



Administering Medication Policy and Procedures

Policy Creation and Review

Author(s)	A Greyling
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Statement of intent

New City Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

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

For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

Roles and responsibilities

The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All staff are responsible for:

- Adhering to this policy and supporting pupils to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an administering medication parental consent form prior to them or their child bringing any medication into school.
- Discussing medication with their child prior to requesting that a staff member administers the medication

It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school nurse or other members of staff. This may include staff administering medication to the pupil involved.

Training staff

The headteacher and Inclusion Lead will ensure that the Welfare Officer is suitably trained in administering medication. First Aiders will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available (Welfare Officer), pupils can still receive their medication from a trained member of staff.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the pupil is necessary

Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering AAls

The school will arrange specialist training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAls will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAls in the case of an emergency.
- The dosage correlates with the age of the pupil.
- How to respond appropriately to a request for help from another member of staff.

- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times.

Receiving, storing and disposing of medication

Receiving prescribed medication from parents

The parents of pupils who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present. Consent obtained from parents will be renewed annually.

The school will only store and administer prescribed medication. The school will store a reasonable quantity of medication, e.g. a maximum of four weeks' supply at any one time. Aspirin will not be administered unless the school has evidence that it has been prescribed by a doctor.

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing pupils' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g. a locked cupboard.

The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
 - The pupil's name.
 - The name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.

- The expiry date
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

Disposing of pupils' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils' doctor or pharmacist, parents will be asked to collect these for this purpose. Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

Administering medication

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the Welfare Officer's room. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the pupil being given the medication.
- That the medication to be given is within its expiry date.
- That the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the welfare officer or First Aid staff responsible. Records will be stored in accordance with the Records Management Policy.

Management of Allergies

Allergy – A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis – Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life threatening allergic reaction to food, stings, bites, or medicines.

Epipen – Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

Minimized Risk Environment– An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

Health Care Plan– A detailed document outlining an individual student’s condition treatment, and action plan for location of Epipen.

Procedures and Responsibilities for Allergy Management:

General

- The involvement of parents and staff in establishing individual Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child’s healthcare plans to all relevant staff.
- Staff training in anaphylaxis management if needed, including awareness of triggers and first aid procedures, including Epipen training, to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.

Management of Diabetes

If there are children in school with diabetes, understanding diabetes will help them get the most out of their time in school.

Diabetes does affect every child differently, which is why it’s very important to have their Individual Healthcare Plan (IHP) to ensure a better understanding of how their diabetes affects them personally. Understanding a child’s IHP forms part of your school’s responsibilities to children with diabetes.

Trained staff

The school should have at least two trained members of staff who are fully trained in the child's needs, e.g. who know how to administer insulin, test blood glucose (blood sugars), understand the readings and know how to treat a child’s diabetes.

Staff trained to support and treat children with Diabetes:

Trained staff	Overseen by:
Ann Kent -First Aider	Inclusion Lead

Emergency procedures

An emergency for a child with diabetes means an incident that requires immediate treatment. In most cases this will be a hypo or a hyper.

If you teach a child with diabetes, over the course of a year it is quite likely that sometimes they will have a hypo – low blood sugars – or go hyper – high blood sugars – in your lesson. Making sure what you know what to do is crucial. Precisely what you do will be detailed in their Individual Health Care Plan.

Hypoglycemia

The severity of a hypo will often vary. A hypo is generally treated with something sugary to eat or drink. You should always allow a child or the trained member of staff to treat a hypo immediately. Delaying treatment will only make their blood sugars lower and can eventually lead to hospitalisation.

If a child is hypo or hyper they should not be made to leave the class, and they should never be left on their own or sent to get treatment alone. A hypo can make a child unsteady on their feet or dizzy, so they should be allowed to recover where they are.

Hyperglycaemia

Hyperglycaemia doesn't tend to develop as quickly as a hypo if a child takes insulin by injection. If they use a pump though, they can go high quickly. Children with high blood sugars must be allowed to drink and go to the toilet whenever they need to. You must also let their trained carer give them extra insulin, or deal with their pump.

The child's IHP will state who you should tell if a child does have a hypo or a hyper. Generally you will have to let a trained member of staff know, the school nurse (if you have one) and the child's parents.

It is far less likely that you will have to call for an ambulance because of a child's diabetes, but this is a possibility. A child's IHP will state this and the trained member of staff and parents should be involved by this stage.

General responsibilities in class

Each child's diabetes is different and it is the school's responsibility to treat each child as an individual. A child's IHP will detail their triggers and symptoms of a hypo and hyper. This will help to identify when their blood sugars might be getting too high or low.

While hypos affect children differently some common issues include a loss of concentration and a change in behaviour. Sometimes a hypo or hyper will cause a child to misbehave and this is something they are not able to control. Bear this in mind when considering your school's behaviour policy.

A child with diabetes will inevitably have to go for medical check-ups. Their attendance record must not be penalised because of these appointments. Your school's medical conditions policy should be clear on how these appointments are entered into the register.

Whether it's an appointment, a half-missed lesson because of a hypo, or an extended bout of illness, a child with diabetes may well miss some of your lessons and need to catch up. How you arrange this will depend on the individual circumstances, but you should discuss with the family or child for the best way to go about it.

Depending on their age a child is normally best placed to know about their condition, so it is important that you do not ignore their views about their diabetes.

If a supply teacher is covering your class then they will need to be informed that a child with diabetes is in your class. You should never undertake any healthcare procedures without being properly trained.

Medical devices

Asthma inhalers

As a school we:

- recognise that asthma is an important condition affecting many school children
- recognise that immediate access to inhalers is vital
- have a clear understanding of what to do in the event of a child having an asthma attack

We recognise that asthma is a physical condition, not an emotional illness. It affects at least one in every ten children. A sudden narrowing of the air passages making it difficult to breathe causes an attack. These passages are almost continuously inflamed or red or sore. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs. Most of the time, medicine will be administered in the First Aid room under the supervision of the Welfare Officer. A spare inhaler will also be kept in class for every child and for children on the top floor, the medicine will be administered there and then in class under the supervision of the class teacher.

AAIs

The school will ensure that spare AAIs for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Where EpiPen's (Adrenalin) are required in the Health Care Plan:

- Parents are responsible for the provision and timely replacement of the AAI's.
- The AAI's are located securely in relevant locations approved by the Inclusion Lead. In class and in the Welfare office.

There will be a stock of AAIs, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g. the dining hall. The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare AAIs in emergency situations. The spare AAIs will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the pupil's IHP.

IHPs (Individual Health Care Plan)

For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the Inclusion Lead and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support needed and whether the pupil will be able to take responsibility for their own health needs

- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

IHPs will be routinely monitored throughout the year by a designated staff member.

Educational trips and visits

In the event of an educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated First Aider for the duration of the trip or activity.

There will be at least one First Aider who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. The designated First Aider will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained First Aider who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it, and is not locked away.