



Produced by:	Senior Assistant Headteacher
Responsible Governors Committee:	Health, Safety & Premises
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## Administration of Medicines Policy

### **INTRODUCTION**

#### **Policy Statement**

Crofton School will undertake to ensure compliance with the relevant legislation and guidance in Health Guidance for Schools with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Crofton School is held by the Headteacher.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

#### **Aims & Objectives**

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 appropriate 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 above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines
- Developing and monitoring individual healthcare plans (IHPs)

## **ADMINISTRATION**

The administration of medicines is the overall responsibility of the parents. 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 / guardians.

### **Routine Administration**

#### Prescribed medicines

It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, parents / guardians.

All prescribed medication must be clearly labelled with a student's name and tutor group. The chemist label stating what the medication is must be intact.

#### Non-prescribed medicines

It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. Calpol or cough mixtures provided by the parents) as this responsibility rests with the parents – although medicines should be stored and taken in the medical room.

On occasions when children require, we will administer Paracetamol, Ibuprofen, Calpol, Antihistamines (Piriton, Loratadine, Cetirizine) and Ventolin with parents' permission (via admissions paperwork on entry to Crofton School and annually thereafter via medical forms – or via phone call home). All medication that is administered to students will be recorded on a medicine sheet which will be held in the medical room.

A list of students who should never be medicated with any of the above and advised as such by the parents / guardians will be kept at the front of the 'Record of medicines given' folder and on SIMs

Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the head teacher who may decide to administer under certain miscellaneous or exceptional circumstances.

#### Maintenance drugs

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 care plan will be written for the child concerned by the School Matron and kept securely in the medical room. Each care plan will be updated accordingly due to condition or medication change and reviewed annually.

### **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 (supplied by parents / guardians)
- Injections of Glucagon for diabetic hypoglycaemia (supplied by parents / guardians)

This is subject to checking the list of students who should never be medicated - under any circumstances - and kept at the front of the 'Record of medicines given' folder and SIMs

In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

All emergency medicines such as epi-pens, Ventolin Inhalers etc. will be kept in an unlocked cupboard in the medical room with the student's name clearly written on it.

### **Procedure for Administration**

When deciding upon the administration of medical needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Any child required to have medicines will have an 'administration of medicines / treatment' consent form completed by the parent and kept on file.

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

### **Contacting Emergency Services**

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

### **Medical Accommodation**

The Medical Room will be used for medicine administration/treatment purposes. The room will be made available when required.

### **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.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

*The School Matron, in discussion with a member of the Senior Leadership Team will ensure staff are suitably trained.*

### **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 the school matron 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. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

### **Disposal**

It is not Crofton School's responsibility 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.

## **ROLES AND RESPONSIBILITIES**

### **The governing body**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **The headteacher**

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

## **Students**

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

## **INDIVIDUAL HEALTHCARE PLANS**

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the school matron.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind.

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and the school matron, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements.

### **Record keeping**

The governing board will ensure that written records are kept of all medicine administered to students. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

### **Automated External Defibrillator**

Crofton School now hold an Automated External Defibrillator (AED) which is held in the medical room at all times.

Trained members of staff will be able to attend a casualty and perform CPR and start to use the AED while another member of staff will call 999 for assistance and inform the family.

All incidents will be logged and recorded by the persons that have attended the incident and kept in the medical room.

'Cardi Aid' will need to be informed as the battery will need to be changed and inspected and recorded by the company, failure to do so will reduce the life of the AED.

All trained staff will be updated with training annually, if procedures change within that time, training will be given to staff and all training records updated and the log kept in the medical room.