

**Weston Primary School**

**Administering Medication in School Policy**

2023

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| Approved by Governing Body: | 7th November 2023 |
| Next review due: | November 2024 |

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# **Statement of Intent**

Weston Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils’ medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child’s medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, **“medication”** is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). **“Prescription medication”** is defined as any drug or device prescribed by a doctor. **“Controlled drug”** is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

# **Legal Framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

* Equality Act 2010
* Children and Families Act 2014
* DfE (2015) ‘Supporting pupils at school with medical conditions’
* DfE (2017) ‘Using emergency adrenaline auto-injectors in schools’

This policy operates in conjunction with the following school policies:

* Supporting Pupils with Medical Conditions Policy
* First Aid Policy
* Records Management Policy
* Allergen and Anaphylaxis Policy
* Complaints Procedures Policy

# **Roles and responsibilities**

The governing board is responsible for:

* The implementation of this policy and procedures.
* Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
* Ensuring the correct level of insurance is in place for the administration of medication.
* Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, are suitably trained and have access to information needed.
* Ensuring that relevant health and social care professionals are consulted in order to guarantee that pupils taking medication are properly supported.
* Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school’s Complaints Procedures Policy.

The headteacher is responsible for:

* The day-to-day implementation and management of this policy and relevant procedures.
* Ensuring that appropriate training is undertaken by staff members administering medication.
* Ensuring that staff members understand the local emergency services’ cover arrangements and that the correct information is provided for the navigation system.
* Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
* Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All staff are responsible for:

* Adhering to this policy and supporting pupils to do so.
* Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

* Keeping the school informed about any changes to their child’s health.
* Completing a **Parental agreement for school to administer medicine** form at the School Office prior to them or their child bringing any medication into school.
* Discussing medication with their child prior to requesting that a staff member administers the medication.

It is both staff members’ and pupils’ responsibility to understand what action to take during a medical emergency, such as raising the alarm with members of staff particularly DSLs. This may include staff administering medication to the pupil involved.

# **Training Staff**

The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff. The headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. the school nurse.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

* The timing of the medication’s administration is crucial to the health of the child
* Some technical or medical knowledge is required to administer the medication
* Intimate contact with the pupil is necessary

Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Our trained staff for administering medication are;

|  |  |
| --- | --- |
| Name | Role |
| Mrs H L Pitt | Headteacher |
| Mrs L Davies | School Business Manager |
| Mr J Manning | Assistant Headteacher |
| Mr A Kelly | Assistant Headteacher |
| Mrs V Dourley | Teaching Assistant |
| Miss N Dunn | Teaching Assistant |
| Mrs C Percival | Teaching Assistant |
| Miss S Cafferty | Teaching Assistant |

All staff can act as a witness to a child being given their medication in school.

Please note that in the absence of a named member of staff, or in an emergency, all staff have a duty of care to administer medicine and do so by following the protocols listed within this policy.

# **Training for administering AAIs**

The school will arrange specialist training for staff on a regular basis *where a pupil in the school has been diagnosed as being at risk of anaphylaxis.* Designated staff members with suitable training and confidence in their ability to use AAIs will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

* How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
* Where to find AAIs in the case of an emergency.
* How the dosage correlates with the age of the pupil.
* How to respond appropriately to a request for help from another member of staff.
* How to recognise when emergency action is necessary.
* Who the designated staff members for administering AAIs are.
* How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
* How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times.

# **Receiving, storing and disposing of medication**

**Receiving prescribed medication from parents**

The parents of pupils who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16. A signed copy of the parental consent form will be kept with the pupil’s medication, and no medication will be administered if this consent form is not present. Consent obtained from parents will be renewed as required.

The school will only store and administer prescribed medication. The school will store a reasonable quantity of medication, e.g. a maximum of four weeks supply at any one time. Aspirin will not be administered unless the school has evidence that it has been prescribed by a doctor.

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

**Storing pupils’ medication**

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g. a locked cupboard.

The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

Medication stored in the school will be:

* Kept in the original container alongside the instructions for use.
* Clearly labelled with:
	+ The pupil’s name.
	+ the name of the medication.
	+ The correct dosage.
	+ The frequency of administration.
	+ Any likely side effects.
	+ The expiry date.
* Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

**Disposing of pupils’ medication**

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils’ doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

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# **Administering Medication**

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered.

Medication will be administered in a private, comfortable environment.

* Where needed arrangements for increased privacy where intimate contact is necessary
* Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
* Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

* The pupil’s identity.
* That the school possesses written consent from a parent.
* That the medication name, dosage and instructions for use match the details on the consent form.
* That the name on the medication label is the name of the pupil being given the medication.
* That the medication to be given is within its expiry date.
* That the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil’s parent or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil’s parent, following advice from a healthcare professional.

Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the Records Management Policy.

# **Medical devices**

**Asthma inhalers**

Children with asthma are likely need to take their asthma reliever during the school day at some point during their time in a school or setting. Head teachers are also responsible for the management of accepting, storing and administering any asthma reliever, which can be completed by ensuring that,

1. Consent is obtained to administer asthma reliever from parents (see appendix ‘A’) *Please note that lack of a completed parental consent form should not preclude the administration of an asthma reliever if prescribed for a child/young person*;
2. As agreed with parents, any administration of asthma relievers must be recorded (see appendix ‘D’);
3. Asthma relievers should always be stored appropriately, but must be easily accessible to the child in case of an emergency;
4. As part of the signed agreement with parents, taking action to ensure that asthma reliever is administered;
5. Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;
6. Ensuring that the appropriate systems for information sharing are followed;
7. Schools should only accept asthma relievers from parents that are in date, labelled and have been prescribed by a doctor or asthma nurse prescriber;
8. Asthma relievers should always be provided in the original container as dispensed by a pharmacist. It must include the prescriber’s instructions for administration, child’s name and dosage; and
9. Asthma relievers should be easily accessible in an emergency.

**School staff**

School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions. Every member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School staff may be asked to provide support to pupils with asthma, including the administering of asthma relievers, although they cannot be required to do so. Although administering medicines including asthma relievers is not part of teachers’ professional duties, they should take into account the needs of pupils with asthma and the duty of care they have towards the pupils that they teach.

All school staff have a responsibility to:

* Read and understand this and the Asthma policy.
* Know which pupils they come into contact with have asthma.
* Know what to do in the event of an asthma attack.
* Allow pupils with asthma immediate access to their reliever inhaler.
* Inform parents if their child has had an asthma attack.
* Inform parents if their child is using their reliever inhaler more than usual.
* Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
* Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
* Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
* Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying.
* Make contact with parents, the school nurse and the SENCO if a pupil is falling behind with their school work because of their asthma.

Please refer to Weston Primary School Asthma Policy for further details.

# **Individual Healthcare Plans**

For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the headteacher, the SENCO and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

* The medical condition and its triggers, signs, symptoms and treatments
* The pupil’s resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
* The specific support needed for the pupil’s educational, social and emotional needs
* The level of support needed and whether the pupil will be able to take responsibility for their own health needs
* The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
* Which staff members need to be aware of the pupil’s condition
* Arrangements for receiving parental consent to administer medication
* Separate arrangements which may be required for out-of-school trips and external activities
* Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
* What to do in an emergency, including whom to contact and contingency arrangements
* What is defined as an emergency, including the signs and symptoms that staff members should look out for

The governing board will ensure that IHPs are reviewed at least **annually**. IHPs will be routinely monitored throughout the year by a designated staff member.

# **Educational trips and visits**

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

# **Medical emergencies**

Medical emergencies will be handled in line with the First Aid Policy.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it and is not locked away. For all emergency medication kept in the possession of a pupil, e.g. AAIs, the school will ensure that pupils are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept by the school in the school’s office.

# **Monitoring and review**

This policy will be reviewed annually by the governing board and headteacher.

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including pupils whose medication is stored at school and their parents.

Parental agreement for school 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.

|  |  |
| --- | --- |
| Name of school/setting | WESTON PRIMARY SCHOOL |
| Name of child |       |
| Date of birth |    |    |      |  |
| Class  |       |
| Medical condition or illness |       |
| Daily care requirements (e.g. before sport/lunchtime) |       |
| Describe what constitutes an emergency for the child, and action taken if this occurs |       |
| **Medicine****Note: Medicines must be the original container as dispensed by the pharmacy** |  |
| Name/type of medicine*(as described on the container)* |       |
| Date dispensed |    |    |      |  |
| Expiry date |    |    |      |  |
| Agreed review date to be initiated by | [name of member of staff] |
| Dosage and method |       |
| When to be given |       |
| Any other instructions |       |
| Timing |       |
| Special precautions: |       |
| Has this medicine been administered to the child before, without any adverse side affects? | Yes or NoPlease give details if No? |
| Are there any side effects that the school/setting needs to know about? |       |
| Self administration | YES / NO |
| Procedures to take in an emergency |       |

|  |  |
| --- | --- |
| **Contact Details** |  |
| Name |       |
| Daytime telephone no. |       |
| Relationship to child |       |
| Address |       |
| Who is the person to be contacted in an emergency (state if different for offsite activities) |        |
| Name and phone no. Of GP |       |
| I understand that I must deliver the medicine personally to | **The School Office** |

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date Signature(s)

**Record of Medicine Administered to an Individual Child**

|  |  |
| --- | --- |
| **Name of School** | WESTON PRIMARY SCHOOL |
| **Name of child** |  |
| **Date medicine provided by parent** |  / /  |
| **Class** |  |
| **Location of storage** |  |
| **Quantity received** |  |
| **Name and strength of medicine** |  |
| **Expiry date** |  / /  |
| **Quantity returned** |  |
| **Dose and fequency of medicine** |  |

|  |  |
| --- | --- |
| **Staff signature**  |  |

|  |  |
| --- | --- |
| **Signature of parent**  |  |

**PROTOCOLS**

* Check name on medicine box and pack/bottle
* Check dosage
* Confirm child’s name
* 2 witnesses

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

***SCHOOL TO COMPLETE: 3 MEMBERS OF STAFF REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ADMINISTRATOR*** | ***WITNESS 1*** | ***WITNESS 2*** |
| **Date** |  / /  |  / /  |  / /  |
| **Time given** |  |  |  |
| **Dose Given** |  |  |  |
| **Name of member** **of staff** | *Admin* | *Witness* | *Witness* |
| **Staff initials**  |  |  |  |

**ASTHMA/INHALER LOG**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROTOCOLS**

* Check name on inhaler box
* Check dosage
* Confirm child’s name

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Name of Medicine** | **Dose** | **Staff Name** | **Signature** |
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| **Date** | **Time** | **Name of Medicine** | **Dose** | **Staff Name** | **Signature** |
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