



# Myton Park Primary School

## *Policy for Administration of Medication in school*

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# MYTON PARK PRIMARY SCHOOL

## Administration of Medicines in School

Medicines should only be administered in schools when it would be detrimental to child's health or school attendance not to do so.

No child under the age of 16 should be given prescription or non-prescription medicines without their parents' written consent. Only prescribed medicine which needs to be taken **4 times daily** will be administered in school.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.

Schools should only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Only staff who have been authorised to administer medicines by the Head Teacher should do so.

When children self-administer a medicine they may put others a risk e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/health care professional.

Facilities should be available to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.

Ideally wherever possible medication administration should take place in the same room that the medicine is stored. All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the parental consent form and the school's record of medication.

It is expected that the child should be known to the person administering the medicine, however before administering the medicine school staff should check:-

- The child's identity
- That there is written consent from the parent/carer
- That the medication name, strength and dose instructions match the details on the consent form
- That the name on the label matches the child's identity
- That the medication is in date
- That the child has not already been given the medicine

Immediately after administering or supervising the administration of medicine written records should be completed.

Where a pupil refuses to take their medicine:-

- Staff should not force them to take it
- The school should inform the child's parents/carers as a matter of urgency
- Schools should consider asking parents/carers to come into school and administer the medicine
- Where such action is considered necessary to protect the health of the child the school should call the emergency services

- *Records of refused/non administration of doses should be made in the child's administration record*

*Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.*

*Wasted doses e.g. tablet dropped on the floor should not be recorded and disposed of as per the guidance on disposal of medicine. Such doses should not be administered. Liquid medicines should be administered with a suitable graduated medicine spoon or syringe.*

*If the normal routine for administering medicines breaks down e.g. no trained staff members available, then contact with parents should be made to agree alternative arrangements.*

### ***Record and Audit Trail of Medicines in Schools***

*Each child who receives prescribed medicine at school must have an individual school record of medication form completed for each medication they are to receive.*

*A member of staff authorised by the Head Teacher should be responsible for recording information about the medicine and about its use.*

*The prescribers written instructions and the school record of medication should be checked on every occasion when the medication is administered and the school record of medication completed by the member of staff administering the medicine. The school record of medication should be retained on the premises for a period of five years. The following information should be recorded on the school record of administration:–*

- *Details of the prescribed medicine that has been received by the school*
- *The date and time of administration and the dose given*
- *Details of any reaction or side effects to medication*
- *All movements of prescribed medicine within the school and outside the school on educational visits for example*

*If a parent has requested a child self-administers their medicine with supervision a record of this should be made on the school record of medication.*

*Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medicine should be obtained as soon as possible.*

### ***Hygiene and Infection Control***

*All staff should be familiar with normal precautions for avoiding and controlling infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.*

*Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parents/health care professional.*

### ***Intimate or Invasive Treatment***

*Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/carers and Head Teachers must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing.*

*The Head Teacher or Governing Body should arrange appropriate training for school staff providing medical assistance. The school should arrange for two adults or the same gender as the pupil to be present for the administration of the treatment.*

*Where intimate or invasive treatment is required, it should be subject to an individual risk assessment which should include reference to two people to minimise any risk claim. Localised arrangements should be put in place.*

### **Emergency Procedures**

*In the event of an emergency staff should contact the emergency services using the 999 system.*

*If a school has within an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified first aiders in the school may also offer support.*

*A member of staff should always accompany a child to hospital and stay with them until the child's parent/s arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.*

*Where pupils are taken off-site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual child.*

*Emergency medication should always be readily accessible and never locked away.*

*Children who are known to have asthma must have a reliever inhaler available to them at all times in school. If children are carrying their own inhalers ideally a spare inhaler should be held by the school.*

### **Out of School Activities/Extended School Day**

*It is best practice to carry out a risk assessment so that the planning arrangements take into account any steps needed to ensure that pupils with medical conditions are included, unless evidence from a clinician such as a GP states that this is not possible. Schools are responsible for any additional staffing required.*

*Schools should meet with the parent/s, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in the child's individual health care plan, or risk assessment which should accompany them on the activity.*

*If medication is required during a school trip it should be carried by the child if this is the normal practice e.g asthma inhalers. If not it should be carried by an authorised member of staff who would be responsible for administering it or the parent/carer if present.*

## **Pain Relief**

Sometimes pupils may ask for pain relief at school e.g Calpol, Paracetamol. It is not recommended that school staff give non-prescribed medication to pupils. This is because they do not know what previous doses the child has taken or if it may interact with other medicines they may have taken.

## **Treatment of Attention Deficit Hyperactivity Disorder (ADHD)**

When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural problems.

Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed. In some cases once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). These are legally categorised as controlled drugs, in mainstream schools they should be treated in the same way as other medicines the schools administers. However, they should not be carried by the child and should be kept securely in a locked cabinet.

## **Management of Diabetes**

Children who have diabetes must have emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

Children with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling "hypo". A clean private area with washing facilities should be made available for them to undertake this.

Children's Diabetes Nurses will provide advice and support for schools and their staff who are supporting children with diabetes.

If support is required we will contact the school nursing services. At the time of writing this policy our school nurse is [Alexandra.burton@nhs.net](mailto:Alexandra.burton@nhs.net)

## **Complaints**

Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.

Reviewed Autumn Term 2018

Next review date Autumn Term 2020