

ADMINISTRATION OF MEDICINES

Policy first adopted: January 2015

To be reviewed every 3 years

Reviewed: February 2018

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Background

Ferndown Upper School is a co-educational comprehensive school for students aged between 13 and 19 years.

Children who have medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, such as finishing off a course of medicine eg, antibiotics. Some children however have longer-term medical needs and may require medicines on a long-term basis to keep them well.

Other children may require medicines in particular circumstances such as those with severe allergies, which may require the administration of epinephrine injections. Children with asthma may have a need for both regular inhalers, and additional doses during an attack.

Most children with medical needs can attend school regularly and take part in normal activities.

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition.

There is no legal duty that requires the school staff to administer medicines, however First Aiders will receive appropriate training and support from health professionals, and Ferndown Upper School will ensure that they always have sufficient members of appropriately trained staff to manage medicines as part of their duties.

Prescription Medicines

These medicines should only be brought into school where essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day. It is helpful, where clinically appropriate that medicines are prescribed in dose frequencies that enable them to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. In particular most medicines that need to be taken three times a day can be safely taken in the morning, on arrival home from school, and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day so that they may be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable: one for home, and one for use in the school. This avoids the need for repackaging or relabelling of medicines by parents.

If emergency medicines need to be brought in to be administered at school the following procedure needs to be followed:

- A Parental Agreement for school to administer medicine form needs to be completed and signed by the parent.
- The medicine needs to be provided to the school **in the original container as originally dispensed with the original label with dosage instructions**. Staff should never accept

medicines that have been taken out of the original container or make any changes to the dosages even on parental instructions.

- Such medicines need to be handed to the Medical Officer and should not be packed into the child's school bag. A responsible member of staff may include the escort on the school bus for this purpose, but they would not normally be expected to administer such medicines. Any medicines provided in this way need to be handed to the child's responsible teaching staff on arrival at school for safe storage.
- Medicines should be kept in the Medical Room in a locked non-portable container at school. The child should, where appropriate know who has access to this.
- Medicines may be given by appropriately trained staff according to the prescriber's instructions. A check should be made on:
 - The child's name
 - The prescribed dose
 - The expiry date
 - Any written instructions provided by the prescriber on the label or container
- If in any doubt staff should not administer the medicine but check with the parents or a health professional before taking any further action. If there are any concerns relating to the administration of medicine to a particular child, the issue should be discussed with the parent or with a health professional attached to the school.
- All doses given should be recorded in the space provided on the parental agreement.
- All medicines should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacy. All drugs should be thus returned once their expiry date has been reached
- Children who may require medicines for urgent life-threatening conditions **MUST** have these medicines available in school or they will be unable to remain at school.
- A health care plan will be required for children with more complex medical needs.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act, and its associated regulations. Some may be prescribed as medication for use by children at school. The most common is Methylphenidate (Ritalin, Equasym).

For such controlled drugs, in addition to the above the following needs to be considered:

- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for the school to look after a controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed.
- A suitable trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering such medicines should do so in accordance with the prescriber's instructions.
- Controlled drugs must be kept in a locked non-portable container and only named staff should have access.
- A record should be kept of all supplies received, all doses administered, and all unwanted supplies returned to parents for audit and safety purposes.

- Misuse of a controlled drug, such as passing it to another child for use (including 'borrowing' another child's identical drug) is an offence.

'As required' Medicines

Some medicines may be prescribed on an 'as required' basis, i.e. only to be administered under certain circumstances. Most commonly this may be reliever inhalers for asthma, rectal diazepam for epileptic fits, and injectable epinephrine for anaphylaxis (severe allergy).

The circumstances for which the medicine may be administered should be entered into the individual child health plan, and a Parental Agreement for school to administer medicine form must be completed and signed by the parent, school nurse and the school's Medical Officer. This obviates the necessity of contacting the parent before such administration, though it should be considered good practice to do so wherever possible. All doses administered under this heading, and their circumstances should be notified to the parents by the end of the school day, if necessary by entering into the child's school-home contact book.

Rarely a controlled drug may need to be administered in this way. Because these drugs must only be given on the specific instructions from the prescriber, the circumstances under which these drugs should be given should be specified by the prescriber on the label. **It is never acceptable to accept parental instructions alone with controlled drugs.**

Non-Prescription Medicines

Staff should **never** administer a non-prescribed medicine to a child unless there is specific prior written permission from the parents. This includes paracetamol, though consideration should be given to gaining written parental permission for this at the time of formulating a child health plan.

Children may bring in paracetamol and ibuprofen to use in school. They are allowed to carry two tablets for personal consumption. If they require more than this must be kept safely in the medical cabinet. Parental permission must be obtained for this.

Self Management

It is good practice to support and encourage those children who are able to take responsibility to manage their own medicines. The age at which children are ready to take care of, and be responsible for, their own medicines varies considerably. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older, more able children with long term illness should, whenever possible, assume responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicine varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There may

be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Should a child require such medications, it is the parents responsibility to supply and advise dosage details and times. Parents should only supply sufficient medication required for the day. For example, a child who suffers with headaches or period pains, should only be supplied with the recommended dosage of medication for their age, e.g 2 paracetamol. The parent should advise the student when to take these. Parents must avoid sending a student in with a large dose of non-prescribed medication, such as a whole packet of paracetamol. This will minimise the risk of an accidental overdose.

If children can take their medicines themselves, staff may only need to supervise. If it is considered appropriate for a child to carry, or administer their own medicines, bearing in mind the safety of other children and the advice from the prescriber, a consent form should be signed by the parent.

Where children have been prescribed controlled drugs that may be self administered staff must be aware of the necessity for these medicines to be kept in safe storage, however children could access them under supervision for self administration.

Refusing Medicines

If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow any procedures set out in the child's health plan. Parents should always be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the schools emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. This should be logged on the parental consent to administer medicines form. Staff should make sure that this information is the same as that provided by the prescriber.

Medicines must always be provided in the original container as dispensed by the pharmacist, and include the prescriber's instructions. In all cases it is necessary to check that written details include

- Name of the child
- Name of the medicine
- Dose
- Method of administration
- Time and frequency of administration
- Any side effects
- Expiry date

Records must be kept of all medicines administered to children. These offer protection to staff and proof that they have followed agreed procedures.

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. The school should consider what adjustments they might take to enable such children to participate fully and safely on visits. This might need to be done as an individual risk assessment as part of the individual child health plan.

Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in case of information being needed in an emergency.

Medicines that need to be administered during a visit should be taken from the locked medicines cabinet by the staff supervising the visit, and a record kept within the cabinet of the drugs taken, and signed by the member of staff. A copy of the consent form and the administration record should be taken with the drugs. The member of staff who 'signs out' such drugs is responsible for their safe keeping at all times. Special consideration to safe keeping is especially needed for any controlled drugs, which ideally should be kept under lock and key.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities provide appropriately trained escorts where they are considered necessary.

Drivers and/or escorts should know what to do in the case of a medical emergency. They should not normally administer medicines, but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow.

Where pupils have life-threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. These care plans should specify the steps to be taken to support both the normal care of the pupils well as the appropriate responses to emergency situations. Escorts may need specific training for the support of some children with complex medical needs.

Some pupils are at risk of severe allergic reactions and if these children are present then risks should be minimised by not allowing anyone to eat on vehicles. At least one escort should have basic first aid training, and where appropriate should be trained in the use of adrenaline pens for emergencies.

Staff Training

All staff should be trained before giving medicines, and should receive updates to that training at least annually.

Such training should be given by a qualified nurse, and should include an overview of the school medicines policy, information on the different legal categories of medicines the children might take, the procedures for administration of medicines and recording required.



SEVERE MEDICAL CONDITION CARE PLAN
Information & Permission Sheet for Administering Medicine/Treatment

Staff Name: _____ D.O.B. _____

Address: <AddressLine> _____

Spouse/Next of Kin Name: _____

.....

Emergency Contact Details:

Home Tel No: _____

.....

...

First Contact Name & Work & Mobile

No:.....

.....

.....

Second Contact Name & Work & Mobile

No:.....

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GP Name, Surgery & Tel No: _____

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Consultant Name, Hospital & Tel

No:.....

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.....

The above adult has the following medical

condition(s):.....

.....
.....

- I agree to members of staff administering medicines to/providing treatment for me as directed below, or in the case of emergency, as staff consider necessary.

Signed:..... Date:.....

Name of Emergency Medicine	Dose	Frequency/Times

Additional Medication Information (taken at home for paramedics if Ambulance required):

Name of Medicine	Dose	Frequency/Times

Special Instructions: (eg symptoms, location of medication, actions to take etc):.....

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Parental agreement for FUS to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Ferndown Upper School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

