



**Five
Rivers®**

Administering Medication Policy & Procedure

'Five Rivers is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment'

Policy Owner	Headteacher
Authoriser	Head of Education
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1. Policy

1.1 Policy Statement

Our schools will ensure that students with medical conditions receive appropriate care and support at school in order for them to have full access to education and remain healthy. This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

Five Rivers is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school

1.2 Terms and Definitions

1.2.1 The below table sets out a number of terms and definitions used within this document:

Term	Definition

1.3 Data Protection

1.3.1 Five Rivers Child Care supports the objectives of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and other legislation relating to Data Processing, including the Human Rights Act 1998, Regulation of Investigatory Powers Act 2000 and the Freedom of Information Act 2000. Five Rivers Child Care has a statutory obligation to process personal data in accordance with the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

1.3.2 Every member of Five Rivers Child Care has an obligation to ensure that the information they process (use) is collected, maintained and disclosed in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and the Five Rivers Child Care Data Protection Policy.

1.4 Disclosure of Information

1.4.1 Any use or disclosure of information held within Five Rivers Child Care, without there being a legitimate purpose or legal basis, will be classed as unauthorised and is a criminal offence under Section 55 of the Act Right of Access (Subject Access Requests)

2. Procedure

The Law

The Medicines Act 1968 and Misuse of Drugs Act 1971 provide guidance on the prescription, administration and storage of medications including controlled drugs.

The Health and Safety at Work Act 1974 states that it is the duty of an employer (schools) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Managing medicines

No child under 16 should be given prescription or non-prescription medicines without written consent from parents.

We will set out the circumstances in which non-prescription medicines may be administered.

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

We will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage and storage.

We will keep a record of all medicines administered to individual children.

Insulin must still be in date but may be provided to schools in pens or pumps for administration. These should still be appropriately labelled.

Non-prescription medicines should be in their original packaging with written consent and information for administration.

Staff responsibilities

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, we will take into account the needs of pupils with medical conditions that we teach.

For those that have continuing health needs, eg. Diabetes or allergies should have an Individual Health Care Plan (IHCP) that is reviewed annually or earlier if the child's needs change.

Within and IHCP, should be:

- The medical condition, signs, symptoms and treatments
- The child's resulting needs, including medication
- The level of support needed. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support and their training needs?
- Arrangements for school trips or other school activities
- What to do in an emergency, including who to contact and contingency arrangements

Training

The Headteacher is responsible for ensuring all staff are trained appropriately.

All staff are trained in face to face first aid and those responsible for administering medication will initially do the on-line training through Ilearn on administering medication and will also attend a full days face to face.

Our staff will have medication training before taking on responsibility for supporting pupils with medical conditions. The training will be based on the individual needs of the child.

Parental responsibilities

Parents/carers are required to provide up-to-date information on their child's medical needs to the school.

Parents/carers also have a responsibility to ensure that the school has the appropriate amount of medication and is in date.

Pupil responsibilities

Pupils who are competent will be encouraged to take responsibility for managing their own medicines.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents/carers will be informed so that alternative options can be considered.

Storing medicines

Controlled drugs that have been prescribed for a child will be stored securely and only named staff should have access.

Our students will know where their medicines are at all times and be able to access them immediately. Where relevant, all should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away.

All medication will be audited regularly (weekly) to ensure expiry date is in date and if the child still attends the school. If medication needs special storage conditions, this will be adhered to.

Wherever possible, medications should be returned to parents/carers to be disposed of safely. Any sharps used in school will be disposed of safely using a sharps bin provided by a health care professional.

Administration

Schools should ensure that staff are aware of children who may require support with medication. If a child refuses to take their medication or carry out the medical procedure, staff should not force them to do so. The parents/carers should be notified.

Access to appropriate storage such as a fridge or secure cupboard will be provided and in a lockable room. For children with emergency medication there will be staff trained in administration in case they are too unwell to self-administer.

Some children will only require medication in school as an emergency. All children requiring emergency medication must have an IHCP, signed by prescribing doctor or healthcare professional.

All relevant staff will be aware of emergency symptoms and procedures. Other children should also know to inform a teacher immediately.

Emergency medication MUST only be used for the child named on the medication.

Record Keeping

Written consent is required for administering medication. Consent forms will include:

- Name, date of birth
- Medical information, such as allergies
- Clear instructions for administration
- Contact details of parents/carers and GP
- Signature of parent/carer and health professional where relevant

Parents/carers have a responsibility to inform the school of any changes and a new consent form must be completed. This can also be viewed within their care plans, which is shared with all staff members.

A record of all medicines administered, what, how and how much was administered, when and by whom. Any side effects should also be noted.

A record of any emergency medications kept in school will be maintained and regularly updated.

School trips

Consideration what reasonable adjustments will be made to enable children with medical needs to participate fully and safely on visits. Storage of medication will also be considered. A risk assessment will be carried out to ensure any further steps needed are included.

There must be at least one member of staff who is trained to administer required medication on the trip. Non-prescription medicines will only be given to a pupil on a trip if:

- Specific prior written consent has been received from the pupil's parents/carers
- It is in accordance with the school policy
- Staff have checked, and received parental confirmation, that the medicine has previously been used by the pupil without any negative effect

If a non-prescribed medicine is used, staff will:

- Make a record for each child explaining what medicine has been administered
- and when
- Inform the pupil's parents/carers
- Any medicine will be provided by parents/carers in its original container and labelled with clear instructions on when and how it should be taken.
- Parents/carers will complete a written consent form giving permission for their child to take the medicine.

Before agreeing to administer any medicine, we will confirm that the pupil has taken it before and did not have any adverse reactions to it.

Asthma

In the event of an asthma attack:

1. Encourage the child to sit up and slightly forward
2. Help the child to take 2 separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs
3. If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve
4. Stay calm and reassure the child
5. Call an ambulance if the child doesn't feel better or if you're worried at any time before reaching 10 puffs
6. If the ambulance doesn't arrive in 10 minutes give another 10 puffs, following the same pattern as step 3

Call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around their lips

- Is going blue
- Has collapsed

Maintain a complete emergency asthma inhaler kit

Your emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler - these are reusable as long as they are properly cleaned after use
- At least 2 plastic spacers compatible with the inhaler - these shouldn't be reused due to the risk of cross-infection, so a larger school with lots of asthmatic pupils may require more than 2 spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

If you're in a large school, or a school with multiple sites, it's safer to have multiple emergency asthma kits - so that your pupils are always close to a kit.

Name **at least 2 members of staff** who are responsible for maintaining the emergency asthma kit. If you have an asthma policy, their names and responsibilities should be recorded there. These members of staff should:

- Every month, check that the inhaler and spacers are present, in working order, have enough doses, and are in date
- Get replacement inhalers when the expiry date is approaching
- Replace spacers when they have been used
- Make sure the plastic inhaler housing (that holds the canister) has been cleaned, dried, and returned after use