



## Whole School

# **Administration of Medications Policy**

2023-2024

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## Administration of Medicines Policy (Including EYFS)

This applies to EYFS, Junior School and Senior School

#### Introduction

Many pupils will need to take medication at some time during their school life. As far as possible, medication should be taken at home and should only be taken in school when absolutely essential. However, some pupils may require regular medication on a long-term basis to treat medical conditions which, if not managed correctly, could limit their access to education. Legislation introduced in September 2002 extends the powers of the Disability Discrimination Act 1995, making it unlawful to treat disabled pupils unfavourably.

It is the responsibility of parents:

- To ensure their child is well enough to attend school
- To provide full details of any medical condition affecting their child and any regular medication required by the child
- To keep the school informed of any changes to their child's health or medication

As a Registered Nurse and in accordance with the Nursing and Midwifery Council (NMC) Code of Conduct (2015), the School Nurse may administer medication in school on a regular or occasional basis with the written consent of parents.

In the absence of the School Nurse, other members of staff can administer medication to pupils if they have been specifically authorised and trained to do so by the Nurse (Appendix 1)

Pupils over the age of 16 years (or those deemed suitably competent) may give their own consent.

#### Consent

#### All Medicines

No child under 16 should be given medicines without their parent's written consent which, for prescribed medicines, is normally provided on the Consent to Administer Prescribed Medicine Form. A new form should be completed for each type of medicine and for each new course of medicine.

Consent for non-prescription and over the counter medicines should normally be provided on the 'Student Health Assessment Form;' -completed before the pupil joins the school, in the 'Annual Educational Visits Medical Information/Consent Form', or the 'Administration of Medicines and Topical Preparations' form. Whilst NHEHS has systems for ensuring the information is up to date, there is no need for consents for non-prescription and over the counter medicines to be updated annually.

Medical authorisation and parental consent should be obtained for the use of emergency adrenaline auto-injector devices on pupils who are at risk of anaphylaxis. Also for the use of emergency inhalers for children who have been diagnosed with asthma and prescribed an inhaler. These consents should be updated annually to take into account any changes in the child's condition. A template for parental consent is included in the 'Pupil Health Assessment Form' (completed before the pupil joins the school)



Medicines should only be given by nominated staff who have access to up to date information about a child's needs for medicines and parental consent, and have received appropriate training about administering medicines. Before administering the medicine, they should check:

- The child's name
- The child's medical consent
- Name of medication and that it is in its original container
- Prescribed dose and method of administration
- Time/ frequency of administration
- Expiry date
- Written instructions provided by the prescriber on the label or container.
- Any side effects

If in doubt about any procedure, the member of staff should not administer the medicines but check with the parents or School Nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the School Nurse.

NHEHS has accurate documentation in place and ensure that all staff complete and sign the 'Administration of Medicines and Topical Preparations' form specifically for Senior or Junior School including EYFS record, each time they give medicine to a child. For residential trips completion of 'Administration of Medicines and Topical Preparations' form should be completed.

In some circumstances, such as the administration of rectal diazepam should only be administered following specific staff training for pupils with specific health needs as our School Nurse is, and it is good practice to have the dosage and administration witnessed by a second adult.

Nurses or a trained deputy may not dispense the first 2 doses of an antibiotic in case of an allergic reaction.

#### **Drug Administration Errors**

If an error in administering medication is made, the pupil's parents should be notified immediately and action must be taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Accident/Incident reported on the school online system Rivo.

## **Controlled Drugs**

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland)

Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

The School will keep controlled drugs in a locked non-portable container inside a locked room (School Nurse Medical Room) and only named staff will have access. A record will be kept for safety and audit purposes. A controlled drug will be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.

#### **Prescribed Medicines**

All medicines brought to school, whether prescribed by a doctor or not, should be handed to the School Nurse or in the case of the Junior School, by an adult to the Junior School Office (in their original packaging) for safe storage and



accompanied either by a letter from the child's doctor giving details of administration (dose, time, etc.) or a completed 'Administration of Medicines and Topical Preparations' form.

The only routine exception to this is asthma inhalers and insulin pumps and in some instances, Epi-pens which need to be readily accessible throughout the school day and should be kept with the child.

Storage of EpiPens & insulin pens should be discussed between parents and School Nurse.

When regular doses of medication are required in school these should be given at break or lunchtimes to avoid disruption to the school day. Any medication given in school should be recorded in the following places, the 'Administration of Medicines and Topical Preparations' form (kept at Senior Reception, Junior School Medical Room and the medical room) and/or on first aid forms.

Short courses of medication, for example antibiotics, should be brought to school each day in the original packaging as stated above and should be collected at the end of the school day.

#### **Emergency Medications**

If a child has a known allergy that requires prescribed emergency medications, an individualised care plan will be made. In the case of Junior School pupils, an emergency pack will be created by the School Nurse and be kept in a school red bag that the student carries around with her. This pack must be accessible at all times to staff and students.

As stipulated under the staff duty of care in the GDST Administration of Medicines protocol 2013, any member of staff assisting in an emergency in good faith and acting reasonably and responsibly may administer emergency medication.

If a medicine requires refrigeration it must be stored in the drug fridge in the medical room.

Any controlled drugs must be stored in the medical room drug cabinet.

#### Over the counter/ Non-Prescription Medications

The School Nurse keeps a stock of everyday remedies for common ailments.

Parents are asked to indicate consent for the School Nurse or her trained deputy to administer these medicines as required when their child joins NHEHS on the medical questionnaire filled in on entry.

Current stock items are:

Paracetamol tablets/syrup

Antihistamine tablets/syrup

Ibuprofen

Paracetamol, Ibuprofen & Antihistamine is kept at Senior, Sixth form and Junior School reception in a locked cabinet/room.

Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about the child's need for medicines and parental consent, and have received appropriate training about administering medicines.



Nominated staff, i.e. the School Nurse /named first aider, should never give a non-prescribed medicine to a child unless there is a specific prior written permission from the parents. This will be on the Student Health Assessment Form, in the 'Annual Educational Visits Medical Information/Consent Form', or the 'Administration of Medicines and Topical Preparations' form. Any other OTC medication required for a student's use must be discussed between the parent, the School Nurse, and an 'Administration of Medicines' form must be completed.

## Criteria in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

When a non-prescription medicine is administered to a child a **record** should be made and the **parents informed**. Electronic means of communicating with parents, e.g. email of Firefly alerts, and hard copy letters, or tell them in person, e.g. on the phone or when the child is collected – a record should be made of all verbal conversations.

Any medication given in school should be recorded in the following places, the 'Administration of Medicines and Topical Preparations' form (kept at Senior Reception, Junior Reception and the medical room) and/or on CPOMS.

Where non-prescribed medicine is administered to an **Early Years (EYFS) child**, the school **must** ensure that the parents/carer are informed as soon as practicable and preferably on the same day, and parents/carers should acknowledge receipt of the information, e.g. by signing the record book.

A child under 16 should never be given aspirin unless prescribed for medical purposes

#### Administration of Medicines in the School Nurse's Absence

In the absence of the School Nurse it will be the responsibility of a nominated, trained member of staff to administer any regular medication to individual pupils.

Other members of staff should not give any medicines to pupils without specific training and authority from the School Nurse, unless it is an emergency situation.

#### **Educational Visits**

Staff supervising excursions should meet with the School Nurse to review all the students' medical details at least two weeks prior to the excursion.

A copy of any health care plans should be taken.

Medication required on Junior School visits will be held by the trip leader and given when appropriate, apart from asthma inhalers and Epipens. It is the responsibility of the trip leader to make sure all medication is taken. A trained first aider accompanies every Junior School trip.

Any medication given on a trip should be recorded in the following places, the 'Administration of Medicines and Topical Preparations' form and/or on an Accident/Illness form.

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, staff must check that pupils have this medication before departing on the visit, especially if the pupil has an allergy or is diabetic.

**Sporting Activities** 

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic/ Long Term Illness Protocol on the Hub.



### First Aid in the Early Years Foundation Stage

All children requiring first aid treatment in our Early Years Foundation Stage class are seen by Paediatric First Aiders. (Appendix 2) These first aiders have received training which complies with OFSTED and EYFS guidelines. A Paediatric First Aider will also accompany all EYFS educational visits that occur off site.

#### Self-Management of Emergency Medicines

Generally, pupils should not carry medicines whilst at school. However, pupils should be encouraged to carry and be responsible for their own **emergency medicines**, e.g. adrenaline auto-injectors and inhalers, when staff, in conjunction with parents (bearing in mind the safety of other children and medical advice), judge that they are sufficiently capable and competent to do so. Other non-emergency medicines should generally be kept in a secure place, not accessible to pupils.

#### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

#### RESPONSIBILITIES

Parental/Carer Responsibilities

Parents/carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including school trips/ educational visits) and provide written consent for the school to administer the medication on the 'Pupil Health assessment Form' or on the 'Consent to Administer Medication Form'

Parents/Carers should inform the school of any changes in their child's needs, condition or illness that results in any changes to the medication, prescription or the support they require.

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

Teachers and other staff administering medication:

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

Duty of Care: Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances, the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.



Certain medicines can be given or supplied without the direction of a Doctor for the purpose of saving life. For example the parental administration of adrenaline (1 mg in 1 ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving a life (Prescription Only Medicines Human use Order 1997)

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

A school Nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Conduct (NMC 2002a) and guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

#### Record Keeping:

Schools must have accurate documentation in place and ensure that all staff complete and sign a record each time they administer medicine prescribed or over the counter to a child, including on school trips and educational visits. The record should include:

Name of the child Group, class or form name Name and strength of medicine Expiry date Prescribed dose, method & frequency of administration Date and Time medicine administered Date and time administered Dose given

Name & signature of staff administering

#### Storing medicines:

Schools should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name of the medicine and dose and frequency of administration. Where a child needs two or more medicines, each should be in a separate container and an individual 'Consent to Administer Medication Form' should be completed for each medicine and provided to the school.

Children should know where their medicines are stored and know who holds the keys to the storage facility. All emergency medicines, such as asthma inhalers and adrenaline auto-injectors should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. Some pupils will carry their own medication.



Some medications must be stored in a fridge either in the medical room in the senior or junior school, with restricted access in a lockable fridge. The temperature of the fridge should be between 2 and 8 C and monitored daily when it is in use and recorded.

#### **Staff Medication**

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings.

## **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal.

#### **Further Information**

Further information can be found in:

- 'Managing Medicines in Schools and Early Years Settings' published by the Department for Education and Skills and the Department of Health in 2005
- 'Supporting Pupils at School With Medical Conditions' Department for Education Dec 2015

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