





Brookland Infant and Nursery School Administering Medication Policy



Contents:

Statement of intent

1. [Legal framework](#)
2. [Roles and responsibilities](#)
3. [Training staff](#)
4. [Receiving, storing and disposing of medication](#)
5. [Administering medication](#)
6. [Medical devices](#)
7. [IHPs](#)
8. [Educational trips and visits](#)
9. [Medical emergencies](#)
10. [Monitoring and review](#)

Appendices

- A. [Administering medication parental consent form](#)



Statement of intent

Brookland Infant and Nursery School will ensure that children with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of children's medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the child feel safe whilst at school.

For the purposes of this policy, "**medication**" is defined as any prescribed medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Supporting Children with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

2. Roles and responsibilities

The governing body is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to children, or help children self-administer, are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that children taking medication are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to children, or the administration of medication in line with the school's Complaints Procedures Policy.

The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All staff are responsible for:

- Adhering to this policy and supporting children to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an administering medication parental consent form prior to them or their child bringing any medication into school.

It is both staff members' and children's responsibility to understand what action to take during a medical emergency, such as raising the alarm with school staff. This may include staff administering medication to the child involved.

3. Training staff

The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, children can still receive their medication from a trained member of staff. The headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional. (First Aid and Paediatric First Aid trained)

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to children, and that this is entirely voluntary.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the child is necessary

Staff members will be made aware that if they administer medication to a child, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering AAls

The school will arrange specialist training for staff on a yearly basis where a child in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable

training and confidence in their ability to use AAI's will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAI's in the case of an emergency.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAI's are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAI's on site at all times.

4. Receiving, storing and disposing of medication

Receiving prescribed medication from parents

The parents of children who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to children under the age of 16. A signed copy of the parental consent form will be kept with the child's medication, and no medication will be administered if this consent form is not present.

The school will only store and administer prescribed medication. The school will store a reasonable quantity of medication, e.g. a maximum of four weeks' supply at any one time. Aspirin will not be administered unless the school has evidence that it has been prescribed by a doctor.

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing children' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAI's, will be stored in a way that allows it to be readily accessible to children who may need it and can self-administer, and staff members who will need to administer them in emergency situations. They will be stored in a rucksack and kept in the class and the rucksack is taken with the child when they move around the school, e.g. lunch or swimming. All other medication will be stored in a place inaccessible to children, e.g. a locked cupboard.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
 - The child's name.
 - the name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.
 - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

Disposing of children' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the children' doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

5. Administering medication

Medication will only be administered at school if it would be detrimental to the child not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the child each time it is administered, as well as when the previous dose was taken.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

- The child's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the child being given the medication.
- That the medication to be given is within its expiry date.

- That the child has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a child, the medication will not be administered and the school will consult with the child's parent or a healthcare professional, documenting any action taken.

If a child cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the child's parent, following advice from a healthcare professional.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to children, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the Records Management Policy.

6. Medical devices

Asthma inhalers

The school will store asthma inhalers in a rucksack in the classroom. The school will ensure that spare inhalers for children are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

AAIs

The school will store children's AAIs in a rucksack in the child's classroom. The school will ensure that spare AAIs for children are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found in the medical room.

Medical authorisation and parental consent will be obtained from all children believed to be at risk of anaphylaxis for the use of spare AAIs in emergency situations. The spare AAIs will not be used on children who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the child's Health care plan.

Children's and spare AAIs will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

7. IHPs

For children with chronic or long-term conditions and disabilities, a Health Care Plan will be developed in liaison with the child, their parent, the headteacher, the Inclusion Leader and any relevant medical professionals. When deciding what information should be recorded on a Health Care Plan, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments
- The child's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the child's educational, social and emotional needs
- The level of support needed and whether the child will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the child's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

The Inclusion Leader will ensure that Health Care Plans are reviewed at least annually. Health Care Plans will be routinely monitored throughout the year by the welfare officer

8. Educational trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and children. The medication and medical devices will be carried by a designated staff member (A First Aider) for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which children with medical conditions will attend. Staff members will ensure that they are aware of any children who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which children need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the child, e.g. what to do if an epileptic child has a seizure.

9. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the child who requires it, and is not locked away.

10. Monitoring and review

This policy is reviewed every 2 years by the governing body and headteacher.

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including children whose medication is stored at school and their parents.

