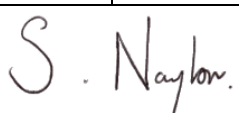




Nether Hall School

# ADMINISTRATION OF MEDICINES POLICY & PROCEDURES

<b>Policy Date:</b>	January 2023	<b>Policy Review Date:</b>	January 2024
<b>Responsible Person:</b>	Jo Bacon		
Sarah Naylor Headteacher	Signature: 	Date: 17.01.2023	
Adrian Keene Chair of Governors	Signature: Not Required	Date:	

This policy is written to comply with the Local Authority's policy 'Managing Medicines in Schools' and in accordance with 'Administration of Medicines and Healthcare Needs Health & Safety Management Standard Issue 3 (December 2019)'

Pupils who need medication have the same right to admission as other pupils. We are also mindful that the administration of medicines and carrying out of medical procedures is a voluntary activity for all staff unless they have a contract which states otherwise. In practice we have always been fortunate in having a wide range of staff who are prepared to be trained in a variety of procedures.

The administration of all medication, whether short or long term, given in school or on a trip, will be recorded and initialled by the person administering the medication. This person is responsible for giving the medication to the correct child. A second person must be present when medication is being drawn up to check: the pharmacist label, child's name, name of medication, dosage and use by date. The second person needs to countersign the necessary paperwork. More information is available in the 'Supporting Pupils with Medical Conditions' Policy.

## GENERAL

- Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible then a Medicine Permission Form (Appendix A) needs to be completed.
- No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so.
- All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication. If this is not the case the previous instructions must be followed.
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- **All emergency medicines such as asthma reliever inhalers/adrenaline autoinjectors should be readily available to children and easily accessible.**
- All other medicines except emergency medications and inhalers should be kept securely. Large volumes of medicines should not be stored oral medication should be in a childproof container. Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. All medication should be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody.

- Medicines should be administered by selected school staff with specific responsibility for the task in order to prevent any errors occurring. A witness should be present who should also sign the appropriate box on the Administration recording document (**Appendix B**). Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- **Emergency medication and reliever inhalers must follow the child at all times.** Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool etc.
- Advice for school staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse or School Doctor or Health Visitor on the request at the outset of the school consideration of the need for medication. Similarly, any difficulties in understanding about medication usage should be referred to the School Nurse, School Doctor or Health Visitor for further advice.
- If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures in respect of the individual child. Parents will be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school emergency procedures will be followed, which is likely to be calling an ambulance to get the child to hospital.

## **RECORD KEEPING**

- We keep written records of all medicines administered to pupils.
- Incorrect Administration of Dosage - individual protocols/health plans will contain emergency actions in respect of this happening. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

## **HYGIENE AND INFECTION CONTROL**

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

## **LONG TERM MEDICATION**

- The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, otherwise the management of the medical condition is hindered.
- It is important to have sufficient information about the medical condition of any child with long term medical needs.
- In addition, the parents/guardians must use the attached proforma (**Appendix A**) to report any changes in medication to the school.

- With parental/guardian permission, it is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

## **EMERGENCY TREATMENT/PROCEDURES**

- As part of general risk management processes, we have arrangements in place for dealing with emergency situations. All staff know how to call the emergency services. All staff also know who is responsible for carrying out emergency procedures in the event of need. A member of staff will always accompany a child to hospital by ambulance and will stay for as long as is reasonably practicable. In the event of an emergency/accident, which requires a child to be treated by health professionals (doctor/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.

**When emergency treatment is required, medical professionals or ambulance will always be called immediately. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers will always be informed.**

- Emergency medication will be kept in the school for use in an emergency for an individual child.
- Advice for school and setting staff about individual children may be provided by the nurse, health visitor, school doctor or General Practitioner on request at the outset of planning to meet the child's needs.
- Emergency medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency and the expiry date.
- If it is necessary to give emergency treatment, a clear written account of the incident will be given to the parents or guardians of the child, and a copy retained in school.
- If it is known that an individual child is allergic to a specific allergen e.g. wasp stings, peanuts, etc. a supply of antihistamines and pre-prepared adrenaline autoinjectors, (when specifically prescribed) will always be made available. Immediate treatment will be given before calling an ambulance.
- There is an emergency Adrenaline Auto-Injector kept in school. This is kept with the AED (Defibrillator) so it is accessible by all staff. The emergency Adrenaline Auto-Injector should only be administered to children:
  - for whom written parental consent for use of the emergency Adrenaline Auto-Injector has been given – this is clearly marked on Arbor,
  - who have either been prescribed an Adrenaline Auto-Injector,
  - The Adrenaline Auto-Injector can be used if the pupil's prescribed Adrenaline Auto-Injector is not available (for example, because it is broken, or empty).
- A small supply of buccal midazolam may be kept in school for administration to specifically identified children suffering from repeated or prolonged fits. Where this emergency treatment has been administered by staff, an ambulance will be called

and parents/carers contacted. A seizure form (**Appendix C**) will be completed for all seizures that a pupil has at school or during trips or residential visits.

- It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties. These will be kept securely in school for immediate use when required.
- There is an emergency Salbutamol inhaler kept in school. This is kept with the AED (Defibrillator) so it is accessible by all staff. The emergency salbutamol inhaler should only be used administered to children:
  - for whom written parental consent for use of the emergency inhaler has been given – this is clearly marked on Arbor,
  - who have either been diagnosed with asthma and prescribed an inhaler,
  - or who have been prescribed an inhaler as reliever medication.
  - The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

### **Practical procedures for managing medicines in school**

#### **Scheduled Medication or Medication given when necessary (PRN - from the Latin "pro re nata)**

- If a medication is given every day at set times then this is a scheduled medication.
- If a medication is only given "when necessary" then it is classed as PRN.
- A course of antibiotics is a scheduled medication – but short term
- Diabetes medication is a scheduled medication – but long term
- An inhaler such as Ventolin can be either scheduled or PRN depending on the prescription.
- Permission forms need to specify the indications for use for PRN medications

#### **The Administration of Short-Term Medication**

- Medication containing aspirin or ibuprofen will not be given to pupils under the age of sixteen unless prescribed by a doctor (See 1.c above)
- Requests to administer medicines must be accompanied by a medical consent form and each form must be signed and dated by the parent or person with parental responsibility
- Medication must be in the original container and the pharmacy label must show their full logo and address

#### **Prescription Only Medicines (POMs)**

If short-term medication is required during the school day, parents must inform the school of any potential side effects. During the day medicines will be given by trained school staff.

#### **Over the Counter Medicines (OTCs)**

- Unless prescribed by a doctor, paracetamol and ibuprofen (for pupils over 16 years only) will be given for a maximum of 48 hours.
- OTC medication permission forms need signing by Sarah Naylor and Joanne Bacon before being administered.

- Staff must check with parents when the first dose was administered and note this on the Administration Recording Form. Parents must complete a medical consent form stating the reason for the administration of medication.

**The Administration of medication via needle**

- This medication may be for diabetes or for the prevention of anaphylaxis.
- A specific care plan will be in place for the pupil.
- Only trained staff will administer medication for these pupils.
- Care should be taken when using and handling needles.
- Personal, protective equipment (protective gloves and disposable apron) must be worn and all used needles will be disposed of using the appropriate sharps bin.
- Records of dosage will be recorded in pupil’s record book.

**The Management and Administration of Regular, Long-Term Medication in School**

Medication Checklist - All medication must be:

✓ Prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
✓ In the original container as dispensed by the pharmacist
✓ Have the child’s name clearly written on the label
✓ Have the name of the medication clearly written on the label
✓ Include the prescriber’s instructions for administration
✓ Have a ‘use by date’
✓ The label is clear, in good condition and has not been tampered with

- Parents must complete the ‘Medicine Permission Form’ (Appendix A).
- All medication must be signed in by either Joanne Bacon, Victoria Thomas or Shannon Towarianskyj; or by a member of SLT.
- The administration form will be completed during the booking in process and this will be given to class with the medication and copy of the permission form.
- The original permission form will be kept in the filing cabinet in the Medical Room.
- The concentration of drug on the bottle/packet must match that written on the form.
- Medication will be administered by a member of Nether Hall staff.
- Staff administering medication will have completed ‘Administration of Medication Training’.
- A second person must be present when medication is being drawn up to check the information outlined on the Medication Checklist above and to countersign the necessary paperwork.
- When medication is changed in any way, parents must complete a new copy of the ‘Medicine Permission Form’. Parents are expected to supply sufficient quantities of up to date medication. Any out of date medication will be returned to parents.

### **In the Event of an Error**

- An error is defined as anything that does not accurately follow the instructions in the parental permission form/prescription label. It also covers non-adherence to documented procedures or guidelines.
- Errors can mean medicines given incorrectly or not given when specified.
- All errors should be reported immediately to Joanne Bacon or to a member of SLT.
- A phone call to parents/carers will be made by Joanne Bacon or SLT.
- In the event of the error causing an injury, illness etc. normal first aid procedures will be followed and parents/carers will be informed immediately. In this event a first aid form should be completed in addition to an error form.
- The form called 'Record of error or near miss for pupils (To include Administration of Medication and Care Procedures)' (Appendix D) needs completing by the member of staff concerned as soon as possible.
- The form should be given to Joanne Bacon or a member of SLT and needs to be uploaded to CPOMS with an account of the error.
- A meeting with relevant staff, SLT and Joanne Bacon will be held to discuss the actions required to address the issues causing the error.
- Errors may result in disciplinary procedures being followed and further agencies being notified.

### **Links to further documents:**

- [Supporting Pupils with Additional Care Needs](#)
- [Supporting Pupils with Medical Conditions](#)
- [Administration of Medication via Needle Risk assessment](#)

**APPENDIX A: Medicine Permission Form**  
**Please can you administer the following medication to my child**



Name of Child	
Date of Birth	

Reason for medication (name of illness or condition)	
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Name of Medication	
Strength of Medication	

Dosage		
Time(s) medicine is to be given		
Is medicine given every day or only as required? (please tick)	Every day	As required

Date Medicine is to start	
Date Medicine is to finish (please mark as 'long term' if no end date)	

How medicine is to be given (please circle)					
Orally	Ears	Eyes	Nose	Feed Tube	
Syringe	Left	Left	Left Nostril	Size of flush?(mls)	
Spoon	Right	Right	Right Nostril	Before	After
Tablets	Both	Both	Both Nostrils		

**PLEASE CHECK THAT THE MEDICINE AND THE INFORMATION ON THIS FORM IS THE SAME.  
 THE FOLLOWING DETAILS MUST BE CLEARLY MARKED ON THE PRESCRIPTION LABEL**

<b>Child's Name</b>	<b>Medication Name</b>	<b>Strength of Medication</b>
<b>Dosage</b>	<b>Expiry Date (on packet or bottle)</b>	<b>Batch Number (on tablet box)</b>
If medication (tablets) requires crushing before administering then this needs to be written on the prescription label.		Please tick (✓)
YES the medicine needs crushing - it is on the label		
NO the medicine does not need crushing – my child can take it whole		

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand 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.

Phone Number (Mobile)	
Phone number (Home/Work)	
<b>Parent/Carer Name</b>	<b>Date</b>
<b>Signed</b>	



**FOR OFFICE USE ONLY**

<b>Date Medication Received</b>		Amount of medication received	
Please confirm that prescription label and medication is correct and contains the following information (Please tick ✓):			
Child's Name		Medication Name	
Strength of Medication		Dosage	
Batch Numbers match		Expiry Date ( <b>please add date</b> )	
Staff Name			
Staff Signature		Date	

<b>Date Medication Received</b>		Amount of medication received	
Please confirm that prescription label and medication is correct and contains the following information (Please tick ✓):			
Child's Name		Medication Name	
Strength of Medication		Dosage	
Batch Numbers match		Expiry Date ( <b>please add date</b> )	
Staff Name			
Staff Signature		Date	

<b>Date Medication Received</b>		Amount of medication received	
Please confirm that prescription label and medication is correct and contains the following information (Please tick ✓):			
Child's Name		Medication Name	
Strength of Medication		Dosage	
Batch Numbers match		Expiry Date ( <b>please add date</b> )	
Staff Name			
Staff Signature		Date	

<b>Date Medication Received</b>		Amount of medication received	
Please confirm that prescription label and medication is correct and contains the following information (Please tick ✓):			
Child's Name		Medication Name	
Strength of Medication		Dosage	
Batch Numbers match		Expiry Date ( <b>please add date</b> )	
Staff Name			
Staff Signature		Date	

**APPENDIX B - RECORD OF MEDICINE ADMINSTERED TO AN INDIVIDUAL CHILD**

Name of school/setting	NETHER HALL SCHOOL
Name of child	
Date medicine is provided by parent	/ /
Class	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature:.....

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given					
Name of member of staff					
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Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness					

## APPENDIX C - SEIZURE REPORT

DATE:	PUPIL NAME:		
	DATE OF BIRTH		
LOCATION			
TIME SEIZURE BEGAN			
TIME SEIZURE STOPPED			
WHAT WAS PUPIL DOING AT THE TIME?			
PERSON(S) ATTENDING PUPIL, I.E. FIRST AT SCENE			
NAME OF FIRST AIDER ATTENDING			
DESCRIBE SEIZURE – DID PUPIL SLEEP AFTER SEIZURE?  WAS THERE ANY JERKING/TWITCHING?  WHICH PARTS OF THE BODY WERE AFFECTED?  WAS PUPIL INCONTINENT?			
DID PUPIL SUFFER ANY INJURY DURING SEIZURE?			
WAS EMERGENCY MEDICATION GIVEN?	YES	NO	
IF 'NO', WHAT HAPPENED TO PUPIL?	STAY IN SCHOOL	GO HOME	GO TO HOSPITAL
IF 'YES', NAME OF MEDICATION GIVEN			
TIME MEDICATION GIVEN	DOSE GIVEN	ML(S)	GIVEN BY
ANY DIFFICULTIES IN ADMINISTRATION			
IF EMERGENCY MEDICATION IS GIVEN PLEASE COMPLETE FORM ON REVERSE			
FORM COMPLETED BY			
NAME (Print): JOB TITLE:	SIGNATURE: DATE:		
WITNESS: NAME (Print)	SIGNATURE: DATE:		

**PLEASE FILE COMPLETED SHEETS IN PUPIL'S MAIN SCHOOL FILE**

### Summary of Events during Emergency Calls

REASON FOR CALL (EG PROLONGED SEIZURE)			
PERSON(S) ATTENDING PUPIL, I.E. FIRST AT SCENE			
NAME OF FIRST AIDER MAKING THE CALL			
WHAT TIME WAS 999 CALL MADE?			
WHAT TIME DID PARAMEDIC ARRIVE?			
WAS AN AMBULANCE CALLED?			
WHAT TIME DID AMBULANCE ARRIVE?			
WHAT TIME WERE PARENTS/CARERS CALLED?			
WHO MADE CALL?			
FOLLOW UP ACTION DID PUPIL? (CIRCLE)		GO HOME	GO TO HOSPITAL
WHO TRANSPORTED PUPIL (CIRCLE)	N/A	PARENTS/CARERS	AMBULANCE
IF PUPIL WENT TO HOSPITAL WHO ACCOMPANIED THEM?			
IF STAFF ACCOMPANIED PUPIL DID PARENTS AGREE TO MEET AT HOSPITAL?	YES	NO	
NAME (Print):  JOB TITLE:	SIGNATURE:  DATE:		
PLEASE FILE ORIGINAL IN RED FOLDER IN CLASSROOM AND GIVE A COPY TO THE OFFICE TO SEND TO PARENTS			

**APPENDIX D - Record of error or near miss for pupils**  
(To include Administration of Medication and Care Procedures)

Date:	Pupil name:	Date of birth:			
Location when incident occurred					
Report of incident					
Name(s) of staff members involved in incident					
Follow up action <ul style="list-style-type: none"> <li>• Parents contacted (include time)</li> <li>• Action agreed</li> </ul> In case of parents being unobtainable, contact GP or NHS direct					
Social Services informed if safeguarding issue	See overleaf				
School Well-Being Coordinator informed					
After care (Please tick)	Pupil stayed in school	<input type="checkbox"/>	Teacher informed: Tutor group:		
	Pupil was taken home	<input type="checkbox"/>	Name of person collecting pupil:		
	Pupil taken to hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, give name of member of staff accompanying pupil				
	Parents contacted and agreed to meet pupil at the hospital			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of first aider attending if applicable					
Signature of person completing this form	Date:				

Agreed actions	
Support for member of staff	
Action taken to minimise the risk of this error happening again	
Signature of member of staff involved  Date	
Signature of Head Teacher  Date	

Copy to: Sarah Naylor, Joanne Bacon, Head of Phase