CATHEDRAL SCHOOLS TRUST

Together Towards Excellence

Administration of Medicines Policy

St Werburgh's Primary School

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VERSION CONTROL SHEET

Version	Section/ Para	Description of Amendments	Date	Author
1.0	Initial Issue	Initial Policy	14/02/2022	
1.1	Treatment	Storage of medication	20/01/2023	GC
1.1	Treatment	Recording on Medical Tracker	20/01/2023	GC
1.2	Distribution	Added iAMS	07/04/2025	GC

1 AIMS

1. St Werburgh's Primary School commits to the involvement of staff in the administration of medication for children attending the School. The administration of medication is primarily a parent's/carer's responsibility; however, school staff will undertake this role, where suitable provision is made, so that children do not need to go home during the school day for their medication, or their parents/carers come into school to give it.

2. This policy aims to protect staff and children by ensuring that medication is only administered by members of staff who are competent to do so. In all cases, staff must have received the appropriate information, instruction and training before they administer medication to children. The School will not instruct to take on this responsibility members of staff; staff can volunteer if they are prepared to do so.

2. GENERAL ARRANGEMENTS

2.1 Inclusion

3. The Headteacher will ensure that the School complies with Part 4 of the Disability Discrimination Act, which stipulates that disabled persons must have an equal opportunity to benefit from whatever education or other related provision is available. Under the terms of this, Act the School cannot prevent a child from attending by refusing to accept responsibility for the administration of that child's medication.

2.2 Parental Authorisation

4. Parents/Carers must provide written, comprehensive and up- to-date information on the medication used. The parents/carers must sign and date an Administration of Medication Consent Form and expressly authorise staff to administer the required medication. Parents/Carers must notify staff of all changes in circumstances and/or any other relevant information.

2.3 Staff Members' Role

5. To discharge its responsibilities as an inclusive institution the School will ask for staff volunteers to assist with the administration of medication. No pressure will be applied to members of staff to undertake this role.

2.4 School Volunteers' Role

6. School volunteers will not be asked to volunteer to assist with the administration of medication to children. However, on school trips they may be asked to oversee children in their group who have been declared by their parents/carers as competent to self-administer their medication. (see para 25 below).

2.5 Emergency Situations

7. In emergency situations staff members or, if necessary, school volunteers should do what is necessary and appropriate to relieve a child's extreme distress, or prevent further and otherwise irreparable harm to a child. It may be necessary to depart from one or more elements of this policy; however, each situation will be assessed on its merits; and it must be established that the member of staff or school volunteer acted in good faith and was neither reckless nor irresponsible.

2.6 Public Liability Indemnity for Staff

8. The School's public liability insurance will provide an indemnity to employees in respect of claims for personal injury.

9. The indemnity is subject to the following conditions:

- That training has been received and regularly and updated
- That all appropriate Personal Protective Equipment has been used where necessary and
- That the staff member has acted within the limitations of their training and has observed all protocols.

This indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of wilful misconduct.

2.7 First Aid and External Medical Support

10. Details of the School's first aid provision are set out in the School's First Aid Policy.

11. To support this policy, the School will consult with Sirona Health Care when necessary.

3. DEFINITIONS

- **Prescribed Medication** - any medication that requires a Medical or Dental Practitioner's Prescription.
- **Non-Prescribed Medication** - any medication that does not require a Medical or Dental Practitioner's Prescription.

4. RESPONSIBILITIES

4.1 Headteacher.

12. The Headteacher is responsible for the implementation of this policy and , in particular, will ensure that:

- Appropriately detailed arrangements are implemented with anticipatory individual risk assessments being undertaken for those with significant medical needs.
- Such arrangements are reviewed annually.
- Appropriate information, instruction, training and supervision is given to all members of staff involved in the control, administration or storage of children's medication.
- Up-to-date records are kept on the School's training matrix/spreadsheet, of the members of staff who have received training and refresher training in the control, administration or storage of children's medication.
- Children's medical conditions and allergies (eg, asthma, epilepsy and anaphylaxis) are recorded and that the information is disseminated to all relevant members of staff who are involved in the supervision of those children and any school volunteers who might assist.
- A system of checks is put in place to ensure that medication is issued to the correct children, whether it is administered directly by staff or where the administration is supervised by staff.

- Children are provided with appropriate privacy when medication is being administered; this should also protect to staff members from potential allegations of child abuse etc, especially where intimate procedures are involved are addressed.
- Medication is stored securely so that it cannot be accessed by unauthorised persons.
- Systems are in place to ensure that all medical equipment, changing areas/tables etc. are correctly and safely stored, cleaned after use and maintained appropriately.
- Equality aspects are addressed appropriately; specifically this will include:
    - Diverse cultural values;
    - The practices and ethical values of particular faith groups;
    - Specific medical conditions encountered in particular ethnic groups.

4.2 School Business Manager (SBM)

13. The SBM is responsible for:

- Ensuring that adequate storage is provided for the safe and appropriate storage of medication. If necessary, advice should be sought from medical practitioners/trainers to establish what would constitute 'adequate' storage.
- Reporting to the Governing Body annually on the instruction, training and supervision given to all members of staff involved in the control, administration or storage of children's medication.

4.3 Lead First Aiders

14. The Lead First Aiders will be responsible for:

- Obtaining the relevant information about medication online if no COSHH leaflet has been provided by the parents/carers.
- Checking dates on the children's inhalers and other medication at the start of the school year.
- Recording the disposal of surplus medication.

5. RECORD KEEPING

5.1 Medical Tracker

15. All records related to the administration of medication should be recorded on Medical Tracker.

5.2 Staff Training Records

16. The following staff training records should be kept:

- Details of members of staff who have received training and refresher training in the control, administration or storage of children's medication
- Training dates, types and techniques of medication and other relevant information.

5.3 Medication Records

17. The following Medication records should be kept:

- Expiry dates on children's inhalers and other medication.
- Expired or unclaimed medicines taken to a pharmacy for disposal.
- Surplus medication returned to children's parents/carers.
- Surplus medication that has been disposed of.
- Cleaning and maintenance of equipment used in the administration of medication. must be established according to the nature and use of the
- Concerns or actions taken by trained members of staff relating to accidental incorrect doses, or any tampering or signs of tampering with children's medication.

5.4 Administration of Medication Records

18. The following records should be kept:

- Medication directly administered by staff (unless otherwise stated in the Healthcare Plan), with name of child and details of the dose, frequency, date, time and main symptom(s) identified, or a condition that required medication, such as an asthma attack.
- Medication administered by children and supervised or assisted by staff.
- Any concerns or actions taken by trained members of staff relating to accidental incorrect doses, or any tampering or signs of tampering with children's medication.

6. STAFF TRAINING AND COMPETENCE

6.1 Staff Training

19. Appropriate staff will be given such training before they administer medication to children at the School. **NB** Members of staff will not be permitted to carry out this role unless they have been given appropriate instruction and training by a recognised training provider such as Educare/TES.

20. The training will include the following:

- Details of dosage levels,
- Methods of administration,
- Effects of the medication,
- Overdosing and adverse reactions,
- Manipulation of apparatus.

21. The training will be renewed and updated 3 yearly.

6.2. Staff Rostering

22. Staff will be organised in such a way that a competent, trained person is always available for duty. Care will be taken to ensure that absences, through sickness or leave, are covered.

7. ADMINISTRATION OF MEDICATION

7.1 General Considerations

23. English as Additional Language. Staff should exercise care where English is not the first language of the child or their parents/carers. If necessary, translation services should be used to ensure effective and sensitive communication.

24. Bringing Medication to the School. All medication brought into School by parents/carers must be handed in to the School Office and accompanied by a completed Administration of Medication Consent Form.

25. Children Competent to Self-Administer their Medication. Parents will be asked to confirm on the Administration of Medicine Consent Form if their child is able to self-administer their own medication (such as asthma inhaler). Where parents/carers have made this declaration, the role of staff members will simply be to oversee and assist the child, if required, with taking or using their own medication (eg inhalers).

26. Children Not Competent to Self-Administer Asthma Inhalers. Where children are not competent (due to age, learning difficulties etc) then staff will administer the child's inhaler if/when required.

7.2 Storage of Medication & PPE

27. Inhalers and Epipens. Children's inhalers and epipens will be kept in blue bags in the children's classrooms. These bags will be taken with the children during break and lunchtimes, as required. Other prescribed medication is stored in the School Office on the appropriate site, and/or in the fridge (if required) away from children.

28. PPE. Such as gloves should be stored together with the medication to encourage staff to use it/them.

29. Medication Storage Instructions. The storage instructions for children's medication will be noted and complied with.

30. Storage Options. The options include:

- In a cupboard, marked with a first aid sign, in the child's classroom,
- in the fridge in the Main Office, or
- in a locked non-portable cupboard.

7.3 Managing Medication - General Procedures

31. Parents/carers will bring medication in original packaging to the main School Office.

32. Parents/carers will be asked to complete an Administration of Medication Consent Form. (At **Appendix 1).**

33. The Admin team will check that the Consent Form has been completed correctly; that the medication is in date and in its original packaging; and that a medicines COSHH leaflet is included.

34. If no COSHH leaflet is included, the Admin team or a Lead First Aider will obtain the relevant information online and will save it on file.

35. Medicines will be returned to the relevant children's parents/carers when the course of medication is completed or if the expiry date has been reached.

36. Surplus medication will be returned to the relevant parents/carers whenever possible

37. A Lead First Aider will take any expired or unclaimed medicines to a pharmacy for disposal and will ensure this action is recorded.

38. Where a dose of necessary medication has been missed or refused, and this has implications for the health, safety and welfare of a child, other children in the School or staff/volunteers (eg as with Ritalin), staff should contact the parents/carers concerned and ask them to collect their child from the School. All cases of missed or refused medicines must be reported to the parents/carers and recorded on Medical Tracker.

7.4 Administration of Prescribed Medication

39. Before administering medication to children, members of staff should read the instructions on the container or packaging to check for any conditions in which the medication should not be used. The **child and/or parent/carer** should be asked the following questions to ensure that the prescription is complied with correctly, ie dosage levels and time interval between doses.

- Has any other medication been taken?
- When was the previous dose of medication taken?

7.5 Administration of Non-Prescribed Medication

7.5.1. General Principles.

40. Although guidance is that non-prescribed medication should not normally be given by staff to primary children, qualified staff at St Werburgh's will be permitted to administer non-prescribed medicines such as Calpol, paracetamol and antihistamine where appropriate where children are suffering from hay fever, skin conditions, and minor aches and pains. The administration of such non-prescribed medication should be recorded in the same way as prescribed medication.

41. If staff have any doubts about the effectiveness of the medication they should advise the child's parents/carers to consult their own GP or pharmacist.

42. Before staff administer any medication, they should get the following information from the consent form and the child or their parent/carer . **NB** Reference **should be made to** the Care Plan if appropriate:

- What is the medication that needs to be administered?
- Has the child taken any other medication?
- Has a doctor or pharmacist told the child not to take anything else with their medication?
- Is the child allergic to any medication?

43. If other prescribed medication is already being taken, no additional non-prescribed medication (eg paracetamol) should be given without written authorisation from the child's Parent/Carer.

44. Members of staff should read and follow the instructions on the container supplied or with the packaging. The date of the medication should be checked to ensure it is not 'time expired'. All oral medication should be taken with at least half a glass of water, or other liquid if specified. The paperwork related to the medicines is kept in a file in the School Office for reference and COSHH purposes.

7.5.2 Off-Site Visits.

45. The arrangements for administering medication to children at school will also apply to children participating in Off-site Visits. All children's medication must be handed to the Visit Party Leader together with the parents/carers' written authorisation for staff to administer it where it is inappropriate for the child to administer the medicine themselves, or is unable to. The correct dosage must be clearly marked on the container.

7.6 Hygiene Procedures

46. PPE to be Used. The following Items of PPE will be available for use as appropriate:

- **Gloves** - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).
- **Masks -** advice should be sought if unclear about the appropriate type for the task in hand
- **Containers -** advice should be sought if unclear about the appropriate type for the task in hand
- **Aprons** - single use plastic aprons are advised if any contamination of the body area is possible.

47. Blood & Bodily Fluids. Blood and bodily fluids from any person may contain viruses or bacteria capable of causing disease. The following precautions must be adhered to when dealing with bodily fluids:

- Hand washing - a thorough hand washing technique using soap and running water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended.
- Skin - any cuts or abrasions must be adequately covered with a waterproof dressing.

48. Spillages - Blood and Vomit. All such spillages should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

49. Spillages - Urine and Faeces. All such spillages should be cleaned up promptly. Using disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Gloves and aprons should be worn.

50. Fouled Laundry. Any fouled or infected laundry should be securely bagged and taken directly to an on or off site washing machine. Gloves should be worn.

51. Contaminated Waste. - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by recognised contractor.

52. Disposal of Clinical Waste. The School has an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal.

8. REPORTING REQUIREMENTS

8.1 Viral Outbreak

53. In the event of a sudden and serious viral outbreak that may have wider public health implications, the Headteacher will ensure that *Delegated Services* and *Public Health England* are notified as soon as possible.

LIST OF APPENDICES:

1: Administration of Medicine Consent Form.

2: Health Care Plan.

APPENDIX 1 - ADMINISTRATION OF MEDICATION CONSENT FORM

Administration of Medication Consent Form

St Werburgh's Primary School will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer medication.

Child's Details

Name:……..

Class……

Date of Birth……

Condition or illness ……..

Medication – **Medicines must be in the original container as dispensed by the pharmacy**.

Name/Type of Medication……..

Expiry Date……

Dose to be given…….

When to be given……

Other Instructions……

Side effects……..

Self-Administration YES/ NO

Daytime phone number of Parent or Carer……..

Relationship to Pupil……

Name and phone number of GP……..

The above information is to the best of my knowledge correct and I consent to St Werburgh's Primary staff administering medicine in accordance with the Schools Policy

Parent/ Carers Signature……

Print Name…… Date…….

APPENDIX 2 - HEATH CARE PLAN

Heath Care Plan

Child's Name:……..

Condition or illness ……

Description of Medical needs and Symptoms

Daily Care Required - For example Two puffs of inhaler at lunchtime (if your child has Asthma, please give details of other inhalers given at home i.e. colour of inhalers and time/doses given).

Description of what would constitute a medical emergency for your child and the actions required.

Parents'/Carers' Emergency Contact Details

Name: ……

Contact Number: ……..

Parents'/Carers' Signature: ……

NB: A current and completed Administration Of Medicine Consent Form is required to support this Health Care Plan.