



## **Yaxham CE VA Primary School Administration of Medicine Policy**

*Through loving God and loving others,  
we flourish, learn & grow.*



## **Policy Consultation & Review**

This policy is available on our school website and is available on request from the school office. It will be reviewed in full by the Governing Body every two years. This policy was last reviewed and agreed by the Governing Body in March 2022 and will be reviewed again in March 2024

Signature: Jennie Müller      Headteacher

Signature:            Michelle Parnell Chair of Governors  
March 2022

Date: 24<sup>th</sup>

**Yaxham CE VA Primary School Administration of Medicines Policy relates to our Health and Safety Policy and is reviewed in line with guidance on administering medicine from the Local Authority**

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school "day"

Yaxham CE VA Primary School will only accept medicines which have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will always be provided in the original container as dispensed and include the prescriber's instructions for administration and dosage.

### **Introduction**

From time to time the school will be asked by parents to arrange for their children to be given medication during the school day. While the school will normally be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and children. The administration of medication to children is the responsibility of parents. It should be noted that Children's Services staff are under no legal duty, nor is it a requirement of their roles, to administer medication to children. It has been agreed that at Yaxham CE VA Primary School the administration of medicine will be undertaken by volunteers, who will receive appropriate training. All staff will ensure, as set out in the Asthma Policy and Epilepsy awareness guidance and policy that they would act appropriately as an in loco parentis adult, in the case of an emergency.

### **What is Meant by Medication?**

There is a difference between prescribed and non-prescribed medicine, however it is increasingly common for Doctors and dentists to suggest parents purchase Nurofen/paracetamol based products to support treatments.

- Prescribed Medication: Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include, asthma inhalers, antibiotics, Valium, adrenalin, etc.
- Non-Prescribed Medication: Any medication not requiring a Medical or Dental Practitioner's prescription is defined as a non-prescribed medication. Examples may include, analgesics, milk of magnesia tablets or liquid, creams and sprays, etc.

### **When Might it be Required?**

There are two main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medication to children. They are:

- Cases where children recovering from a short-term illness are well enough to return to school/establishment, but are receiving a course of prescribed medication such as antibiotics.
- Cases of chronic illness or long-term complaints such as asthma, or children with Complex Health Needs such as, diabetes, anaphylaxis or epilepsy

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return, and it is for parents to seek and obtain such advice as is necessary. In the case of children with Complex Health Needs Children's Services staff may feel reluctant to provide certain treatments, for example, the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheostomies. There is no requirement for all staff to undertake these responsibilities. However, as the number of such cases will be very small volunteer staff will be trained accordingly, SEN staff appointed to support specific children will be trained as part of their role.

- Early identification and careful planning by the relevant Health Authority will result in detailed discussion with the establishment and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.
- Children requiring on-going support from the school, parents and medical teams are identified with the School Community Nursing Team, care plans will be drawn up with all parties. Parental Responsibilities Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable if, for example, the child's home is a considerable distance away. In such a case parents may make a request for medication to be administered to the child at the school/establishment.
- Where such a request is made by parents, it should be made using the Parent/Headteacher agreement for School Administration of Medicines - Held in the school office
- It only takes one parent to agree to or request that medicines are administered. Where parents disagree over medical support the school will continue to administer the medicine in line with consent and instructions unless and until a Court decides otherwise.
- If a parent refuses to complete this form, the Headteacher will make it clear to the parent (in writing) that the establishment is not prepared to administer medication.
- The medication, in the smallest practical amount, should be delivered to the school/establishment wherever possible by a parent.
- Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the GP or the Consultant Community Paediatrician.

- Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.
- In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the manager.
- The renewal of any medication which has passed its expiry date is the responsibility of the parent. Expired medication should be collected by parents within 7 days of the expiry date. The establishment will contact parents/guardians immediately if medication remains uncollected. The Role of the Staff Children's Services staff cannot be required to administer medication, but as persons in loco parentis they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance. When a parent requests that medication be administered to their child the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the child and the implications for the staff.

### **Role of the Headteacher**

The Headteacher will ensure all parents and staff are aware of the establishment's procedures with respect to the administration of medication and that the appropriate systems for information sharing are followed. It is clear that pupils who are acutely unwell should be kept at home until well enough for school; medication can be administered once the children are well.

- The Headteacher will agree with the parents exactly what support can be provided in relation to medicine administration; If expectations are unreasonable then advice will be sought from the school nurse or doctor or other medical advisers and the Health, Safety and Wellbeing team.
- All requests for administration of medicine by staff in school will need to be agreed by the Headteacher or the appointed representative.

### **Role of Staff**

In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

- All staff who have contact with pupils with a medical or life threatening position will be made aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be provided if key members of staff are absent.
- Staff will be offered relevant training and support – recorded on the Staff Training Record (Administration of medicines) – form F624e Procedures
- Prescribed Medication A clear copy of the school administration of medicines policy and arrangements for the administration of medication will be available for

parents on the school website, including a statement of their responsibilities as detailed above and how to make a request for medication to be given.

- Where any doubt exists about whether or not to agree the administration of a particular course of medication, the Headteacher should seek advice from the GP or relevant medical professionals – see above
- Where medication is to be administered at the school, the Headteacher will ensure that a named person is responsible for the medication, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility. Any training given must be recorded on the Staff training form (administration of medicine) – F624e
- Long-term illnesses, such as epilepsy or asthma, will be recorded on the child's records card, together with appropriate instructions.
- A written record will be kept of the administration of all prescribed medication to children. Such a record should be kept together with the instructions given and checked on every occasion and completed by the member of staff administering the medicine. The administration of medicines form F624c will be used to record medicines administered and will be retained on the premises for 5 years.
- Prescribed medication kept at the school are kept under suitable storage and arrangements made for it to be readily accessible when required, (Locked cupboard in Office, for medicines not requiring refrigeration; in the school fridge for other medicines)
- If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required. Under no circumstances should medicines be kept in first-aid boxes.
- Non-Prescribed Medication Non-prescribed medication will not be administered by staff in school.
- In circumstances when children suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain, request from Parents needs to be through Form 624b
- Analgesics will only be given to children under the age of 16 when parents have given prior written permission. Circumstances under which it might be appropriate for the Headteacher to seek such permission from parents would include residential visits. In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of child, time, dose given and the reason.
- Tablets, which will be standard paracetamol for children aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place during residential visits and not in First Aid boxes.
- On no account will aspirin, or preparations containing aspirin, or medicines containing ibuprofen, be given to children unless prescribed by a doctor. This is particularly important where children under 16 years of age are concerned.

### **Self-Management**

It is good practice to support and encourage children who are able, to take responsibility to manage their own medicines from a relatively early age; older children will be encouraged to participate in decisions about their medicines and to

take responsibility. If children can take their medicines themselves, staff may only be needed to supervise. Children who are considered to be mature enough to self-manage their condition and make decisions about when to administer their own medicines will be encouraged to do this (e.g. asthma/diabetes) A parental consent form F624d – Request for Child to Carry His/her own Medicine) will be used in these situations.

- Where children might need to use an inhaler, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases, the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child. – see School Asthma Policy
- Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.
- Where a number of children may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines
- Where children have been prescribed CONTROLLED drugs, staff need to be aware that these need to be stored safely – as set out in a child's health care plan.

### **Refusing medicines**

If a child refuses to take medicine staff will not force them to do so. This refusal will be noted in the records; and parents and others noted in health care plan informed immediately.

### **Record Keeping**

It is the responsibility of parents to inform the school about the medicines that their child needs to take and provide written details of any changes or the support required. Staff will need to ensure that this complies with the information provided by the prescriber. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Side effects
- Expiry date

This will all be included on Form F624b – Administration of Medicines Form. The form will confirm, with parents, that a member of staff will administer medicine to their child. School will record medicine administered on Form F624c Record of Medicine Administered to an Individual child. All information regarding medication should expire at the end of each academic year. If the administration of medication is to continue all relevant information must be confirmed in writing at the start of the new academic year.

## **Educational Visits and Sporting Activities**

Children with medical needs will be encouraged to participate in safely managed visits. The Schools will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans will be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.
- Most children with medical conditions can participate in physical activities and extracurricular sport. There will be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.
- All adults should be aware of issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **Home to School Transport**

Where pupils have life threatening conditions, specific health care plans will be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans will specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. School will make every effort to provide relevant information to the transport team so that risks to pupils are minimised during home to school transport. All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them. Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

## **Dealing with Medicines Safely**

Storing Medicines and Access Large volumes of medicines will not be stored.

- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
- Where a child needs two or more prescribed medicines, each will be in a separate container. Children will be informed where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- The school will allow some children to carry their own inhalers, through discussion with parents in relation to maturity of the individual child. Other non-emergency medicines should generally be kept in a secure place not accessible to children. A few medicines need to be refrigerated.
- They will be kept in a refrigerator containing food but should be in separate section in the door panel and clearly labelled.
- There is restricted access to a refrigerator holding medicines – the refrigerator for medicines is in the Staffroom. Children need to have immediate access to their medicines if required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This will be noted on individual Health Care plans – where relevant

## **Disposal of Medicines**

Staff will not dispose of medicines.

- These will be returned to the parent.
- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents will also collect medicines held at the end of each term.
- If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes will always be used for the disposal of needles.
- Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.
- Collection and disposal of the boxes will be arranged with the district council's environmental services.

## **Hygiene and Infection Control**

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- Spillage kit available from Office

- Disposal of urine, blood etc. can be done through disposal in Disabled toilet; yellow bag if large amounts – small amounts can be disposed of in usual
- Named first aiders will be responsible for carrying out emergency procedures in the event of need.
- A member of staff will always accompany a child taken to hospital by ambulance and will stay until the parent arrives
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car unless it is clear that any paramedic is unable to attend – or ambulance service is unable to attend. As it is safer to call an ambulance, this will be called to transport children to hospital.
- The school may be informed that instead of an ambulance that a local health professional will offer emergency cover. Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency – these will accompany children to hospital.
- In all cases where, following the administration of medication, there are concerns regarding the reaction of the child, medical advice must be sought immediately.
- Where a child's case makes it necessary, emergency supplies of drugs will be stored in the establishment, but only on a single dose, named patient, basis. In these cases, specific training on how and when to administer will be sought from relevant health professionals –e.g. Epipens The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Consultant Community Paediatrician.

It is stressed that the arrangements described in this document relate only to situations where there is an explicit request by the parents. In no circumstances should school staff administer prescribed medication on their own initiative. Further Advice and Assistance can be sought from the Children's Services Health and Safety Adviser on 01603 223470 or 01603 223989 or Consultant Community Paediatricians in each locality as appropriate.

## Appendix 1



### Parental/Head Teacher Agreement for School/Setting to administer medicine Form F624b

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

|   |     |
|---|-----|
| Name of School/Setting  |     |
| Date  |     |
| Child's Name  |     |
| Group/Class/Form  |     |
| Name and strength of medicine   |     |
| Expiry date   | / / |
| How much to give (dose to be given)   |     |
| When to be given  |     |
| Any other instructions  |     |
| Number of tablets/quantity to be given to school/setting                        |     |
| <b>Medicines must be in the original container as dispensed by the pharmacy</b> |     |
| Daytime phone no. of parent or adult contact                                    |     |
| Name and phone no. of GP  |     |
| Agreed review date to be initiated by [name of member of staff]:                | / / |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

|                         |           |
|-------------------------|-----------|
| Parent's signature:     | Date: / / |
| Print name:             |           |
| Head Teacher signature: | Date: / / |
| Print name:             |           |

## Appendix 2

**Record of medicine administered to an individual child**  
**Form F624c**

|   |     |
|---|-----|
| <b>Name of School/Setting</b>           |     |
| <b>Name of Child</b>                    |     |
| <b>Group/class/ form</b>                |     |
| <b>Date medicine provided by parent</b> | / / |
| <b>Quantity received</b>                |     |
| <b>Name of medicine</b>                 |     |
| <b>Expiry date</b>                      | / / |
| <b>Quantity returned</b>                |     |
| <b>Dose and frequency of medicine</b>   |     |

|                                |     |     |     |
|--------------------------------|-----|-----|-----|
| <b>Date</b>                    | / / | / / | / / |
| <b>Time Given</b>              |     |     |     |
| <b>Dose Given</b>              |     |     |     |
| <b>Any Reactions</b>           |     |     |     |
| <b>Name of member of staff</b> |     |     |     |
| <b>Staff initials</b>          |     |     |     |