Redborne Upper School

Administration of Medicines Policy

This policy will be evaluated and reviewed every three years by the Deputy Headteacher: The Quality of Education (Chris Graves)

This policy is available on the school website, on request to parents and carers, the LA and Ofsted through the Headteacher.

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Date of union consultation:

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School acknowledgement

The governing body recognises that many students will at some time need to take medication whilst at school. Whilst parents or carers retain responsibility for their son or daughter's medication, the school has a duty of care to students whilst at school. The governing body wishes to do all that is reasonably practical to safeguard and promote the health and welfare of students.

This policy aims to:

- ensure that everyone, including parents and carers, are clear about their respective roles;
- put in place effective management systems to help support individual students with medical needs, and
- ensure that medicines are handled responsibly.

This policy complies with the recommendations set out in Managing Medicines in Schools and Early Years Settings – March 2005.

Administration of Medicines Policy

1. Procedures for the management of prescription medicines during the school day

1.1 Medicines should only be brought to school when essential, that is where it would be detrimental to a child's health if the medicine was not administered during the school day.

1.2 Medicines will only be accepted if they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include instructions for administration.

1.3 All tablets should be checked on arrival to ensure that the prescribed strength of individual tablets are the same eg all 10mg.

1.4 The school will not make changes to dosages on the instructions of parents or carers.

1.5 Parents or carers are encouraged to ask for medicines to be prescribed in dose frequencies which enable it to be taken outside school hours. Medicines that need to be taken three times a day should be taken in the morning before school, after school hours and at bedtime.

1.6 No student under 16 should be given medicines by staff without their parent or carer's written consent.

1.7 Before giving any medicines to a student staff should check:

- the student's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

1.8 If the member of staff has any doubts about any procedure they should not administer the medicine but check with the parents, carer or a health professional.

2. Controlled drugs

2.1 The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Acts and its associated regulations. Some controlled drugs may be prescribed as medication for use by students.

2.2 Controlled drugs should be stored in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

2.3 Staff administering a controlled drug should do so in accordance with the prescriber's instructions.

2.4 A controlled drug, as with all medicines, should be returned to the parent or carer when no longer required to arrange for safe disposal. If this is not possible, it should be disposed of using a licenced pharmacist or through a GP's surgery.

3. Procedures for managing medicines on educational visits

3.1 Staff supervising educational visits should always be aware of any medical needs, and relevant emergency procedures.

3.2 A copy of any health care plans should be taken on visits in the event of information being needed in an emergency.

3.3 Emergency medication and inhalers must be with the student at all times. If this is not appropriate, eg the student is swimming, the medication should be kept by the designated teacher who is in close contact with the student.

3.4 A first aider or appointed person is identified for all educational visits and a first aid kit is always accessible.

3.5 At least one member of staff on an educational visit should be trained in the use of an auto-injector for emergencies where appropriate.

4. Sporting activities

4.1 Most students with medical conditions can participate in physical activities and extracurricular sport. Any restrictions on a student's ability to participate in PE should be recorded in their individual health care plan.

4.2 Some students 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. Students should carry their own inhalers. The school will store spare inhalers which should be clearly marked with the student's name.

5. Off-site education or work experience

5.1 The school will ensure that work experience placements are suitable for students with a particular medical condition.

5.2 The school or their representative will assess the suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours.

5.3 The college or employer will undertake a risk assessment to identify significant risks and necessary control measures whilst the students are on site.

5.4 Parents or carers and students must give their permission before relevant medical information is shared on a confidential basis with employers.

6. Health care plans

6.1 The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed. Not all students who have medical needs will require an individual plan.

6.2 The health care plan should be prepared by the school nurse and reviewed regularly depending on the nature of the child's particular needs. As a minimum, plans should be reviewed at least once a year.

6.3 Copies of health care plans are located on SIMs in the students file and in both North school offices.

7. Roles and responsibilities of staff managing the administration of medicines

7.1 The school will ensure that the administration of medicines is included in the job description of at least two members of support staff.

7.2 The school should ensure that staff are appropriately trained to manage medicines as part of their duties.

8. Parental responsibilities

8.1 Parents and carers are responsible for their child's health and should provide full information about their child's medical condition, including details of any medication.

8.2 It is the parent or carer's responsibility to ensure that medicines are in date and are replaced as appropriate.

8.3 It is the parent or carer's responsibility to inform the school in writing if there have been any changes in the administration of their child's medication.

8.4 It is the parent or carer's responsibility to ensure that employers providing work placements and off-site training providers are aware of their child's medical condition and any prescribed medication.

9. Non-prescription medicines

9.1 Staff should never give a non-prescribed medicine to a student, unless authorised to do

so by a parent/guardian.

10. School policies on students carrying/self-administering medicines

10.1 The school does not provide pain relieving medication.

10.2 Students over 13 may carry a one-day supply of pain relieving medication. A one-day supply consists of a maximum of two tablets.

11. Staff training

11.1 Staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. They should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and the disposal of dressings or equipment. Any dressings should be placed in the designated yellow bags and placed in a medical disposal bin for incineration located in the first aid room.

11.2 The school will ensure that staff have appropriate training to support students with medical needs.

11.3 Arrangements should be made to ensure that staff attend refresher courses to update their knowledge on a regular basis.

11.4 Annual training in the use of an auto-injector takes place in September.

12. Record keeping

12.1 A completed copy of the proforma 'Medicine Consent Form' is obtained from the parent or carer before any medication is administered.

12.2 Staff should complete and sign the 'Record of Medicines Administered' proforma each time they give medicine to a student.

12.3 Staff should make sure that the information given by the parent or carer is the same as that provided by the prescriber.

12.4 Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases staff should check that the written details include:

- name of student
- name of medicine
- dose
- time/frequency of administration

- method of administration
- any side effects
- expiry date

13. Safe storage of medicines

13.1 Staff should only store, supervise and administer medicine that has been provided by the student's parent/carer.

13.2 Medicines should be stored in accordance with product instructions (paying particular note to temperature) and in the original container in which it is dispensed.

13.3 Staff should ensure that the supplied container is clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration.

13.4 Students should know where their own medicines are stored and who holds the key.

13.5 All emergency medicines are locked away securely, and not accessible to students.

13.6 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator containing medicines.

14. Disposal of medicines

14.1 Staff should not dispose of medicines.

14.2 Parents or carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents or carers do not collect medicines the First Aid Lead should dispose of medicines following correct procedures.

15. Risk assessment and management procedures

15.1 Staff should never take a student to hospital in their own car; it is safer to call an ambulance.

16. Confidentiality

16.1 Staff should always treat medical information confidentially.

16.2 The Headteacher (or his representative) should agree with the parents or carers who else should have access to medical information.

16.3 If the information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

17. Refusing medicines

17.1 If a student refuses to take medicine, staff should not force them to do so, but should note this in the records.

17.2 The student's Head of Year or a member of the senior team should inform the parents or carers on the same day of the student's refusal to take medication.

17.3 If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed by calling an ambulance.

18. Students visiting the school

18.1 Students visiting the school or on a work placement are in a vulnerable position. It, therefore, is important that the person organising the visit provides details of students and their medical needs to North School office staff and any staff that the student has contact with.

19. Adults visiting the school

19.1 Adults visiting the school who have a medical condition should inform the relevant member of staff, eg ITT student should inform the training school who will inform North School office staff.

19.2 Other visitors should inform the staff they are visiting who will then inform North School office staff.

Appendix 1 - Medicine Consent Form

Redborne Upper School	
Student details	
Name of student:	
Date of birth:	
Form:	
Medical condition or illness:	
Medicine	
Name/type of medicine: (as described on container)	
Date dispensed:	
Strength:	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Are there any side effects that the school need to know about?	
Procedures to take in an emergency:	
Contact Details	
Name:	
Daytime telephone no:	
Mobile phone no:	
Address:	
GP:	
Telephone No:	

I understand that the medicine must be delivered to Beverely Allen in North School Reception.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____ Signature: _____

Appendix 2 - Emergency instructions for an allergic reaction

CHILD'S NAME**: .....**

DOB: .....

ALLERGIC TO: .....

SCHOOL: .....

PHOTO

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/nausea
- Vomiting

ACTION

- Give _____ (antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal
- If symptoms worsen see – **SEVERE REACTION**

SEVERE ACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

ACTIONS

1 Get _____ auto-injector out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
2 Sit or lie child on floor
3 Take auto-injector and remove the grey cap
4 Push the black tip of auto-injector firmly into outer aspect of mid thigh **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS**
5 Remain with the child until ambulance arrives. Place used auto-injector into container without touching the needle
6 Contact parent or carer

Signed Headteacher …… Print name ……

Signed parent or carer …… Print name ……

Relationship to child …… Date agreed …….

Signed Paediatrician/GP …… Print name ……

Care Plan written by …… Print name ……

Designation …….. Tel No ……

Date of review

DATE/TIME	**GIVEN BY** (print name)	**Observation/evaluation of care – signed/date/time**