



CHINLEY PRIMARY SCHOOL

ADMINISTERING MEDICINES TO CHILDREN BY SCHOOL STAFF POLICY

INTRODUCTION

Schools should make arrangements for children with medical conditions. The detail of these arrangements is contained in statutory guidance called 'Supporting pupils at school with medical conditions and all maintained schools must meet the duty and follow the statutory guidance <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

AIMS

Pupils at Chinley Primary School with medical conditions will be properly supported so that they have full access to education, including school trips and physical education. (This does not include children who are ill and should be cared for at home).

The Governing body of Chinley Primary School is committed to ensuring that arrangements are in place to support pupils with medical conditions.

The Governing body of Chinley Primary School will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

PROCEDURES

1. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours. To help avoid unnecessary taking of medicines at school, parents should: be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime. Parents are requested to ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day. Where this cannot be arranged, parents should consider whether they should come to school to administer the medicine. If this is not possible, the recommended procedure for administration of medicines will be adopted.

2. With regards to the storage and administration of prescribed medicines, the following factors should be considered:

Potential risks: Medicines, whilst not hazardous if used and administered in the correct manner, present a risk if not used and administered correctly. The main risks associated with settings storing, managing and administering medicines are:

- Medicines given to wrong child;
- Medicines not given to child at appropriate time;
- Medicines not given at all;
- Wrong dose of medicine given to children;
- Medicines not available when required (particularly rescue medication);



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- Medicines being lost;
- Medicines stored incorrectly;
- Medicines not in correct containers and not labelled correctly;
- Young people giving medicines to other young people;
- Needlestick injuries.

3. Training

Staff will work in partnership with outside agencies and will receive training in managing the medical needs of specific children, which may include dispensing medicines or other interventions. The main point of contact for this will be the school nurse.

4. Written consent

Before administering medicine to a child, there needs to be written evidence of consent. This must be by a parent or person with parental responsibility. The school will gain the written permission of the parents/carers to ensure that the correct medicines and dosages are given. Parents are responsible for ensuring the correct (within date) medicine is supplied together with an appropriate dispenser.

5. Administration/dispensing

The school is responsible for making sure that the medicine is dispensed in accordance with the written instructions from the parent. The responsibility for ensuring that children with medication needs receive the correct “treatment” rests ultimately with their parents/carers. Parents and doctors should decide how best to meet each child’s requirements.

5a. There are three different requirements for dispensing medicines:

- a) children with on-going and long-term medical needs which require medicines to be administered regularly e.g. diabetes, asthma;
- b) children who need to take medicines for a short time but who need to take a dose in school time;
- c) children who need to take a medicine in an emergency e.g. an epipen

5b. At Chinley Primary School, we will not allow children to give their own consent unless in an extreme emergency, and we will take advice from health professionals.

5c. Safe administration of medicines means that they are given in a way that avoids causing harm to a child: they should only be given to the person for whom they were prescribed; children should receive the right medicine at the right time and in the right way.

Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

Staff must never give medicine that belongs to another child – unless in emergency e.g. salbutamol for asthma. Parents must be informed and where possible consulted before administration.



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Staff should not undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

Staff may directly give the medicine or may oversee the child taking their dose themselves, but it is the staff members responsibility to fill in the necessary forms showing that the dose had been administered.

6. Labelling of medicines

When medicines have to be brought into school, the original or duplicate container, or a syringe with enough medicine for that day should be used.

The medicine should be labelled clearly (or made clear on the consent form), stating:

- name of pupil;
- name of medicine:
- date of dispensing;
- dose and dose frequency
- cautionary advice/special storage instructions;
- expiry date – where applicable.
- the information on the label should be the same as on the parental consent form.

7. Storage and handling

The Head teacher is responsible for making sure that medicines are stored safely.

Children should know where and who to go to, to get their medication.

Ventolin inhalers are stored in 'inhaler boxes' in classrooms.

We adhere to the following core principals of safe and appropriate handling of medicines:

- Medicines are stored in the school office which is locked when unoccupied.
- Medicines which require refrigeration will be stored in a locked refrigerator
- Medicines are stored so that the products: are not damaged by heat or dampness; cannot be mixed up with other people's medicines; cannot be stolen; do not pose a risk to anyone else.

No medicines should be given to children to store themselves and self administer e.g. on residential trips. All medicines must be administered under the supervision of schools staff and handed in for central storage.



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Out-of-date, damaged or part-used medicines that are no longer required should be returned to the parents so that they cannot be taken accidentally by other people or stolen.

Large volumes of medicines will not be stored.

The school informs all staff about children with medical conditions together with their medical needs on display (discreetly) in the classroom areas.

For medium/longer term illnesses we will only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist).

Chinley Primary School cannot store medicines 'just in case' a child might need treatment – unless prescribed accordingly.

Staff must have a record of the medicines they have received from the parents/carers and what they will be required to administer. They must know and record everything required on the 'permission to administer medicines' form.

Where a child will be cared for overnight or longer a record of medicines received is required: tablets should be counted (for hygiene reasons staff should wear rubber gloves where possible); ointments/creams should be estimated (for example, half a tube); liquids should be measured

8. Record keeping

The school keeps a complete account of medicines stored and administered in school. Medicine records are essential for safe practice.

We keep a file with consent sheets in it filled in as a record of administration of medicines.

All medicines that are to be administered by staff must be accompanied by written instructions from the parent and/or the GP/prescriber.

When the medicine/s has been administered the staff member who has done this will write the medicine, the dosage, a date and time that the medicine was given out and will sign it. This record is held centrally.

Non-prescription medicines

The school will accept non-prescribed medicines.



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Non-prescribed medicines must be supplied by parents/carers in their original containers labelled with the pupil's name. They must be in date for the duration that they are required for and must be accompanied by the fully completed parental consent form. Parents must also on a daily basis inform the school of what dose has been given to the pupil that day to avoid accidental overdosing. School will record any dose given at school in the usual way.

Non-prescription medicines should be accompanied by a form of parental consent and enough medicine for the day only and handed to a member of staff for central storage.

Where the information on the label is unclear, such as "as directed" or "as before" then it is vital that clear instructions are given on the parental consent form. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

Each time there is a variation (other than a new prescription) in the pattern of dosage, a new form should be completed and (with prescription medicines) it should be accompanied by written confirmation from a medical practitioner.

For children with ongoing or complex needs, a care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them. Staff must make a record straight after the medicine has been accepted and taken.

Records must be complete, legible, up to date, dated and signed to show who has made the record. From the records, anyone should be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

School held medication Calpol (paracetamol)

The school will keep a small stock of non-prescribed medicine. This will be paracetamol only. If a parent cannot attend school to administer non-prescription medicine to their child, then a member of staff will telephone the parent to ask if non-prescription medicine, held by school, can be administered. The process will be as follows:

- Parents are telephoned initially to authorize the administration of the non-prescribed medicine.
- In the phone call parents will be asked if any non-prescribed medicine has been administered already that day and in the dose.
- If this is agreed then a template email will be sent to the registered email on record for that parent and parents will email back – their agreement; the agreed dose and confirmation of any dose (or not) already administered.
- The email will be retained alongside the normal administration of medicines records and will follow the retention guidelines set out in the records retention guidelines (DCC).



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School office staff are responsible for checking the 'use by' date on the school held non-prescribed medicine and disposing of any out-of-date medication.

9. Controlled Drugs

Staff need to be able to identify controlled drugs. Controlled drugs must be kept in a secure, locked area.

10. Employee medicines

Staff are responsible for their own medicines which should never be left around or accessible to children at any time. They should keep their medicines in a secure place

11. Induction

Staff responsible for induction procedures need to ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to children. This policy forms part of the induction pack. Arrangements should also identify the training and skills that each new staff member has and what training they will need in order to ensure that are adequately trained and knowledgeable to give medicines to children with specific medication needs identified within an individual treatment plan.

12. Refusal to take medicines

Staff can only administer medicines with the agreement of the child. If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and inform the parents. Where refusal may result in an emergency, the school should follow emergency procedures (see below). This may involve calling the parent, GP or ambulance services.

13. Emergency procedures

Where children have conditions that may require rapid intervention, parents must notify the Head teacher/manager of the condition, symptoms and appropriate action following onset – advice may need to be take. They should also share any individual treatment plan.

There should be a risk management plan that covers circumstances when the child is attending the school, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance.

The Headteacher must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- which children have individual treatment plans;
- possible emergencies that might arise, how to recognise the onset of the condition and take appropriate action i.e. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- how to call the emergency services;



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- what information from the individual treatment plan needs to be disclosed.

Other children should also know what to do in the event of an emergency, such as telling a member of staff.

When a child needs to go to hospital staff should not normally take children to hospital in their own car - it is safer to call an ambulance.

- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.

For certain conditions requiring medication an individual treatment plan will be produced e.g. conditions such as Anaphylaxis, Asthma and Diabetes. For children with severe/complex medical needs a risk assessment will be carried out in partnership with health professionals and parents/carers, this will inform an individual's individual treatment plan.

14. Confidentiality

Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine taking. It also means keeping personal medical information confidential, for example, a person's medicines administration record should be kept confidential.

15. Safeguarding

Safeguarding issues may become known through the administration of medicines and the Designated Safeguarding Lead (or Deputy) should be informed should staff have any concerns.

68. Residential Visits

An administration of medicines form must be completed before any medicines are taken on residential trips.

As with other medicines held in school, the medicine should be labelled with:

- name of pupil;
- name of medicine;
- date of dispensing;
- dose and dose frequency;
- cautionary advice/special storage instructions;

The information on the label should be checked to ensure it is the same as on the parental consent form.



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With non-prescription medicines, dosage for the duration of the residential stay can be accepted.

Policy written by Peter Lambert

Agreed by Governors. Minute number:

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