



## ADMINISTRATION OF MEDICINES POLICY

<b>Status</b>	Current	<b>Approval</b>	FGB
<b>Review frequency</b>	Two years	<b>Author (role)</b>	Headteacher
<b>Date first written</b>	January 2017	<b>Date last approved</b>	31 <sup>st</sup> January 2022
<b>Date of next review</b>	January 2023	<b>Date withdrawn</b>	N/A

### Policy Statement

Foxhills Infant School will ensure compliance with the relevant legislation and guidance in Health Guidance for Schools, with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Foxhills Infant School is held by the Headteacher who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

### Aims & Objectives

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
  - prescribed medicines
  - non-prescribed medicines
  - maintenance drugs
  - emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines



## **Administration**

The administration of medicines is the overall responsibility of the parents. Foxhills Infant School is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents. No medicines are to be kept in a classroom with the exception of asthma inhalers.

### **Routine Administration**

Prescribed medicines

- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents (Appendix 1).

Non-prescribed medicines

- The school holds supplies of paracetamol and a school inhaler. The school's nominated paediatric first aider is responsible for administering these medicines in accordance with the dosage instructions on the bottle or packaging. All medications will be stored in all original packaging. Written consent must be obtained before paracetamol or an inhaler can be offered. Verbal consent will be obtained every time it is considered necessary and administration will be in agreement between parents and school staff. School staff are not permitted to administer paracetamol or use an inhaler without first obtaining consent from parents or carers, unless advised to do so by a medical professional. Paracetamol will only be administered to a child at 1pm or afterwards. This will ensure that four hours has lapsed since a child's arrival at school and eliminates the risk of over dosing. An inhaler will be administered as required. The school recognises that the maximum dosage is ten puffs during the school day.
- Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances

### **Maintenance drugs**

It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned

### **Non-Routine Administration**

Emergency medicine

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):



- Injections of adrenaline for acute allergic reactions
- Rectal diazepam for major fits
- Injections of Glucagon for diabetic hypoglycaemia
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

### **Procedure for Administration**

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file (Appendix 2).

Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability (Appendix 3)

If a child refuses to take medication the parents will be informed the earliest available opportunity.

### **Contacting Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

### **Medical Accommodation**

The Medical Room in the admin corridor will be used for medicine administration/treatment purposes. The room will be made available when required.

### **Residential Visits**

Parents are required to complete a separate medical questionnaire for their child, give consent and confirmation that their child is fit to take part in the visit. The medical questionnaire gives permission for a member of staff to administer any medication mentioned and that allergies are clearly stated (Appendix 4).

### **Training**

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.



Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

### **Storage**

The storage of medicines is the overall responsibility of Foxhills Infant School. The storage of medicines will be undertaken in accordance with the Managing Medicines in Schools and Early Years Setting document and product instructions. The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed. It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

### **Disposal**

It is not Foxhills Infant School's responsibility to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.



## Administration of Medicines & Treatment Consent Form

Name of School

Name of Child

Address of Child

Parents' Home Telephone No.

Parents' Mobile Telephone No.

Name of GP

GP's Telephone No.

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below

I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary

I recognise that school staff are not medically trained

Signature of parent or carer

Date of signature

Name of Medicine

Required Dose

Frequency



Course Finish

Medicine Expiry

Special Instructions

Allergies

Other Prescribed Medicines

Foxhills Infants Record of Prescribed Medicines Given to a Child in School

Name of School/Setting

Name of Child

Group/Class/Form of Child

Date of Birth of Child

No.	Date	Time	Medicine Given	Dose	Signature
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## Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.



Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with



Staff training needed/undertaken – who, what, when

Form copied to



**Parental agreement for setting to administer medicine**

Foxhills Infant School 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

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

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

Record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature



Signature of parent

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials



Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials



**Record of medicine administered to all children**

Date	Child's name Print name	Time	Name of medicine	Dose given	Any reactions of staff	Signature
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**Staff training record – administration of medicines**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date \_\_\_\_\_



## Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Model letter inviting parents to contribute to individual healthcare plan development



Dear Parent

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely