Administration Of Medicines

Policy updated by:	J Bogges
Reviewed by staff:	Dec 2020
Review due:	Dec 2023
Agreed by Headteacher:	N Anderson
Agreed by SENCO:	M Richards

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This Administration of Medicines Policy has been written with reference to:

1. **Supporting Pupils at School with Medical Conditions, DfE Dec 2015**
2. **Guidance on the use of Emergency Salbutamol Inhalers in School, DoH Mar 2015**
3. **Guidance on the use of Adrenaline Auto-injectors in School, DoH Sept 2017**

Introduction

This policy is designed to help the school, staff and parents understand their responsibilities in relation to supporting individual children with medical needs. All medication will be administered to pupils in accordance with the above DfE document.

This policy sits alongside the following Primary PRU policies:

- Health and Safety policy,
- SEND policy,
- Equality, Diversity and Cohesion policy and
- Supporting Pupils at School with Medical Conditions policy.

Roles and Responsibilities

Parents/Carers

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition and details on medicines their child needs.

If medication is required to be administered to a child then there needs to be prior written agreement from parents and the Headteacher (Appendix 1).

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 their doctor about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Parents should check on a regular basis that the school/child has sufficient mediation at all times and that the medication is in date.

They should also collect medicines held in school at the end of the summer term. All medicines will be returned to the parent when no longer required to arrange for safe disposal.

School / Staff Responsibilities

There is no legal duty that requires school staff to administer medicines. However, any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Prescribed medicines will be administered by school staff in school time if it is a both a short term prescription e.g. a course of antibiotics, or a longer term prescription. .

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals as appropriate. If there are pupils in school with an Epipen, then specific training will be undertaken by all staff annually.

No member of staff will administer any medication unless a request form has been completed by the parent/carer and agreed by the Headteacher/Deputy head (Appendix 1). The Headteacher/Deputy head are responsible for accepting medication and checking all relevant information has been provided by parents/carers prior to administering.

The school will only accept medicines that have been prescribed by a doctor, and therefore will have a pharmacist's label with specific directions on. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Administering Prescription Medicines

No child under 16 should be given medicines without their parent's written consent.

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

- the child's name;
- the prescribed dose;
- the expiry date and
- 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.

Safe Storage of Medicines

All non emergency medication kept in school are securely stored in the lockable cupboard in the school office. Refrigerated medicines are kept in a clearly labelled container within the staff room fridge where access is strictly controlled. All pupils know how to access their medication.

Where children need to have immediate access to emergency medication ie asthma inhalers, epi-pens etc, it will be kept in the school office and clearly labelled.

A child who has been prescribed a controlled drug may have it in their possession. It is permissible for school and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Non-Prescription Medicines

Staff will **not** give a non-prescribed medicine eg Calpol, Piriton etc to a child.

Record Keeping

Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. 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

Parents will need to complete **Appendix 1**. Staff should check that any details provided by parents are consistent with the instructions on the container. This form

can be used if short term prescription medicines are to be administered during a school residential trip.

For all medication administered (other than asthma inhalers) written records must be kept each time medicines are given. Staff should complete and sign a record each time they give medicine to a child. This is on the back of the school office door.

Educational Visits

Any risk assessment for educational visits will include a section to ensure that the safety of children with medical needs have been considered.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Storing Medicines

Children should know where their own medicines are stored.

The Headteacher (Nicola Anderson) is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available and not locked away. The school allows children to store their own inhalers in classrooms. Other mom-emergency medicines are kept in the school office.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. All children in school are regularly informed that they must not take any medication which they may find and that all medication must be handed to an adult.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

As part of general risk management processes all staff are aware of how to deal with an emergency situation.

All staff know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

It is always safer to call an ambulance, but staff can transport a child to hospital providing they have adequate business insurance and an additional adult is available to escort the child. This can only be done on a voluntary basis - staff must not be expected to transport a child to hospital if they are unhappy to do so.

Health Care Plans

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. Health care plans will be put in place for any child with a significant medical need (other than asthma inhalers) where staff may need to administer medication.

Parents/carers are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Health care plans will be completed at the beginning of the school year / when a child enrols / on diagnosis being communicated to the school, and will be reviewed annually by the school health advisor.

All staff are made aware of any relevant health care needs and copies of health care plans are available in the school office.

Asthma

Children with asthma need to have immediate access to their reliever inhalers when they use them. It is good practice to support children with asthmas to take charge of and use their inhaler from an early age.

Children who are able to use their inhalers themselves are allowed to carry them and keep them in their classrooms. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place in the child's main classroom, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school. Should the Primary PRU have a significant number of asthmatic children at any one time, we would purchase spare inhalers and spacers from a local pharmacy. Parents would be asked to sign the consent form (**Appendix 2**) for the emergency use of a spare inhaler should their child's own inhaler be unusable or unavailable.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting. Children should have a reliever inhaler with them when they are in school.

Children with asthma should participate in all aspects of the school day including physical activities. They need to take their reliever inhaler with them on all off-site activities.
Notices will be placed around school to help staff and other children recognise the signs of an asthma attack and know what steps to take (**Appendix 3**).

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply,

or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Epipens to treat anaphylaxis will be stored in the locked first aid cupboard in the school office. If a child enters the Primary PRU who carries an Epipen all staff will be trained on dealing with anaphylaxis, and this will be updated annually as needed. Notices will be placed around school to help staff and other children recognise the signs of anaphylaxis and know what steps to take (**Appendix 4**).

The decision on how many adrenaline auto-injectors the Primary PRU holds will be decided on an individual basis between the Headteacher, the child's parents/carers and any medical staff involved.

Special Dietary Needs

Any child whose parent has reported a food allergy may have to provide a packed lunch until specific arrangements have been put in place with City Catering who provide our lunches. It is the parent's responsibility to provide the Primary PRU with full details of the allergy from a doctor or dietician. We can then ensure that the child's individual needs are met safely through a specific dietary menu. Under no circumstances will the PRU be able to provide a school meal for a child with an allergy until these measures have been put in place.

Other Medication

Children are not permitted to have cough/cold sweets in school.

Staff will not administer travel sickness medication to a child unless this has been specifically prescribed by a doctor and all steps above have been followed.

Appendices

1 - PRU medicine request form
2 - Emergency Inhaler consent form
3 - Asthma posters
4 - Anaphylaxis posters

Appendix 1

Leicester City Primary PRU

Gervas Road, LE5 2EG
Tel 0116 208 1470

REQUEST FOR ADMINISTRATION OF MEDICINES

TO: Head Teacher, Leicester Primary PRU

FROM: Parent / Guardian of ……
Full Name of Child

DATE: ……

My child has been diagnosed as suffering from ……
(name of illness).

S/he is considered fit for school but requires the following prescribed medicine to be administered during school hours:

…….. (name of medicine)

Could you please therefore administer …… (dosage) at ……..……(time)

with effect from ……(date)

to* ……(date)*

The medicine should be administered by mouth ** / in the ear ** / nasally ** / other **

**** Ignore if long term medication***

***** Delete as appropriate***

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the Primary PRU staff cannot undertake to monitor the use of medicines carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in date supply of the medication.

Signed…… Date……

Name of Parent / Guardian …… (please print)

PTO

Name of child …… (please print)

Contact details: Telephone numbers

Home …….

Mobile……...

Work ……...

Appendix 2

Leicester City Primary PRU

Gervas Road, LE5 2EG
Tel 0116 208 1470

CONSENT FOR USE OF

EMERGENCY SALBUTAMOL INHALER

TO: Head Teacher, Leicester Primary PRU

FROM: Parent / Guardian of ……...Name of Child

DATE: ……

Child showing symptoms of asthma / having an asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the Primary PRU for such emergencies.

Signed…… Date..……

Name of Parent / Guardian ……... (please print)

Contact details: Home ……..

Mobile……...

Work ……...

Appendix 3

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- **Persistent cough (when at rest)**
- **A wheezing sound coming from the chest (when at rest)**
- **Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)**
- **Nasal flaring**
- **Unable to talk or complete sentences. Some children will go very quiet.**
- **May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)**

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- **Appears exhausted**
- **Has a blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

• Keep calm and reassure the child

• Encourage the child to sit up and slightly forward

• Use the child's own inhaler – if not available, use the emergency inhaler

• Remain with the child while the inhaler and spacer are brought to them

• Immediately help the child to take two separate puffs of salbutamol via the spacer

• If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

• If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 4

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.