6.6.4 ADMINISTRATION OF MEDICINES

FOREWORD

This document has been prepared to provide guidance on the policy and procedures for dealing with administration of medicines at Saint Ronan's School.

It is written with reference to the Model Policy for the Administration of Medicines in Schools issued by Kent County Council (2008) and also Managing Medicines in Schools and Early Years Settings issued by Department for Education and Skills/Department of Health (2005)

STATUS AND IMPLEMENTATION

All other policy documentation must be complied with, including: all appropriate statutory, Department for Education, regulatory authority e.g. Health and Safety Executive (HSE) documentation and the School's Health & Safety Policy.

This policy is written with reference to all the children at Saint Ronan's School including those in the Early Years Foundation Stage.

REVISION

This document will be revised on a regular basis to confirm that the procedures are still appropriate.

DEFINITIONS

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.

The school will seek written agreement from parents about sharing information about a child, where information needs to be shared outside the school. However, in cases of confidentiality, the health and safety of the child must take precedence.

School - Saint Ronan's School

SECTIONS

- 1. Managing medicines during the school day
- 2. Managing medicines on trips and outings
- 3. Roles and responsibilities of staff supervising the administration of medicines
- 4. Children's medical needs Parental responsibilities
- 5. Supporting children with complex or long-term health needs
- 6. Children taking and carrying their own medicines
- 7. Advice and Guidance to staff
- 8. Record keeping
- 9. Storing medicines
- 10. Emergency procedures
- 11. Risk assessment and arrangement procedures (care plans)

1. MANAGING MEDICINES DURING THE SCHOOL DAY

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours.

The National Service Framework encourages prescribers to explore medicines which:

- (i) need only be administered once a day; or
- (ii) provide two prescriptions one for home use, one for school use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

- a) prescription medicines; and
- b) non-prescription medicines.

Prescription Medicines

- Staff may administer such a drug for whom it has been prescribed, according to the
 instructions. A 'Medicine to be Administered' form (Ap B) must be completed for each
 medicine. All medicines must be in their original packaging bearing a clear dispensing
 label with the child's name and dosage instructions on.
- The school may look after the drug on behalf of the child.
- The school will keep the drug securely in Medical with access only by staff and with record keeping for audit and safety.
- Unused prescription drugs should be returned to the parents when no longer required
- In the case of Methylphenidate and other drugs prescribed for ADHD known as "controlled drugs", they must be handed directly to Matron by the parent. The parent must complete and sign a 'Medicine to be Administered' form and check and dual sign the entry in the controlled drug recording book with Matron. (If Matron is unavailable, the receiving member of staff must record the drug in the book and dual sign with the parent.) These drugs must be kept securely in a compliant cabinet. The controlled drug recording book must be signed by two adults each time such a drug is received, administered or disposed of.

Non-prescription Medicines

- Non-prescription or 'over the counter' medicines include products such as paracetamol, ibuprofen, cough syrups, and antihistamines which may be purchased by the general public.
- Paracetamol or Ibuprofen can only be given to children when parents have given
 written permission. Permission is granted via the 'Medical and Trip Consent' form (Ap
 D) during the registration process. This form allows parents to indicate which form of
 analgesia (if any) they consent to being administered.
- The school staff will never give aspirin unless prescribed by a doctor.
- Parents will be given written details of any non-prescription medicines administered to their child during a school day. This will either be given to the child (from Year 3) or

- given directly to the person collecting the child (Nursery or Pre-Prep) by the class teacher/teaching assistant.
- Any non-prescription or 'over the counter' medicine a parent requests to be given in school must be handed over in the original packaging with the manufacturer's instructions and clearly marked with the child's name. A separate 'Medicine to be Administered' form must be completed and signed by the parent for each item.
- Homeopathic preparations will only be given by staff during school hours if prescribed by a registered homeopathic practitioner, handed over in the original packaging with the child's name and clear instructions and a 'Medicine to be Administered' form is completed and signed by the parent. Otherwise, they should be given outside of school hours by the parent.

2. MANAGING MEDICINES ON TRIPS AND OUTINGS

- Children with medical needs will be encouraged to take part in visits.
- The responsible member of staff will carry out a specific and additional risk
 assessment in conjunction with the Matron and a care plan will be drawn up
 considering parental and medical advice. This will allow reasonable adjustments to be
 made.
- Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)
- All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil's care plan describes emergency procedures that might occur on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. ROLES AND RESPONSIBILITIES OF STAFF MANAGING OR SUPERVISING THE ADMINISTRATION OF MEDICINES

- The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency whether according to any individual child's care plan or not.
- Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially lifethreatening, all staff will need to be aware what action to take.

- Where necessary specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.
- When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from Matron and/or health professionals, where they are willing to administer medicines.

Matron is responsible for:

- Liaising with parents about agreement of care plans
- Giving appropriate support and training to teaching and other staff where they are willing to administer medicines
- Liaising with teaching and other staff with regard to completing risk assessments

4. CHILDREN'S MEDICAL NEEDS - PARENTAL RESPONSIBILITIES

The school will liaise closely with parents so that information is shared and the care plan (AP A) reflects all information.

The care plan will be agreed jointly by the school and parents and agreed with the advice of health professionals (if required).

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the Care Plan and 'Medicine to be Administered' form as necessary. The Headteacher should seek their agreement before passing information to other school staff.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines being stored at the school will be checked by Matron at the end of each term and parents informed if they are (or about to become) out of date, with a view to informing the parents and having them renewed for the beginning of the term to come. In any case all medicines should be collected by parents at the end of Term 6. If new supplies are needed, it is the responsibility of the parents to supply medication as needed.

5. SUPPORTING CHILDREN WITH COMPLEX OR LONG TERM HEALTH NEEDS

The school will aim to minimise any disruption to the child's education as far as possible. They will call on the Health Needs Education Service for support and advice, as needed, with regard to the possible impact on learning and supportive strategies required.

The school will carry out a risk assessment and form a care plan, (Ap A), with the agreement of parents, and advice from health professionals.

The school will call on any specialist nursing services required to deliver advice, support and appropriate (documented) training if a child at the school requires any procedures e.g. tube feeding or tracheotomy management.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

6. CHILDREN TAKING AND CARRYING THEIR OWN MEDICINES

- Secondary age children may legally carry their own prescription drug (e.g. insulin, ventolin or Epipens).
- The School will strongly encourage independence, so a child will not be restricted from using their 'as required' medication (e.g. asthma inhaler) during the course of the school day, but it is considered courteous to make the normal requests of the teacher prior to taking medication.
- It is expected that when drugs are taken by a pupil, the time and dosage will be recorded. This is to ensure that if a child appears to need 'as required' medication too frequently, then the parent can be informed
- Epipens need to be kept with or near the pupils who need them.
- Asthma medication to be kept in or near children's classrooms so children can use it independently. It must be taken on school trips (see the School's Asthma Policy).

7. ADVICE AND GUIDANCE TO STAFF

The school will arrange and facilitate staff training for children with complex health needs, calling on organisations such as:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- The Health Needs Education Service

 The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

8. RECORD KEEPING

Appendices

- A. Health Care / Emergency Plan (translate when taken abroad on school trips)
- B. Parental agreement for the administration of medicines
- C. Record of medicines administered during a school day
- D. Medical and Trip Consent form

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

Any advice and support obtained by medical/nursing/therapist staff will be documented and kept with each individual child's medical records and also copied on to iSAMS medical records.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition.

9. STORING MEDICINES

In Prep, all medicines, prescription and non-prescription will be kept in the Medical Centre. This may be in the medicines cabinet if needed daily, or in a cupboard high out of sight and reach of children if reserve stock.

Controlled medications will be stored securely as detailed in section 1.

In Boarding, medicines will be kept in the locked medicines cabinet in The Crow's Nest.

Medicines requiring refrigeration e.g antibiotic suspensions will be kept in the medicines fridge in the Medical Centre.

Pupils' emergency kits e.g. EpiPens and inhalers will be stored in an accessible central location: unlocked cupboard in unlocked Medical corridor.

The school may purchase and hold spare generic Ventolin/salbutamol asthma relievers (Gov.uk 10/2014) and/or spare generic Adrenalin Auto Injectors (AAIs), (Gov.uk 9.2017), according to current pupil medical needs. These spare devices will be stored in an accessible central location: unlocked cupboard in unlocked Medical corridor. Additional spare inhalers and AAIs may be kept in Boarding, cupboard in Crow's Nest, according to current Boarders' medical needs. According to current medical needs, additional spares may be kept in Nursery - cupboard in Kitchen; Pre-Prep – photocopier cupboard; Kitchens – shelf above Head of Kitchen's desk. These 'spare' devices will only be used for pupils already known to have a medical need and in the event of their own device being unavailable or failing in an emergency and where the parent has signed a 'Medicine to be Administered' form for the medication (e.g. adrenaline or Ventolin) as part of their child's Emergency Plan.

9.1 STAFF TAKING MEDICINES

Staff members requiring medication at school, be they purchased over the counter or prescribed, are responsible for safely storing the medication in their bag or on their person, out of sight and reach of children at all times.

10. EMERGENCY PROCEDURES

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

11. RISK ASSESSMENT AND ARRANGEMENT PROCEDURES (CARE PLANS)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendices).

12. MEDICINES WITHIN THE EARLY YEARS FOUNDATION STAGE SETTING

In the Early Years Foundation Stage the above guidelines apply and in addition:

All medicines, Prescription and Non-prescription (including inhalers and adrenaline injectors), will be kept in the child's classroom in a cupboard out of reach and sight of children. Medicines should be in their original containers and clearly labelled. Medicines requiring refrigeration e.g antibiotic suspensions will be kept in a fridge accessible to staff only. In Pre-Prep this is in 'The Interval'. In Nursery this is in the kitchen. Receipt, administration, recording and return of prescribed medicines is the responsibility of staff within the department using the 'Record of Medicines to be Administered to an Individual Child' and 'Dispensed Medicines' forms.

Person Responsible ALB

Implemented February 2011

Revised March 2012, September 2013, October 2017, October 2019, September 2020, May 2022 October 2023

APPENDIX A

Health Care / Emergency Plan (for translation when taken abroad on school trips)

(Example attached is for anaphylaxis)

INDIVIDUAL CARE PLAN

	шА	
Pupil's Name		
DoB		
Diagnosis		
Emergency Contact		
Home address		
Home Tel No		
Mobile No		
GP Practice		
Consultant Specialist		

CONDITION MANAGEMENT

ALLERGIC REACTION = swelling of face, lips; rash anywhere; burning or itching in the mouth

In the event of an allergic reaction administer oral antihistamine.

ANAPHYLACTIC REACTION = Difficulty breathing; fainting; any loss of consciousness In the event of an anaphylactic reaction:

- Administer Adrenaline injection and note time given
- Lay down and raise feet if feeling at all faint
- Call ambulance
- Inform emergency contact

PRECAUTIONS

OTHER CONCERNS

This document has been produced to ensure that provisions are in place for pupils to manage their condition in school. This document should be agreed and signed by the pupil's parent/guardian and by Matron

PARENT/GUARDIAN

I agree to the care arrangements as detailed in this plan and agree that I will inform the named health professional of any changes to my child's condition/treatments.

I agree to the school sharing information about my child's medical condition with our General Practitioner or Medical Specialist if necessary

Name:		
Signature:		
Date:		
Health Profession	nal	
Name:	ANGELA BOUCHARD	
Job Title:	HEALTH MATRON	
Signature:		
Date:		
Next Review		
Date:		
Distribution List:		
Class Teacher		
Games Staff		

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Saint Ronan's - Administration of Medicines Policy — September 2020

APPENDIX B

Parental Agreement for the Administration of Medicines

SAINT RONAN'S SCHOOL RECORD OF MEDICINE TO BE ADMINISTERED TO AN INDIVIDUAL CHILD

NURSERY/PRE-PREP/PREP

MEDICATION RECEIVED

SCHOOL SETTING

NAME OF CHILD				
DATE MEDICINE				
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CLASS NAME	1 1			
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APPENDIX C

Record of medicines administered

- i) RESIDENTIAL
- ii) DAILY

i) RESIDENTIAL:

SAINT RONAN'S SCHOOL RECORD OF MEDICINES ADMINISTERED

DATE	TIME	NAME OF CHILD	CLASS	MEDICINE & DOSEAGE MG/ML	REASON FOR ADMINISTRATION	GIVEN BY

ii) DAILY:

SAINT RONAN'S	SCHOOL
MEDICATION NOTE	
Child's Name:	
Class:	
Medicine Given:	
Dose:	
Date:	Time Given:
Given by:	Temp:

APPENDIX D

MEDICAL AND TRIPS CONSENT FORM



Name: Address:

SAINT RONAN'S SCHOOL Medical & Trip Consent

Pupil Information

er:
er:
ional contact's er:
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IMMUNISATIONS		
My child is fully vaccinated 🗖 (Please provide us with	a printout of	f all childhood vaccinations from your GP)
My child is unvaccinated \Box		
Other 🗖 Please give details:		
Asthma		
Does your child suffer from asthma?	☐ Yes	□ No
If yes, please give details of asthma medication to be kept in school		
Allergies		
Does your child suffer from any allergies?	☐ Yes	□No
If yes, please specify allergens and detail treatment needed		
Vision	1	
Does your child wear glasses?	☐ Yes	□ No
Does your child suffer from colour blindness?	☐ Yes	□ No
Medical History Please give details of any injuries, operations or serious i dates.	illnesses your o	child may have sustained, along with the relevant

General Medical Deta	iils				
Is your child fit in all swimming?	respects for school games and	☐ Yes	□ No		
If not, please give fu	rther information				
Has he/she ever seen ADHD and/or ASD?	n a paediatrician specialising in	☐ Yes	□ No		
psychologist?	n assessed by an educational	☐ Yes	□ No		
Has he/she ever bee teacher?	n assessed by a specialist	☐ Yes	□ No	-	please attach a copy of ort/s as necessary.
Has he/she ever see	n an occupational therapist?	☐ Yes	□ No		
Has bo /sho over soon	n a speech and language	☐ Yes	□ No		
therapist?		i res	□ 140		
therapist?	by any private medical	☐ Yes	□ No		
therapist? Is your child covered insurance?	by any private medical	☐ Yes	□ No	the Schoo	l should be
therapist? Is your child covered insurance? Are there any circu	by any private medical	☐ Yes	□ No	the Schoo	l should be
therapist? Is your child covered insurance? Are there any circulaware? Please tice ADHD	by any private medical umstances or conditions relation k as appropriate: Hearing Impairment Dyspraxia	☐ Yes g to your child	□ No	the Schoo	l should be
therapist? Is your child covered insurance? Are there any circulaware? Please tice ADHD Dyslexia D Pain Relief Medicati	by any private medical umstances or conditions relation k as appropriate: Hearing Impairment Dyspraxia	☐ Yes g to your child	□ No of which	the Schoo	I should be □ No

CLARATION			
1/We agree to my/our cl	ild attending school visits	throughout their time at Saint Ronan	s and to be transported by school
ransport or public or priv "I/We authorise the Head eceiving medication or e anaesthetic and operation qualified person necessar	ate transport." If or senior member of sta mergency medical treatm sunder the National Heal of for the Pupil's welfare a patified of any such accide	aff, acting in loco parentis, to consent ment including blood transfusions with lth Service or at a private hospital wh and if I/we cannot be contacted in tire ent or emergency as soon as is practically	t on behalf of me/us to the Pupil's thin the United Kingdom, general tere certified by an appropriately me." (Parent Contract 7.5)
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