



**St Hugh's School**

Medicine in Schools Policy

## **Policy Statement**

This policy is designed to clarify the school's position with staff, students and parents regarding the management, storage and administration of prescribed medicines and drugs to students during the normal school day and when on visits out of school, including residential visits.

The governing body has the responsibility for the development of this policy and for ensuring its implementation across school.

*Ref: Supporting pupils at school with medical conditions, April 2014, DfE*

### **The Aims of the Policy**

The aim of this policy on administering medicines is to:

- define the roles and responsibilities of school staff
- define the roles and responsibilities of parents
- detail the procedures for the storage and administration of prescribed medicines
- state the position regarding non-prescription medicines
- define the procedures in place for visits out of school, including residential visits

## Procedure

### School Staff – Roles and Responsibilities

Any member of school staff (Teaching Assistant Level 2 and above) may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so if it is not specified within their job descriptions. Teaching Assistants Level 1 may support students with medical conditions but cannot administer medicines although they can support their colleagues who are administering the medication. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of the students with medical conditions that they teach.

School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support students with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Where the need has been identified i.e. on the healthcare plan, child specific training will be delivered by the School nursing team or the Children's Community Nurse Team. This training will be updated and refreshed as appropriate but at least annually with the school nursing team keeping records of participation and competencies. Any staff member responsible for administering medicines to a named student will ensure they have an awareness of: the student's condition; any special requirements; likely side effects; what constitutes an emergency and what action to take in an emergency. The majority of this information will be sourced in the student's healthcare plan, through child specific training with the relevant health professionals or through general staff training on specific needs e.g. asthma and epilepsy.

Some students may be assessed as competent in administering their own medication; this decision should be taken in consultation with the student, parents, school staff and the school nursing team.

If a student refuses to take a prescribed medicine, nominated staff will not force them to do so, but will make an appropriate note on the administration sheet in the team medical file and will ensure that parents are told about the refusal as soon as possible after the planned administration time.

The nominated members of staff will not accept medicines that have been taken out of the container in which they were originally dispensed. In this instance they will contact the parents for the original packaging or will contact the school nursing team for further support.

Staff will not agree to make changes to recommended dosages on parental instructions without medical confirmation of the changes.

Information will only be shared on a need to know basis if it is important to the overall care of the student. All information is maintained by staff in the interest of confidence.

At the end of a course of medication any surplus medicine, or the original empty container, will be returned to the parent for disposal.

In the event of being required to administer non-routine medicines e.g. pain relief; school staff should ensure they contact the parents prior to administration to check when the last dose was given and to inform the parents when the dose in school was administered in case further administrations are required outside of school hours.

### **Parents' Roles and Responsibilities**

The school will make clear to parents, either through the school prospectus or some other form of written communication that prescribed medication and drugs will only be administered during the school day, or on school trips, if the following conditions are met.

- The responsible parent will provide written permission for the school to administer prescription medicines to their child. Medication forms are completed and appropriately signed. These should be updated annually or as a medication or dosage changes (*Appendix A - Request for school to administer medication*)
- The responsible parent will give the school sufficient information about the medical condition. This is particularly important where there is a long-term medical condition. Some medicines may, for example, affect cognitive or physical abilities, or the pupils' behaviour or emotional state.
- Medicines will only be administered in school when it is essential, ie where it would be detrimental to a pupils' health if the medicine were not administered during the school day.
- The school will administer only medicine prescribed by a doctor or some other person authorised to do so e.g. a dentist, qualified nurse or pharmacist.
- The responsible parent will provide the medicine in its original container with the medication name, dosage instructions, child's name and expiry date clearly displayed on the pharmacy label. The exceptions to this would be medicines such as insulin or Movicol where dosage will vary and in the case of insulin, the medication is inside an insulin pen rather than in its original container.
- If there is a need for non-routine administration of medicines e.g. pain relief; the parents should ensure the medication is readily available i.e. in school with the appropriate labelling.

### **Managing medicines on the school premises**

All medicines should be stored safely; all staff should know where they are kept and should be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away. This is particularly important to consider when on school trips.

Controlled drugs should be securely stored (double locked) but be easily accessible in an emergency with a specific record being kept of any doses used and the amount of the controlled drug which is being held in school.

Where medicines need to be refrigerated, they will be kept in a refrigerator within the locked fridge in the therapy room. They will be kept in a suitable, airtight container that is clearly labelled with the child's name.

Sharps boxes will always be used for the disposal of needles and other sharps. These will be disposed of via the school nursing team.

## **Administration (and record keeping) of medicines in school**

### **Signing medicines in/out of school**

*(Appendix B - Sample signing in/out sheet)*

Medication which is not to be administered in school i.e. may be in transit to/from respite or similar

- The following checks should be made when the medication is signed in: student name, medication name, expiry date, packaging intact
- This medication should then be signed out at the end of the school day to go home/to respite with the student

Medication which will be administered in school i.e. either routinely or as/when required (PRN)

- The following checks should be made when the medication is signed in: student name, medication name, expiry date, packaging intact, dosage should be same as on the parent consent sheet and the health care plan. If there are any discrepancies at this stage they should be followed up with the parent or with the school nursing team. If discrepancies cannot be clarified advice should be sought from a member of SLT or school nursing team before the medication is administered.

### **Record-keeping**

Staff administering medication should carry out the following checks:

- Student name, medication name and dosage, expiry date, packaging intact; these should be checked against the parent consent sheet, the health care plan and the administration sheet.
- The adult administering the medication should then ensure a witness is available before they proceed. The witness will then double check the above information.
- The 'giver' will then measure out the dose in whatever form it takes e.g. count no. tablets, pour liquid into measuring pot etc with the witness checking at every stage.
- The medication can then be administered; both giver and witness should ensure the student has ingested the medication (if invasively, that the syringe is fully depressed) before signing off at the appropriate place on the administration form. *(Appendix C - medication recording sheet)*
- The medication should then be stored away in a secure location i.e. double locked cupboard/cabinet.
- Each team will have a red medical folder with all relevant paperwork in it, including, administration sheets, healthcare plans, parental consent forms etc. these will be securely locked away at the end of each school day in order to comply with GDPR regulations

## **Checking medication which is kept in school**

Where medication is kept in school on a long term basis, it should be checked each week for expiry date, packaging being intact and correct pharmacy label with the relevant recording sheet being completed.

*(Appendix D - Checking medication which stays in school during term time)*

These medications will be sent home for safe keeping at the end of each term with a letter requesting they are returned to school at the beginning of the next term.

## **School trips and residential visits**

A designated member of staff should be responsible for the collation of all medical information including the compilation of administration sheets and for ensuring that school protocols are followed at all times. This will be with support from the school nursing team.

The designated adult should be clear about the form students' medication is in i.e. how many tablets make up the dose, how is the medication administered i.e. dissolved in 20ml water, any special instructions such as having a drink immediately after the medication or tips for ensuring compliance e.g. always give with a chocolate yoghurt.

Once the medical information is collated i.e. name of medication, dosage and times; this should be double checked with the parents and they should sign to confirm the information.

On the first day of the residential, the medication should be signed in as per school protocol (above). Each student's medication should then be placed in clear zip wallets along with their health care plan and administration sheet.

The administration sheets should state the correct dose, name of medication and time to be administered. *(Appendix E)* On the recording element of the form, the time should be written in as the medication is given to ensure accurate recording. The dosage given should also be written in by the 'giver' with a signature from the giver and the witness.

Medications should be retained by the staff working with the specific students and should be in the sealed zip wallets at all times. These should be carried in a rucksack or similar secure bag during daily activities.

The role of the giver and the witness during trips and residential visits is exactly the same out of school as it is within school.

## **Transport**

Medication which is categorised as 'rescue' medication should be transported with the student on their journey to/from school along with the healthcare plan. In the event of the student experiencing a medical emergency, this medication would then be handed to the emergency services for them to check and administer.