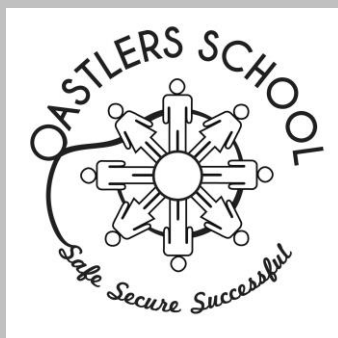


Administering Medication in School



Oastlers Policy

Approved by Governing Body On	December 2023
To be Reviewed On	December 2025
Signed on Behalf of the Governing Body	Sue Mawson

Policy Statement

The purpose of this policy is to ensure the safe and appropriate administration of medication to learners with special provision for learners with medical needs within the school. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with diabetes. Other children may require medicines in particular circumstances, for example severe allergies or asthma. Allowing learners to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

This policy has been developed in line with the Department for Education Guidance – Supporting Pupils at School with Medical Conditions (Dec 2015)

Purpose

This policy seeks to support learners with both long-term and short-term health needs. The school will aim to minimise any disruption to the child's learning as far as possible and work with parents/carers and health professionals to ensure this.

Scope

Managing medicines during the school day

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No learner under 16 will be given prescription or non-prescription medicines without parent/carer written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer and that the learner demonstrates Gillick Competence demonstrating clear consent to the treatment.

Non-prescription/over the counter medicines

- Medication not requiring a prescription (over the counter remedies), e.g. for pain relief or allergies, can be administered with written consent of the parent/carer for children under 16 years. Where possible, this type of medication should be provided by the parent/carer in a clearly labelled box. Even with written consent, over the counter medication will not be administered without first contacting the parent/carer to obtain further consent and confirm dosage and confirming that no other medication has been given. See below details for administering Paracetamol.

Prescription medicines

- Prescribed medicines or controlled drugs which have not been prescribed by a medical practitioner will not be administered in school.
- Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in date, pharmacy labelled and intact, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage on the schools medication consent form. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.
- Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any learner who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but in limited amounts or

prescribed doses (e.g. one or two tablets/inhaler). School will closely monitor any such occurrence as we are aware that passing it to another learner for use is an offence.

Records

School will keep a record of all medicines administered to individual learners. Any side effects of the medication to be administered at school will be noted. This information will be logged on the back of the parental consent form.

For any over the counter medication where we have parental consent on the admission form for new learners (since July 2018) or the written consent for learners admitted prior to July 2018 the school will record in the administration of medication record book. There will be a list of learners with consent held at the front of the book.

Reasons for any non-administration of medication will be recorded and parent/carer informed as soon as possible of "wasted" doses (e.g. tablet dropped on floor)

Changes to instructions will only be accepted when received in writing. A fresh supply of correctly labelled medication should be obtained and all actions should be documented. Any old medication will be returned to parent/carer for safe disposal.

Storing and Disposing of Medicines

- The school will keep the all medication securely in a locked cupboard which may only be accessed by authorised staff. In particular, all controlled drugs that have been prescribed for a learner will be securely stored in a non-portable container and only named staff will have access.
- Where medicines need to be refrigerated they will be stored in a designated fridge that will be regularly checked for correct temperature storage.
- Prescription drugs will be returned to parents when no longer required, or out of date. It is the parent's responsibility to collect and dispose of out of date or unused medication.
- It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents when there is 10 days worth of medication left to allow plenty of time for a repeat prescription to be fulfilled.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- All medications stored in school will be returned to parent/carers at the end of each term for safe disposal. If the medication is on-going then a new consent form and new medication will be required at the beginning of each term.

Adrenaline Injectors and other emergency medication

- All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with the School Nurse.
- Arrangements will be made for immediate access to any emergency medications for example:
 - Adrenaline injectors will be kept with the learner with a labelled spare pen held in First Aid Room.
 - Asthma medication will be kept with the learner with labelled spare inhalers and equipment held in the First Aid Room alongside the learners specific Care Plan.
- Any medicines which requires double locking will be kept in a locked metal box in a locked cupboard. Only trained staff will have access to the container.
- Staff will undergo specific training in the use of Adrenaline injectors.
- Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.

- Emergency medication will always be taken if the learner goes out on a trip and identified
- Trained staff designated to administer if required.
- Supporting Pupils with Medical Needs
- Parents/carers should provide the school with all necessary information about their child's condition and will sign appropriate consent forms for the administration of medication.

Individual Health Care Plans

- Individual Health Care Plans (IHCPs) and their implementation is the responsibility of the School Appointed Person. The IHCPs are compiled and recorded in line with the current DfE guidance published May 2014. (see Appendix 2 – in line with DfE Template A)
- The School will work with parents/carers to put plans in place that give regard to the Equality
- Act 2010 and the SEN Code of Practice so that learner's with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.
- School staff will be made aware of learners with IHCPs and their conditions.
- Any child on an IHCP will be accompanied to the School First Aid Room if they are ill.
- The School will ensure that procedures are in place for an emergency and that contingency arrangements are in place.

Records for Individual Health Care Plans

In addition to the usual general medicine log used for all learners, any medicine administered to a learner with an IHCP is also recorded on a separate recording sheet in line with DfE Template C (see Appendix 3).

Procedures for day trips, residential visits and sporting activities

Staff should be aware of how a child's medical condition will impact on the participation, but there should be enough flexibility for all learners to participate according to their own abilities and with any reasonable adjustments. School will make arrangements and carry out necessary risk assessments for the inclusion of learners in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Residential Visits

- The trip leader is responsible for checking medical needs of learners.
- The trip leader must check any IHCP requirements with parents and put appropriate procedures and contingency plans in place.
- The trip leader will be a trained member of staff authorised to administer medication as per a child's written consent form and Care Plan if one in place.

Day trips and visits

- For part-day visits, learners should, wherever possible, before/after the visit to take their own medication that is clearly labelled
- For full day, parents/carers are responsible for completing the parental consent form giving relevant information.
- The trip leader will collect any necessary medication from the First Aid Room and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual learner. This person will be a trained member of staff who is authorised to safely administer medication.

Responsibility

- Identified staff will undertake the required training within school to support the implementation of this policy.
- Learners are expected to follow all medical protocols within school.
- All staff hold a responsibility for ensuring that learners comply.
- Parents/carers are requested to inform school of any medical needs, current or changing needs, relating to any individual learner and abide by the protocols contained within this policy.

Avoiding unacceptable practice

The following behaviour is unacceptable:

- Preventing learners from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming the learners with the same condition require the same treatment
- Ignoring the views of learners and their parent/carers
- Ignoring medical evidence or opinion
- Sending learners home frequently or preventing them from taking part in activities at school
- Penalising learners with medical conditions for their attendance record where the absences relate to their condition
- Creating barriers for learners participating in school life, including school trips
- Refusing to allow learners to eat, drink or use the toilet when they need to in order to manage their condition

Use of emergency salbutamol inhalers in school

From 1 October 2015 (updated), the Human Medicines (Amendment) (no2) Regulations 2014 allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler- this is a discretionary power enabling schools to do this if they wish.

At Oastlers school we hold an emergency inhaler as per the Department of Health Guidance on use of emergency inhalers (March 2015) and will ensure that it will only be used by learners, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have prescribed an inhaler as reliever medication. A learner may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by learners if their own reliever is not accessible – it will still help to relieve their asthma and could save their life.

We will ensure the following:

- Asthma Care plans are in place for learners that have diagnosed with asthmas or prescribed a reliever inhaler, a copy of which will be kept with the emergency inhaler. There will be a list in the front, of all learners who have parental permission for the use of the Emergency Inhaler. This allows staff to have a quick check for initiating the emergency response.
- That the emergency inhaler is only used by learners with asthmas with written parental consent for its use.

- Keep a record of parental consent on the asthma register to enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated annually to take account of changes to the learner's condition.
- Appropriate support and training will be given to staff in the use of the emergency inhaler.
- A record will be kept of the use of the emergency inhaler and parent/carer will be informed that their child has used the emergency inhaler.

Storage and care of the inhaler

There will be at least two named members of staff that will have responsibility for ensuring that:

- On a monthly basis the inhaler and disposable spacers are present and in working order and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach
- There is sufficient stock of disposable spacers available for use

To avoid possible risk of cross-infection only disposable spacers should be used.

The inhaler itself however can be reused provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water and left to dry in a clean safe place. The canister should be returned when it is dry, and replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood the inhaler should be disposed of.

The school nurse will deliver annual training to identified members of school staff.

Administering paracetamol

Oastlers School keeps its own stock of paracetamol tablets. This reduces the risk of learners carrying medicines and avoids confusion over what may and may not be administered. However, parents/carers are encouraged to supply school with their own paracetamol, in a labelled box, should the need arise.

If parents wish to supply them to the school for a specific learner then a written consent form is required and the medication is handed in to the responsible member of staff. Learners must not carry paracetamol around with them in school.

Paracetamol must be stored securely as all the medicines are stored and should not be kept in first-aid boxes.

Only one member of staff, at any one time, is responsible for keeping medicines, to avoid the risk of giving a double dose.

A learner will only be given medication if we have the overview written consent plus verbal consent on the day medication is required. When a learner is given medicine, a written record of it must be kept in the Administration of Medication record book.

The record must include:

- The name of the medicine
- The dose given, and how (pill)
- The name of the learner
- The time and date it was given
- Name and signature of the person giving the medicine to the learner

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to learners. If a learner complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the

learner may have been given a dose of paracetamol before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a learner has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the parent/carer what other medication they take and what has been taken recently before doing anything.

If there is any doubt, seek medical advice before administering the medicine. If a learner requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

Before giving paracetamol:

- The learner is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
- There must be written parental/carer consent, with verbal consent from the period of on the day.
- Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, will not be administered.

Administering paracetamol:

- Learners can only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the learner taking the paracetamol and make a record of it.
- The learner should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

The school should ensure that parents have first authorised the school, in writing, to provide paracetamol occasionally to learners. The name of the learner, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must be reported directly to parents.

Aspirin or preparations containing aspirin will not be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

Dosage: please follow manufacturer's guidance on the bottle or packet of paracetamol. Please be aware that if the learner looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Child 10 to 12 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 12 to 16 years - 482 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

After giving the child paracetamol:

If the learner does not improve or gets worse, call parents to collect the learner

Defibrillator

The school has a defibrillator located in the main reception. All First Aiders are trained in the use of the defibrillator in the event of a sudden cardiac arrest.

Publicity

- This policy will be posted on the Shared (T) drive of the School's IT network and the School
- Website.
- Notices will be displayed around school showing the Appointed Person and the staff who currently hold First Aid qualifications and where they are located in school, along with procedures for contacting Emergency Services (see Appendix 3 & 4 -in line with DfE guidance and Template F).



MEDICATION CONSENT FORM

NHS Number:		Surname:	First Name:
Medication:		School:	D.O.B.
<p>I _____, person with Parental Responsibility, give permission for _____ to receive the following medication whilst attending school:</p>			
Name of medication	Dose to be given	Route to be given (e.g. Orally, topically, via gastrostomy etc.)	Time to be given
Medication Returned to Parent	Date:		

This medicine will be given as prescribed by an appropriately trained member of staff while your child is at school until you inform us that it is no longer required. If your child's dose changes, or if this medication is stopped, please contact your school's nursing team as soon as possible.

For your information a copy of this form will be held securely as part of your child's Health Record for 25 years from their date of birth, after which their Child Health Record will be destroyed.

Signed _____ Date _____

