

**Newcroft**

Primary Academy



Aspiring for Excellence

# **Administration of Medicines Policy 2016-2019**

This policy is reviewed every three years and was agreed by the Governing Body of Newcroft Primary Academy in June 2016 **and will be reviewed again in June 2019**

Signed: \_\_\_\_\_ Chair of Governors

Date: \_\_\_\_\_

## ***Non-Statutory Policy***

# Newcroft Primary Academy

## Administration of Medicines Policy



Our aim is that all children at Newcroft become creative, active and reflective learners through consistent focus upon:

### 1. Introduction

#### 1.1 Purpose of Policy

1.1.1 The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We believe it to be important that parents should not send a child to school if he or she is unwell. Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. It is crucial that parents inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need.

#### 1.2 Legal Position

1.2.1 Any staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines.

1.2.2 Newcroft Primary Academy acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

#### 1.3 Negligence

1.3.1 "A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing" (*Gower v London Borough of Bromley*, 1999)

1.3.2 Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the Academy, which is vicariously liable

for a breach of duty by the headteacher, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the Academy, then the Academy will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with any training received from and endorsed by the Academy.

## **1.4 Criminal Liability**

- 1.4.1 In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk or serious injury or harm.

## **2. General**

### **2.1 Non-Prescribed Medication**

- 2.1.1 It is expected that parents will ensure that non-prescribed medication is administered, by parents, outside of school hours. However, in rare cases, the school will store and give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines) if the parent completes the school's agreed pro forma(s) detailing the reasons for the medication and dose to be given. If the school has a concern about the frequency of individual children needing such medication in school, a senior leader will talk with the parents to make them aware of these concerns. If the senior leader(s) have concerns about the welfare of a child being regularly given medication in school, the procedures in the school's Safeguarding Policy will be followed.

### **2.2 Prescribed Medication**

- 2.2.1 If medicines such as antibiotics are prescribed and need to be taken up to 3 or 4 times a day, the expectation is that parents or carers will give these medicines outside of school hours.
- 2.2.2 Parents should give careful consideration to whether their child is well enough to be at school if they require medicine 4 times a day.
- 2.2.3 Prescribed medicine will NOT be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers, using the form in Appendix A, and the school has indicated that it is able to comply with these. Support is available for the completion of the relevant form for parents who have literacy problems or where English is not their first language.
- 2.2.4 It must be understood that staff who are administering prescribed medicines are acting voluntarily. Medication will only be administered by staff who have received appropriate training.
- 2.2.5 The parents or carers must take responsibility for updating the school, in writing, with any changes in administration for routine or emergency medication and maintain an in-date supply.
- 2.2.6 All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

- Name of child;
- Name of medicine;
- Dose;
- Method of administration;
- Time/Frequency of administration;
- Any side effects;
- Expiry date.

**All medicines must be collected by parents / carers by the end of each term.**

- 2.2.7 Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. Parents or carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.
- 2.2.8 All children who require medication to be given during school hours will be given clear instructions on where to report and who will be administering their medication, in order to prevent any error occurring. A strict recording system is in place for the administration of all non-emergency medication.
- 2.2.9 If a child refuses medication or treatment to be administered by school staff, then the school will:
- **NOT** force the child to take the medicine / treatment;
  - If considered necessary, call an ambulance to get the child to hospital;
  - Inform the child's parents / carers immediately.

### **3. Storage and Disposal of Medication**

#### **3.1 Storage**

- 3.1.1 Emergency medication and reliever inhalers must follow the child at all times, including to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate the medication will be kept by the teacher in charge. The school may hold spare emergency medication, if it is provided by the parents / carers, for use in the event that the child loses their medication. Until it becomes the emergency treatment the spare medication will be kept securely in accordance with the procedures for the storage of non-emergency medicines.
- 3.1.2 All other medicines except emergency medication and inhalers will be held stored in a locked cabinet or locked fridge, as necessary.

#### **3.2 Disposal**

- 3.2.1 Any unused or time expired medication will be handed back to the parents / carers of the child for disposal.

### **4. Long Term Medication**

- 4.1 The school acknowledges that medicines in this category are largely preventative in nature and that it is essential they be given in accordance with instructions, otherwise the management of the medical condition is hindered.

- 4.2 The school may seek parents / carers permission to explain the use of medication to a number of pupils in their child's class so that peer support can be given. This will only occur where it is considered such action would be helpful and/or necessary.

## 5. Injections

- 5.1 There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an individual **care plan** (see appendix B) will need to be developed before the child joins the school, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

## 6. Emergency Treatment

- 6.1 a) No emergency medication should be kept in school except that specified for use in an emergency for an individual child.
- b) A care plan must be in place in all cases where a child has been prescribed emergency medication / treatment. Guidance and template documentation can be found in appendix B
- c) Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency (see paragraph 2.6).
- d) In the event of the absence of all trained staff, parents / carers will be notified immediately and agreement reached on the most appropriate course of action.
- e) If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school: a copy will be given to the parents / carers of the child.
- f) In all circumstances, if the school feels concerned they will call an ambulance.

- 6.2 In accordance with paragraph 6.1 above:

- a) When specifically prescribed, a supply of antihistamines or pre-prepared adrenalin injection should be used if it is known that an individual child is hypersensitive to a specific allergen (e.g. wasp stings, peanuts, etc). Immediate treatment will be given before calling an ambulance.
- b) A supply of "factor replacement" for injections should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary it is usual for the child to be able to self-inject. If this is not the case the parents / carers will be contacted immediately. If contact cannot be made emergency advice will be taken from the Bleeding Disorders Clinic at Leicester Royal Infirmary (0116 258 6500) or an ambulance will be called.
- c) For children who have repeated or prolonged fits and require the administration of rescue medication, a small supply of Buccal Midazolam or Rectal Diazepam may be

kept in school for administration to a specifically identified child. In such circumstances, a Care Plan (Appendix B) will be written.

Where either of these rescue medicines have been administered an ambulance will be called to take the child to the nearest hospital receiving emergencies, unless the parent / carer or a healthcare professional indicates otherwise and this is acceptable to the school.

6.3

- d) A supply of glucose (gel, tablets, drink, food etc) for treatment of hypoglycaemic attacks should be provided by parents / carers of any child suffering from diabetes mellitus. If, after an initial recovery, a second attack occurs within 3 hours, the treatment will be repeated and the child taken to the nearest hospital receiving emergencies. (See also appendix C)

## **7. Educational Visits**

- 7.1 Any medical problems must be highlighted by parent / carers prior to their child's participation in an educational visit.
- 7.2 Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.
- 7.3 A named person will be identified to supervise the storage and administration of all medication. See also section 2 of this policy.
- 7.4 Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits. Care must be taken to ensure that the medication does not come into direct contact with the ice packs.
- 7.5 Wherever possible children should carry their own reliever inhalers or emergency treatment (see 2.7 above), but it is important that the named person is aware of this.
- 7.6 In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

## **8. Advice on Medical Conditions**

- 8.1.1 The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school.
- 8.1.2 Parents / carers of children suffering from medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request), or from the bodies detailed below. These bodies can also supply leaflets regarding the conditions listed.

<p>Asthma at school – a guide for teachers</p> <p><a href="http://www.asthma.org.uk">www.asthma.org.uk</a></p> <p>Asthma Helpline: 0845 701 0203</p>	<p>National Asthma Campaign Summit House 70 Wilson Street London EC2A 2DB</p>
<p>Guidance for teachers concerning Children who suffer from fits</p> <p><a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a></p> <p>Helpline: Freephone 0808 800 5050 <a href="mailto:helpline@epilepsy.org.uk">helpline@epilepsy.org.uk</a> 9.00am - 4.30pm (Fridays - 4.00pm)</p>	<p>Epilepsy Action The New Anstey House Gateway drive Yeadon Leeds LS19 7XY</p>
<p>Guidelines for Infections (e.g. HIV, AIDS and MRSA)</p>	<p>Health Protection Agency Tel: 0844 225 4524</p>
<p>Haemophilia</p> <p><a href="mailto:info@haemophilia.org.uk">info@haemophilia.org.uk</a></p> <p>Helpline: 0800 018 6068 10.00am - 4.00pm (Mon - Fri)</p>	<p>The Haemophilia Society First Floor, Petersham House 57a Hatton Garden London EC1 8JG</p> <p>Tel: 0207 831 1020</p>
<p>Allergies Anaphylaxis Campaign</p> <p><a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a> <a href="http://www.allergiesinschools.org.uk">www.allergiesinschools.org.uk</a></p> <p>Helpline: 01252 542029</p>	<p>The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX</p>
<p>Thalassaemia</p> <p><a href="http://www.ukts.org">www.ukts.org</a></p> <p><a href="mailto:office@ukts.org">office@ukts.org</a></p>	<p>UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH</p> <p>Tel: 0208 882 0011</p>
<p>Sickle Cell Disease</p> <p><a href="mailto:info@sicklecellsociety.org">info@sicklecellsociety.org</a></p> <p>Helpline: 0800 001 5660 (24hrs)</p>	<p>The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA</p> <p>Tel: 0208 961 7795</p>
<p>Cystic Fibrosis and School (A guide for teachers and parents)</p> <p><a href="http://www.cftrust.co.uk">www.cftrust.co.uk</a></p>	<p>Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY</p> <p>Tel: 0208 464 7211</p>
<p>Children with diabetes - Guidance for teachers and school staff</p> <p><a href="http://www.diabetics.org.uk">www.diabetics.org.uk</a></p> <p>Diabetes Careline: 0845 120 2960</p>	<p>Leicester Royal Infirmary 9 am - 5 pm Diabetes Office</p> <p>0116 258 6796 Diabetes Specialist Nurses 0116 258 7737 Consultant Paediatric</p>

## 9. School Illness Exclusions Guidelines

- 9.1 Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.
- 9.2 Parents are expected to adhere to the following guidelines in the event of their child contracting particular illnesses / conditions:

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and / or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member .
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	Must be given at home by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

## 10. Glossary

Care Plan	Specific information on individual pupil requirements and their needs, to be met while in school. Includes details of any treatment / medication to be administered by members of staff. Agreed by the Head Teacher and parents.
Medication	Medicines, therapeutic products and products used as a treatment for the child.

**Appendix A: Basic Care Plan / Instruction to Administer Medication**



To: Head Teacher of Newcroft Primary Academy

From: Parent/Carer of ..... (full name of child)

- My child has been diagnosed as having..... (condition)
- (S)he has been considered fit for school but requires the following **prescribed/non-prescribed** (delete as applicable) medicine to be administered during school hours:

..... (name of medication)

- I **allow/do not** (delete as necessary) give permission for my child to carry out self administration
- Could you please therefore administer the medication indicated above:

..... (dosage) at ..... (times)

with effect from ..... (date) until advised otherwise.

- The medicine should be administered by mouth / in the ear / nasally / or other ..... (delete as applicable)
- I **allow/do not** allow for my child to carry the medication upon themselves (delete as applicable – but school will need to also give permission for this, taking into account the risks)
- I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.
- I understand that the school cannot undertake to monitor the use of self-administered medication or that carried by the child and that the school is not responsible for any loss of/or damage to any medication.
- I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near my child at all times.
- I understand that staff will be acting voluntarily in administering medicines to children.
- I undertake to collect all medicines from the school when they are no longer required, expired, and at the end of each term.

Signed: ..... Date: .....

Name of parent / carer (with legal responsibility for the child) .....Please Print

Contact Details (telephone numbers): Mobile: .....

Work: ..... Home: .....

# INDIVIDUAL CARE PLAN



Child's name	
Date of birth	
Child's address	
Parents/Carers	
Contact information	
GP & Surgery	
Medical diagnosis or condition	

Describe **medical needs** and give details of **child's symptoms**

**Daily care requirements**

Describe **what constitutes an emergency for the child**, and the **action to take** if this occurs

**Follow up care**

Record in First Aid book and...

**Who is responsible in an emergency**, including if different for off-site activities

Trained First Aiders and...

Who has required **specific training**?

**Back up Procedures** in the Event of the absence of a trained member of staff

**Signed:**.....  
Parent/carer(s) (with legal responsibility for the child)

**Head teacher/Head of School**.....

**Date**.....



### **B1 Guidelines for non-medical staff to administer pre-prepared adrenalin injections in response to anaphylaxis**

#### **Process**

1. When a child needs a pre-prepared adrenalin injection as emergency treatment for anaphylaxis in a non-health setting (e.g. school), then the prescribing doctor will discuss this with the parents or carers and with their agreement pre-prepared adrenalin will be prescribed.
2. It is the parent's responsibility to raise the issue with the school.
3. When a child is able to self administer the school, with the parents, will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require a pre-prepared adrenalin injection, that volunteers are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self administer.* If training is not required a general administration of medicines form must be completed. A child who has self administered must report to a member of staff as they will need to be reviewed in hospital.
4. When the child is unable to self administer the school will identify volunteers to undertake training and subsequent administration of the prepared adrenalin injection.
5. If no volunteers are identified the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
6. If volunteers are identified they should read their setting's policy/guidelines on the administration of medicines. The head teacher should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across Leicester, Leicestershire and Rutland should be used.
7. The parents need to request that an Individual Care Plan is completed by the doctor who prescribed the pre-prepared adrenalin device.
8. The health professional training the volunteer(s) will discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenalin by non-medical and non-nursing staff for a specific child. Following the training the volunteer(s) sign(s) the Training Record and the Individual Care Plan. The head teacher then signs the Individual Care Plan. The original remains within the setting.
9. If any details in the Individual Care Plan change (e.g. Epipen rather than Epipen Junior) required it is the parent's responsibility to inform the school. If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.
10. It is recommended that update training of volunteers should take place on an annual basis. The head teacher will request and negotiate this with the appropriate health professional.

**C2 Flow-chart of process to enable non-medical staff to administer pre-prepared adrenaline injections in response to anaphylaxis**

