

# Administration of Medicines Policy

## Version 1.0

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<p><b>Name of Responsible Committee/Individual:</b></p>	<p>Trust Board/ FAR Committee</p>
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<p><b>Target Audience:</b></p>	<p>All staff</p>
<p><b>Related Documents:</b></p>	<p>Trust Health and Safety Policy Trust Risk Assessment Policy Equality and Diversity Policy Schools/ UTC Behaviour Policy</p>

## Contents

1. Introduction .....	2
2. Board of Trustees and Chief Executive Officer .....	2
3. Local Governing Boards, Executive Headteachers, Headteachers Principals and Heads of School	2
4. Staff .....	2
5. The Role of Parents/Carers .....	2
6. Prescription Medication .....	3
7. Long Term Medical Needs .....	3
8. Controlled Drugs .....	4
9. Non-Prescription Medication .....	4
10. Administering Medicines.....	4
11. Self-Management.....	5
12. Refusing medication .....	5
13. Offsite visits.....	5
14. Disposal of Medicines .....	5
Appendix 1 - Administration of Medication Permission and Record.....	7
Appendix 2 - Administration of Medication Continuation Sheet .....	8
Appendix 3 – Example Consent Form for Residential Visit.....	9

## **1. Introduction**

Most students/pupils will at some time have a medical condition that may affect their participation in school/UTC activities and for many this will be short-term. Other students/pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. The Brighter Futures Learning Partnership Trust (BFLPT) is committed to ensuring that children with medical needs have the same right of access as other children, in line with BFLPT Health and Safety Policy.

## **2. Board of Trustees and Chief Executive Officer**

The Board of Trustees and CEO are responsible for approving this policy and ensuring that the policy is monitored.

## **3. Local Governing Boards, Executive Headteachers, Headteachers Principals and Heads of School**

Local Governing Boards, Executive Headteachers, Headteachers/Principals, and Heads of School will ensure that schools and the UTC have systems and processes in place to implement this policy. The school/UTC will develop a set of protocols for administering medicines and if they have EYFS provision they will ensure that they are fully compliant with the statutory EYFS framework.

Leaders will share the policy with staff and provide adequate training and resources. They will ensure that all levels of staff undertake the required health and safety training, including refresher training, according to responsibility. They will ensure that all staff that administer medicines have this reflected in their job descriptions. In the absence of the Executive Headteacher, Headteacher/Principal, or Head of School, the senior leadership team will assume the day-to-day responsibilities.

## **4. Staff**

All staff will take responsibility for their own training and ensure it is up-to-date. Training will be monitored by the senior leader in charge of oversight of this policy. Staff will cooperate with the school on all matters associated with health and safety. They will inform their line manager or appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken. Staff will adhere to safe working procedures in accordance with trust policies and, where appropriate, national guidelines. Staff will seek expert advice if they are unsure on any aspect of this policy.

## **5. The Role of Parents/Carers**

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their child(ren). This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming into school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time (it must be prescribed for the child by a doctor, dentist, nurse or pharmacist. **Medication containing aspirin and ibuprofen will only be prescribed by a registered doctor**). If approved, this must form part of a health care plan and a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the prescribed course. Emergency medication such as EpiPens and inhalers may be kept onsite but used by dates must be checked and medication replaced when necessary.

## 6. Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. 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. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

An Administration of Medicine Permission & Record form (Appendix 1) must be completed and signed by the parent / carer. No medication will be given without the parent's written consent.

Prescribed medication, other than emergency medication, will be kept in the Medical / First Aid Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, EpiPens etc.) should be kept in the child's classroom, at reception or an alternative suitable location that means they can be readily available. A second EpiPen for each child who requires one will be kept in the Medical Room, in a box clearly labelled with the child's name.

## 7. Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so by a health care professional.

## 8. Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded. Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act. Each school/ UTC will refer to its Behaviour Policy should a child share a controlled drug with another student and will also report this to the police.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

## 9. Non-Prescription Medication

Where possible, the school/UTC will avoid administering non-prescription medicine. However, schools/UTC may do so, if requested by the parent, and if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain.

**However, such medicines will only be administered in school where it would be detrimental to a child's health or education if it were not administered during the day.**

**A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.**

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

## 10. Administering Medicines

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. Schools/UTC must have a contingency plan if trained members of staff are not available to administer medicines. This might include a doctor or parent who would come to school to administer it. Usually, this will be a trained member of staff, but in their absence another appropriately trained member of staff may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by staff who have been designated to do so by the Headteacher/Principal. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form 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, which should be co-signed by another member of staff. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary.

## 11. Self-Management

It is important that as children get older, they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

## 12. Refusing medication

If a child refuses to take medication staff should not force them to do so but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents. Staff will follow the advice of the emergency services.

## 13. Offsite visits

It is good practice for each school/ UTC to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma. **Refer to the BFLPT Risk Assessment Policy.**

**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.

**Residential visits** – All medicines which a child needs to take should be handed to the trained member of staff in supporting the visit. The only exception are asthma inhalers, which might be kept by the child themselves or a responsible adult. **The parents/carers must sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 3. A child will not be taken on a visit if this form is not completed and signed by parents/carers.**

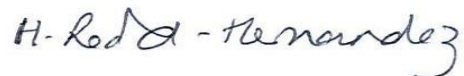
## 14. Disposal of Medicines

A trained member of staff will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. There is a sharps box in the Medical/ First aid Room. If any child requires regular injections (e.g. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents/carers will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

Administration of Medicines Agreed: March 2024

Signed CEO of BFLPT – Helen-Redford-Hernandez:



Date: March 2024

Signed – Chair of BFLPT – Pippa Dodghson:



Date: March 2024

Administration of Medicines to be reviewed – March 2025

Created: March 2024 (Version 1)







### Appendix 3 – Example Consent Form for Residential Visit

PARENTAL CONSENT FOR TRIP TO .....

Date of visit: .....

I AGREE TO \_\_\_\_\_ TAKING PART IN THE VISIT AND AM HAPPY FOR THEM TO PARTICIPATE ON THE ACTIVITIES DESCRIBED. I ACKNOWLEDGE THE NEED FOR MY CHILD TO BEHAVE.

#### MEDICAL

Has your child got any condition requiring medical treatment? YES/NO Please list below:

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Is your child allergic to any medication? YES/NO Please list below:

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I agree to my son/daughter receiving medication as instructed and any emergency, dental, medical or surgical treatment considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

#### CONTACT NUMBERS

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_

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Name of family doctor: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

Signed (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

CONSENT TO ADMINISTER MEDICINES

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Non-Prescribed Medicines: \_\_\_\_\_

\_\_\_\_\_

Prescribed medicines:

NAME OF MEDICINE	TIME TO BE TAKEN	HOW MUCH	ROUTE

Signed (Parent/Carer) \_\_\_\_\_ Dated: \_\_\_\_\_