

BENNETT MEMORIAL DIOCESAN SCHOOL

Administration of Medicines in School Policy

Bennett is a Church of England school where the principal aim is to provide a Christian framework for learning and development. In this context all students are treated with respect, and the safety and the well-being of each individual student in the school's care are of prime importance. This policy sets out the school's procedures for managing medicines safely and appropriately in school.

1. Parental Responsibility

1.1 Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical conditions.

1.2 It is their responsibility to notify the school of any changes to the student's type or dose of medication and to replace out of date medicines.

1.3 No medicines should be brought into school without the School Nurse being aware.

2. School Responsibility

2.1 All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.

2.2 Only the School Nurse and her trained colleagues are permitted to administer non-prescription medication; with parent consent.

2.3 If in any doubt the School Nurse will not administer any medicine until she has checked with the parents or a health professional, before taking further action.

3. Prescription Medicines

3.1 These medicines should only be brought into school where essential, that is where it would be detrimental to the child's health if the medicine were not administered during the school day.

3.2 The first dose of all new medicines must be given at home to ensure that no adverse reactions are encountered while in school.

3.3 If medicines need to be brought into school the following procedure needs to be followed:

- All medicines must be in their original container
- All medicines MUST be clearly labelled with
 - The child's name
 - The name and strength of the medication
 - The dosage and when the medicine should be given (as directed is not acceptable i.e. on topical creams, directions must be specific)
 - The expiry date
 - Side effects

3.4 Staff should never accept medicines that have been taken out of their original container or make changes to the dosages even on parental instructions.

3.4 All medicines (including Homeopathic) must be accompanied by a parental agreement for the school to administer medicine, which can be downloaded from the website. See Appendix 1

3.5 If two or more medicines are required, these should be in separate, clearly and appropriately labelled containers, each with a separate consent form.

3.6 On arrival at school all medicines must be handed to the School Nurse or the designated member of staff.

3.7 All medicines received into school must be counted and documented by the School Nurse. The medicine spreadsheet must be completed for every dose administered.

3.8 Some medicines may be prescribed on an 'as required' basis i.e. only to be administered under certain circumstances. Most commonly this may be reliever inhalers for asthma, rectal diazepam/buccal midazolam for epilepsy and ibuprofen as pain control.

3.9 The circumstances for which the medicines should be administered should be entered on the child's healthcare plan or on the "Parental Agreement for school to administer medicine" form. The parental agreement form should be completed and signed. This obviates the necessity of contacting the parent before such administering.

4. Emergency Medication

4.1 Emergency medication, such as Epipens and reliever Inhalers, are subject to the same request and recording systems as non-emergency medicines, with additional CONSENT and written individualised healthcare plans. See Appendix 2 – Healthcare Plan for all Medical Conditions. Specialised Healthcare Plans are available for specific health conditions, please speak with the School Nurse regarding these.

4.2 Students who require emergency medicines for urgent life threatening conditions MUST have these available in school or they will be unable to remain in school.

4.3 All students who require reliever Inhalers or Epipens will be expected to carry one with them at all times in their school bag.

4.4 It is the responsibility of the parents/guardians to ensure that their child is trained and competent to self-administer their emergency medicines.

4.5 A universal Epipen and Salbutamol inhaler is available if a student misplaces their emergency medication. All relevant staff must be made aware of where the emergency medications are stored and receive training to administer it.

4.6 Emergency medications, must be available in an unlocked cupboard. The student's care plan with parental consent should also be stored alongside this medicine, giving clear instructions on how to manage a student in medical crisis. All relevant staff must be made aware of where the emergency medication is stored and receive training to administer it.

4.6 Where school staff agree to administer treatment and medication to a student in an emergency, training sessions must be arranged and updated annually.

5. Controlled Drugs

5.1 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 at school. The most common is Methylphenidate (Ritalin, Elvanse, Concerta, Equasym).

5.2 The school should be in agreement with the parents of a child prescribed a controlled drug to store it safely and administer it to the child for whom it has been prescribed.

5.3 A record must be kept of all supplies received, all doses administered, and all unwanted supplies returned to parents for audit and safety purposes.

5.4 Controlled drugs must be kept in a locked non-portable cupboard with only named staff having access.

5.5 Only a suitably trained member of staff may administer a controlled drug to a child for whom it has been prescribed. The drugs must be administered within the prescribed instructions.

5.6 Misuse of a controlled drug, such as passing it to another child for use (including 'borrowing' another child's identical drug) is an offence.

6. Non-Prescription, Over the Counter Medicines

6.1 All parents will be asked to sign a medication consent form (Appendix 3) giving the School Nurse permission to administer over the counter medicines (OTCM)

These will be administered for:-

- Headache – not associated with head injury
- Toothache
- Dysmenorrhoea – painful periods
- Early symptoms of mild ear ache
- Early symptoms of cold and flu
- Allergic reaction
- Hayfever
- Nausea
- Burns
- Wounds

6.2 No medicines will be given in school that students have never had before. All first doses must be given at home, in case of adverse reactions.

6.3 All medicines administered to students must be recorded with the date, time and dose on the medical tracker (accessed by the School Nurse). A manual record can be kept available in the Nurse's Office.

6.4 All medications given to students in school will be recorded in the medical section in the student planner.

7. Refusing Medicines

7.1 If a child refuses to take their prescribed medicines, staff should not force them to do so, but should note this in their records and follow any procedures set out in the health plan. Parents

should always be informed of the refusal on the same day. If a refusal to take medicines results in a medical emergency the schools emergency procedures should be followed.

8. Storage of Medicines in School

8.1 Large volumes of medicines should not be brought into school and, where it is impracticable to expect the parents to supply only one dose required for one day, there should be arrangements to agree with the parents what reasonable quantity can be kept in school.

8.2 Medicines (including analgesics such as Paracetamol) must not be kept in First Aid bags or boxes, or anywhere accessible to students. Non-emergency medication will be stored in a locked, wall mounted cabinet with the key stored in an accessible but restricted place, known only to the designated members of staff. If fridge storage is required this must be lockable or be kept in a locked office.

8.3 Once removed from the medicines cabinet the medicine must be administered immediately and never left unattended. The medication must be taken immediately by the student and not taken away.

8.4 Discontinued and out of date medicines should be returned to the parents for disposal or will be disposed of by the School Nurse at the chemist. Parents will be informed of this to enable them to provide school with more "in date" medications.

9. Documentation

9.1 Each student receiving prescription medication will have the following documentation:

- Completed up to date Health Care Plan (HCP), where deemed necessary.
- Written request for the school to administer medicines from the parents or a health care professional.
- Student record of all medication administered.

9.2 Each student receiving non-prescription, over the counter medication will have the following documentation:

- Signed medication consent form.
- Administered Medication documented on the medical tracker, a manual record can also be kept in the Nurse's office
- Written record informing parents of what medication has been administered to their child and at what time.

10. Educational Visits

10.1 It is good practice for children with medical needs to participate in school trips/excursions. Provided that an individual risk assessment has been carried out as part of the individual HCP children with medical needs should be able to take part fully.

10.2 A list of all students going on a school trip should be forwarded to the School Nurse at least 2 weeks prior to the visit. This will enable the students with medical needs to be identified and assessed.

10.3 On the eve of the trip the School Nurse will hand over all the medicines, including the Health Care Plan and written request from the parents to administer medicines, to the teacher in charge of the trip.

10.4 All medicines that leave the school premises must be signed out in the drug register by the teacher in charge and the School Nurse. On return they must be checked for use and damage and signed back in to the register. The member of staff who signs for the medicines is responsible for their safe keeping at all times.

10.5 Special consideration to safe keeping is especially needed for any controlled drugs, which ideally should be kept under lock and key during the trip.

11. Self-Management

11.1 If following an assessment by the School Nurse, parent and student, it is decided that the student is suitably mature and responsible, and that any potential risks to other students have been considered, it is acceptable for them to manage their own medication.

11.2 Only one day's dose should be carried at a time and the appropriate staff should be made aware that the student is carrying them.

12. Staff Training

12.1 All staff involved in administering prescription medicines should be trained before giving them and should receive updates to that training at least annually.

12.2 Such training will be carried out by the School Nurse (via OPUS) and will include an overview of the school medicines policy, information on the different legal categories of medicines the children might take, the procedures for administration for medicines and recording required.

12.3 The School Nurse will provide these staff members with a medication induction briefing to ensure they understand their role in administering medications to students.

13. Insurance

13.1 The County Council has very extensive insurance cover and the following comments are relevant to any situations which might arise from the administration of medication to students.

13.2 The County Council undertakes its "business" through its employees e.g. teachers, and classroom assistants). Thus, if any civil claim was made relating to the actions of staff subject to paragraph 2, those staff would be indemnified by the County Council against any personal liability. Individual members of staff are indemnified against having to pay damages and would only be vulnerable personally if they had deliberately contravened an instruction or acted in a way which was grossly careless.

In order to establish civil liability, the injured party would have to prove that Kent County Council owed a duty of care to them, that the duty was breached, and that, as a result of that breach, injury or loss was sustained.

13.3 Although the administration of medication will be specifically mentioned in the job description of only a few members of staff, giving such assistance to pupils is regarded as an appropriate activity for County Council staff although the requirements of good practice will dictate that schools will have an appropriate policy, and that staff will have sufficient training. There is a remote possibility that criminal liability could arise if a member of staff undertook action which they had not been authorised by the child's parents to undertake. However, it is possible

that, if a child showed symptoms of a serious condition while at school and staff were acting in “loco parentis” there would be a Common Law expectation that they would act (either directly or by calling assistance) rather than do nothing. In extreme cases, this could necessitate emergency action before contacting parents or trained staff. Any action taken must be balanced against what a reasonable parent would do in the light of their training and experience and in relation to the availability of medical assistance and any relevant health care policy

Parental Agreement For School to Administer Student's Medication

Appendix 1

Date for review to be initiated by

School Nurse

Name of school/setting

Bennett Memorial Diocesan School

Name of child

Date of birth

Tutor Group

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the schools needs to know about?

Self-administration – y/n

First dose given at home?

YES / NO

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Telephone Number & Email

Relationship to child

Address

I understand that the medicine must be delivered to the school nurse as soon as it arrives in school, either by myself or the student.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the 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 medicine is stopped.

Individual Healthcare Plan

For Students with a Medical Condition



Student's Name
 Year/Guild
 Date of Birth
 Students Primary Address

 Medical Diagnosis or Condition
 Known Allergies
 Date Healthcare Plan Completed

Family Contact Information

Name of Emergency Contact 1
 Contacts Phone Numbers
 Relationship to student

<i>Home:</i>	<i>Mobile:</i>

Name of Emergency Contact 2
 Contacts Phone Numbers
 Relationship to student

<i>Home:</i>	<i>Mobile:</i>

G.P's Contact Details

GP Name
 Phone number
 Email Address
 First Line of Address

Health Professionals Contact Details

Name:
 Role:
 Phone Number:
 Email Address
 First Line of Address

Additional Contacts Details:

Condition Information *Details of child's symptoms, triggers, signs, treatments etc*

Condition 1: _____

Symptoms: _____

Triggers/things that make it worse:

What action must be taken? Treatment, medication, therapeutic treatment, care and support:

Condition 2: _____

Symptoms: _____

Triggers/things that make it worse:

What action must be taken? Treatment, medication, therapeutic treatment, care and support:

Care & Support

Routine/Daily Medicine(s) at Home:

<i>Name of Medicine:</i>	<i>Dose:</i>	<i>Time to be given:</i>

Emergency Medications to be given at School: *what drug, when to give, dose & method of administration*

<i>Name of Medicine:</i>	<i>Dose:</i>	<i>Time to be given:</i>	<i>Method:</i>

Are there any physical restrictions caused by the medical condition(s)?

i.e physical activity/triggers in school

Specific support or equipment required in school *(for medical, learning, emotional needs)*

Activities that require special precautions, management and risk assessment considerations

Arrangement for school trips/excursions

Additional information

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This plan has been agreed by:

Staff Members:

Name:	Role:

Parent/Guardian:

Name:	Signature:
Relationship:	Contact number:

Student:

Name:	Signature:
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Bennett Memorial Diocesan School

Permission to Administer 'Over the Counter' Medication

Student Name

Known Allergies/Sensitivities

I/we give permission for the following medication to be administered by the School Nurse

Signature.....Date:.....

(please tick appropriate box)

	YES	NO
Paracetamol / Calpol (for headache, period pain, joint pain, muscular pain, fever and ear ache)		
Anti-Histamine Tablet (for allergies, sickness related to a reaction)		
Calamine Lotion (for nettle rash, insect stings, generalised itching)		
Germoline Cream (antiseptic cream)		
Medicated Dressings (eg iodine / vaseline impregnated gauze)		
Strepsils (for sore throats)		
Rennie Chewable Tabs (indigestion, over 12yrs old)		
Savlon Cream (for minor burns, cleanses wounds and abrasions)		
Anthisan Cream (bite cream for insect stings and bites)		

Ibuprofen (Brand name: Nurofen)

We do not administer this medication routinely, however, if you feel your child would benefit from having this medication to help manage pain/injury following other treatment methods (Paracetamol, ice pack/heat pack),

Please provide additional consent by signature here.....

I confirm that he/she has had these medications before with no adverse

Signature:.....Date:.....