



# Administration of Medications Policy

---

Prepared by T Hill, Spring 2018

Version	Date	Reviewed by	Date of next review	Comments
1.0	October 2016			
1.1	January 2019	T Hill	Spring 2019	<ul style="list-style-type: none"> <li>• Amended to reflect changes in administration of non-prescription medication and school's ability to hold adrenaline auto injectors for emergency use</li> <li>• Parental consent forms amended in line with WSCC templates</li> </ul>
1.2	February 2019	Resources Ctte	Spring 2022	<ul style="list-style-type: none"> <li>• Updated Asthma Form added</li> </ul>
1.3	March 2022	Resources Ctte	Spring 2025	<ul style="list-style-type: none"> <li>• No amendments</li> </ul>

## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of Kingslea Primary School will ensure that these arrangements for fill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Kingslea Primary School are managed appropriately. They will be supported with the implementation of these arrangements by Headteacher and school staff.

The lead for the management of medicines at Kingslea Primary School is Tracey Hill. In their duties staff will be guided by their training, this policy and related procedures.

## **Implementation monitoring and review**

All staff, governors, parents/carers and members of the Kingslea Primary School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed as part of the Headteacher's annual report to Governors.

## **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in an emergency.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the

school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, Headteacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual healthcare plan (IHP) or Educational Health and Care plan (EHCP). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition. The 'Medical Information' form (Appendix 3) and/or 'Asthma Information' form (Appendix 4) should be completed by the parents and updated whenever there is a change in a child's medical condition.

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Consent to administer prescription medication' form (Appendix 1). On no account should a child come to school with medicine if he/she is unwell.

Administration of all medications will be recorded on the 'Record of Medication' form (Appendix 5).

### **Non-prescription Medicines**

Occasionally paracetamol will be administered to pupils age 10 and over suffering acute pain from things like migraine, period pain and toothache.

- Parents must give written consent for the school staff to administer medication at the start of the school year in which their child has their 10<sup>th</sup> birthday or when their child joins the school
- Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form

- Verbal parental consent must be gained at any time during the school day before administering paracetamol to a child.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- The school keeps its own supply of standard paracetamol liquid/tablets for administration to pupils.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.
- Paracetamol will not be administered for an ongoing condition lasting more than 48 hours, parents will be expected to seek medical advice.

Non-prescription travel sickness medication may also be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer non-prescription medication' form (Appendix 2). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

Antihistamine (cetirizine) liquid may be administered at school to treat an allergy or reaction that has occurred during the school day, not as a preventative measure. Parents verbal consent will be obtained before antihistamine is administered. Parents will be expected to administer hayfever medication prior to the start of the school day.

Skin creams, lotions and emollients will only be administered in accordance with the School's Intimate Care Policy. Wherever possible children will be encouraged to apply lotions and creams themselves.

Other non prescription medications are not administered at school and pupils should not bring them to school for self-administration. This includes throat sweets or lozenges.

### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and school will communicate with parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit.

### **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school

population. The school complies with the School Nursing Service recommendations that all staff are trained in the administration of auto injectors and that the training is reviewed annually.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer one standard dose of antihistamine (appropriate to age and weight of pupil) and it is very important that symptoms are monitored for signs of further allergies reaction. During this time pupils must never be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if a pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

### **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made the Human Medicines Regulations 2012, from October 2014 a sufficient number of salbutamol inhalers and spacers will be held by the school to cover emergency use. Parents are expected to provide **two** in date auto injectors for administration to their child. Should these be unavailable or unusable the school will hold at least one auto injector for emergency use.

Parental consent to administer 'the school inhaler and/or auto injector will be gained when the child joins the school using the section on the 'Asthma Information Form' Appendix 4 and the 'Consent Form – Use of Emergency Auto Adrenaline Injectors' Appendix 6. The school will be responsible for ensuring emergency medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the School Office and in the Medical Room.

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be

stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's individual health care plan and parents should complete the relevant section of 'Parental consent to administer prescribed medication)' form (Appendix 1).

### **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, epipens etc) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injectors are either held by the pupil or kept in the red box in his/her classroom. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. Parents will be asked to supply a spare auto-injector for each child and they will be kept in the school office. The school also holds a small supply of salbutamol inhalers and auto injectors for emergency use. Prior written parental consent is required for use of emergency inhalers and auto injectors. The list of children with this consent is kept with the emergency devices.

Medicines that require refrigeration are kept in the medical room fridge, clearly labelled in an airtight container.

## **Waste Medication**

Once a course of medication has been completed or medication has past it's expiry date it will be returned to the parent/guardian for disposal.

## **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. These records along with all other pupil records will be passed up to secondary school for retention at the end of KS2.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of Administration of Medication' (Appendix 5).

A parent or guardian will be informed if their child has been unwell during the school day.

## **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given the medication at the wrong time (insufficient interval between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Headteacher who will arrange for the pupil's parents to be informed. Details of the incident will be recorded. The Headteacher will investigate the incident and make changes to procedures as necessary to prevent a reoccurrence.

## **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 1) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

## **Medicines on Residential Visits**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for administration of medication on a residential trip' form (Appendix 4) before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol liquid/ tablets and cetirizine antihistamine liquid (piriteze) for administration to pupils during a residential visit. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

## **Travelling Abroad**

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

## **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body will seek resolution.





## Kingslea Primary School

### Parental consent to administer prescription medication

The school are not able to give your child medicine unless you complete and sign this form.

Name of child			
Date of birth			
Class			
Medical condition or illness			
<b>Medicine</b>			
Name/type of medicine <i>(as described on the container)</i>			
Date dispensed			
Dosage and method			
Timing			
Special precautions/other instructions			
Length of prescription			
Are there any side effects that the school/setting needs to know about?			
Self-administration – Yes/No			
Procedures to take in an emergency			

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

#### Contact Details

Name			
Daytime telephone no.			
Relationship to child			
Address			
I understand that I must deliver the medicine personally to	School Office		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. 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.

Signature(s)..... Date.....

#### Appendix 1



## Kingslea Primary School

### Parental consent to administer non-prescription medication

School are only permitted to administer the following non-prescribed medications:

**Paracetamol (children over 10 years old only) & Travel Sickness tablets.**

Name of child				
Date of birth				
Class				
Medical condition or illness				

#### Medicine

Name/type of medicine <i>(as described on the container)</i>				
Dosage and method				
Timing				
Special precautions/other instructions				
Self-administration – Yes/No				
Procedures to take in an emergency				

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

#### Contact Details

Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to	School Office			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. 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.

Signature(s)..... Date.....

#### Appendix 2



## Kingslea Primary School Medical Information Form

Name of Child:	Date of Birth:
Address:	
	Class:

Details of Medical Condition:
Treatment Regime:
Medication Required (Details of dosage on reverse):
Action to be taken in crisis/emergency:

CONTACT DETAILS		
Parents/Carers:		
1.		2.
Home Phone:	Contact 1:	Contact 2:
Alternative family/other contact:		
Contact No:		

**Appendix 3**

Doctor/Paediatrician/Other Health Professional Details (Name & Contact No)::
Equipment/accommodation adaptations required:

CONSENT FOR THE ADMINISTRATION OF MEDICATION	
Name/type of medication (as described on the container):	
Date Dispensed:	Form: (eg Tablets/Liquid)
Dosage & Method (as per pharmacists label):	
Timing:	
Special precautions/side effects (if any):	

I understand that I must deliver any medication personally to the School Office, I understand that it is my responsibility to update the school whenever necessary on any changes to my child's medical condition.	
Signed:	Print Name:
Relationship to pupil:	Date:

**Appendix 3**

**KINGSLEA PRIMARY SCHOOL****Asthma Information Form**

Please complete the questions below so that the school have up to date information about your son/daughter's asthma. Please return form to the School Office asap.

<b>NAME OF CHILD:</b>	<b>DATE OF BIRTH:</b>
	<b>CLASS:</b>

**If your child has an asthma plan please supply the school with a copy**

<b>DOES YOUR SON/DAUGHTER NEED AN INHALER IN SCHOOL?</b>	<b>YES / NO</b>
<b>All inhalers will be kept in the classroom easily accessible at all times.</b>	
<b>PLEASE PROVIDE INFORMATION ON YOUR SON/DAUGHTER'S CURRENT TREATMENT. (INCLUDE NAME, TYPE OF INHALER, THE DOSE &amp; HOW MANY PUFFS? DO THEY HAVE A SPACER?)</b>	
<b>WHAT TRIGGERS YOUR CHILD'S ASTHMA?</b>	
<b>DOES YOUR CHILD NEED TO USE THEIR BLUE INHALER BEFORE DOING EXERCISE/PE? IF SO, HOW MANY PUFFS?</b>	

<ul style="list-style-type: none"> <li>• I consent for the administration of the inhaler as described above to my child in the treatment of their asthma.</li> <li>• I agree to ensure my child has an in-date inhaler and spacer (if prescribed) in school</li> <li>• I understand that it is my responsibility to update the school whenever necessary on any changes to my child's medical condition.</li> </ul>	
<b>Signed:</b>	<b>Print Name:</b>
<b>Relationship to pupil:</b>	<b>Date:</b>

Since 2014 schools have been permitted to hold emergency salbutamol (blue) inhalers for use by children who have been diagnosed with asthma and prescribed an inhaler. These are for use in emergency only in a case where the child's own inhaler was empty or broken. We are only able to administer the emergency inhaler if we have prior written consent from a person with parental responsibility for the child.

I give consent for my child..... to receive the school salbutamol inhaler in an emergency situation where his/her own is unavailable.

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

Print Name:.....

I have parental responsibility for the child named above.

**Please remember to inform the school if there are any changes in your son/daughter's treatment or condition.**

In an emergency situation the following treatment will be given to your son/daughter as recommended by Asthma UK:

- Sit child up straight - don't lie them down. Try to keep them calm.
- Give one puff of reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- If the child feels worse at any point while using the inhaler or they don't feel better after 10 puffs an ambulance and parents will be called.
- While waiting for the ambulance continue to give a further 10 puffs of the reliever (blue) inhaler every few minutes.

For Office Use	Provided by Parent Yes/No	Expiry Date
Spare Inhaler		
Any other follow up information from parent:		

**Appendix 4**

Appendix 5

**Kingslea Primary School**  
Record of Administration of Medication

Name of Child:	Date of Birth:
Address:	

Date	Name of person bringing in medication to school	Name of Medication	Amount Supplied	Form Supplied e.g. Tablets/Liquid	Length of Prescription	Dosage regime







**KINGSLEA PRIMARY SCHOOL**  
**CONSENT FORM**  
**Use of Emergency Auto Adrenaline Injectors**  
 Student showing symptoms of allergy and anaphylaxis

- I confirm that my child has been diagnosed with an allergy and has a prescribed auto adrenaline injector
- I have supplied the school with two working, in date auto adrenaline injectors available for use

The school holds an auto adrenaline injector for use on emergency situations only (**Jext 150 micrograms**). This can be administered in an emergency only should your child's injector not be available or unusable for any reason, **only with prior written consent of the parent.**

Name of Parent or Guardian:	
Address:	
Name of Child:	
Child's Date of Birth:	

**I consent to my child receiving adrenaline from an emergency auto adrenaline injector held at the school in the event that his/her own injector is unavailable or unusable in a situation where my child is displaying signs of anaphylaxis.**

Signature of Parent/Guardian:	
Date:	

Please return to the School Office as soon as possible.

**Kingslea Primary School**  
Record of Administration of Medication on Residential Trip



Name of Child:	Date of Birth:
Address:	

Name of medication	Dosage Regime (How much & when)	Form & amount supplied (tablets/liquid)	School Use only Accepted by:

- I consent to my child being administered medication as detailed above and confirm they have been administered previously without adverse effect.
- I consent to the school administering paracetamol to my child while away on the school trip if necessary.

**Appendix 7**

Parent/Guardian Name .....Signed..... Date.....

Appendix 7

**RECORD OF MEDICATION ADMINISTERED**

Name of Child	Class
---------------	-------

Date	Medication	Amount Given	Amount Left	Time	Administered By	Comments