

 Buttercup Primary School and EYFS

Administration of Medications Policy

Compiled by: Shaheda Khanom Reviewed by: Rena Begum

Reviewed on: 01st March 2021 Date of next review: 01st March 2022

**Our school is:**

a safe, **supportive** stimulating learning environment;

a **team** of respectful, tolerant, open minded citizens;

a community where everyone **aspires** to be the very best, they can be;

a community of **resilient** lifelong learners;

a centre of excellence where all achieve **success**.

**PURPOSE**

This policy sets out the circumstances in which we may administer medicines within school, and the procedures that we will follow.

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| **Summary of changes** | **Include the holding of emergency inhalers by the school.** |

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**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. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Buttercup Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The ‘duty of care’ extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

**2.  The Role of Parents/Carers**

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming into school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

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 Administration of Medication Permission and Record 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.

**3.  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 bedtime. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child’s health if it were not done.

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. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

• Name of child

• Name of medicine

• Dosage

• Written instructions provided by prescriber

• Expiry date

An Administration of Medicine Permission & Record form (Appendix 1) must be completed and signed by the parent / carer. No medication will be given without the parent’s written consent.

Prescribed medication, other than emergency medication, will be kept in the Medical Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, epi-pens etc.) should be kept in the child’s classroom and be readily available. A second Epi-pen for each child who requires one will be kept in the Medical Room, in a box clearly labelled with the child’s name and year group, if two children share the same name a photograph should be present.

**4.  Long Term Medical Needs**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

**5.  Controlled Drugs**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week’s supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non portable container with pin code, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child’s parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

**6.  Non-Prescription Medication**

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child’s health if it were not

administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent’s instructions will be checked against the dosage information, and this will not be exceeded.

**7.  Administering Medicines**

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be the school office manager who is also the first aid officer, but in their absence another appropriately trained member of staff may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, 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 Welfare Assistant. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.

When a member of staff administers medicine, they will check the child’s Administration of Medication Permission and Record 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 form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used, as necessary.

Once dosage of medication is given to the children by the First Aider on site, parents will be notified immediately on the same day and as reasonably practicable.

EYFS- parents will be informed on the same day to avoid overdose, this may be by spacing the doses.

**8.  Emergency Inhalers**

In line with “Guidance on the use of emergency salbutamol inhalers in schools” March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the Medical Room, along with appropriate spacers. Parents must sign a “Consent form: use of emergency salbutamol inhaler” (Appendix 4) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Medical Room.

**9.  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 health 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 medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

**10. 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.

**11.  Offsite visits**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

**Travel Sickness** - Tablets can be given with written consent from a parent but the child’s name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

**Residential visits**– All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 3.

**12.  Disposal of Medicines**

The first aid officer will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

If any child requires regular injections (e.g. 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. Sharps boxes should always be used for the disposal of needles.

Buttercup Primary schools

Supporting Children with Medical Conditions

COVID-19 Addendum

Complied by: Shaheda Khanom Reviewed by: Rena Begum

Reviewed on: 01st March 2021 Next review date: 01st March 2022

 **Introduction**

The health and safety of all our children and staff is our utmost priority. Government and scientific guidance during this COVID-19 Pandemic has specified that there are two levels of high-risk groups

* + high risk (clinically extremely vulnerable)
	+ moderate risk (clinically vulnerable)

Adults and children and young people are more susceptible to the COVID-19 disease and therefore at greater risk of becoming extremely ill and/or dying if their health conditions are categorised in these two groups and **should not** be attending school.

Parent/carers of children and young people that fall into these two groups will be strongly advised to keep their children at home and we will continue to provide remote learning and emotional support.

Children and young people who do not fit into either vulnerable groups but have a physical or mental health condition will need a risk assessment completed if their parent/carer shows a preference for their child to return to school. If after conducting the risk assessment it is decided that a child or young person cannot return to school, we will discuss this with the parents/carers and if necessary require additional advice from health professionals in order that we can safeguard the child from possible infection and that they continue to be provided with remote learning and emotional support.

**Parent/Carers are responsible for:**

* + - ensuring school is informed if a child or young person has been diagnosed with a medical condition, whether or not they are attending school during the COVID-19 Pandemic.
		- If symptoms of COVID-19 are suspected, we will ask that you follow the Home School Agreement and adhere to it.

We recognise that children or young people with long term physical or mental health issues may have stronger reactions to the COVID-19 Pandemic. They might experience more intense distress, worry or anger more easily than children and young people without these issues because they are more vulnerable to being infected with the disease or find it harder to deal with the risk and fears around it. We will support these children and their families with appropriate members of staff who will make contact remotely and will sign- post or refer to relevant organisations, if required.

**Medicine in school**

We will continue to administer medication for children diagnosed with medical conditions such as asthma, epilepsy, allergies and anaphylactic shock and will need to complete the administering of medication agreement form and will provide staff with PPE when needed.

Children should not attend school if they are taking antibiotics or steroids, as their resilience will be lowered due to infection or medication.

Do not send your child to school if they are unwell or their medical condition has deteriorated. Source medical advice first to whether or not your child should remain at home until they have improved. When we are notified of this we will carry out another (a new) risk assessment before the child or young person can return to school. (Appendix 1b individual child RA)

**Children taken ill at school**

If a child is taken ill at school, we will isolate them with a member of staff who will stay with them until their parent/carer or named person arrives. Staff that care for children who are taken ill will wear Personal Protection Equipment comprising of an apron, gloves, mask and goggles.

**Calling an ambulance and notifying parent carers**

The school will call an ambulance before contacting parents if a child becomes seriously ill or has a significant injury. We must safeguard our staff to exposure of COVID-19 and will want to eliminate travel and being asked to attend hospitals as much as possible.

Therefore, it is imperative that contact numbers are up to date and that parents/carers have a named person who will be close to the vicinity of the school, in order to travel with the child to hospital if required. If the named person does not arrive before the ambulance takes the child/young person to the hospital a member of staff will travel to the hospital in their own vehicle, so that they can travel back. They will be provided with PPE and stay with the child at the hospital until the parent/carer or named person arrives.

**Inclusion**

During this period, we will need to change what we do as a school inclusively.

The school will ensure that children with medical conditions can participate in the new ways of working as long as social distancing rules can be applied and that it is not detrimental to the child’s physical or mental wellbeing.

**Health Professionals**

We will continue to liaise with other professionals either via phone, email or video links and that all the needs of the child or young persons or young person’s, health, social, education and emotional are being addressed.

**Monitoring and review**

This addendum will be reviewed by the proprietor every 3 weeks or in light of new government guidance as and when it is published.