

# St Andrew's CE (VA) Junior School

## Administering Medicines Policy



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Version	Date	Description	Revision author
1.0	April 2017		Amanda Jocelyn
1.1	May 2018	Changes to where information is stored	Amanda Jocelyn
1.2	September 2019	Medical forms amended	Amanda Jocelyn/ Elaine Stollery

1.3	September 2020	Changes to name of adrenaline pen. Attached appendix 1 & 2/	Elaine Stollery/ Tracey Talbot
1.4	September 2021		Louisa Riley/ Tracey Talbot

**ST. ANDREW'S CE (VA) JUNIOR SCHOOL**  
 "Promoting excellence within a caring Christian community"

## **ADMINISTERING MEDICINES POLICY**

### **1. Introduction**

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. St Andrew's CE (VA) Junior School is committed to ensuring that children with medical needs have the same right of access as other children.

The purpose of this document is to ensure that safe and effective procedures are set up in school to assist both children with medical needs and the staff who may need to administer medication.

This policy should be read in conjunction with the Supporting Pupils with Medical Conditions Policy.

### **2. Prescription Medication**

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bed time. The school may take responsibility for the administration of prescription medication where dosage of 4 times a day or more is required.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administering Medication Consent form (Appendix 1). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.

**The school will not accept medication unless it is in date, prescribed by a doctor and labelled with the child's name. The Administering Medication Consent form**

**(M3) must be completed and signed. No medication will be given without the parent's consent.**

### **3. Non Prescription Medicines**

It is the school's policy not to administer non-prescription medicine. Parents may come in to school to administer medication to their child if necessary. The only exception to this is travel sickness medication (see section 10).

### **4. Medication for Long Term Medical Conditions**

The school will draw up a Care Plan for pupils with ongoing medical conditions, in consultation with the parent/carer and relevant health professionals as appropriate. Refer to the "Supporting Pupils with Medical Conditions Policy" for more information.

#### **Asthma**

- Children with asthma will have an Asthma Care Plan completed in consultation with their parent/carer. Class teachers have a list of children in their class with asthma and a copy of their Asthma Care Plans. These are kept in the private & confidential folder in each classroom.
- Inhalers for each class are kept in a clearly labelled box in the teacher's cupboard. Children are responsible for recording when they have used their inhaler on a sheet kept with the inhaler box. These sheets are collected by the office staff on a weekly basis and a text sent to parents if a child has used their inhaler more than 3 times during the week.
- It is the responsibility of parents to ensure that their child has an inhaler in school and that it is in date.

#### **Anaphylaxis**

- Children with anaphylaxis should have two adrenaline pens in school in a named container with the child's photo, stored on the top shelf of the classroom store cupboard. A copy of the child's Care Plan is also kept in this container, the first aid folder and the Private and Confidential folder in each classroom.
- It is the responsibility of parents to ensure that their child has adrenaline pens in school and that they are in date.

#### **Diabetes**

- If a child has diabetes, it is the parent's responsibility to ensure that 'sugary snacks' are available for the child at school if needed. These should be stored in the child's medical box kept in a high place in the child's classroom.
- Other medication needed in school should be kept in the locked First Aid cupboard in the First Aid Room, unless stated otherwise in the Care Plan.
- Administration of any medicines in school will be under the guidance of the child's parent or following information received from the diabetic nurse. Responsibility for seeing that this is carried out effectively lies with the Head Teacher.

## **5. Storage of medication**

Prescribed medication, other than emergency medication, will be kept in the First Aid Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, adrenaline pens etc.) will be kept in the child's classroom in a clearly labelled box in the teacher's cupboard.

The office staff carry out monthly checks to ensure that inhalers and adrenaline pens are in school and in date and will notify parents as necessary. This process is audited by the School Business Manager.

## **Emergency Inhalers**

In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school keeps emergency reliever (blue) inhalers for use by children whose own inhaler is not available for any reason. They are stored in the First Aid Room, along with appropriate spacers, which will only be used if the child's own spacer is unavailable. The Asthma Care Plan includes consent for the use of emergency inhalers.

Use of an emergency inhaler is recorded in the book kept for this purpose in the First Aid room. A text will be sent to the child's parent/carer to inform them.

## **6. Administering Medicines**

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an pen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the School Business Manager. The SENCo will maintain a record of staff trained in specialist medication for children with EHC Plans.

When a member of staff administers medicine, they will check the child's Administration of Medication Consent Form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the M1 Administering Medication form (Appendix 2). These forms can be found in the school office, during the course of treatment the form will be kept in the First Aid room.

All medication administered needs to have one administrator and another member or staff to supervise, both of whom will sign the M1 form. This form should be completed whenever ANY medicine is administered to a child. On completion of the treatment the M3 and M1 forms will be stored securely for a limited period in line with our Records Management Policy and will then be securely destroyed.

## **7. Self Management**

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's Care Plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to carry inhalers with them (or for staff to take appropriate action). Children should know where their medicines are stored.

## **8. Refusing medication**

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

## **9. Training and Awareness Raising**

- At the start of the school year, photographs of children with urgent medical needs will be updated and displayed in the staff room.
- The kitchen staff are informed of any child with dietary allergies and their information is displayed in the kitchen.
- Children in school will receive appropriate information about drugs during their normal PSHE and Health Education lessons.
- A medical file is held in the First Aid room with details of all children with Care Plans. Class teachers have copies of the details for their class in the class confidential folders.
- Pupils in each class will be made aware of the allergies in their classroom. This will be done by the class teacher at the beginning of each year and when any changes to allergies have been notified by the parents.
- All information regarding a child's medical needs is held securely. Where information is on display, (eg staffroom) the location of this display is chosen carefully to protect the child's privacy.

## **10. School Trips/ Outings**

If any child with medical needs goes on a school trip, then the following procedures should be followed;

- In the case of asthmatics, they should carry their own inhaler, the teacher responsible for this child will have a copy of their care plan.
- For children with anaphylaxis, the adult responsible for that child should carry their adrenaline pen in their named container with a copy of their care plan.
- For any other medical needs, parents are responsible to see that the medication is in a container, which has the child's name and dosage clearly marked and that they have completed a M3 form.
- The responsibility for administering this medication lies with the leader of the school trip or appropriate medical staff at any residential centre, who must ensure its safety and availability.
- If a child does not bring their medicine/inhaler then they will not be able to take part in the trip.
- All medicine administered must be recorded on a M1 form (one per medicine).

## **Travel Sickness**

Tablets may be given with written consent from a parent. The child's name, dosage, time of dose and any possible side should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Consent form in advance of the trip.

## **11. Disposal of Medicines**

The office staff will check all medicines kept in school on a monthly basis to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced or disposed of. Parents/carers are responsible for collecting and disposing of date-expired medicines. If parents do not collect medicines, they will be safely disposed of by the school.

Sharps boxes should always be used for the disposal of needles. There is a sharps box in the First Aid Room. If any child requires regular injections (eg. insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

**Appendix 1**

M3 Administering Medication consent form

# **ADMINISTERING MEDICATION CONSENT FORM**

The school will not give your child medicine unless this form is completed and signed by a parent/carer and the Head Teacher has agreed that school staff can administer the medication and follow the required procedure.

**Name of pupil:** \_\_\_\_\_ **Class:** \_\_\_\_\_

## **Medication**

Name and strength of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Daily Requirements (if applicable)

Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects: \_\_\_\_\_

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

Any medication left in school at the end of each term will be disposed of.

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 the school immediately, in writing, if there is any change to dosage or frequency of the medication or if the medicine is stopped.

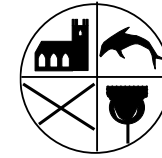
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix 2**

M1 Administering Medication form

METROPOLITAN BOROUGH OF CALDERDALE



**ST. ANDREW'S CE (AIDED) JUNIOR SCHOOL**

Child's name:

DATE	MEDICATION	DOSE	TIME GIVEN	REACTION (IF ANY)	ACTION TAKEN	2 SIGNATURES Administrator and Observer