Assessment and management procedures

Schools and settings should ensure that risks to the health of others are properly controlled. This may involve undertaking individual risk assessments for pupils with long term medical needs. Schools and settings should be aware of the health and safety issues of dangerous substances and infection.

#### Parental Responsibilities

Parents have a prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents are responsible for making sure their child is well enough to attend school. Where a child is acutely unwell it is advised that the child be kept at home by the parent/carer.

The school will not give medicine unless a parent completes and signs the written agreement form (Appendix Form 2.)

#### Self-Administration of Medication

Whilst DfE guidelines state that it is good practice to encourage children and young people to take responsibility for the self-administration of medication the LA view is that schools should give serious consideration to whether this is appropriate in all cases. Each case should be considered individually taking into account the age and needs of the child or young person. Schools should act as a "prudent parent" and should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The individual health care plan should detail arrangements for self-administration of medication and the supervision for this.

All individual health care plans will identify whether and at what level child or young person requires help to take medicines as follows [the 3 A's]: -

- Advise to ask the child or young person if they have taken their medication, and if not to advise them that this is what they need to do. Staff will not be responsible for ensuring children and young people take their medication, this remains with the child or young person.
- Assist to help children and young people who are not able to physically administer their medication. In these circumstances staff will physically assist the child or young person to take their medication <u>from the original</u> <u>container as instructed on the label.</u> Staff will not be responsible for ensuring that children or young people take or have taken their medication; this remains with the child or young person.
- Administer where a child or young person is not able to maintain responsibility for managing their own medicines, staff will be responsible for ensuring that the child or young person receives the correct medication at the right time.

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#### Staff Training

- The Head Teacher or his/her representative will seek the advice of health care
  professionals on the type of training required for each authorised member of staff
  and what types of medication that training covers.
- Training for members of staff undertaking the administration of medicine is essential and advice and information from health colleagues should be sought.
- Training: can only be given by the Health Care professional authorised to assess
  the competence of the person being trained. This should be documented on the
  appropriate form (see example form for recording medical for staff). Examples of
  such procedures would include catheterisation, tube feeding, suction, rescue
  medication.
- Information/Instruction. Is the exchange of information needed to carry out basic personal care and hygiene procedures?

#### Health Care Plans

 In order to ensure that all relevant information about the child's condition is available it is recommended that schools should complete an individual Health Care Plan as and whenever necessary. This should be in consultation with the school nursing service, parents and school staff.

#### Home to School Transport

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

- Prior to transport commencing, transport staff need to be fully briefed about the
  medical needs of pupils being transported. Briefing will be given by a nurse in
  school, or by another appropriately informed member of staff. In this school
  the briefing will be given by the Headteacher or another member of the Senior
  Leadership Team.
- There should be regular reviews of the situation, so that drivers and escorts have up-to-date information

Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

#### **Key Issues**

- The Head Teacher has a duty to arrange for all appropriate staff in the school to be briefed about (name of medical conditions) and about the contents of this document.
- The school will safely store any necessary medication prescribed by a medical practitioner and to which the attached appropriate instructions for use are provided
- 3. The school will store any necessary equipment required to carry out procedure
- 4. The school will keep written records of medicines given to pupils. Form 2 provides an example record sheet.

#### ANNEX:

#### Forms (p11-40)

Form 1: Contacting Emergency Services

Form 2: Parental agreement for school/setting to administer medicine (short-

term/Long Term)

Form 3: Health Care Plan

Form 4: Headteacher/Head of setting agreement to administer medicine

Form 5: Request for child to carry his/her own medicine
Form 6: Staff training record – administration of medicines
Form 7: Authorisation for the administration of puccal midazolam
Authorisation for the administration of buccal midazolam

PLEASE NOTE THAT WHILST THE ACTIVITIES BELOW FALL WITHIN THE SCOPE OF CURRENT INSURANCE COVER THIS <u>ONLY</u> APPLIES WHEN THE PROCEDURE IS ALSO SUPPORTED BY WMDC POLICIES & PROCEDURES.

#### **Contacting Emergency Services**

#### Request for an Ambulance

#### Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

#### 01924 277965

2. Give your location as follows

Southdale C of E Junior School Southdale Road Ossett Wakefield

3. State that the postcode is

#### WF5 8BA

4. Give exact location in the school/setting

The school is situated just in the middle of Southdale Road.

- 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
- 7. Inform Ambulance Control of the best entrance and state that 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 2 Parental attached.	Agreement for	Administrati	ion of Medica	ation – see

# Health Care Plan (this should be regularly reviewed)

Name of school/setting	Southdale C of E Junior School
Child's name	
Group/class/form	
Date of birth	
Child'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 medical needs and give details of child's symptoms
Daily care requirements (e.g. before sport/at lunchtime)
Describe what constitutes an emergency for the child, and the action to take if this occurs
Follow up care
Who is responsible in an emergency (state if different for off-site activities)
Form copied to

## Head teacher/Head of setting agreement to administer medicine

Name of school/setting	SOUTHDALE C OF E JUNIOR SCHOOL	
It is agreed that at	_ will receive	_ every day
will be given/supen	vised whilst he/she takes their medication	on by
This arrangement will continue until [either end date of course of medicine or u		<u>-</u> -
Date		
Signed		
(The Head teacher/Head of setting/named		

# Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

## If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	Southdale C of E Junior School
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an Emergency	
Contact Information	
Name	
Daytime phone no.	
Relationship to child	
I would like my son/daughter to keep his/her r	medicine on him/her for use as necessary.
Signed	
Date	

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

# Staff training record – administration of medicines

Name of school/setting	Southdale C of E Junior School
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	
<del>-</del>	er of staff] has received the training detailed above and is ecessary treatment. I recommend that the training is updated
Trainer's signature	
Date	
I confirm that I have receive	ed the training detailed above.
Staff signature	
Date	
Suggested review date	

# Authorisation for the administration of rectal diazepam

Name of school/setting	Southdale C of E Junior School
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	
should be given rectal diazepam	mg.
If he has a *prolonged epileptic seizure las	sting over minutes
	OR
*serial seizures lasting over minutes	S.
An Ambulance should be called for *	
	OR
If the seizure has not resolved *after	minutes.
(*please er	nter 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 Authorisation for the administration of buccal midazolam

Name of school/setting	Southdale C of E Junior School
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	
should be given buccal midazolam	mg.
If he has a *prolonged epileptic seizure las	sting over minutes
	OR
*serial seizures lasting over minutes	S.
An Ambulance should be called for *	
	OR
If the seizure has not resolved *after	minutes.
(*please en	iter as appropriate)
Doctor's signature	
Parent/carer's signature	
Date	
The following staff have been trained:	

Trainers name and position

Monitoring and review

This policy is monitored by the governing body, and the Headteacher. It will be reviewed every year or earlier if necessary.			
Signed	Chair of Governors	Date	
Signed	Headteacher	Date	

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