



ABU HANIFAH FOUNDATION

Excellence in Islamic Education

“Where every child matters and every day counts”

Administration of Medicines Policy

UPDATED September 2019-20

ADMINISTRATION OF MEDICINES POLICY

INTRODUCTION

The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. In Local Authority schools they cannot be directed to undertake this role but may do so voluntarily after receiving appropriate training and in accordance with these Guidelines.

As the employer, each school is responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.

Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take medication during school hours. The policy and procedures developed by the school should be primarily designed for the benefit of the child but should also maintain the safety of school staff and other pupils.

Children with medical needs which may require emergency treatment should have an individual management plan developed in partnership with parents, school staff, school nurses and medical advisers.

Children should be taught about illness and disability and should be encouraged to respect medication. Fostering such an attitude may help to avoid possible problems of misuse of medication.

Throughout the document we have used the term “parent/carer” to indicate a person with legal parental responsibility.

1. Policy Statement

The purpose of this policy is to ensure the safe and appropriate administration of medication to students with special provision for students with medical needs within the school. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis. Other children may require medicines in particular circumstances, for example severe allergies or asthma. Allowing students to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

2. Purpose

This policy seeks to support students with both long-term and short-term health needs. The school will aim to minimise any disruption to the child’s learning as far as possible and work with parents/carers and health professionals to ensure this.

3. Scope

Managing medicines during the school day

Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No student under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

A student under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

4. Non-prescription medicines

Un-prescribed medication, e.g. for pain relief, will be administered with verbal or written consent of the parent/carer but will not be administered without first checking maximum dosages and when the previous dose was taken. School will inform parents/carers that this medication has been given.

5. Prescription medicines

Prescribed medicines or controlled substances which have not been prescribed by a medical practitioner will not be administered in school. Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in date, labelled and intact, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but in limited amounts or prescribed doses (e.g. one or two tablets/inhaler). School will closely monitor any such occurrence as we are aware that passing it to another pupil for use is an offence.

6. Records

School will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

7. Storing Medicines

The school will keep the medication securely in a locked cupboard which may only be accessed by authorised staff. In particular, all controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff will have access. Where medicines need to be refrigerated they will be stored in a designated fridge.

Prescription drugs will be returned to parents when no longer required, or out of date. It is the parent's responsibility to collect and dispose of out of date or unused medication. It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication.

8. Epipens and other Emergency Medication

All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with the School Welfare Officer.

Arrangements will be made for immediate access to any emergency medications for example:

- Epipens will be kept with the student with a labelled spare pen held in the reception office.
- Asthma medication will be kept with the student with labelled spare inhalers and equipment held in the First Aid Room.
- Buccal Midazolam is located in reception office alongside a consultant letter to accommodate the needs of an individual student, training for administration is delivered by the Welfare Officer to whole school annually. In the event that Buccal Midazolam needs to be administered, the person administering it should check that an ambulance has been called to ensure the student gets prompt medical attention.
- Any medicines such as Ritalin which requires double locking will be kept in a locked metal box in a locked room in the Reception office.
- Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.

Emergency medication will always be taken if the student goes out on a trip and identified trained staff designated to administer if required.

9. Supporting Pupils with Medical Needs

Where a student needs to take medication in school for an extended period or has a chronic ongoing condition, an Individual Health Care Plan (IHCP) will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals. Parents should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication.

IHCPs and their implementation is the responsibility of the School Appointed Person.

The

IHCPs are compiled and recorded in line with the current DfE guidance published May 2014.

The School will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that students with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

School staff will be made aware of students with IHCPs and their conditions.

Any child on an IHCP will be accompanied to the School Reception office if they are ill.

Administration of medication by a qualified member of staff or self-administration by the student may take place with written permission from parents and the Principal.

The School will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.

10. Records for IHCP

In addition to the usual general medicine log used for all children, any medicine administered to a student with an IHCP is also recorded on a separate recording sheet in line with DfE Template.

Additional details about the child's medical needs will also be available on the school management system (KSM).

11. Procedures for Offsite Learning

Residential Visits

- The Trip Leader is responsible for checking medical needs of students.
- The Trip Leader must check any IHCP requirements with parents and put appropriate procedures and contingency plans in place.

Day Visits

- For part-day visits, students should, wherever possible, go to the Reception office before/after the visit to take their medication.

- For full day, parents/carers are responsible for completing the Parental Consent Form giving relevant information.
- The Trip Leader will collect any necessary medication from the Reception office and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual student.

12. Responsibility

Staff - All staff will undertake the required training within school to support the implementation of this policy.

Students - It is the responsibility of the students to follow all medical protocols within school. All School staff hold a responsibility for ensuring that students comply.

Parents/Carers - Parents/Carers are requested to inform school of any medical needs relating to any individual student and abide by the protocols contained within this policy.

13. Publicity

This policy will be posted on the Shared (S) drive of the School's IT network and the School Website. Notices will be displayed around school showing the Appointed Person and the staff who currently hold First Aid qualifications and where they are located in school, along with procedures for contacting Emergency Services

14. General Guidance

- 14.1 The Principal and school staff should treat all medical information as confidential.
- 14.2 On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements and any other relevant information. This information should be renewed annually.
- 14.3 Parents/carers should be encouraged to ask the child's doctor to prescribe medication which can be administered outside school hours wherever possible, for example, asthma preventer inhalers, anticonvulsant medication and antibiotics.
- 14.4 There must be adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication.
- 14.5 There must be adequate access to, and privacy for, the use of medication.
- 14.6 If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/or a healthcare professional.
- 14.7 The Governing Body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may

already have such procedures in place, they should reflect the following details:

- 14.8 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where possible verbal consent from parents/carers will be sought even for non-prescription medicines.
- 14.9 No child under 16 should be given prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.
- 14.10 A child under 16 should never be given medicine containing Aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 14.11 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 14.12 Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is Insulin which must still be in date, but will generally be available to schools inside an Insulin pen or a pump, rather than in its original container.

- 14.13 All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the access to the storage facility. Medicines and devices such as Asthma Inhalers, blood glucose testing meters and Adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 14.14 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 14.15 Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- 14.16 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- 14.17 Medication brought into school should be handed over by the parent/carer to the head teacher or a named member of staff unless it has been previously agreed that the child can carry their own medication e.g. reliever inhaler.

14.18 It is the parents/carers responsibility to provide the school with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with: • name of child • name of medication • strength of medication • how much to give i.e. dose • when it should be given • length of treatment /stop date, where appropriate • any other instructions • expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months) The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

14.19 Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.

14.20 If the medication and/or dosage needs to be changed or discontinued the school must be informed in writing by the parent/carer.

14.21 Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example, an inhaler for asthma.

14.22 A designated person (Medical Needs Co-ordinator) should check the medication cupboard at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of in accordance with the school policy.

14.23 Medication should only be administered to one child at a time.

14.24 It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent

photo attached to the medication administration record / consent form. When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented.

14.25 Before administering medication the member of staff should check

- the child's identity
- that there is written consent from a parent/carer
- that the medication name and strength and dose instructions match the details on the consent form
- that the name on the medication label is that of the child being given the medication
- that the medication to be given is in date
- that the child has not already been given the medication

14.26 If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

14.27 Immediately after administering, or supervising the administration of medication, written records should be completed and signed.

14.28 If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the school's emergency procedures must be followed.

14.29 A parental consent form, renewed annually, must always be completed, and this form should confirm that the child has been given the stated medication without any adverse effect in the past.

14.30 The parent/carer should always be informed on the same day, when such medication has been given.

All information issued in this document is provided on the understanding that it is the best available at the time of writing.

Previous editions of this guidance should be destroyed.

APPENDIX

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for an Ambulance and be ready with the following information:

- Location – Abu Hanifah Foundation, 92 Preston New Road, Blackburn, Lancashire, BB2 6BH.
- Telephone Number – 01254 290244
- Postcode – Preston New Road (front of school) – BB2 6BH
- Postcode – Adelaide Terrace (back of school) – BB2 6ET
- Patient's Name, Date of Birth, Location within School and Brief Description of Symptoms (if known)
- Inform Ambulance Control of the best entrance to use and state that the Crew will be met and taken to the patient on arrival.

Remember, to speak clearly and slowly and be ready to repeat any information if required.

DO NOT END THE CALL UNTIL TOLD TO DO SO BY THE EMERGENCY SERVICES.

Individual Healthcare Plan (Template A)

Name of School/setting:	
Child's name:	
Group/Class/Form:	
Date of Birth:	
Child's Address:	
Medical diagnosis or condition:	
Date:	
Review Date:	
Family Contact Information	
Name:	
Phone no. (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone no. (work):	
(home):	
(mobile):	
Clinic/Hospital Contact	
Name:	
Phone no.	

G.P.	
Name:	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	

Arrangements for school visits/trips etc.	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency? (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	
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 _____

Record of medicine administered to an individual child (Template B)

Name of School/setting	
Name of Child	
Date medicine provided by parent	
Group/Class/Form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

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