

# St Vincent De Paul R.C. Primary School, Knutsford

**Mission Statement:**

***Believe, Trust and Be Ready***

*"That they may have life, and to the full" John 10:10*



## **ADMINISTRATION OF MEDICINES POLICY**

Policy Date: February 2023

Review Date: February 2025



# St. Vincent de Paul Catholic Primary School

## Administration of Medicines Policy

Most young people will at some time have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk.

Parents/guardians have the prime responsibility for their child's health and should provide school with information about their child's medical condition, obtaining details from the GP or paediatrician if needed. School doctor, nurse or health visitor may also be able to provide information for staff.

There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. School should ensure that they have sufficient staff that are appropriately trained to administer medicines as part of their duties. At St. Vincent de Paul Catholic Primary school, the majority of teaching assistants and the Headteacher are all First aid trained and can give medicines. These members of staff have received appropriate training and support from health professionals and there are robust systems in place to manage medicines safety.

Ideally it is preferable that parents/guardians, or their nominee, administer medicines to their children, this could be facilitated by the young person going home during a suitable break or the parent visiting the school. However, this may not be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school.

### **The following safeguard are observed as school agrees to accept responsibility for the administration of medicines to children:**

- School must receive a written request from the parent giving clear instructions regarding the required dosage. Where appropriate a doctor's note should be received to the effect that it is necessary for the child to take medication during school hours.
- The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Appendix 1 for a typical request form).
- It must, however, be remembered that in spite of any form of disclaimer, the Head Teacher must continue to exercise the duty of care. The necessary documentation should be completed by the parent whenever a request is made for medication to be reviewed termly.
- Long-term illnesses, such as epilepsy or diabetes will be recorded on the child's record card, together with appropriate instructions given by the doctor or nurse. Individual children's medical records are posted on the medical noticeboard in the staffroom.
- The medicine, in the smallest practicable amount, should be brought to school by the parent or adult, not the child and should be delivered personally to the Head Teacher or a nominated member of

staff. The medication must be in its original packaging and the prescription must be attached to the medication.

- Prescribed medicines must be clearly labelled with contents, child's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (eg for asthma) and must be documented for receipt administration and dispatch.

**We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**

- Non-prescribed medicines - Staff will **never** give a non-prescribed medicine to a young person.
- **Exception:** A nominated responsible adult will only administer paracetamol (Calpol) if it is at the advice (written evidence) of a doctor (e.g ongoing pain due to a broken bone etc.). Written consent must be given and details of when medicine was administered completed (Appendix A). However, during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in Appendix 6 of the Educational Visits and Overnight Stays' guidance note.

**A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.**

- Large volumes of medicines will not be stored. Medicines will be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labeled with the name of the child, name and dosage of the medicine and the frequency of administration.
- Medicines that need to be refrigerated will be kept in a refrigerator and should be clearly labeled. There should be restricted access to refrigerators holding medicines.
- The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens will be readily available to the young person in the classroom and will not be locked away.
- Only one member of staff at any one time will administer medicines (to avoid the risk of double dosing). However, there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements will be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed).
- School will ensure that we have sufficient members of support staff who are employed and adequately trained to manage medicines as part of their duties.
- If a pupil brings to school any medication for which no written authority has been given school will not be held responsible for that medication but will remove it from the child for safe-keeping, and the parents shall be phoned about the medication immediately.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice will be sought immediately.
- School will keep written records each time medicines are given and staff will complete and sign this record. Good records help demonstrate that staff have followed the agreed procedures. If a young person refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures. Parents will be informed of the refusal on the same day.

- Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

**Exception:** Inhalers for children with asthma will be readily available. Where parents ask for children to be fully responsible for their own inhalers, these cases will be handled on an individual basis after consultation with parents and written permission. Staff should ensure that inhalers are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. School needs to know about any particular needs before the young person attends for the first time or when they first develop a medical need. We will develop a written Health Care Plan for such a young person, involving the parents and relevant health professionals. Such plans would include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

### **Controlled Drugs (Controlled by the Misuse of Drugs Act)**

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

Schools must keep controlled drugs in a lockable non-portable container and only named staff will have access to it. A record must be kept for audit purposes.

### **Disposal of Medicines**

All Medicines, including controlled drugs, will be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term.

### **Emergency Procedures**

Our school has arrangements in place for dealing with emergency situations - part of the school's First Aid procedures. Individual Health Care Plans include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

### **Educational Visits**

School will consider what reasonable adjustments that may need to be made to enable young people with medical needs to participate fully and safely on visits, i.e. by reviewing existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements will be made to take any necessary medicines. Staff supervising excursions will be aware of the medical

needs and relevant emergency procedures. A copy of the individual's Health Care Plan will be available during the visit in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

### **Circumstances Requiring Special Caution**

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves. These are:

1. Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken;
2. Where some technical or medical knowledge or expertise is required;
3. Where intimate contact is necessary;

In such exceptional circumstances the Head Teacher will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Head Teacher will seek advice from the consultant community paediatrician, doctor or school nurse. Clear policies exist for administration of such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. Clear records will be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

### **Invasive Procedures**

Some children require types of treatment which school staff may feel reluctant to provide eg the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for Head Teachers and staff to undertake these responsibilities and in such circumstances the matter should be referred to the LA.

Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed.

The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school should have in place an agreed plan of action. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not Head Teachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

### **Staff Competence in Administering Medicines**

Under Health and Safety legislation, it is necessary to ensure that staff are competent to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions. If a school undertakes responsibility for the administration of special treatment it is essential that adequate training is provided for the nominated persons.

The Head Teacher should approach the appropriate community paediatrician or school nurse who is willing to provide the necessary training.

A written record of the training and authorisation to carry out procedures should be kept both by the school and the member of staff concerned.

### **Guidance for Teachers on Parental Consent for Treatment**

In general, a competent young person may give consent to any surgical, medical or dental treatment. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a teacher does meet the problem of a pupil belonging to a religious body, which repudiates medical treatment. Normally the parent will make the decision, and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a teacher would have recourse to ordinary medical treatment.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, school might decide that the pupil should not go on the journey, harsh though this may appear to be.

If a member of staff undertakes the responsibility for administering medicines and a child were to have an adverse reaction, in the event of a claim by the parent/carer then the Authority will indemnify the teacher concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

This document is monitored and reviewed biennially (or more frequently as necessary) to evaluate its effectiveness. The review will ensure that the documents comply with statutory requirements and corporate policy.

Head teacher: Miss Bernadette Groarke

Issue Date: February 2023

Reviewed: February 2023 by Kate Watson, Elaine Ranfield and Bernadette Groarke

Next review date: February 2025

Responsible Person: Elaine Ranfield



## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth: ..... Class .....

Medical condition or illness: .....

Name/type of Medicine: .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed ..... Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....  
.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service





Appendix A.

**SCHOOL COPY**

Name of child: ..... Date: .....

<b>Time Previously Administered (Parent/Carer)</b>	<b>Time Administered (School)</b>	<b>Amount Administered</b>	<b>Signature/Name of Person Who Administered</b>

**PARENT COPY**

Name of child: ..... Date: .....

<b>Time Previously Administered (Parent/Carer)</b>	<b>Time Administered (School)</b>	<b>Amount Administered</b>	<b>Signature/Name of Person Who Administered</b>