

SUPPORTING SCHOOL ATTENDANCE THROUGH THE EFFECTIVE MANAGEMENT OF THE ADMINISTRATION OF MEDICINES POLICY

PURPOSE OF DOCUMENT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety and Supporting pupils at school with medical conditions policy.

Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

ROLES AND RESPONSIBILITIES

1. All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice. It is good practice that schools and settings will review cases individually and administer medicines in order to meet the wider needs of the child and to enable them to attend school.
2. Under the Equality Act 2010, Family and Children's Act 2014 and the SEN code of practice schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.
3. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.
4. Governing bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies Governing Bodies should take into account the views of parents/carers, the staff and the Executive Head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.
5. The Executive Headteacher/Head of School, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs. The Executive Headteacher/Head of School is responsible for:
 - implementing the policy on a daily basis
 - ensuring that the procedures are understood and implemented

- ensuring appropriate training is provided
 - making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.
6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care.

PARENTS/CARERS

The Local Authority, schools and early years settings should work in partnership with parents/carers to ensure that their child attends school wherever possible.

7. It is the responsibility of parents/carers to;
- a. inform the school of their child's medical needs
 - b. provide any medication in a container clearly labelled with the following;
 - The child's name
 - name of medicine
 - Dose and frequency of medication
 - Specials storage arrangements
 - Date to be used by
 - a. collect and dispose of any medicines held in school at the end of each term.
 - b. ensure that medicines have not passed the expiry date.
 - c. ensure that all attempts are made to enable their child to attend school.

PUPIL INFORMATION

8. Parents/carers are required to give the following information about their child's long term medical needs with a responsibility to update it at the 'start of each school year';
- (a) Details of pupil's medical needs
 - (b) Medication, including any side effects
 - (c) Allergies
 - (d) Name of GP/consultants
 - (e) Special requirements e.g. dietary needs, pre-activity precautions
 - (f) What to do and who to contact in an emergency
 - (g) Cultural and religious views regarding medical care

ADMINISTERING MEDICATION

9. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
10. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. We encourage parents whose child is taking medication three times a day, to give before school, after school and at bedtime.
11. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed and signed by the parents prior to medication being administered.
12. Non-prescription medicines such as calpol will only be administered when the parents inform the school office when the last dose was administered and will only be given in accordance with standard dosage levels for the relevant aged child as stated on the packaging. These medicines should never be administered without first checking maximum dosages. No medicine containing aspirin will be administered unless prescribed by a doctor.
13. The Executive Headteacher/Head of School will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
14. There **must** be at least 2 members of staff on hand to administer with one administering and the other checking to ensure that the medication is the right one for the child and dosage required and the other administering. Any member of staff, on each occasion, giving medicine to a pupil should check;
 - (a) Name of pupil on the medicine and form is the same as the child to whom you are giving the medicine
 - (b) Written instructions provided by the parents/carers or doctor
 - (c) Prescribed dose (to be confirmed with a second member of staff) and when the last dose was administered
 - (d) Expiry date
 - (e) Complete the medication record see below.

Medicines will only be accepted if they are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump rather than its original container.

If a child required asthma drugs administered in a certain way such as using a mask or nebuliser, this must be written into an asthma plan with full instructions.

15. Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed.
16. Sharps boxes should always be used for the disposal of needles and other sharps.

STORAGE

17. All medicine will be stored safely in the school administration office. Children should know where their medicines are kept and be able to access them immediately this is particularly important for reliever inhalers/insulin/adrenalin pens. Class teachers for early years and primary pupils will store children's inhalers which must be labelled with the pupil's name within the unlocked class room. Permission from parents/carers will need to be obtained prior to this. All medicine will be logged onto the school's file.
18. Controlled drugs need special attention. A child who has been prescribed a controlled drug will require monitoring arrangements may be necessary and the advice of the school nurse should be sought.

RECORDS

19. Both members of staff **must** complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following;
 - (a) Name of pupil
 - (b) Date and time of administration
 - (c) Who supervised the administration and who administered
 - (d) Name of medication
 - (e) Dosage
 - (f) A note of any side effects
 - (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

REFUSING MEDICATION

20. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

TRAINING

22. General training for the administration of day to day medicine will be delivered by a member of the senior leadership team. Training and specific advice will be provided by health professionals for staff involved in the administration of specific medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma.

HEALTH CARE PLAN

23. Where appropriate, a personal Health Care Plan (Form 2) will be drawn up and reviewed annually in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms the asthma care plan may be used if preferable (Appendix 2A). The asthma care plan can be photocopied and one copy can be kept along side the child's inhaler the other will be kept in reception.

INTIMATE OR INVASIVE TREATMENT

24. This will only take place at the discretion of the Executive Headteacher/Head of School and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

SCHOOL TRIPS

25. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.
26. Residential trips and visits off site;
 - (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.
 - (b) If it is felt that additional supervision is required during any activities e.g. swimming, school/setting may request the assistance of the parent/carer.

Exercise and activity – PE and games/out of hours

Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers are aware of which pupils have asthma.

EMERGENCY PROCEDURES

- 27 The Executive Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix A. These guidelines will be available to all staff members and displayed in different areas around the school.
- 28 All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.
- 29 Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. School should ask the parent/guardian to sign to permit this practice in the case of an emergency in their child's asthma care plan. (See School Health Plan Part 2 for consent proforma.)

CARRYING MEDICINES

For safety reasons children are not allowed to carry medication except in the cases of pupils with inhalers in secondary school and with parental/carer permissions. All medicines must be handed to the school administration staff or the class teacher on entry to the school/setting premises.

- 30 The Executive Head teacher, or, in their absence, a member of SLT, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

ANNEX A

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under the age of two years two puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- ❖ In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Generally staff should not take pupils to hospital in their own car.

Recommendations on the management of acute asthma in children in primary care and asthma in the school setting are taken from the British Guideline on the Management of Asthma (BTS & SIGN 2010) and Asthma UK.

ANNEX B: FORMS

- Form 1** Emergency planning - request for an ambulance
- Form 2** Healthcare Plan
- Form 2 A** Asthma Health care plan/recordings
- Form 3** Permission to administer medicines
- Form 4** Record of medicine administered to an individual child
- Form 5** Request for child to carry his/her own medicine
- Form 6** Staff training record - administration of medicines

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

2. Give your location as follows: (insert school/setting address)

3. State that the postcode is

4. Give exact location in the school/setting (insert brief description)

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2 - Healthcare Plan

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____

Name _____

Phone No. _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

Form 2a

School Asthma Health Plan

Date Completed _____

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact) (2 nd contact)	
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No

Not always

Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No	
If only required during a common cold please circle: With colds only	
Medication:	Strength Dose When to be taken
	Before activity: May need before, during and/or after. Staff to observe. Aim to get through activity without symptoms if possible.

My child's asthma triggers: (please tick the appropriate boxes of your child's triggers)

Cold air		Colds / viral infections		Pollen		Stress/anxiety	
Changes in weather		Exercise		Dust		Emotion/ Excitement	
Damp / mould		Night		Pets		Cigarette smoke	
Other: Observe for any unknown triggers							

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
Expiry date	Sign by parent/Guardian		

In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under two years two puffs
After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler one puff every minute until the ambulance arrives. Inform the child's parents.

Parent / Guardian Name_____signature_____Date_____:
Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other:
Name_____signature_____Date_____
Review Date: _____

School Asthma Health Plan - Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

If yes please provide full details:

This would only happen in an emergency situation

Parent / Guardian Name _____ signature _____ Date _____:

Note Inhalers must be in the original container as dispensed by the pharmacy.

Record of medication					
Date					
Time given					
Dose					
Any reactions					

Name if staff member					
Staff signature					

FORM 3 Permission to Administer Medicines

Child's Name		Year and Form	
Date of Birth		Date	
Child's Address			
Medical Diagnosis or Condition requiring medication			
Contact Information	Details of primary contact		
Name			
Phone No:	home	mobile	
<i>Clinic /hospital contact</i>			
Name			
Phone no			

Parental agreement for school to administer medicine.			
<i>The school will not give your child medicine unless you complete and sign this form.</i>			
Name and strength of medicine			
Expiry date		How much to give (ie dose)	
When to be given		Any other instructions	
Number of tablets/ quantity to be given to school			
Are there any side effects the school needs to know about?			
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p> <p>I understand that school has no obligation to administer medication.</p>			
Parent's signature :		Print name:	Date:

School Agreement to Administer Medication
<u>This part is completed by the school administrator</u>
It is agreed that(name of child) will receive doses of

_____ before/after meal time (delete as applicable) every day at
_____ (time to be administered).

_____ (name of child) will be given whilst he/she takes their medication
by _____ (name of member of staff)

This arrangement will continue until _____ (either end date of course
of medicine or until instructed by parents)

Date

Print Name

Sign

FORM 4 Record of medicine administered to an individual child

Child's Name (full name): Date of birth: Class: First day/ date of administration: Expected end day/ date of administration: Administration required – before/ after meal – please delete as applicable
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Date	Medication (full name)	Time Given	Dosage	Any known side effects	Name of staff administering	Name of staff supervising	Storage information

FORM 5 Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an
emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 6 Staff training record - administration of medicines

Name of School/Setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature **and designation:**

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested Review Date:
