



## Administration of Medicines Policy

This policy was developed as part of a consultation process involving staff and Governors of the school. Our policy for the administration of medication in school is based on best practice guidance and advice published by Lancashire County Council in its guidance document 'Medicine Safety'.

The implementation of this policy will be monitored by the Senior Leadership Team and Governing Body. This policy should be read in conjunction with the following documents:

- Health and Safety Policy
- Child Protection Policy
- School Emergency Plan
- Health and Safety Staff Handbook

<b>Policy Created:</b>	February 2018	
<b>First Presented to Governors for approval:</b>	Staffing Committee 8 <sup>th</sup> February 2018	
<b>Proposed Review Cycle/Next Date:</b>	Annual - recommended	October 2019
<b>Approved by (Headteacher)</b>	<b>Approved by (Governor)</b>	
<b>Date:</b>	<b>Date:</b>	
<b>Policy Review History</b>		
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
<b>Key Changes:</b>	Key Changes:	Key Changes:
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<b>Presented to Governors:</b>	Presented to Governors:	Presented to Governors:

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# Managing Medicines Procedures

## 1. Definitions

For the purposes of this procedure, a child, pupil or student is referred to as a 'young person'. Wherever the term 'parent' is used this includes any person with parental authority over the young person concerned e.g. carers, legal guardians etc. Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for young people. Wherever the term 'school' is used this also refers to any other kind of educational setting e.g. nursery, Pupil Referral Unit, childcare service etc. and will usually include wrap around care such as After School Clubs and Breakfast Clubs.

## 2. Introduction

Medicines and medication are not items that are provided as part of the First Aid Kit or as first aid equipment. Any medicine or medication required by a young person must be provided by the individual's parents and will be carried and stored as appropriate for the medication and the needs of the young person. Routinely medication will be stored in the school office and only occasionally, in exceptional, might the school consider allowing a child to carry their own medication. This would be in agreement with the child's parents and the Headteacher.

Young people who require on-going medication to be administered or kept on their behalf by staff are known to the Head teacher or the Special Educational Needs Co-ordinator (SENCO). A record of their name together with details of the medication is kept in a file in the office, along with a signed request from the parent. Where appropriate, this request is accompanied by detailed instructions on dosage and/or application usually by way of prescription labelling. This prescription instruction will never be deviated from and any concerns are referred back to parents and/or the young person's G.P., Consultant or Specialist. The School Nurse is generally made aware of any young people with long term health conditions involving the administration of medication and where appropriate will be kept up to date and be referred to for advice and support.

It is recognised that certain medical conditions will require regular treatment of a personal nature and that the young person may have received special training in how to treat themselves (e.g. the injection of insulin). Procedures will be put in place to enable the independent self-management by young people of such life-long conditions at the earliest age whilst maintaining adequate records of any such self administration. Care plans will be followed at all times.

The Head teacher of Ryelands Primary School accepts responsibility, in principle, for school staff to give or supervise children taking prescribed medication during the school day, bearing in mind that some children may require 'functional' medication as detailed below.

## 3. Non-prescription Medication (including Herbal Remedies)

This type of medication is not normally given within normal school hours. Such medication would include cough syrups, dietary supplements like vitamins, lotions etc.

Paracetamol is also included in this group of medication **but** there can be exceptions and it may be administered to young people who suffer from acute migraines/period pains, following dental surgery etc. In such cases, prior consent will be sought from parents, a record kept of doses given and a note sent home to parents indicating the amount and frequency of doses administered.

A young person under the age of 16 will **never** be given aspirin or medicines containing ibuprofen unless prescribed by their own doctor. Such medication can result in respiratory difficulties in

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children and a G.P. will be aware of any genetic predisposition e.g. family history before prescribing them.

### 4. Prescription Medication

This group tends to make up the bulk of medication that may need to be administered during normal school hours. An example of such medicines would be antibiotics like amoxicillin etc. Medication that is required 3 times per day can usually be arranged by parents to coincide with dosage timings outside of normal school hours and should be. There are relatively few situations where prescribed medication needs to be given during the school day, such situations however, would include:

- Medication to be given 4 times per day;
- Medication to be given prior to, or directly following, a meal;
- Medication to be given at fixed hourly intervals;
- Medication that is required should a complaint flare up.

Methylphenidate (Ritalin), generally prescribed to manage conditions described in general terms as Attention Deficit Hyperactivity Disorders would also fall into this category. Methylphenidate is a Class B Drug controlled under the Misuse of Drugs Act 1971 (amended 2010) and as such will be locked away securely when not required.

Methylphenidate and other Class B medications are stored in a locked box in the school safe which is located in the main school office. Only the office staff and the headteacher have access to the safe. The key for the 'Ritalin Box' is kept in the safe. An additional box or method of carriage will be agreed for school trips and visits. Where this happens, the staff who administer the medication will complete the Medication Log.

On a daily basis, two members of the office staff administer Methylphenidate and countersign the Medication Log. One member of staff has undertaken the Safe Handling of Medication course with LCC. In the absence of either or both of the office staff, members of the Pastoral team will administer the medication.

The Head teacher and Governors of Ryelands Primary School will support staff who are willing to administer medication to pupils and this will include training and any other provision as necessary e.g. cover for other duties where they interfere. Such staff acting in the course of their employment will be insured in the event of any claim for negligence as long as they have followed policy and procedures and/or acted reasonably under the circumstances.

Written parental consent will be sought for staff to administer medication. The consent will place an onus upon parents to keep the school informed in an appropriate way should any information about the young person's condition or medication change. A form for this purpose is provided.

Medication provided to the school must be held in the bottle or box that has the prescription details affixed. These details will not be deviated from unless further prescribed dosage details are provided in the official format (the half of the prescription sheet usually retained by the patient or the pharmacy produced prescription label). If any member of staff has any concerns about the administration of the medication or the prescription detail they have been given they will address them to the Head teacher who will then address them directly to the parents. If any information is known or suspected concerning the validity of any information provided by parents the Head teacher will contact the young person's G.P. or address any concerns with the School Nurse who will follow the issue up with the appropriate medical professionals.

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### 5. Functional Medication

This type of medication is usually prescribed but is, in the main, necessary to ensure that a young person can function normally. In the event of an emergency, it will almost certainly need to be administered by staff. Should the medication be withheld, serious illness or even death could result. Such medication includes:

- Adrenaline – for treating anaphylactic shock;
- Insulin – for controlling diabetes;
- Salbutamol etc. – for regulating asthma;
- Diazepam, Midazolam, Vallium etc. – for treating or regulating epilepsy.

Where functional medication must be given, staff will receive training in the correct administration procedures. This task will be carried out by staff on a voluntary basis unless the employee is contractually obliged (the task is part of their job description). Such staff acting in accordance with policies, procedures, training and/or acting reasonably under the circumstances will receive the full support and indemnity of the Head teacher and employer in the event that anything goes wrong.

It is important for the school to have sufficient information about the medical condition of any young person with long-term medical needs. If a young person's medical needs are inadequately supported this can have a significant impact on their long term health, academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a young person starts school, or when they develop a condition. In such cases, a written Care Plan will be drawn up involving the parents, the young person (where appropriate), and any relevant health professionals. This will include the following:

- Details of the young person's condition;
- Special requirements e.g. dietary needs, pre-activity precautions etc.;
- Medication and any side-effects;
- What to do, and who to contact in an emergency;
- Record keeping;
- The role the school can play.

### 6. Administering Medication

No young person under the age of 16 will be given medication without his or her parent's written consent. Consent forms for parents to complete are available on the school website and from the school office.

Any member of staff giving medicine to a young person must check:

- The young person's name;
- Written instructions provided on the prescription label;
- Prescribed dose;
- Expiry date.

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Parents will be informed each day if their child has received medication (prescribed or otherwise). This will include timings and dosage. This will be on a slip in the child's book bag and possibly verbal if the child is collected by an adult.

If in doubt about any of the procedures, the member of staff must check with the parents and/or a health professional before taking further action.

Where staff are asked to administer doses of a number of prescribed medicines, the details of the doses to be given must be verified by a health professional. Any alterations to the original prescribed dose/s must similarly be verified by a health professional.

If a young person refuses to take any medication staff will not force them to do so. This fact will be recorded in the same way as administration of a dose would be recorded except that in the details column, refusal and any subsequent action will be recorded. Parents will be informed as a matter of urgency and, if necessary, emergency services will be called.

### 7. Off-Site Trips And Visits

Ryelands Primary School strongly encourages young people with medical needs to participate fully and safely in off-site visits. This will require careful consideration of what reasonable adjustments may need to be made to enable this to happen successfully. Where required in order to ensure that a pupils with medical needs can attend an off-site visit or trip, we will review and revise the visits procedures and risk assessments so that planning arrangements will include the necessary steps to include young people with medical needs.

Sometimes additional measures may need to be taken to safely manage outside visits involving young people with medical needs, particularly complex ones. It may be that an additional supervisor, a parent or another appropriate volunteer might be needed to accompany a particular young person. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures. A copy of any Care Plan will be taken on any visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for the particular needs of a young person or for the safety of other young people on a visit, they will communicate and discuss the issue with the parents and seek their views and/or seek medical advice from the school nursing service or the GP involved with the young person.

Medication, which under normal circumstances, parents would administer at home, such as preventative medication required for asthma, epilepsy, eczema etc. will be given by staff. Arrangements will be made during the planning process for this to happen. A member of staff with sufficient relevant training will be designated to manage and administer or wherever possible supervise the self administration of a young person's medication, providing for the safe carriage, storage and recording of it.

### 8. Storing Medication

Large volumes of medication will not be stored on the premises. The Head teacher will ask the parent or young person (depending on the age and reliability of the young person) to bring in the required dose each day.

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When medicines are stored, staff must ensure that the supplied container displays the prescription details i.e. labelled with the name of the young person, the dose of the drug, the frequency of administration and the expiry date. Where a young person needs two or more prescribed medicines, each should be in a separate container, and the combination verified by the young person's G.P. Non healthcare staff should never transfer medicines from their original containers. The Head teacher is responsible for making sure that medicines are stored safely and securely. Young people will be made aware of where their own medication is stored and who has access to it. A few medicines, such as asthma inhalers, will be made readily available to young people and not locked away. Inhalers and spacers are stored in classrooms for easy access during lessons and at break times. Young people do not routinely carry their inhalers. Other medicines will be kept in a secure place e.g. a locked cupboard or high shelf, and not accessible to young people.

If medication that a young person might need in an emergency is locked away, **all** staff (including supply and temporary staff) will be made aware of to obtain keys to the medicine cupboard or cabinet.

Where medicines need to be refrigerated, they will be stored in an airtight container and clearly labelled and kept in the fridge located in the office. Access to the refrigerator holding medicines will be restricted to staff. Ryelands Primary School has a refrigerator locked in the school office for the storage of medication – it is located in the office and only the office staff/headteacher has access.

If medication is to be taken on an off-site visit a container will be used for this purpose and checks made with the host venue (for residential visits) that a suitable refrigerator is available for storing medication which needs to be stored in low temperature conditions.

### 9. Storage of Methylphenidate (Ritalin)

Methylphenidate and other Class B medications are stored in a locked box in the school safe which is located in the main school office. Only the office staff and the headteacher have access to the safe. The key for the 'Ritalin Box' is kept in the safe.

On school trips Methylphenidate (Ritalin) and other Class B medications will be stored securely and discreetly by a nominated staff member. This staff member will be responsible for the recording of and administration of all these types of medication for the duration of the visit.

Individual's medication boxes are clearly labelled with the child's name, prescribing information, dosage and timing. Names are highlighted for ease of identification.

### 10. Record Keeping

A record is kept of all medication given to young people (prescription or otherwise) during school hours by staff and others. In addition, individual records are kept of functional medication given to young people. This includes medication for those conditions outlined in Sections 3, 4 and 5 above.

### 11. Disposal of Medicines

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Staff will manage medications including the monitoring of expiry dates and removal from use but they will not dispose of medicines. Parents should be asked to collect medicines as required or routinely e.g. at the end of each term. Parents are responsible for the proper disposal of date-expired medicines.

### 12. Sharps/Needles

Where young people require medication which is administered with a syringe or epi-pen, or where blood needs to be tested (e.g. in the case of diabetics), staff must dispose of the needles and/or sharps appropriately. A genuine medical sharps box will be used for this purpose. They can be purchased from any medical equipment supplier and the young person's medical professional will often provide one to the young person to give to their school if they ask. Arrangements will be made to take a sharps container on school off-site visits if required.

### 13. Emergency Procedures

All staff should know how and at what point to call the emergency services, following the Emergency Evacuation Plan. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A young person taken to hospital by ambulance must be accompanied by a member of staff who should remain until the young person's parent/carer arrives unless a parent is available to go instead.

If, in an emergency, staff are taking a young person to hospital or a doctor in their own car, the member of staff will be accompanied by another adult in case the young person's condition deteriorates. Staff volunteering to undertake this transport role will have the appropriate 'business use' vehicle insurance or be included on a general school private vehicle insurance policy.

### 14. Fabricated or Induced Illness

Fabricated or Induced Illness is a form of child abuse where the carer either reports symptoms later found to have been fabricated or causes direct harm to a child through inducing symptoms and in the most extreme cases death. The child may also be genuinely ill and the symptoms exaggerated or further induced by the parent/carer.

Staff and other adults working in the school will be made aware of the general guidelines below and the appropriate action to take. Further guidance can also be found in the Lancashire LSCB 'Guidelines for Dealing with Fabricated and Induced Illness'.

#### 14.1 Communicate concerns about Fabricated or Induced Illness (FII)

At any stage where any individual considers FII is a possibility, this must be communicated to medical and other professionals in the Local Authority Children's Social Care Team to safeguard the welfare of the child.

Concerns about Fabricated or Induced Illness should only be disclosed to the carers after discussion with the Local Authority Children's Social Care Team and only then if it is decided that sharing information will not place the child at increased risk of harm.

The critical task is to assess the likely risk of harm to the child through an objective and systematic consideration of the known facts. Views based on, or including, personal judgements about the



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parents are highly likely to severely interfere with that process. It is extremely difficult for staff to think that a seemingly caring parent struggling to care for an apparently seriously ill child may be the cause of the child's suffering. All professionals need to concentrate on dispassionately reporting the facts rather than trying to understand the parent's motivation in cases of FII.

If concerns about FII are expressed and not subsequently pursued then the reasons for not doing so should be identified and recorded.

### I 4.2 Use of language

It is vital that concerns are communicated clearly and ambiguous comments must be avoided. When recording or reporting their concerns or observations it is crucial that staff use their own words and not terminology they may have heard used to by others. In plain terms, they should say what they see, and only that.

### I 4.3 Speak and listen to children

We will actively seek the views of children, listen to them and involve them in decisions about their education. If a child says something that contradicts or conflicts with their parent/carer's account of their health or welfare, then we all have a clear 'duty of care' to ensure that any discrepancies are properly investigated and explained.

### I 4.4 Report of dying child

If a child is reported as having a terminal condition confirmation should be sought from medical personnel qualified to make this prognosis.

### I 4.5 Medication in schools

As part of the LSCB Guidelines for dealing with Fabricated and Induced Illness [Click here to access](#), it is explicit that:

- a clear diagnosis exists and the implications of any condition on the pupil's education are clearly stated.
- suitably qualified medical personnel must sign health care plans.
- administration of drugs must be in accordance with the prescription. Any variation in prescriptions must be confirmed with medical personnel and not implemented solely on parental advice.
- drugs should be given to schools in the original, labelled container.
- any concerns about drug administration should be communicated directly to medical personnel, not via the parent.
- all administration of medication should be recorded.
- where pupils have a statement of special educational needs, the administration of medication should be reviewed at least annually.
- where pupils have a statement of special educational needs, there should be a protocol for the respective roles of teachers and non-teaching assistants, LA staff and outside agencies.
- health personnel must demonstrate and train staff in invasive means of drug administration.
- guidelines must be especially rigorously applied where the drug is uncommon, may carry side effects, where the application of the drug is invasive or intrusive, or where withholding the treatment could result in serious illness or death.

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