

# Ainderby Steeple CE Primary School

## Medication in Schools

Written Summer 2017    Review Summer 2020

### **Introduction**

These guidelines aim to ensure we maintain best practise procedures to ensure the health, safety and wellbeing of all school staff, pupils and visitors. Guidance is taken from NYCC Health and Safety policy and guidance handbook.

Children who have diarrhoea and/or sickness are requested not to attend school for 48 hours. The exception to this rule is where a pre-existing medical condition may cause these symptoms, side effects to medication and where the condition is not transferrable

### **Prescribed Medication**

Parents are encouraged to enquire of their medical practitioner whether it is essential that a dose of medication be prescribed during school hours. For example, if a medication is prescribed to be taken three times a day, it may be satisfactory to give it before school, after school and before bedtime.

School will only accept medicines that have been prescribed by a medical practitioner. School will never accept loose medicines in blank envelopes or unidentified bottles.

Before the administration of any prescribed medication, detailed written instructions and authorisation from the child's parent/guardian to administer the medication must be obtained. An authorisation form is included and must be completed and signed.

If there are any doubts or queries regarding the medication, the parent/guardian should be contacted prior to administration.

Medication must be brought to school in a properly labelled container. The label must be clear and free from alterations or defacement and must show:

- the name of the medication;
- the name of the patient;
- the dosage;
- the expiry date;
- specific directions for the administration (e.g. not simply 'as directed' or 'as required');
- precautions relating to the medication (eg 'caution, may cause drowsiness' or 'store at given temperature'); and
- the name of the dispensing pharmacist/doctor.

All the above information should be shown on the labelled container supplied by the pharmacist. Medication brought into school should therefore be in either the original container or, alternatively parents may request additional labelled containers from the pharmacist at the time of dispensing.

### **Storage of Medication**

It should be recognised that certain medication such as asthma reliever inhalers may need to be immediately available to a pupil. **As soon as a child is mature enough, usually by the age of seven, we allow him/her to keep their inhaler with them at all times.**

Extreme care must be taken when nebulizers are used since overuse of the nebulizer can mask life threatening symptoms. **A health care plan will be written for any child who uses a nebulizer.**

Medicines requiring refrigeration will be kept within a domestic refrigerator, which is not accessible to pupils.

Normally not more than one week's supply of medication should be brought into school at one time, although pupils on long-term medication may, at the headteacher's discretion, be provided with up to one month's supply. Schools will ensure storage arrangements are in place to meet the requirements of safe, secure storage.

School will take additional safety measure for off-site visits according to the Educational Visits Guidelines. Arrangements for the storage, transportation and administration of medication will be considered. Staff supervising excursions will be aware of any special medical needs and relevant emergency procedures; sometimes an additional supervisor or parent might accompany a particular pupil.

It will be rare for school to exclude pupils with medical needs from school trips but if the headteacher and school staff are concerned about whether they can guarantee a pupil's safety, or the safety of other pupils, on a trip, they will seek advice from the health and safety risk management. These issues and measures are clearly documented on the risk assessments for the trip.

**Some medical conditions such as asthma may require the immediate administration of medication. A delay of even a few minutes may seriously affect the child's health and well being.** It is important therefore that the needs of each child affected by such conditions are individually assessed.

The wishes of the child's parent/guardian will be considered in the light of clinical advice provided by the child's medical practitioner. The risk to pupils' health of not having immediate access to their inhalers in an emergency is much greater than the risk of misuse by other pupils.

Due to the potential risk of an allergic reaction parents are advised that prior to any medication being given by school staff, parents must have administered the medication on at least one previous occasion and allowed sufficient time for any reaction to be apparent.

Prior to administering any medication the member of staff will ensure that the medication prescribed is required by that child at that time and, where possible, a second adult will be present to check the dosage and method of administration against the record sheet.

The administration will be carried out according to the instructions provided with the medication. The pupil should take the medication in the presence of the member of staff.

### **Intimate or invasive treatments**

Some school staff, including those who may volunteer to administer oral medicines, are understandably reluctant to administer intimate or invasive treatments such as suppositories and injections. Parents and headteachers must respect such concerns and should not put undue pressure on staff to assist in treatment unless they are entirely willing.

The school will arrange appropriate training for staff willing to give such treatment, normally through the health service. The need for renewing the skills learned during such training must also be considered. Staffing levels must be assessed on an individual basis. In most circumstances procedures only require one member of staff.

Two members of staff should only be used where there is a specific need e.g.

- a moving and handling need;
- a history of child protection issues; and
- behavioural issues.

Staff should protect the dignity of the pupil as far as possible, even in emergencies.

The needs of pupils potentially requiring intimate or invasive treatment must always be assessed on an individual basis. Epilepsy, diabetes and anaphylaxis are the conditions that are most likely to require such treatment in school.

### **Records**

Schools should retain staff training records, insurance confirmation and parental consent forms. In order to safeguard the pupil, school and individual member of staff it is important that a record of medication administered is kept.

Such a record must show:

- the name of the child, a photograph (i.e. passport) may be considered;
- the name and strength of the preparation (e.g. prednisolone 1mg) and expiry date;
- the dosage (e.g. two tablets, one 5ml spoonful, two drops, etc);
- the name of the dispensing pharmacist/doctor;
- the route of administration (e.g. oral, eye drops, inhaler, etc);
- the time and date of each dose administered;
- the signature of the member of staff administering each dose and, where applicable, the signature of the second adult present; and
- method of disposal when treatment completed or medication expired.

### **Disposal**

Medication that is no longer required will be returned to the child's parent/guardian for disposal at the earliest opportunity and this should be recorded in the school's medicine record and witnessed. If this is not possible, unused medication should be returned to a community pharmacist.

### **Emergency medication**

#### **Asthma, epilepsy, diabetes and anaphylaxis**

The medical conditions in children that most commonly cause concern in schools are asthma, epilepsy, diabetes and severe allergic reaction (anaphylaxis).

Pupils who are at a substantial risk from their medical conditions have individual risk assessments in place which is based on the child/young person's healthcare plan with specific guidance on what to do in emergencies. Please see the Risk Assessment part of Section 2 of this Handbook for some model risk assessments.

**In cases of asthma it is important that the school will take immediate action by dialling 999 if a child or young person is not responding to their prescribed medication. Urgent hospital treatment may be necessary.**

### **Non-Prescribed Medication**

In schools the issue of non-prescribed medication could be very complex. The risks of non-prescribed medication can be as serious as prescribed medication and as such the use of pain relief or symptom relief remedies requires very careful consideration and appropriate safety measures. The risks of overdose and misuse associated with many of these paracetamol based medications are extremely serious.

The use of non-prescribed medication is discouraged. School will not administer non-prescribed medication.

**Please note: A child under the age of 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Paracetamol is extremely dangerous if an overdose is taken.

Staff ensure that any personal medication for their own use is kept in locked storage or staff lockers not in first aid boxes or unlocked desk drawers.

Agreed by Governors and staff:

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

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**AINDERBY STEEPLE CE PRIMARY SCHOOL**  
**Request to administer medication**

**This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.**

**This form must be completed by the parent before the request can be considered**

**Name of School/Setting AINDERBY STEEPLE CE PRIMARY SCHOOL**

**Child's/Young Person's Details**

Name ..... DoB.....

Address .....

Parent/carer name and contact number.....

GP's name and contact number.....

Emergency contact name(s) and number(s).....

**Details of Medication**

Medical condition/illness.....

Medication name and strength.....

Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....

**NB Medications must be in the original container as dispensed by the pharmacy**

Dosage and frequency/time of administration.....

Details for storage.....

Administering instructions.....

Any known side effects .....

Date and time first dose given ..... Date and time last dose given.....

**Potential emergency details**

What would constitute an emergency? .....

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What to do in an emergency.....

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**Parental statement of consent**

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber’s instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school’s/setting’s policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer .....Date.....

**School/Setting-Statement of Agreement**

AINDERBY STEEPLE CE PRIMARY SCHOOL agrees to administer this medication

- in accordance with the prescriber’s instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of headteacher/manager (please print).....

Signature of headteacher/manager .....Date.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given then a separate form must be completed for each**