

Administration of Medicines Policy

Meadowdale Primary School



1. GENERAL

- 1.1. **Non Prescribed Medication:** Any medication that has not been prescribed should be questioned as to whether or not it is needed during School hours. If this is needed it can be self administered or administered under parental supervision. **School staff will not administer non-prescribed medication.**
- 1.2. **Prescribed Medication:** NO PRESCRIBED MEDICINE should be administered by staff unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so (see sample pro forma – Appendix A). Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language. IT MUST BE UNDERSTOOD THAT STAFF ARE ACTING VOLUNTARILY IN ADMINISTERING PRESCRIBED MEDICINES (unless it is written into an employment contract).
- 1.3. The parents or legal guardians must take responsibility for updating the school with any changes in administration for routine or emergency medication and maintain an in-date supply. If this is not the case then the previous instructions must be followed.
- 1.4. All medicines must be clearly labelled with the child's name, route (i.e. mode of administering oral/aural etc.) dose, frequency and name of the medication being given.
- 1.5. **Where it is agreed by the parents and teachers, prescribed medication including emergency medication or related products e.g. inhalers or creon will be carried by the child for self administration.** These may be carried in 'bum bags' or swimming pouches.
- 1.6. **EMERGENCY MEDICATION AND RELIEVER INHALERS MUST FOLLOW THE CHILD AT ALL TIMES.** Inhalers and emergency treatment medication **MUST** follow the child to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge (e.g. in a box on the touchline or at the side of the pool). The school may hold spare emergency medication if it is provided by the parents or guardians, in the event that the child loses their medication. Until this becomes the emergency treatment the spare medication should be kept securely in accordance with the instructions below.
- 1.7. All other medicines **except emergency medication and inhalers** should be kept securely. Controlled drugs with the exception of emergency medication must be 'doubly' secured at all times to ensure that no unauthorised access is likely. Oral medication should be in a child-proof container. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with ice packs, provided by the parent/guardian. If kept in a cool box with ice packs **do not** store medicine in direct contact with the ice packs as its efficacy may be affected. All medication should be kept out of direct sunlight and away from all other heat sources.

- 1.8. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.
- 1.9. Medicines should be supervised/administered by a named individual member of school staff with specific responsibility for the task in order to prevent any error occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report. Controlled drugs with the exception of emergency medication should have a strict recording system in place for administration.
- 1.10. Children who are acutely ill and who require a short course of prescribed medication, e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that it is not required in school. If, however, this is not possible, by agreement with the headteacher a parent/guardian or member of staff may administer it.
- 1.11. Advice for school staff on the management of conditions in individual children (including emergency care) will be provided through the School Nurse or community paediatrician (School Doctor) on request, at the outset of the school's consideration of the need for medication.
- 1.12. If a child refuses treatment to be administered by school staff, the School should:
 - Not force the child to take treatment but record this if they refuse offer.
 - If the school has any concerns call an ambulance to get the child to hospital.
 - Parents/guardians should be informed immediately

2. LONG TERM MEDICATION

- 2.1. The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see section 1 above, otherwise the management of the medical condition is hindered. (NB **specific requirements** e.g. it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings.)
- 2.2. With parental/guardian permission, it is sometimes helpful and necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer support can be given.

3. INJECTIONS

- 3.1. There are certain conditions e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders, which are controlled by regular injections (see appendix E). Children with these conditions are usually taught to give their own injections or these injections are required outside school day. Where this is not the case arrangements should be made in advance and an individual care plan developed (cross reference section 5)

4. EMERGENCY TREATMENT

4.1.

- a. No emergency medication should be kept in the school except that specified for use in an emergency for an individual child. (see section 1)
- b. These medications must be clearly labelled with the child's name, action to be taken with the route, dosage and frequency (as in section 1)
- c. Advice for school staff about individual children will be provided through the School Nurse or Community Paediatrician on request at the outset of planning to meet the child's needs. If not provided the school should develop a '**care plan**' specific to an individual child.
- d. In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed **in advance** between the parents/guardian and school.
- e. In all circumstances if the school feels concerned they will call an ambulance.
- f. If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy must be retained in the school.
- g. Where transporting a pupil and the administration of some prescribed emergency medication is required, it may be deemed appropriate to 'stop' and park the vehicle in the first instance for safety reasons. A '999' call will then be made to summon emergency assistance.

4.2. In accordance with 4.1 above

- a. When specifically prescribed, a supply of antihistamines or pre-prepared adrenaline injection should be used if it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts etc.
Immediate treatment needs to be given before calling an ambulance. For the process of establishing the administration of a pre-prepared adrenaline injection and example of individual care plan and report form.
- b. A supply of 'factor replacement' for injection should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made emergency advice can be obtained between 08.30hrs and 16.30 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500. If it is outside these times then an ambulance should be called.

For children who have repeated or prolonged fits and require the administration of rescue medication, either a small supply of buccal Midazolam or rectal diazepam may be kept in School for administration to a specifically identified child.

- c. Where either of these rescue medicines have been administered, arrangements must be made for the child to go to the nearest hospital receiving emergencies via ambulance unless the parent or healthcare professional indicates otherwise and this is acceptable to the School.

Under extremely RARE circumstances a child may not be using the aforementioned rescue medication and may have been prescribed rectal paraldehyde by a Consultant Paediatrician Neurologist. In these cases this should be discussed with your Community Paediatrician (school doctor).

- d. A supply of glucose (gel, tablets, drink, food, etc) for treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools where any pupil suffers from diabetes mellitus. If after an initial recovery a **second attack occurs within three hours repeat the treatment and child must go to the nearest hospital receiving emergencies.**
- e. It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.
- f. For children who have reduced hormonal responses to stresses, it may be that they require an emergency dose of oral hormone replacement. The arrangements for the prescribed medication will be developed within a general care plan.

5. SCHOOL VISITS

- 5.1. Detailed advice and guidance regarding school visits is given in Guidance for the Conduct of Educational Visits and Adventurous Activities.
- 5.2. As required in the guidance a form must be completed and returned to the Local Authority PRIOR to the commencement of any school visit involving an overnight stay, foreign travel or adventurous activities.
- 5.3. A school consent form from the child's parent or guardian must be received PRIOR to participation in any school trip. Any medical problems must be highlighted by the parents or guardians (see guidance for details)
- 5.4. Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.
- 5.5. A named person must be identified to supervise the storage and administration of medication (see section 1 above)
- 5.6. Wherever possible children should carry their own reliever inhalers or emergency treatment (see 1.5) but it is important that the named person (see above) is aware of this.

6. IMPLEMENTATION AND REVIEW

- 6.1. This document constitutes the approval of Leicestershire Local Authority medicines group meeting 9/3/2012. It is proposed at the Children and Young People's Service (CYPS), Safety Committee 14/6/2012 taking into account Managing Medicines in School and Early Years settings 2005. This policy supersedes previous guidance documents.