

# Threshfield Primary School.

*Our vision is to provide a nurturing and secure environment in which children can flourish. The school community works together to enable all children to reach their full potential.*

## **Administration of Medicines Policy**

## Threshfield Primary School Administration of Medicine Policy

### Introduction.

A summary of this policy is included in the school prospectus. Whenever possible, we ask that parents come to school to administer **prescribed** medicines to their children if this is necessary during the day. If this is not possible, and you wish a member of staff to volunteer to do this for you, please contact the Headteacher in writing to make arrangements. **Non– prescribed** medicines will only be given in exceptional circumstances. (See below). We are not able to administer any form of medicine to the children without precise written details of dosages, times and the nature of the illness for which the medicine has been prescribed.

### Administering Prescribed Medicines in School.

**Medicines should only be taken to school when essential**; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. Threshfield School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

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

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. **Parents are encouraged to ask the prescriber about this.** It is to be noted that medicines that need to be taken three times a day should be taken in the morning, after school hours 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 (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 relabeling of medicines by parents.

### Administering Controlled Medicines in School.

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, e.g. methylphenidate. Any member of staff may

administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. Threshfield School policy is that parents bring in "controlled" medicines and that they are then securely locked away. The prescriber must be asked to prescribe medicine that can be left in school as well as medicine for the home.

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. Staff will keep controlled drugs in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes. A controlled drug, as with all medicines, will 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 will be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence. We have a policy in place for dealing with drug misuse.

The Headteacher would need to meet with parents, prescriber and the School Health Service before a controlled medicine is administered.

### **Administering Non-prescribed Medicines in School.**

Staff will **never** give a non-prescribed medicine to a child unless there is **specific prior written permission from the parents**. Any request must be made to the Headteacher, or the acting Headteacher. Parents must obtain the signature of the Headteacher or acting Headteacher before the medicine can be given and the name of the volunteer administering member of staff written on the form. Details must be recorded on the medicine administration board in the administrative office.

Where the headteacher agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. Criteria (in the national standards for under 8s day care providers) make it clear that **non-prescription medicines should not normally be administered**. Where a non-prescribed medicine is administered to a child it should be recorded on a form available from the office and the parents informed. **If a child suffers regularly from frequent or acute pain the parents are encouraged to refer the matter to the child's GP. A child at Threshfield School will never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

### **Short Term Medical Needs needing Prescribed Medicines**

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time

that they need to be absent. However such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

### **Long Term Medical Needs**

It is important to 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 their experiences and the way they function in or out of school. The impact may be direct in that the condition may 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. The Headteacher at Threshfield School would need to meet with parents, prescribers and the School Health Team. **The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.** This means that the school will need to meet any costs through the ordinary delegated budget. The Headteacher needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary to help them with ongoing work. The form that this will take will depend on the age of the pupil. The Headteacher will facilitate the development of a written health care plan for such children, involving the parents and relevant health professionals.

This will include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **Administering Medicines in School**

Medicines will usually be administered by the school secretary unless staff and pupils are off site.

Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container.

**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. The administration of medicine is a voluntary activity. If the volunteer member(s) of staff is(are) absent for any reason, then the parent will be contacted and asked to arrange for a family member or a member of the school health team to administer the medicine.**

### **Recording the Administration of Medicine**

All staff **must** keep written records each time medicines are given. The forms need to be completed, dated and signed. Long term medicine forms will be kept in the child's communication file in the classroom. Short term forms in the administrative office. Parents of children under five years of age will need to sign this record on a daily basis.

### **Self-Management**

Staff will support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which children are ready to take care of, and be responsible for, their own medicines, will vary. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals, including the school nurse, will need to assess, with parents and children, the appropriate time to make this transition. Children who are able to self-manage the administration of medicines may carry their own asthma, diabetes, and cystic fibrosis medication.

If children can take their medicines themselves, staff may only need to supervise. Medicines for other conditions will be assessed individually for self administration.

Parents will complete a form available from the office to agree to self-management of medicines by their child. Where children have been prescribed controlled drugs these will be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and notify parents/carers by telephone if possible. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, emergency procedures should be followed.

### **Record Keeping**

Parents should inform the Headteacher **in writing** about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. **A form for this purpose is available from the administration office.** However staff should make sure that this information is the same as that provided by the prescriber.

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

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

### **Educational Visits**

We encourage children with medical needs to participate in safely managed visits where possible. The Headteacher, EVC and staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This will also include risk assessments for children with medical needs. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any

necessary medicines will also need to be taken into consideration. Staff supervising educational visits should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP. If the child's safety would be compromised by the educational visit the E.V.C. and Headteacher will look at the curriculum aims of the visit and arrange suitable alternative teaching so that access to these curriculum aspects is facilitated as far as possible.

### **Sporting Activities**

**Most** children with medical conditions can participate in physical activities and extra-curricular sport. There is sufficient flexibility for all children privacy and dignity for children with particular needs.

Some children need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Lucozade should be available for children with diabetes. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan, including the possible effect of medicines.

### **Home to School Transport**

**The** Local Authority will arrange home to school transport where legally required to do so and will be responsible for all appropriate training. Parents will need to contact the Education Office on Water Street, Skipton, North Yorkshire. BD23 1PD. Tel. 01756 792427. The LEA **must** make sure that pupils are safe during the journey. The information below may be helpful to parents arranging home to school transport;

Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Guidance should be sought from the child's GP or paediatrician. Drivers and escorts should know what to do in the case of a medical emergency. They will not generally 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. They should be clear about roles, responsibilities and liabilities.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Schools will be well placed to advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them. Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.