Diocese of Norwich
St Benet's
Multi Academy Trust

Diss Primary Academy Partnership & Scole Church of England Primary Academy

Diss Infant Academy and Nursery
Diss CE Junior Academy
Scole CE Primary Academy

Administration of Medicines Policy

Policy Type:	**Trust Policy**
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Person Responsible:	**Head of Safeguarding**

Summary of Changes

The model policy has been revised to reflect these changes to the statutory guidance as outlined below.

Page Ref.	**Section**	**Amendment**	**Date of Change**
4	5	Clarification of appropriate consent form	Oct 19
5	7 and Appendix F	Included guidance on use of emergency inhalers	Oct 19
5	6	Inclusion of guidance on travel sickness tablets	Oct 19
6	9&10	Updated to include Secondary student's self-management of medicines	Oct 19
7	13	Updated guidance from the BMA (2022) on administration of non-prescription medicine	Jan 2023
7	8	Department for Health guidance	Jan 2023
	Appendices	Appendix B, C and D added	Feb 2023
	Appendices	Appendices renamed and ordered	Feb 2023
5	4	Guidance around non-prescription medicines updated in line with DfE guidance.	Jun 2023

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Appendices

Our Christian Ethos and Values
All policies within the St Benet's Multi Academy Trust (hereafter referred to as "the Trust"), whether relating to an individual academy or the whole Trust, will be written and implemented in line with our Christian ethos and values.

Our academies are open to all and accepting of all regardless of faith. Our passion and ambition are to see children and young people in all our academies achieve excellent educational outcomes alongside developing and growing into their potential as individuals made in the image of God.

Our culture is one of high aspiration for all. This is rooted in our Christian values as demonstrated in the life and teachings of Jesus Christ. We have a desire to see our academies acknowledged as places of aspiration, high quality learning, achievement and hope making a significant contribution to the communities they serve.

Overall accountabilities and roles
The Trust has overall accountability for all its academies and staff. Through a Scheme of Delegation for each academy it sets out the responsibilities of the Trust, its Executive Officers, the Local Governance Committee and the Principal / Head Teacher. The Principal / Head Teacher of each academy is responsible for the implementation of all policies of the Trust.

All employees of the Trust are subject to the Trust's policies.

1. Policy Statement

From time to time children get ill and may need time off, a visit to the doctor and a prescription to help them recover. Generally, they begin to feel better before the prescription has finished and are well enough to continue with their education. There are also children who may be on long term medication due to conditions e.g.: asthma, eczema, diabetes, allergies etc. At Diss & Scole Primary Academy Partnership (hereafter referred to as

"the academy") we recognise the need to enable children to take prescribed and over the counter medication during the academy day.

2. Aims

The aims of this policy are to:

- enable regular attendance at the academy.
- support parents in enabling continuation of essential medication.
- enable equality of access to education for all.

Although the word 'parent' will be used throughout this policy, this includes 'carer' where appropriate.

It is not compulsory for staff to administer medicines. All staff who undertake such duties will be appropriately trained.

3. Roles and Responsibilities of Staff Managing the Administration of Medicines and for Administering or Supervising the Administration of Medicines

No child under 16 should be given medicines without their parent's written consent. (see Appendix A)

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form (Appendix B) against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form.

If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action. However, in the event of an emergency, and particularly for those pupils who have a care plan, the procedure outlined in the care plan will be followed.

Each time a medicine is given to a child, the member of staff administering the medicine must record it. The forms for this purpose are held in the appropriate folder in the School Office. By completing these forms, we are demonstrating that we have exercised a duty of care.

All medicines, apart from asthma inhalers and other medicines which have been identified as being necessary for the pupil to have with them at all times, will be handed in to the academy office. It may be necessary to refrigerate the medicine, or lock it away in a medicine cupboard. Medicines which need to be refrigerated will be kept in the refrigerator with restricted access. All medicines will be stored in their original containers and clearly labelled. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.

The parent of the child taking the medicine will be asked to complete a parental consent form in order for the medicine to be taken at the academy, (see Appendix A). Parents should tell the academy about the medicines that their children need to take and provide details of any changes to the prescription or the support required. Changes should always be made in writing.

4. Managing Prescription Medicines which need to be taken during the Academy Day

Medicines should only be brought into the academy when it is essential and when it would be detrimental to a child's health if the medicine was not administered during the academy day. Many children will need to be able to take medicines at some time during the day. This will usually be for a short period only, e.g. to finish a course of antibiotics or to apply a lotion and will minimise the time that they need to be absent.

WE WILL NOT ACCEPT MEDICINES WHICH HAVE BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.

It is helpful, where clinically appropriate, if medicines can be prescribed in dose frequencies which enable them to be taken outside academy hours. Parents will be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.

5. Managing Prescription Medicines on Trips and Outings

Since we would always wish our pupils with medical needs to participate in visits whenever possible, we need to consider for each visit what reasonable adjustments will have to be made to enable the children with medical needs to take part in safely managed visits. The risk assessment form which is completed prior to the visit (where relevant) will need to include the necessary steps to include children with medical needs, together with any particular risk assessments for those children. It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will also need to be taken into consideration.
Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures if appropriate.
A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. It will be the responsibility of the parents to ensure that any medication children take with them on trips and outings is available and in date.

Travel Sickness

Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form (Appendix A and B).

Sporting Activities

At the academy, most children with medical conditions can, and indeed are positively encouraged to, participate in physical activities and extra-curricular sport. However, any restrictions on a child's ability to participate in P.E. should be recorded in their individual health care plan.
Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Health care plans are completed and updated regularly for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

6. Emergency Inhalers

In line with “Guidance on the use of emergency salbutamol inhalers in schools” March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the Medical Room, along with appropriate spacers. Parents must sign a “Consent form: use of emergency salbutamol inhaler” (Appendix F) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Medical Room.

7. EpiPens

Children at risk of anaphylaxis should have their prescribed Adrenaline auto – injector device (AAIs) at school for use in an emergency. The Medicines, Healthcare Products Regulatory Agency (MHRA) recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted. It is not uncommon for schools (often primary schools) to request a pupil’s AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.

8. Self-Management of Medicines

The school encourages young people to take responsibility for managing their own medicines. The age at which young people are ready to take care of, and be responsible for, their own medicines, varies.

There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a person of any age to self-manage. Where this is agreed it must be added to the Parental Consent Form. Health professionals need to assess, with parents and children, the

appropriate time to make this transition. If the young people can take their medicines themselves,

staff may still be required to supervise, and suitable storage arrangements must still be provided (see Storage of Medication).

Agreed practise in relation to self-management of medicines will be included in children's individual care plans.

Older children, with long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Under these circumstances, it will be important for the parent to liaise with the academy to provide information regarding any changes in the medical condition or the medication itself.

9. Carrying medication (secondary only)

The young people may carry, and administer (where appropriate), their own medicines, providing the person with parental responsibility has completed and signed a Request for Child to Carry Own Medication form (Appendix E).
NB If there are concerns about the safety of the medication (ie kept in student lockers) the academy should arrange to keep medicines in safe custody and the student can go to the office to retrieve and self-administer their medicines – see Self-Management of Controlled Drugs).

10. Self-Management of Controlled Drugs (secondary only)

Where young people have been prescribed controlled drugs staff must be aware that these should be kept in safe custody. Controlled drugs have a "street value" and they must be accounted for
particularly in relation to transporting them in and out of the setting. Controlled drugs must be
transported to and from school by the person with parental responsibility and must be stored by the school (see Storage of Medication). Young people can self-medicate if the person with parental responsibility has agreed in writing that it is appropriate (see Controlled Drugs).

11. Refusing Medicines

If a young person refuses to take medicine, staff must not force them to do so, but should note this in the records and inform the parents of the refusal as soon as practicable and the refusal should be recorded on the Medication Administration Record sheet (Appendix B). If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Failure to take medication at specified time

The responsibility for taking medication at the time of day specified on the parental consent form rests with the young person unless specified otherwise in a health care plan.

12. Parental Responsibilities in Respect of Their Child's Medical Needs

Parents should tell the academy about the medicines that their child needs to take and provide details in writing of any changes to the prescription or the support required. See Appendix A for proforma. However, staff will also make sure that this information is the same as that provided by the prescriber and are consistent with the instructions on the container. Parents will also need to provide the academy with any information relating to predisposed conditions which the academy needs to be made aware of.

<u>Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:</u>

- child's name
- name of the medicine
- dose
- method of administration
- time/frequency of administration
- any possible side effects
- expiry date

13. Situations in Which Children May Take Any Non-Prescription Medicines (Over the Counter medication)

It is appropriate for non-prescription medicines to be administered by a member of staff in the nursery or school or self-administered by the pupil/student during school hours, following written permission by the parents.

Staff will only administer one dose of non-prescription medication during the school day while the child is on school premises. If the pupil continues to be in pain or discomfort, then the parent must be informed and taken home/to the family GP.

MEDICINES CONTAINING ASPIRIN SHOULD NEVER BE GIVEN UNLESS PRESCRIBED BY A DOCTOR. THEREFORE, WE WILL NOT BE ABLE TO ADMINISTER THESE MEDICINES WITHOUT A DOCTOR'S PRESCRIPTION.

SECONDARY ACADEMIES – FOLLOW THE SELF MEDICATION GUIDANCE PROVIDED PARENTAL CONSENT IS RECEIVED.

14. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drug information can be viewed on the Home Office website http://www.homeoffice.gov.uk/documents/cdlist.html

Controlled Drugs Register

A separate record of controlled drugs should be maintained to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages. The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away when not in use.

Administration of Controlled Drugs

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register which can be purchased from a pharmacist and on the Medication Administration Record sheet. Staff **MUST NOT** sign the record of administration unless they have been involved in the administration of the medication.

The recommended procedure for the administration of controlled drugs is as follows:

1. Check the child's Parental Consent form for details of dosage required etc.
2. Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
3. Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
4. Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining. If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect. If a dose of medication is

refused or only partly taken. then the parents/carer should be contacted for advice on any adverse reactions and risk to the young person.

Return or Discontinued Controlled Drugs
A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

15. Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A health care plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided.
The health care plan will include:

- details of the child's condition
- any special requirements e.g. dietary needs, pre-activity precautions
- any side-effects of any prescribed medication
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in the event of an emergency
- the role staff can play.

16. Staff Training

Staff regularly have training in a variety of health issues, including the use of EpiPens, the treatment of general injuries, diabetes awareness etc. First Aid training is also available to staff. Staff are also aware of the procedure for cleaning a wound, the type of dressing to apply and understand the need to contact parents in an emergency. Where a child has a specific long-term medical condition, identified staff will receive specific training, where relevant.

First Aid Kits
These are checked and updated regularly and are in clearly marked positions around the academy.

First Aiders
Lead First Aider: Julie Hawes - Diss Infant Academy and Nursery
Lead First Aider: Claire Gladwin – Diss CE Junior Academy
Lead First Aider: Allie Turner-Clay - Scole CE Primary Academy
The names of other trained staff are available on request.

17. Equal opportunities

This policy applies to all children regardless of their gender, colour, ethnicity, ability or disability, religion or nationality.

18. Monitoring & review

The implementation and impact of this policy will be monitored, and the policy reviewed every three years.

19. Links to Other Policies and Guidance

- Attendance Policy
- Anti-Bullying policy
- Safeguarding Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions
- NEU Guidance for Staff on administration of medicines (Dec2022)
- DfE Guidance on Use of Emergency Inhalers
- Admin of Medicines policy request for inclusion.pdf

Appendix A

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

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/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
GP name and telephone number	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date
(Parent/Carer/Guardian/Person with parental responsibility)

Appendix B

Record of Medicine Administered to an Individual Pupil

Name of pupil:	
Group/class/form:	/ /
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	/ /
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Parent signature: _____

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

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

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

Date:			
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Dose given:			
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Staff initials:			

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

Date:			
Time given:			
Dose given:			
Name of member of staff:			

Staff initials:			

Appendix C

Staff Training Record – Administration of Medication

Name of school:	
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:
Suggested review date:

Appendix D

Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix E

Request for child to carry own medication (Secondary only)

Your child cannot carry their own medication on school premises unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

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/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
GP name and telephone number	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for my child to carry the medication detailed above. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date
(Parent/Carer/Guardian/Person with parental responsibility)

Appendix F

Consent Form For Use Of Emergency Salbutamol Inhaler.
Diss & Scole Primary Academy Partnership

Child showing symptoms of asthma/having an asthma attack:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. In the event of my child displaying symptoms of asthma, and if theirs 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.

Signed: _____

Name (print): _____

Child's name (print): _____

Class: _____

Parent Address and Contact Information:

_____

_____

_____

Telephone: _____

Email: _____

Notes of Guidance

- The Headteacher (or his/her nominee) will only administer medicines prescribed by a doctor/dentist/prescribing nurse.
- This form should be completed by the parent, carer or guardian of the pupil and be delivered personally, together with the medicine to the Headteacher of his/her nominee.
- The medicine should be in date and clearly labelled with:
- its contents;
- the owner's name
- dosage
- the prescribing doctor's name
- The information given overleaf is requested, in confidence, to ensure that the Headteacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the Trust through these guidelines, and the help of medical professionals as appropriate will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements.