

**JOHN SPENDLUFFE
TECHNOLOGY COLLEGE**



**Administration of Medicines
POLICY**

John Spendluffe Technology College

Administration of Medicines Protocol

PURPOSE

This policy sets out the circumstances in which we may administer medicines within JSTC, and the procedures that we will follow.

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1. Introduction:

1.1. Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. JSTC is committed to ensuring that children with medical needs have the same right of access as other children.

1.2. There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. The Role of Parents/Carers:

2.1. Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming into school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

2.2. If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

3. Prescription Medication:

3.1. Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

3.2. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

3.3. In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

3.4. An Administration of Medicine Permission & Record form (Appendix 1) must be completed and signed by the parent/carer. No medication will be given without the parent's written consent.

3.5. Prescribed medication, other than emergency medication, will be kept in the School Office, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, Epi-pens etc.) should be kept in the School Office, in a box clearly labelled with the child's name and photograph. Some children will keep an Epi-pen upon them, this is in agreement with the parent and the Headteacher.

3.6. Where appropriate, emergency Epi-pens will be kept in the Main Office. A record of the expiry dates must be kept.

4. Long Term Medical Needs:

4.1. It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

4.2. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an Epi-pen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

5. Controlled Drugs:

5.1. Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

5.2. Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

5.3. As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

6. Non-Prescription Medication:

6.1. Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

6.2. If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form contained in the student planner and/or the example in

Appendix 1. The same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

7. Administering Medicines:

7.1. Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the School Administrator. The SENDCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.

7.2. When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary.

8. Emergency Inhalers:

8.1. In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. Parents must sign a "Consent form: use of emergency salbutamol inhaler" (Appendix 4) to consent to their child being allowed to use the emergency inhaler.

8.2. Emergency inhalers, along with appropriate spacers will be kept in the Main Office. A record of the expiry dates must be kept.

8.3. Spare, named inhalers will also be stored in the Main Office for use by the specific students.

9. Defibrillators in Schools:

9.1. DfE Guidance... Defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first aid equipment. If schools install a defibrillator for general use, they should notify the local NHS ambulance service of its location. Staff members appointed as first aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

9.2. School Statement... The school does have its own Automated External Defibrillator (AED) and is situated on the wall by the main office. Instructions about how to access the defibrillator are attached to the unit itself.

9.3. No training is required to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, most staff members are trained in Cardiopulmonary Resuscitation (CPR) as part of a First aid at Work, Paediatric First Aid or Emergency First Aid qualification, as this is an essential part of first-aid and AED use.

10. Self-Management:

10.1. It is important that as children get older, they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

10.2. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

11. Refusing medication:

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

12. Offsite visits:

12.1. It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit.

Inhalers must be taken for all children who suffer from asthma.

12.2. Travel Sickness – Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

12.3. Residential visits – All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered.

13. Disposal of Medicines:

The School Administrator will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy.

14. Links to other policies and documents:

- Accessibility Plan
- Complaints Policy
- Confidential Reporting Policy
- Confidential Pupil Data Document
- Educational Visits Policy
- First aid Policy

- Child Protection Policy
- GDPR Policy
- Health & Safety Policy
- Supporting Children with Medical Needs Policy
- SEND Policy

Consent form: Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having 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 keep in school.
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 emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Name (Print): _____

Child's name: _____ Form: _____

Parent/Carer address and contact details: _____

Telephone/Mobile: _____

E-mail: _____

POLICY DOCUMENTS

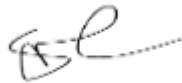
The following policy document was presented to the Governing Body of John Spendluffe Technology College and approved and adopted by them on the date stated.

Policy: Administration of Medicines Protocol

Date: September 2022

Review: September 2023

Headteacher: Mr S Curtis

A handwritten signature in black ink, appearing to be 'S Curtis', written in a cursive style.