



Policy on the Administration of Medicines

Little Eaton Primary School

The purpose of this policy is to be to enable children to achieve regular attendance at school or any service they attend, or wish to attend. It drawn up in light of guidance from the Local Authority contained in the document:

'The administration of medicines and associated complex health procedures for children - advice & guidance for children's services in Derbyshire.' [April 2013].

References in this document to templates, guidance etc refer to the above.

The services provided at Little Eaton are for children who are well and able to attend school. This policy reflects this. Services provided at this school are not for children who are unwell (except where illness arises whilst the child is in school) who should not be sent to school.

Children with short term medical needs

Many children will need to take medicines at some time. This will usually be for a short period only, perhaps a course of antibiotics or application of a lotion. This will normally be possible at home, before and/or after the school day.

School will not administer these medicines.

- *The only possible variation to this policy of non-administration of short term medication is in circumstances where a clinician has advised that it would be detrimental to a child's health if medication were not administered during the school day. In these such circumstances, parents should discuss their child's needs with school.*

Children with long term medical needs

It is important that schools and services have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be *direct* in that the condition could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be *indirect*, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Schools and services need to know about any such needs before a child is admitted or when s/he first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. For such children, it is often helpful to have a written individual treatment plan drawn up by relevant health professionals in consultation with the parents.

This can include:

- details of a child's condition;
- special requirement e.g. dietary needs, pre-activity precautions;
- what constitutes an emergency:
 - what action to take;
 - what **not** to do;
 - who to contact – including when parents expect to be contacted.
- the role the staff can play.

The overriding duty is to ensure good communication that will ensure a child receives the right medicine at the right time with the minimum risk of error.

The Respective Responsibilities of School, Services & Parents

The Responsibilities of the Headteacher

It is the responsibility of the Head teacher to ensure that schools and services have a clear policy which is understood and accepted by staff, parents and children. The policy should be readily accessible on the school website.

- The Head teachers is advised by the local authority not to allow children to bring medication into school except as covered by this document and the relevant codes of practice.
- They should advise parents that the school does not keep any medication for distribution to children, e.g. paracetamol. They will, of course, have a first aid kit. ¹
- They should have particular regard to the section dealing with consent below.

This does not imply a duty on Head teachers or staff to administer medication. The Local Authority wishes to point out to school staff, governors, parents and staff in other services that participation in the administration of medication is on a voluntary basis unless staff have accepted job descriptions that include duties in relation to the administration of medicines.

- ***Individual decisions on involvement must be respected.***
- ***Punitive action must not be taken against those who choose not to consent.***

When employing care and support staff, the school will need to consider including the management and administration of medicines and associated tasks within their job descriptions to ensure a sufficient number of staff are employed to carry out this role.

All staff are advised to consult their trade union branch or regional officer or representative for further advice if needed.

Notifiable Diseases

Head teachers should also be aware of and make available the document “Guidance on infection control in schools and nurseries” available from the Health Protection Agency website.

www.hpa.org.uk/infections/topice-az/schools/default.htm. If they are unsure of any issue relating to notifiable diseases they should seek advice from the Health Protection Team (0844 225 4524).

The Responsibilities of Parents

The responsibility for ensuring that children with medication needs receive the correct “treatment” rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child’s requirements.

Carefully designed prescribing can reduce the need for medicine to be taken during school hours.

To help avoid unnecessary taking of medicines at school/ services, parents should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;
- ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school/service to administer the medicine.

If this is not possible, the recommended procedure for administration of medicines should be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- It should be noted that duplicate containers may not be supplied free of charge – charges will be at the discretion of individual pharmacists.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

Consent

Before administering medicine to a child, there needs to be written evidence of consent. This may be given by a young person who is competent to do so but, in all other circumstances, by a parent or person with parental responsibility.

What is “informed” consent?

It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific.

- A parent will be asked to give consent separately to each individual requirement of meeting a child’s needs.
- Staff should also give parents the opportunity to ask for further information/ clarification before they sign a consent form.

What consents are needed?

The level of consent will vary with a child’s needs, the service or setting and the length of time s/he is away from home. Staff/carers may need a parent’s agreement to some or all of the following to allow them:

- to approach the family GP (or other health professional) for further advice and information about a child’s health care needs;
- to share this with those who are planning for a child’s education or care needs;
- to administer a medicine should this be necessary;
- to seek routine advice or treatment from a medical practitioner should the need arise;
- to seek urgent medical treatment should this be necessary;
- to contact a named person if they are not available.

Consents to planned or urgent medical treatment

Staff/carers will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending school or services.

- What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought.

In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action.

- A doctor will always act in the best interests of a child’s health, including in emergency situations.

What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and on the basis of agreements. If the school feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the service will take further advice and try to resolve the dilemma without, in its opinion, compromising a child's wellbeing.

- Where s/he is competent, it is the consent of a competent older that will be sought – see below.
- The parent's views will be respected.
- This *may* mean that a service cannot be provided or *may* be restricted in some way.
- However, the consent of only one person with parental responsibility is required - this is true even where it is known that the other parent may not give his or her consent.

Confidentiality

Similarly, in some circumstances, parents or a young person may ask for sensitive information to be confidential.

- This should be respected so long as it does not place the child, or anyone else, at risk of significant harm - the "need to know" is a key consideration.

Keeping up to date with changing needs

Whether a child is a frequent, or just an occasional user, of services, staff/carers need to know that the medication instructions are up to date. The individual treatment plan will be regularly reviewed and any new requirements must be communicated to all involved in the plan for the child.

- Parents must always provide current instructions – this means ensuring that the child's GP, paediatrician or the pharmacist is aware of the need to pass on *written* instructions to a school or service provider.

Receipt, Storage and Disposal of Medicines

Prescription medicines

Medicines should only be taken to school or services when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

- Schools and services should only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist).

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

- prescriber's consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours;
- prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration.

- They should also be accompanied by a fully completed parental consent form *See templates 2 or 8*

Schools and services *should never* accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

- Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

Labelling of medicines

On the few occasions when medicines have to be brought into school, the original or duplicate container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil;
- date of dispensing;
- dose and dose frequency (*This may read "as directed" or "as before" if this is what is on the prescription;*
- the maximum permissible daily dose;
- cautionary advice/special storage instructions;
- name of medicine;
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form.

- Where the information on the label is unclear, such as "*as directed*" or "*as before*" then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

Written instructions

All medicines that are to be **administered by staff** must be accompanied by written instructions from the parent and/or the GP/prescriber.

- Schools/services may wish to allow non-prescription medicines in accordance with the guidance earlier in this document e.g. 1 x day's paracetamol – if accompanied by a parental consent form.
- Each time there is a variation (other than a new prescription) in the pattern of dosage, a new form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation. (see also template 13).

The parental consent form should be made readily available to parents.

Good records help demonstrate that staff have exercised a duty of care.

Safe storage of medicines

In schools and services medicines must be stored in a cupboard that is well-constructed with a good quality lock that is big enough to safely store all the medicines that are required.

- In choosing a location for medicines storage, staff should be mindful of the fact that most medicines should be stored below 25° centigrade.
- The medicine cupboard is not to be used for the storage of non-prescription medicines (except where supplied for a specific child) nor first aid kits.
- It must not be used for any other purpose;

Some medicines need to be readily available, for example, emergency medicine.

- Such medicines must be kept in a locked cabinet when not in use but, for example, be in a teacher's unlocked desk drawer when the child is in class

Non-emergency Medicines

Staff 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 and in the original container in which dispensed. Large volumes of medicines should not be stored.

- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- This should be easy if medicines are only accepted in the container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.
- The Head teacher is responsible for making sure that medicines are stored safely.
- Children should know where their own medicines are stored and who holds the key.
- Non-emergency medicines should be kept in a secure place not accessible to children.

Refrigerated Storage

Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'.

- Staff need to know which medicines need to be kept cool.
- The Patient Information Leaflet that is supplied with a medicine will state whether the medicines needs to be kept in a fridge.
- The options for refrigerated storage are:
 - A separate fridge - this may not be necessary unless there is a constant need to refrigerate medicines that a resident takes regularly, for example, insulin;
 - Restricted access by staff only to a refrigerator holding medicines; **This is the option used at this school. The fridge in the main office is used.**
 - A lockable fridge; or
 - A lockable container for the medicine placed in the fridge.

Key responsibilities of staff:

Staff must always check:

- the child's name 'What is your name?'
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual treatment plan where one exists;
- whether or not it is a controlled drug;
- any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (MAR) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking 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 with a health professional attached to the school/service.

- School **must** keep a written record each time medicines are given. This is to be countersigned by a second member of staff to confirm that medicine has been administered.
See templates 5, 11-15
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.