Sires Hill
PRIMARY ACADEMY

Administering Medicines Policy

This policy is available to parents and prospective parents on the school's website and by request from the School Office. If you require a copy of this document in large print or audio format, please contact the School Office.

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Policy Review Information

Policy	SHPA Administering Medicines Policy
Review schedule	Every 3 years
Statutory Policy	No
Policy owner	Exec Principal
Lead Reviewer	Office Manager
Approver and date of last approval	Exec Principal, December 2023
Key review dates	**Changes made**
09/2017	Policy written
09/2020	Reviewed and updated in light of changes to school procedures
02/2023	Aligned to Trust branding for SHPA ahead of Sep ’23 opening
December 2023	No changes made
September 2026	No changes made
Next review September 2029	

Sires Hill
PRIMARY ACADEMY

Contents:

Policy Review Information....2
Contents: 3
1. Policy Statement 4
2. General Guidance....4
3. Storage of Medication 4
4. Administration of medication 4
5. Record Keeping 5
6. Out of School Activities/Extended Hours 6
7. Pain Relief/Hayfever Relief 6
8. Food Supplements and Alternative Medications (e.g. Homeopathic and Herbal Remedies)7
9. Treatment of Attention Deficit Hyperactivity Disorder (ADHD) 7
10. Disposal/Return of Medication....7
11. Misuse of Medication....8
Appendix 1: School medication consent form 9
Appendix 2: School Record of Medication Administered....11

1. Policy Statement

- This academy is an inclusive community that aims to support and welcome pupils with medical conditions.
- This academy aims to provide all pupils with all medical conditions the same opportunities as others at school.
- The supervising or giving or medication to a child is a parental responsibility
- Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds.

This policy should be read in conjunction with the Supporting Children with Medical Needs Policy.

2. General Guidance

- Medicines should only be taken at school when essential, that is when it would be detrimental to a child's health if the medicine were not administered during the school day.
- School staff will support those children with a long term medical need, however, those with a short illness (for example prescribed antibiotic will need to be administered by parents within or outside of the school day).
- The academy will not accept any medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Wherever possible, parents should seek to obtain medicines prescribed in dose frequencies which enable it to be taken out of school hours.
- Parents/carers will be required to administer the medicine for short term illnesses. Staff will not administer medicines to pupils for short term illnesses. This includes after school and before school staff.
- It is the parents/carer responsibility to make sure that medication is replenished when needed.

3. Storage of Medication

Medication, when not in use, should generally be stored in a safe and secure place. This will normally be a locked cupboard or locked non – portable container. The medication must be accessible to the appropriate members of staff at all times. **However, there are some important exceptions:**

- All emergency medication must be stored safely but must not be locked away (as it needs to be readily available at all times).
- Asthma 'reliever' inhalers must be readily available at all times, including prior to and during exercise. Wherever possible, children should be responsible for their own inhalers, but where this is not possible the inhaler should be kept in an easily accessible place.

The office manager (Medical Needs Co-ordinator) should check the medication cupboard at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of.

4. Administration of medication

- Staff agreeing to administer medication should have received appropriate training to the tasks they are asked to perform.

- Facilities are available to enable staff to wash their hands before and after administering medicine and to clean any equipment after use.
- Medication administration will take place in the medical room (unless it is deemed to be an emergency).
- Medication will only be administered to one child at a time.
- It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it.
- Before administering medication the member of staff will check:
    1. The child's identity
    2. That there is written consent from a parent/carer
    3. That the medication name and strength and dose instructions match the details on the consent form
    4. That the name on the medication label is that of the child being given the medication.
    5. That the medication to be given is in date.
    6. That the child has not already been given the medication.
- If there are any concerns about giving medication to a child, then the member of staff **must not administer the medication** but should check with the parent/carer or a health professional, documenting any action taken.
- Immediately after administering, or supervising the administration, written records should be completed and signed. (see appendix 2)
- When a medicine cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a health care professional.
- If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the school's emergency procedures must be followed.

5. Record Keeping

A parental consent form must be completed each time there is a request for medication to be administered (see appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

If staff take responsibility for the administration of a medication a record should be kept (see appendix 2) which includes:

- the name of the child
- child's date of birth
- the name and strength of the medication dose given the date and time of administration
- the person responsible for the administration quantity of medication received or returned

Reasons for any non-administration of medication should be recorded and the parent/carer informed as soon as possible; "wasted" doses (e.g. tablet dropped on floor) should also be recorded. When a child is self-administering there should be a written request which states whether or not the self-administration needs to be supervised. If it is supervised a record

should be kept as above. Changes to instructions should only be accepted when received in writing.

A fresh supply of correctly labelled medication should be obtained as soon as possible. All actions should be documented.

6. Out of School Activities/Extended Hours

If medication is required during a school trip it should be carried by the child if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent/carer if present. If a child requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container. If trips outside of the UK are being considered, parents may need to seek advice from the child's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy.

Information on the carriage of medication including specific advice about the carriage of Controlled Drugs can be obtained from the Home Office and the Embassy of the country to be visited.

In addition, you may need to contact your airline for advice on the carriage of medication in hand luggage particularly if liquid medication is involved.

It is essential to inform all members of staff who may have responsibility for the child during the day about the need for medication and what to do should a medical emergency arise.

The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal school staff responsible for the supervision or administration of medication e.g. in breakfast/after school clubs or during sports events.

7. Pain Relief/Hayfever Relief

Sometimes pupils may ask for pain relief (analgesics) at school e.g. paracetamol. School staff will not give non-prescribed medication to pupils without parent authorisation. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with other medication being taken.

However, in order to support attendance at school, parents will be contacted to authorise the administration of Fastmelt Calpol or Piriton one tablet dose. In order to ease immediate pain and to facilitate the child remaining in school. A form will be completed to record the administration which:

- names the analgesic
- stated the dose to given
- gives the circumstances in which it may be given
- includes checking when previous doses have been taken / given
- includes obtaining parental permission (time and who was contacted)
- adheres to the manufacturer's instructions and warnings which accompany the product to be used

- includes a procedure for informing parents/carers when medication has been given.

A parental consent form, renewed annually, must always be completed, and this form should confirm that the child has been given the stated medication without any adverse effect in the past. The parent/carer should always be informed on the same day, when such medication has been given.

As with any medication, records must be kept of when pain relief has been administered and of the checks made. If a child suffers from pain regularly the parents/carers should be encouraged to seek medical advice.

Pain relief will only be given on three consecutive occasions, if children require more than this it is highly probable that they should not be at school.

8. Food Supplements and Alternative Medications (e.g. Homeopathic and Herbal Remedies)

The academy will only administer food supplements and alternative medicines which have been prescribed or supported in writing by a General Practitioner or Consultant.

9. Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and ***always*** under the supervision of a specialist in childhood behavioural conditions. A lunch time dose of medication may be required to control the child's symptoms during the afternoon, thus allowing effective learning to take place.

Methylphenidate (e.g. Ritalin, Concerta XL, Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Although methylphenidate is legally categorised as a Controlled Drug, in mainstream schools it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. However, even when a child is self-managing their medication, Controlled Drugs should be kept securely in a locked non-portable container. Only named staff should have access to Controlled Drugs. These medicines will be stored in a locked cabinet in the Medical Room.

10. Disposal/Return of Medication

Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal. Medications should be returned to the child's parent/carer:

- when the course of treatment is complete
- when labels become detached or unreadable
- when instructions are changed
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required should

be disposed of safely by returning it to a community pharmacy. All medication returned or disposed of, even empty bottles should be recorded.

No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

Sharps boxes should always be used for the disposal of needles or glass ampoules. The school contracts out the supply and collection/disposal of the Sharps box to an external specialist company.

11. Misuse of Medication

Schools should have a policy in place for dealing with drug misuse. Advice can be obtained from the Local Authority Health Education Service. Misuse of a Controlled Drug, such as passing it to another child, is an offence.

All information issued in this document is provided on the understanding that it is the best available at the time of writing.

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PRIMARY ACADEMY

Appendix 1: School medication consent form

Child's name	
Date of birth	
Class	
Name and strength of medication	
Reason for medication	
When to be given	
Any other instructions	
MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE	
Telephone number of parent/carer	
Name of GP	
GP's telephone number	
THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AT THE TIME IN WRIITNG AND I GIVE CONSENT TO SCHOOL STAFF ADMINISTERING THE MEDICATION IN ACCORDANCE WITH SCHOOL POLICY. I WILL INFORM THE SCHOOL IMMEDIATELY, IN WRITING, IF THERE IS ANY CHANGE IN DOSAGE OR FREQUENCY OF THE MEDICATION OR IF THE MEDICATION IS STOPPED	

Sires Hill
PRIMARY ACADEMY

SIGNED **PRINT NAME**	
DATE	**IF MORE THAN ONE MEDICATION IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH**

Sires Hill
PRIMARY ACADEMY

Appendix 2: School Record of Medication Administered

NAME OF CHILD		DATE OF BIRTH		CLASS
NAME AND STRENGTH OF MEDICATION				
DOSAGE AND FREQUENCY				
DATE	TIME GIVEN	DOSE GIVEN	STAFF SIGNATURE AND PRINT NAME	ANY NOTES