Glenfrome
Primary School

Policy & Procedures for the Administration of Medicine

BCC model policy

This an operational policy and as such is approved by the Headteacher under the guidance of Governors of the Staffing, Premises and Finance Committee.

First adopted: 6th December 2010

History of most recent policy reviews

Date	Page	Detail
Jan 2013		
Jan 2015		
Jan 2017		
Nov 2018		
December 2020		Amended to reflect change in advice from GPs regarding administration of non prescribed medicines within school.
January 2023*		Removed out of date conatact (appendix E)
January 2025		

***This version: Approved by the Head Teacher – minuted SPF 22.1.25**

To be reviewed every 2 years or before if required

Next review due: January 2027

Children and Young People's Services

Policy and Procedures for the Administration of Medicines

Issue date: January 2004
Revised and Updated: April 2010

FOREWORD

This document has been prepared to provide guidance on the policy and procedures for the administration of medicines in Children and Young People's Services (CYPS). The requirements for statutory provision of administration of medicines have been taken into account.

AUTHORITY FOR ISSUE

This document is issued under the authority of the Director of CYPS. It is applicable throughout all Education Establishments in the Directorate of CYPS.

STATUS AND IMPLEMENTATION

This document is part of a suite of documentation applicable to CYPS. All other documentation, relevant to CYPS, must be complied with, including: all appropriate statutory, local government, regulatory authority e.g. Health and Safety Executive (HSE), Corporate and Directorate documentation.

Any comments on this document, or any difficulties in implementation, should be brought to the attention of the Director of CYPS through the usual line management channels.

REVISION

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

A review will also take place if there are any significant changes in the arrangements.

A signed and dated copy will be kept in CYPS records. This document, along with the other policies and procedures relating to Health and Safety, can be located at the Health and Safety Education Intranet site.

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Contents

Policy and Procedures for the Administration of Medicines

1 Introduction

This Statement of Policy has been approved by the Director of CYPS and applies to, all CYPS staff. It should be read in conjunction with the DfES Document 'Supporting Pupils with Medical Needs'.

2 Application of Policy

a) This policy applies to all employees of CYPS.

3 General Policy

a) Involvement in the administration of medication, although recognised as ideally and in the first instance, a parent/carer responsibility where pupils should go home or parents/carers come to the establishment when medicine needs to be taken, is now more frequently a part of the daily work of many Education Establishment staff where suitable provision is made.

b) However, all pharmaceutically active substances bear a risk of harm. This policy aims to protect both staff and pupils and other service users by ensuring that medication is only administered by employees who are competent to do so. In all cases, staff must be in receipt of appropriate information, instruction and training. Further, existing members of staff must only volunteer to administer prescribed or non-prescribed medication or undertake other medical routines. They must not be instructed to take on this responsibility, unless this constitutes a term of employment.

c) **Headteachers/Managers/Supervisors** must ensure that they observe Part 4 of the Disability Discrimination Act. This stipulates that disabled persons must have an equal opportunity to benefit from whatever education or other related provision is available.

Education Establishments cannot, therefore, refuse to take responsibility for the administration of medication and thereby prevent a pupil from attending the Establishment. Rather, it must strive to be an inclusive institution and appeal for volunteers to come forward. This appeal constitutes a reasonable discharge of duty by the Establishment.

d) Where no volunteers come forward, **Headteachers/Managers/ Supervisors** can use recruitment as an opportunity to secure a sufficient number of staff with responsibilities for the administration of medicines. The

responsibility can be included in Job Descriptions and incorporated into employment contracts.

e) **Parents/Carers** must provide, in written form, comprehensive and up to-date information on the medication used. This must be signed, dated and must expressly authorise staff to administer that medication. **Parents/Carers** must notify staff of all changes in circumstances and/or any other relevant information. See Appendix C.

f) In emergencies employees should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm.

g) Where a dose of necessary medication has been missed/refused and this has implications for the health, safety and welfare of the pupil, their peers and staff/volunteers, e.g. as with Ritalin, parent/carers should be alerted and asked to immediately collect the pupil concerned from the premises.

h) The Authority's Public Liability Insurance arrangements will provide an indemnity to employees in respect of claims for personal injury. This indemnity extends to volunteers who have been asked to undertake such duties by the Authority. The indemnity is subject to the following conditions:

- That training has been received and regularly updated

- That all appropriate Personal Protective Equipment has been used where necessary and

- That the employee/volunteer has acted within the limitations of their training and has observed all protocols.

NB: This indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of wilful misconduct.

It is appreciated that, in instances of emergency, it may be reasonable to depart from one or more elements of the policy. However, each situation will be assessed on its merits and it must be established that the employee/volunteer acted in good faith and was neither reckless nor irresponsible.

i) All Education Establishments must have First Aid cover in line with the First Aid at Work Policy for Education Establishments, November 2002.

j) Where **Headteachers/Managers/Supervisors** communicate with parents/carers, either collectively or individually, in relation to issues of health and medication -for example, where an outbreak of head lice is identified and advice issued - parents/carers must respond cooperatively. Where such advice or guidance is persistently and deliberately ignored, this may constitute a nuisance and appropriate action can be taken. See CYPS's Policy and Procedures on Violence, Aggression, Harassment, Nuisance and Trespass for further details.

4 Responsibility

a) The Director of CYPS is responsible for the implementation and monitoring of the city council and directorate policies for CYPS. Responsibility for ensuring that the policy is adhere to is delegated to **Headteachers/Managers/Supervisors** who must ensure that appropriately detailed arrangements are implemented and annually reviewed with anticipatory individual risk assessments being undertaken for those with significant medical needs.

b) **Headteachers/Managers/Supervisors** must maintain a register which records their pupils' medical conditions and allergies e.g., asthma, epilepsy and anaphylaxis. See Appendix C

This information must be disseminated amongst all appropriate staff/volunteers, involved in the supervision of pupils.

NB: It is good practice to keep a photographic record alongside your HS&W noticeboard of pupils (and staff) who may need such treatment so they are easily recognised.

c) **Headteachers/Managers/Supervisors** must put systems in place to ensure that all medical equipment, changing areas/tables etc. are correctly and safely stored and regularly cleaned after use and maintained. The frequency of cleaning and maintenance must be established according to the nature and use of the equipment. This must be logged in a file or database. The security of the equipment must be maintained at a high standard to guarantee standards of operation and hygiene.

d) In administrating medication/treatments and deciding emergency courses of action, **Headteacher/Manager/Supervisors** must have due regard for the following implications and equality issues:

- Diverse cultural values
- Specific medical conditions encountered in particular ethnic groups and
- The practices and ethical values of particular faith groups and
- The need for appropriate privacy of pupils while at the same time ensuring issues such as potential accusations of child abuse, especially where intimate procedures are involved are addressed.

Due care should be exercised where English is not the first language of the pupil or parent/carer. Translation services are available and full use should be made of them where necessary for effective and sensitive communication. Contact details can be found in Appendix E

e) To support this policy, CYPS will work in partnership with the local NHS trust. Establishments can make direct contact with the Trust where appropriate.

f) **Headteacher/Manager/Supervisors** must urgently notify the CYPS safety advisors as well as the Environmental health professionals where there is a sudden and serious viral outbreak that may have wider public health implications.

5 Definitions

a) Non-Prescribed Medication - Is any medication not requiring a Medical or Dental Practitioners Prescription. As stated at 7.2, CYPS will only use non-prescribed medication from the list produced by the Occupational Health Service. Their advice should be sought on any homeopathic remedies etc. being used.

b) Prescribed Medication - is any medication requiring a Medical or Dental Practitioners Prescription.

6 Training and Competence

a) **Headteachers/Managers/Supervisors and Governors** must ensure that adequate information, instruction, training and supervision is given to all staff who volunteer or are specifically recruited for the control, administration or storage of medicine.

b) New staff should be given such training before they undertake any such duties. Training should be renewed and updated regularly and more immediately where procedures change. Advice on appropriate training is available from the city council's Occupational Health and Welfare Service. In determining the frequency of training updates, the advice of medical practitioners should be sought.

c) **Headteachers/Managers/Supervisors** must ensure that the information, instruction training and supervision provided is such that staff/volunteers can competently carry out their duties. Competent staff/volunteers must be organised in such a way that a trained person is always available for duty. Particular care must be taken to ensure that absences, through sickness or leave, are accommodated.

d) Staff/volunteers should be trained in line with the requirements of Appendix A of this document.

e) **Headteacher/Manager/Supervisors** must record on the TrainingMatrix/Workforce databases, the names of all those who have received training and refresher training. Additional records should also be kept of training dates, types and techniques of medication and other relevant information.

7 Treatment

7.1 General treatment

a) **Headteachers/Managers/Supervisors** should make adequate provision for the safe and appropriate storage of medication. Introduce a storage system to ensure that stored medicines cannot be accessed by unauthorised persons. This will normally be a locked cupboard. Medicines must be supplied and stored in the original containers. Emergency medicines must be instantly available and risk assessments will be needed to identify the safest and most appropriate way to store these.

b) Further, there must be a system of checks in place to ensure that all medicines, whether administered directly by staff or where administration is supervised, are issued to the correct pupil. PPE should be alongside e.g. gloves to encourage use.

c) Where possible, pupils should be responsible for keeping and administering their own medication (whether prescribed or non-prescribed). No attempt at a diagnosis should be made by staff unless they are qualified and registered practitioners employed by CYPS in that capacity. Where pupils are competent to discern whether they require medication, the role of the staff is simply to assist with the administration of that medication e.g.asthma inhalers. Where pupils are not competent (due to age, learning difficulties etc) then direct administration by staff is permitted subject to the safeguards set out in this policy.

d) All medication directly administered by staff should be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action. See Appendix D. Such written records are not required where staff are simply assisting pupils and service users to administer their own medication.

e) Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non- prescribed medication, must result in the Parents/Carers being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner. In extreme cases, for example use of/failure to respond to the use of an Epipen, staff/volunteers must dial 999.

7.2 Treatment - Non-prescribed Medication

a) The following general principles apply:

i) It is appropriate for over-the-counter medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents.

Where children are participating in Off Site Visits. See CYPS's Off Site Visits Policy, particularly, paragraph 5.3.5 all pupils' medication must be handed to the lead teacher together with the parent/carers written authorisation to administer it where it is inappropriate/the pupil is unable to administer the medicine themselves. The correct dosage must be clearly marked on the container.

ii) Where pupils are competent to make their own decisions, it is their responsibility to supply and self-administer medicines. Staff should only assist as set out in d) below.

iii) If staff have any doubts, the pupil's parent/carer should be asked to consult their own General Practitioner.

b) Before administering the medication, the pupil or parent/carer must be asked the following questions. Reference must be made to the Care Plan if appropriate:

- Have you taken any other medication?
- Has the Doctor told you not to take anything with your medication?
- Are you allergic to any medication?

If other prescribed medication is already being taken no other medication should be given, e.g. paracetamol, without written authorisation from the child's Parent/Carer.

c) Members of staff should read and have regard to the instructions on the container supplied or with the packaging. The date of the medication should also be checked to ensure it is not 'time expired'. All oral medication should be taken with at least half a glass of water, or other liquid if specified.

d) Where pupils have difficulty in opening containers, or reading labels they or their parent/carers should discuss with their pharmacist the possibility of compliance aids and labels of large print. Where pupils still have such difficulties then help, including the opening of bottles or the accessing of out-of-reach items necessary to the pupil's well-being, should not be refused.

e) It is appropriate for the medication mentioned below to be given for mild cases of various illness. Where symptoms are regarded as severe or persistent then the child's Parent/Carer must be informed.

HEADACHES, MUSCULAR ACHES & PERIOD PAINS

For children of Secondary School age, the following medication could be administered if necessary. Where a pupil of primary age presents with symptoms, such as period pain,

necessitating mild analgesics, designated staff/volunteers may, where authorised by the parent/carer, administer appropriate medication.

Paracetamol: The dose is up to 2 x 500mg tablets to be given up to three times in a 24 hours period at intervals of no less than 4 hours.

7.3 Treatment - Prescribed Medication

a) Where possible, pupils should administer their own prescribed medication. Assistance in the administration of prescribed medication can only be made at the request of the pupil, or at the written request of the pupil's Doctor or parent/carer.

b) No member of staff should administer medication unless they have been given appropriate instruction by a Medical Practitioner, a member of Bristol City Council Occupational Health and Counselling, or other person approved by the Occupational Health and Welfare Service.

c) The instruction should include details of the level of dose, the method of administration, action of the medication, overdosing and adverse reactions. The manipulation of apparatus must be fully explained. The person giving the instruction is required to confirm, in writing, that the treatment can be given satisfactorily. In some complex cases it will be reasonable for General Practitioners to be asked to give written instructions and advice. The General Practitioner will be responsible for reviewing the dosage given during treatment.

d) Before assisting in the administering of the medication, the member of staff should read the instructions on the container to check for any conditions in which the medication should not be used. The pupil and/or parent/carer should be asked the following questions:

- Have you taken any other medication?
- When was your last dose of medication?
- Has the Doctor told you not to take anything with your medication?
- Are you allergic to any medication?

e) Where pupils have difficulty in opening containers, or reading labels they or their parent/carers should discuss with their pharmacist the possibility of compliance aids and labels of large print. Where pupils still have such difficulties then help, including the opening of bottles or the accessing of out-of-reach items necessary to the pupil's well-being, should not be refused.

Appendix A- Guidance in Carrying Out Medical Techniques

The following is given as guidance on the appropriate persons to carry out various medical techniques. Please note these are only guidance, staff have the right to refuse to administer any medication, unless it constitutes part of their terms of employment.

PART A To be carried out by Doctor, Nurse or other qualified practitioner or by a member of staff who has volunteered/had a duty(s) identified in their job description, received appropriate training and had written consent from the parent/carers only:

- Injections (apart from Epipens)
- Inserting or removing catheters
- Setting up of new oxygen cylinders
- Routine insertion of suppositories
- Routine Rectal infusion
- Enemas
- Operating home dialysis machinery
- Changing complex dressings covering major conditions/wounds.

PART B The following may be carried out by an employee who has received appropriate Information, Instruction and Training. See Section 6 of the policy.

Techniques

- Washing out urinary catheters
- Setting up and/or fitting inhalers and nebulisers
- Routine tracheotomy tube cleaning
- Changing urinary catheter bags
- Changing colostomy bags
- Replacement of oxygen cylinders not involving any changes to the current set up
- Applying oxygen by giving face mask and turning on cylinder
- Changing simple dressings covering minor conditions/wounds only
- Emergency tracheotomy tube suction/emergency suction (oropharynx)
- Emergency change/reinsertion of tracheostomy tube
- Tube feeding

Medication

- External application of prescribed ointments and skin patches
- Application of ear, eye and nose drops

- Physically assisting service users to take medication by mouth
- Emergency administration of Diazepam (eg Valium or Stesolid) by rectal infusion or suppository, but only in the case of epilepsy
- Emergency administration of Midazolam into the buccal cavity (cheek), but only in the case of epilepsy
- Emergency administration of prescribed adrenalin in cases of anaphylactic shock - ie as with an Epi pen
- Assistance with administration of inhalers and nebulisers
- Administration of medication as indicated by section

PART C Procedures that can be carried out by other persons:-

- Collecting prescriptions if authorised
- Fetching and opening bottles, containers or press through tablet sheets to enable pupils to self administer.

Appendix B- Hygiene Procedures

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

The following precautions must be adhered to when dealing with body fluid:

(a) Hand washing - a thorough hand washing technique using soap and running water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended.

(b) Skin - any cuts or abrasions must be adequately covered with a water proof dressing.

(c) Items of Personal Protective Equipment /Clothing, eg:

Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).

Masks - advice should be sought if unclear about the appropriate type for the task in hand.

Containers - advice should be sought if unclear about the appropriate type for the task in hand.

Safety Spectacles - should be available and worn in circumstances where body fluids might possibly contaminate the eyes.

Aprons - single use plastic aprons are advised if any contamination of the body area is possible.

(d) Spillage - all blood and vomit spills should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.

(e) Fouled laundry - fouled and infected laundry should be securely bagged and taken directly to an on or off site washing machine. Again gloves should be worn.

(f) Waste - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by recognised contractor.

(g) Education Establishments should have an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors or the client unit.

Appendix C

Consent to Give Medication in School

Child's Full Name: Date of birth:

Address:

Home telephone No:

Allergies:

Contact details of parent / carer.
Name:

Relationship to Pupil:

Daytime telephone numbers:

Address:

Medicines to be given in School:

1. Name of Medicine (as described on container):

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Child's Full Name: Date of Birth:

Medicine is long term / short course. (Please delete as appropriate) If short course when does course end?

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

2. Name of Medicine (as described on container):

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. (Please delete as appropriate)
If short course when does course end?

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

3. Name of Medicine (as described on container):

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. (Please delete as appropriate)
If short course when does course end?

Child's Full Name: Date of birth:

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

4. Name of Medicine (as described on container):

Strength and form of Medicine: Dose in mg:

Method of administration: Time to be given:

Medicine is long term / short course. (Please delete as appropriate)

If short course when does course end?

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

(declaration below to be completed by a person with parental responsibility for the child)
I give my consent to an education / health worker who has received appropriate training to administer the above medication on my behalf during school time.

Signature: Print Name:

Date:

Parents / carers should note that they will be contacted if their child shows any adverse reaction to medicines given in school. If their child vomits or spits out medicines then the dose will not be repeated, and parents / carers will be informed.

Appendix D

North Bristol NHS
NHS Trust

Record of Medicine Administered

Child's Full Name: Date of Birth:
Name of Medicine: Dose in mg:

Date	Time	Signature	Date	Time	Signature	Date	Time	Signature
