



Abbey School Medication Policy

REVISED October 2017

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Staff responsible: Headteacher

This document describes our policy with respect to the administration of medicines and provides guidance on the procedures that must be strictly followed in all cases.

1. Introduction

Many pupils will need to take medication during the day at some time during their time at Abbey School. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow pupils to do this minimises the time that they need to be absent. However, medication should only be taken in school where it would be detrimental to a pupil's health if it were not administered during the school day.

It is of vital importance that we follow an agreed and rigorous procedure when administering medication, both to protect the well-being of our pupils and staff.

Definition/Aim

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs at Abbey School and to provide clear guidance for staff and parents/carers on the administration of medication. This document must be considered in conjunction with all other relevant policies, for example, health and safety.

The policy conforms to Managing Medicines in Schools and Early Years Settings, DfES / DH 2005 1,

Homeopathic and herbal remedies are not included in this policy unless authorised by the GP.

Rationale

The administration of medication in special schools is crucial to pupil's health and well-being, so as to maximise the educational, physical and emotional development of the pupil.

Parents/carers have overall responsibility for their child's medicines, which may be transferred to school staff with appropriate parental authorisation.

Abbey School staff have responsibility to ensure that medication which is prescribed or required by pupils while they are at school is stored, administered, recorded and returned/disposed of safely and systematically.

2. What is Medication?

Any substance that is administered to a person for 'treatment'.

There are 3 main categories

Prescribed Medication

This is prescribed by an authorised clinician (GP, Consultant, Nurse Prescriber, Dentist etc) to be administered to a particular person e.g. antibiotics.

Controlled Medication

This is prescribed medication which is subject to the Misuse of Drugs Act 1971 and the Misuse of Drug Regulations 1985 as this medication may change the behaviour of the particular person e.g. stimulant/depressant. Some may be prescribed as medication for use by children, e.g. methylphenidate (Ritalin).

Any member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A pupil who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the pupil for whom it has been prescribed.

Misuse of a controlled drug, such as passing it to another person for use, is an offence.

Non-prescribed medication

This is medication that can be obtained without prescription, or 'over the counter'.

3. Roles and Responsibilities

1. All staff in schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools will review cases individually and administer medicines in order to meet the all round needs of the pupil. However, there is no legal duty requiring staff to administer medication or to supervise a pupil when taking medicines. This is a voluntary role.
2. The Head teacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a pupil with medical needs. The Head teacher is responsible for:
 - a. implementing the policy on a daily basis;
 - b. ensuring that the procedures are understood and implemented;
 - c. ensuring appropriate training is provided;
 - d. making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.
3. Staff, including supply staff must always be informed of a pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.
4. It is the responsibility of **parents/carers** to:
 - a. inform the school of their child's medical needs;
 - b. Discuss with the pupil's GP/prescriber if it is necessary for the pupil to take medication during school hours (e.g if medication is to be taken 3 times a day, this could be taken in the morning, after school hours and at bedtime). Prescribers may also consider providing two prescriptions, where appropriate and practicable, for a pupil's medication: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medication by parents.
 - c. provide any medication in its original container clearly labelled with the following;
THE PUPIL'S NAME
NAME OF MEDICATION
DOSE AND FREQUENCY OF MEDICATION
SPECIAL STORAGE ARRANGEMENTS
 - d. Ensure that medication sent into school has not passed the expiry date.
 - e. inform school of any changes to medication

4. Supplies of Medication

Medication for administration to pupils in school will be sent in by the pupil's parent/carer.

Prescription and controlled medication

- a. Abbey School will only accept prescription medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- b. Supplies of prescribed medicines must be provided in their original dispensed containers, clearly and appropriately labelled by the dispensing pharmacy with the name of the pupil, the name of the medication, the dose, the frequency and duration (if appropriate) of the treatment and the date of dispensing.
- c. Abbey School staff cannot accept medication that has been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- d. Medicines labelled with the directions "as directed" must not be given until it has been established how the prescriber intends the medicine to be taken/used and the direction is recorded on the pupil's administration of medication record form.
- e. Where a pupil needs two or more prescribed medicines, each should be in a separate container.

School staff must inform parents/carers in good time when medication kept in school needs replenishing, so that supplies are maintained.

5. Transport of medication between home and school

Parents/carers are responsible for informing the school that they will be sending medication into school. Medication must be placed in a sealed bag or envelope, labelled with the pupil's name which should be handed to the escort. The escort is responsible for ensuring that the medication is kept safe on the transport and handed directly to the pupil's parent or school staff member responsible for receiving the pupil.

Receipt of medication

- a. On receipt in school, all medication must be checked for "fitness for use". All medication must be:
 - in its original packaging, and clearly labelled with the pupil's name and directions for use
 - in date
 - the label not defaced or altered in any way
- b. A record of all medicines received will be kept in a file in the administration office. On receipt of medicines, the staff member will enter:
 - the date the medicine was received
 - the name of the pupil
 - the name and strength of the medicine
 - the quantity received
 - sign and date the entry.
- c. The staff member should also check that the details on the signed parental consent form are consistent with the instructions on the medication provided. If there is any discrepancy, the staff member should consult a member of the senior management team.
- d. The staff member should also check whether or not the medication is a controlled drug. If it is a controlled drug, she/he should inform the Head teacher and ensure that the correct procedures are followed.
- e. The following information must be entered on the administration of medication record sheet and signed by the staff member:
 - Name of pupil
 - Date of birth
 - Name and strength of medication
 - How much to be given (dose)
 - When to be given
 - Any other instructions
 - Date medication received in school
 - Expiry date
 - Amount received

6. Storage and Security

- a. Medication should be stored strictly in accordance with product instructions (paying particular note to temperature) and in its original container.
- b. All non-emergency medication must be stored in a strong lockable metal cabinet that is attached to the wall and for that purpose only. The cabinet must be in a room not normally accessible to pupils. The keys must be kept in a secure place.
- c. Some medication may require refrigeration. In this case, the medication should be stored in a clearly labelled airtight container in a fridge not accessible to pupils.
- d. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available for the pupil concerned. A full risk assessment should be carried out in these cases to ensure that emergency medication is accessible only to the pupil for whom it is prescribed and that all staff are aware of where emergency medication is stored.

Carrying Medication

For safety reasons pupils are not allowed to carry medication. All medication must be handed to the school staff on entry to the school premises.

Training

Training and advice will be provided for staff involved in the administration of medication. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

7. Administering Medication – general principles

- a. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A Request to Administer Medication Form must be completed. This form must be updated at the beginning of each academic school year in order to be valid. Whenever a change in medication or change in dose occurs, it must be accompanied by a new Request to Administer Medication Form.
- b. Prescribed or non-prescribed medicines for a named pupil are the property of the named pupil, and must not be given to another pupil.
- c. The Head teacher will decide whether any medication will be administered in school and, following consultation with staff, by whom. Staff are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.
- d. Administration of medication should be carried out with two members of staff present. The administration of medicine must be recorded on the administration of medication record form, which should be signed by both the person administering the medicine and the person witnessing it.
- e. All medication will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
- f. If staff have any concerns related to administering medication to a particular pupil, the issue should be discussed with the parent, if appropriate; a member of the senior management team; or with an appropriate health professional before taking further action.
- g. If the staff member is unsure of the pupil's general condition at the time of administration, s/he should contact the parent/prescriber and discuss the situation/problem and document the outcome before proceeding with administration.
- h. Where a medicine is to be given in response to a certain set of symptoms these are to be clearly identified and recorded on the pupil's medicine chart. This information must be checked and correspond with the parental consent form.

- i. In the case of non-prescribed medication is used, the manufacturer's instructions must be followed with regard to the circumstances under which the medicines may be given, the dose and the frequency to be used.
- j. Medicines must be administered directly from the container in which they have been dispensed. Re-dispensing into pots for additional storage increases the risk of errors.

8. Pre checks and procedures

Before measuring the dose and administering the medication to the pupil, the staff member must identify the correct pupil, check the consent form and make the following checks against the administration of medication record form and medication label:

- Pupil's name
- Name of medication
- Strength
- Dose and any additional instructions/advice (e.g. to be taken with food).
- Time to be administered
- Duration of treatment
- Expiry date (particularly if not used regularly).

NB: Staff must carry out this procedure for each individual i.e. supporting one person's needs each time.

Procedure:

- a. **WASH YOUR HANDS.**
- b. **CHECK THE IDENTITY OF THE PUPIL**
- c. Check the administration of medication record sheet to confirm the medication is due.
- d. Check the calendar date and time to ensure the dose is due.
- e. Having checked the dose is due; check that it hasn't already been administered.
- f. Locate the medication from the locked medicine cabinet and check that it matches the administration of medication record sheet exactly.
- g. Take the medication to the pupil, ensuring that all medication is administered in an appropriate environment promoting privacy, dignity, choice and confidentiality.
- h. Ensure a second member of staff has checked the administration of medication record sheet and is available to witness the administration.
- i. Open bottle/locate bubble on blister pack relating to that particular dose and day
- j. Put medication/ push contents out of bubble directly into a medicine pot. NB. Check all the tablets are present and that none have been dropped/caught in the foil of the blister pack
- k. Check the identity of the pupil again, and administer medication.
- l. Check as far as is possible that the medication has been taken. When sure it has, complete and sign the administration of medication record form. If, for any reason, medication has not been taken, mark this clearly on the record form.
- m. Return the medication to the Medicine Cabinet and Relock.
- n. Parents/carers must be informed when medication not taken on a regular basis has been administered; making particular note of the time the medication was administered. This information can be communicated either over the telephone or written in the pupil's Home School Book.

The confidentiality of the individual should be maintained at all times and all the medication records must be returned to the agreed place for storage.

9. Refusal of Medication/ Failure to be given medication

- a. If a pupil refuses to take their medication, staff will not force them to do so. Where a pupil has refused; the dose may be offered once again after a suitable time i.e. within 30 minutes.
- b. Parents/carers should be informed of the refusal on the same day by telephone and in the home-school diary. Refusal to take medication will be recorded and dated on the pupil's administration of medication record sheet. Reasons for refusal to take medication must also be recorded as well as the action then taken by the staff member.
- c. Vomiting of doses must also be recorded. The medication should not be offered again until the next dose is due, unless the medicine is an anti-epilepsy preparation, in which case advice must be sought from the

pupil's GP or community paediatrician.

- d. If a refusal to take medication results in an emergency, emergency procedures should be followed.
- e. Continued refusal must be reported to the pupil's parent/ carer, GP or Paediatrician for further investigation.
- f. Parents/carers must be informed when any prescribed medication has not been given during school hours and the reason why, in case this should impact on the pupil's wellbeing at home/ in respite care. This information should be communicated over the telephone and written in the pupil's Home School Book.

10. Adverse Reactions

All adverse reactions should be recorded in the pupil's notes and reported to the prescribing doctor immediately on discovery. Parents should be informed.

A record should be made of the following:

- the nature of the reaction
- the time of onset of the symptoms
- the name of the medicine
- the batch number and expiry date if available
- the dose and route of administration.

Covert administration policy

The covert administration of medication or the disguising of medication in food or drink is a complex issue. No member of staff can make a decision to administer medication in this way in isolation. Written agreement must be obtained from medical practitioner or those with parental responsibility. An appropriate risk assessment will need to be completed.

Intimate or clinical invasive procedures

Some pupils may require some intimate or clinical invasive procedures, e.g. the administration of rectal diazepam or of buccal midazolam. This will only take place at the discretion of the Head teacher/ and Governors, with written permission from the parents/carers.

A health care plan, detailing under what circumstances these procedures should be carried out should be written for any pupil requiring intimate or clinical invasive procedures, e.g. in the case of anaphylaxis or seizure. All such treatment will be recorded. Staff will need to have appropriate training in these procedures.

Two staff members, with one of the same gender as the pupil whenever possible, must be present for the administration of any intimate procedure.

11. Self-administration of medication

- a. It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which children are ready to take care of, and be responsible for their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medication and to take responsibility. Children develop at different rates and so the ability to take responsibility for their own medication varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health and teaching professionals need to assess, with parents and the pupil, the appropriate time to make this transition.
- b. If pupils can take their medication themselves, staff may only need to supervise.
- c. Written permission from the parents/carers will be required for pupils to self-administer medication(s). A **Request to Self - Administer Medication Form** must be completed. The pupil will also need to sign a self-medicating agreement form and keep a record of when they have taken medication.
- d. A written risk assessment should be completed by a senior member of staff.

- e. The class teacher should check that the pupil is taking and recording medication as required, and if not, the member of staff should inform the Head teacher and parents to be and seek guidance as necessary.

12. Out of School Visits

- a. Medication should not be taken away from school premises unless absolutely necessary. Extreme care must be taken if any medication is removed from the school with the intention of dispensing it elsewhere.
- b. It is the responsibility of the party leader for the out of school visit to ensure that the medication is collected prior to the visit and returned promptly to the medicine cabinet on return. Responsibility for the safe keeping of the medication should be delegated to the member of staff allocated to supervise the pupil requiring medication. The party leader is responsible for ensuring that that member of staff is aware of this and has the relevant information, training, and competency required.
- c. Whenever any medication leaves the premises this should be noted on the out of school visits form and also complete a the medication off site log so school have a track of what has been taken and returned.

Residential trips

Sufficient essential medication and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip, who should also be responsible for the safe storage of medication in a locked container. Administration and recording procedures should be followed as per in school.

Emergency Procedures

The Head teacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

Disposal and Return of Medication

- a. Single doses of medicines which have been dropped, may be placed into a clinical waste or sharps bin.
- b. Abbey School staff should not dispose of medication. When medication is no longer required by a pupil, any remaining unused medication should be returned to parents. Medication that is out of date should also be returned to parents. Any other unused medication should be returned to parents at the end of each academic year.
- c. Parents are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the pupil's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

13. Guidance on asthma

We recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. In doing so we seek to ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, educational visits (day and residential) and other out-of-hours school activities.

As part of our admissions procedure, parents are asked if their child has medical needs and asthma may be noted on the form that they complete. In these circumstances, staff should be informed that the pupil has this condition and it should be recorded in the young person's class file and noted on the pupil profile. Staff working with pupils with asthma should make sure that they are familiar with the needs of the young person in this regard.

Pupils with asthma need immediate access to reliever inhalers at all times. In many instances it is permissible for the young person to have the inhaler on their person. In some cases staff may need to keep the inhaler, but it is imperative that it is readily available at all times. Staff working with pupils who have asthma should make themselves aware of the Care Plan.