



AVENUE JUNIOR SCHOOL

ADMINISTRATION OF MEDICINES IN SCHOOL POLICY

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1. INTRODUCTION TO THE POLICY

- 1.1. The administration of medicines to children is the responsibility of parents. There is no legal duty that requires staff to administer medicines. No child under 16 should be given medicines without their parent's written consent.
- 1.2. Sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medicines to children in school include:
 - cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
 - cases where pupils who are recovering from short-term illnesses are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.
- 1.3. Very few courses of medication are likely to require medicine to be taken during school hours. When the prescribed dosage does indicate the need for medicine to be taken at times when the child is at school on a long term basis, the School Nurse or the Consultant Paediatrician will be asked to liaise with the General Practitioner about alternative medication where this is possible. However, the school recognises that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.
- 1.4. Following a period of illness, a child should not return to school until they are fully fit to do so. The child's own doctor may be the person best able to advise whether or not the child is fit to return to school. It is for the parents to seek and obtain such advice as necessary.
- 1.5. The purpose of this policy to ensure the safe storage, administration and recording of medicines where it is absolutely necessary for the school to undertake this responsibility.

2. THE HEADTEACHER'S RESPONSIBILITY

- 2.1. The Headteacher and school staff cannot be required to administer medicine, but as persons *in loco parentis* they must take appropriate action when a child in their care is ill. They must secure either the attendance of a parent or get medical assistance.

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- 2.2. When a parent requests that medicine be administered to their child at school, the Headteacher will deal with the case of each circumstance sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.
- 2.3. The Headteacher will ensure all staff are aware of the school's policy and practice with respect to the administration of medicines. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for dealing with an emergency.
- 2.4. The Headteacher will ensure that a clear written statement of the school's organisation and arrangements for the administration of medicines will be given to parents, including a statement of their responsibilities and how to make a request for medicines to be given at school.
- 2.5. Where medicines are to be administered at the school, the Headteacher will ensure that a named person is responsible for medicines, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility.
- 2.6. Whichever member of staff undertakes duties concerned with the administration of medicine in the school, within the terms of their job description, the Headteacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medicines within the school.
- 2.7. Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Nurse or the Consultant Community Paediatrician.
- 2.8. The Headteacher will ensure (and record on **Form AJS Med 2**) that an adequate number of staff undertake and update relevant training.

3. THE RESPONSIBILITY OF STAFF

- 3.1. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should undertake and update appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur.

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- 3.2. All staff will be aware of the need for asthmatics to carry medication with them (or for the teacher to keep safe and ensure that medication is instantly available and accessible) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.
- 3.3. All staff will be aware of and undertake training to deal with children under their care with potentially life-threatening allergies. They will also ensure the constant availability to those children of their necessary medication.
- 3.4. Staff will complete and sign **Form AJS Med 1** to record each time medicine is administered to an individual child.
- 3.5. All staff should be aware of and work to the guidance within this policy.

4. THE PARENTS' RESPONSIBILITY

- 4.1. Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Medicines should only be brought to and handed in to the school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- 4.2. It is preferable that parents administer medicine to their children. In cases where this is not possible, parents may make a request for medicine to be administered to the child in school.
- 4.3. Where such a request is made to the school by parents, it should be in writing on **Form AJS Med 1** and to the effect that the child's doctor considers it necessary for the child to take medicine during school hours.
- 4.4. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless the medicine is an analgesic or cream (see Section 6.1). Parents should always ensure that medicines are provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- 4.5. It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support, the school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

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- 4.6. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, a member of staff should take them to a local pharmacy for safe disposal.

5. ADMINISTERING PRESCRIBED MEDICINES

- 5.1. The following information **MUST** be made available before the school can accede to the request for them to administer medication:
- 5.1.1 Evidence of the medication having been prescribed e.g. bringing the bottle/box that the medicine has been dispensed in for the school to view (the school will not accept medicines that have been taken out of the container as originally dispensed, or where changes to dosages have been made by the parents).
- 5.1.2 A completed form **Form AJS Med 1** (provided at the school reception), confirming:
- your request and agreement for the school to administer the medicine
 - confirmation of prescribed dose and times of required administration of doses
 - confirmation of the date and time that the last dose was given (on a *daily basis*, if more than one days' administration is required) e.g. to ensure the correct administration of antibiotics and analgesics
 - side effects of the drug and what side effects warrant medical attention
- 5.2. The school reserves the right to refuse to administer medication where this information has not been made available.
- 5.3. Where the administration of prescription medicine may be required in an emergency, the parent must meet with the Headteacher in order that an individual care plan can be formulated, staff training organised and **Form AJS Med 1** completed by parents.
- 5.4. If the parents are unavailable or refuse to complete **Form AJS Med 1** the Headteacher will make clear to the parents/guardian (in writing), that the school is acting *in loco parentis* and that staff are therefore entitled

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and obliged, in an emergency, to take whatever action they think best in the light of the facts known to them.

- 5.5. The medicine, in the smallest practical amount (in the original container), should be delivered to school, by a parent/ guardian, and should be handed personally to the school office. *Children are not allowed to bring their own medication to school as this may constitute a risk to other pupils and deny the school the opportunity to clarify details.*
- 5.6. Parents should ensure the container (the original container) is clearly labelled with the contents (i.e. the name and the dose of the medication), the child's name, the dosage and/or instructions. The receiving member of staff will check that the instructions are clear and can be understood. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the School Nurse or the Consultant Community Paediatrician.
- 5.7. In the cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents/guardians, in writing, to the Headteacher.
- 5.8. Parents/guardians should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to have medicine administered to them under adult supervision.
- 5.9. Any appropriately trained member of staff giving medicines to a child should check for and cross-reference against the parental permission form: **Form AJS Med 1**:
 - The child's name
 - prescribed dose
 - method of administration
 - written instructions provided by the prescriber on the label or container
 - date and time last dose was given
 - drug side effects
 - expiry date
- 5.10. If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional and the Headteacher informed.

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- 5.11. Where a number of pupils may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines.
- 5.12. A record, on **Form AJS Med 1** for the administration of medicines will be kept in the school, parents advised about doses given (or refused by the pupil) and advice on appropriate procedures will be sought as necessary from the School Nurse.

6. NON-PRESCRIPTION MEDICINES

- 6.1. In general, non-prescription medicines will not be administered. However, examples of non-prescription medicines which will be administered include analgesics (pain relief) and creams.
- 6.2. Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents, using **Form AJS Med 1**.

7. ADMINISTRATION OF ANALGESICS TO PUPILS

- 7.1. In circumstances when pupils suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked by parents to provide a mild analgesic (e.g. paracetamol) to relieve pain.
- 7.2. Analgesics will only be given to pupils under the age of 16 when parents have given prior written permission on **Form AJS Med 1**. In such cases, specific members of staff will be authorised to issue tablets.
- 7.3. Circumstances, under which it might be appropriate for the Headteacher to seek such permission from parents/guardians, would include residential visits organised by the school.
- 7.4. On no account will ~~ibuprofen~~ aspirin or preparations containing aspirin be given to pupils at AJS unless prescribed by a doctor. This is particularly important in pupils under the age of 12 years.
- 7.5. If no written confirmation of the date and time of any previous doses has been given to the school, staff will attempt to contact the parent /guardian for confirmation of this. Staff will not administer any analgesic to a pupil who has been less than 4 hours in school.

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- 7.6. Tablets, which will be standard paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place and not in First Aid boxes.
- 7.7. Parents will be given written notice of the date, time and dose of any analgesic administered by the school. This will be recorded on **Form AJS Med 1** and given to the pupil concerned.
- 7.8. In order to avoid the risk of improper use, pupils must not bring their own supplies of analgesics to school.
- 7.9. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

8. ASTHMA

- 8.1. When a child joins the school their parent/carer receives a letter asking them to confirm whether or not their child is asthmatic (Appendix 3). If their child has asthma they must then complete an asthma care plan (Appendix 4). That child's name will be recorded on the school's 'Asthma Register'.
- 8.2. Parents/carers MUST inform the school, in writing, if their child is prescribed such treatment *after* commencement at the school, and their name will also be included on the Register.
- 8.3. Where pupils might need to administer an inhaler in school, we expect that most children will be considered sufficiently responsible to have charge of their own inhalers at all times, and ask that a named inhaler be kept in the child's bag or desk. We do also ask for a spare inhaler to be retained in the school office, so that they are always available and accessible to staff.
- 8.4. Children on the Asthma Register are expected to have an inhaler available to them at all times. Their names will not be removed from the register unless the School receives from a parent/guardian confirmation that a *medical practitioner* has deemed the prescription to be no longer necessary. This confirmation must be provided to the School in writing.
- 8.5. The Human Medicines (Amendment) (No 2) Regulations 2014 allows the school to keep a salbutamol inhaler for use in emergencies. This can only be administered to a child where parental permission has clearly been indicated on the Asthma Care Plan. The school will follow the protocols

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outlined in the Department of Health “Guidance on the use of emergency salbutamol inhalers in schools” September 2014.

9. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

- 9.1. In instances where special caution is required in the administration of medicines at school, school staff may feel reluctant to provide this treatment and there is no requirement for them or the Headteacher to undertake these responsibilities. However, the number of such cases (for example, the administration of rectal valium, assistance with catheters, or the use of equipment with tracheostomies) will be very small and early identification and careful planning by the relevant Health Authority will result in a detailed discussion with the school and a formulation of a carefully designed individual care plan to meet the needs and special circumstances of a particular case.
- 9.2. Only those who are both willing and appropriately trained will administer such treatments. Administration will be in accordance with the instructions issued by a doctor. Qualified medical personnel will conduct training in invasive procedures. The School Nurse will be asked to provide advice on nursing matters.
- 9.3. For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection (eg disposable gloves) will be worn.
- 9.4. Injections will only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.
- 9.5. Pupils who may experience an extreme reaction e.g. to foodstuffs or wasp stings, will require an individual care plan. This will include immediate contact with the Emergency Services and/or the local medical practice and the administration of drugs as previously agreed. When guidance is required on dealing with potential cases of anaphylactic shock, the school will approach the School Medical Officer or the Consultant Community Paediatrician.

10. STORING MEDICINES

- 10.1. Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for

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an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate (original) container.

- 10.2. Medicines, with the exception of inhalers, will be kept in a locked cupboard. Under no circumstances will medicines be kept in first aid boxes. Inhalers are in most cases to be kept by the child in the classroom in a place that is immediately accessible (*see also 'ASTHMA' section*).
- 10.3. Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. This school allows most children to carry their own inhalers, but this is not the case for children with adrenaline pens. In the case of anaphylactic shock, it is important that an adult is able to locate the adrenaline pen quickly and ensure that it is administered as soon as possible.
- 10.4. A few medicines may need to be refrigerated. They will be kept in a refrigerator containing food but in an airtight container and clearly labelled. There should be no access by children to a refrigerator holding medicines.
- 10.5. Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient basis. In these cases, specific training on how and when to administer will be sought from the Health Authority.

11. DISPOSAL OF MEDICINES

- 11.1. Medicines no longer required will not be allowed to accumulate at the school. They will be returned to the parent in person for safe disposal. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, a member of staff should take them to a local pharmacy for safe disposal.

12. CONSENT FOR TREATMENT

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- 12.1. A pupil who is over 16 years of age may give consent to any surgical, medical or dental treatment. For younger pupils, obtaining parental consent does not constitute a difficulty; normally the parent or guardian will make the decision. However, the problem may be urgent or the parent cannot be contacted e.g. when the pupil is abroad on a school journey. In such circumstances the school is acting *in loco parentis* and staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts known to them.
- 12.2. If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the pupil should not go on the journey.
- 12.3. Parents who belong to religious bodies that reject medical treatment should make their views and wishes known to the school so that the implications of their beliefs can be discussed and, if possible, accommodated. In an emergency situation, the methods of treatment desired by the parent may not be available and it is a proper and reasonable decision for the Headteacher, acting in *loco parentis*, to have recourse to traditional medical treatment if the circumstances make it absolutely necessary. However, the Headteacher will not seek to override parental/guardian wishes and, if agreement cannot be reached on this issue, the pupil will not be taken on the journey.

13. DISEMINATION OF THE INFORMATION WITHIN THIS POLICY

The Headteacher will ensure that parents / guardians and staff are familiar with the arrangements set out in this Policy Statement.

REVIEW OF THE POLICY

This School Policy Statement will be reviewed at least every 3 years. Any modifications to the Policy will be appropriately consulted upon and put before the whole Governing Body for approval.

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**Avenue Junior School
Parental Agreement for the Administration of Medicine (AJS Med 1)**

The school will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of Birth:	
Class:	
Medical condition or reason for medication:	

Medicine:	
Name/type of medicine (as described on the container):	
Expiry Date:	
Dosage and Method:	
Timing:	
Special precautions/Other instructions:	
Are there any side effects that the school needs to know about?	
Can your child self-administer ? (Y/N)	
Procedures to take in an emergency:	
NB: Medicines must be in the original container as dispensed by the pharmacist	

Contact Details:	
Name:	
Daytime telephone number:	
Relationship to child:	
Address:	

I give consent to Avenue Junior School staff to administer this medicine in accordance with the school's Administration of Medicines in School Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signature:

Date:

Date medicine provided by parent:	
Quantity received:	
Quantity returned:	

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Staff Signature: _____

Staff Name: _____

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
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Time given			
Dose given			
Name of staff member			
Staff initials			
Date			
Time given			
Dose given			
Name of staff member			
Staff initials			



Form AJS Med 2 Staff training record (Administration of Medicines)

Name of School _____

Name of Member of Staff _____

Type of training received _____

Date of training completed _____

Training provided by _____

Profession and title _____

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Member of Staff signature _____

Date _____

Suggested Review Date _____

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APPENDIX 3

Dear Parent/Carer

ASTHMA RECORDS

The staff at Avenue Junior School take asthma very seriously. In order for the school to have an up to date record of care we require **all** parents to inform us as to whether or not their child is asthmatic. The record will help school staff to ensure that pupils with asthma receive the best possible treatment at all times.

For those children who do have asthma, an asthma record (attached) must be completed and returned to the school as soon as possible. Could we also remind you to check that your child has enough inhalers and that all inhalers are in date and labelled by your pharmacist with your child's name and dosage details. Children should have access to their inhaler at all times and the school should have a spare inhaler for your child, which will be kept in the first aid room.

Even though your child may not have used an inhaler for some time, it cannot be assumed that they no longer require their inhaler. Even if your child has seen a doctor and it has been medically confirmed that they no longer require asthma medication, the school cannot remove them from the asthma register until we have had written confirmation. Forms are available from the office.

You will be asked to update the record yearly but please notify the school of any changes during this time.

Please return the completed slip below, and asthma record if necessary, to the school.

Thank you for your cooperation in this important matter.

Yours faithfully

Debbie Dismore
Head Teacher

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Appendix 4

Asthma Record (Care Plan)
Please complete and return to the school office

Please tick the relevant box(es):

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.
- My child has a working, in-date inhaler, clearly labelled with their name, which can be retained by the school office.
- In the event of a severe asthma attack I am happy for my child to receive up to 20 puffs of their reliever inhaler via a spacer until they get further medical help.
- If my child's inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Child's Surname: _____
 Child's First Name: _____
 Date of Birth: _____
 Main contact number: _____
 GP Surgery and telephone: _____
 Asthma Nurse: _____
 Known triggers/allergies: _____
 Any other medical problems: _____
 Parent's Signature: _____
 Parent's Name: _____
 Date: _____

Medication

Reliever medication (usually blue):

Medication Name	Dose	When taken
e.g. Ventolin or Salbutamol	e.g. 2 puffs	e.g. when wheezy, before exercise

Any other medication: (NB most preventers can be taken outside school hours – please check with your asthma nurse or GP)

Medication Name	Dose	When taken

This record is for your school. Remember to update it if treatment is changed. Children should also have access to their own inhaler at all times. If your GP later advises that your child no longer needs an inhaler, please advise us of this in writing.