



Grangewood School

A learning community

ADMINISTRATION OF MEDICATION POLICY

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| Authorised By: | Director for Schools |
| Signature: | |
| Signed By: | Jarlath O'Brien |
| Author: | Hilary McDermott |
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POLICY – SUPPORTING PUPILS WITH MEDICAL NEEDS

This policy is written in conjunction with the DfE's *'Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'* of December 2015.

Grangewood School supports children with special medical needs. These pupils have the same rights of admission to the school as other children and cannot be excluded from the school for medical reasons. Grangewood School will accept responsibility for managing and administering medicines either orally or via an enteral feeding tube e.g. gastrostomy or nasogastric tube.

Staff of Grangewood School supports the welfare of pupils with medical needs by administering medication, following appropriate training. Administration of medication is identified as a requirement on the job description of Learning Support Assistants and Social Care Workers. There is full insurance cover provided for staff who are acting within the scope of their employment. Designated members of staff of Grangewood School may be expected to administer medication on a regular basis following the appropriate training and evidence of competency. (Note – Although teachers are not contractually required to administer or supervise medication or support a child's medical needs, in managing class groups of pupils and teams of staff at Grangewood School, they are expected to ensure the welfare of children that they have responsibility for by managing and supervising the administration of medication – unless they have opted out by agreement with the Head).

THE ADMINISTRATION OF MEDICATION

All matters to do with medication are **confidential**.

The storage and administration of children's medication follows the school's procedures at all times.

Procedures have been set up after consultation with the consultant pharmacist, the doctor, the Hillingdon community nurses and Hillingdon Social Services. They are regularly reviewed and updated.

Staff who administer medication must have all the necessary training before they do so. If a pupil does not like taking medicine willingly; an assessment must take place with the Head and the School nurse who will discuss the situation with parents and if necessary, the child's GP or Paediatrician. A plan will be drawn up as to how this situation will be managed.

Medication permission forms and medication record forms are essential to the safety of the system.

The name, dose and time for each medication are listed individually on 'Consent for Medication in School' form.

Each child requiring medication has their own medication record form which lists the medication, dose, route and time.

Medication must come in its original package and must have the original label, both as supplied by the pharmacy. The label must state the following: pupil's name, name of dispensing pharmacy and date of dispensing name of medication and dose/frequency.

PROCEDURES FOR THE ADMINISTRATION OF MEDICATION

Transporting of medication

Parents and staff are requested to write in the home\school book that there is medication in the child's bag.

Staff must check all bags that come to class for medication.

Parents and staff are asked to ensure that they notify each other, and the escorts and taxi drivers, that a child is carrying medication.

Parents are asked to hand the child's medication directly to the escort for safe passage and delivery to a member of school staff.

Parents should notify staff in the home\school notebook that their child has medication with them.

On arrival at school, the escort must hand the bag to a member of staff immediately.

At the end of the school day the medication must be handed directly to the escort for safe passage and delivery to the parent.

On arrival at home, the escort should tell the parent that medication is in their child's bag.

Procedures for receiving and storing medication

The teacher, or a named member of staff, takes the medication out of pupil's bag and immediately locks it in the medicine cabinet located either in the nursery or the medical room. Staff must make sure all medication is labelled with the child's name, dose and frequency of administration. Also the expiry date must be checked upon receiving medication.

All medicine with the exception of inhalers must be kept in a locked cupboard or fridge, and the keys must be kept in a named place, at all times.

Inhalers should be stored in the child's classroom and spare inhalers in the medical room.

Medication must be checked against the medication record form.

Expiry dates must be checked with at least 7 days' notice being given to parents to request replacement.

Parents are responsible for the disposal of date-expired medication. School staff should not dispose of medicines – parents should be sent\collect medicines held at school at the end of each term.

Emergency medication will be stored in a locked cabinet. The health care worker will check expiry dates of emergency medication and advise parents in good time to get replacements.

Medication Record Forms and Consent Forms

Consent will be gained from parents for trained staff to administer medication for their child. Each medication will be listed on permission form stating: Names of medication, Dose, Times to be given, Route, Signature and printed name of parent, Date.

If there are any changes to medication, new consent forms are completed and signed by the parents.

New forms, if required, are obtainable from the school nurse or health care worker. For 'one off' medication, such as antibiotics, written instructions from the parents must be obtained (usually a note written in the home\school book). Staff should notify the health care worker or designated member of senior management staff who will generate a medication record form and arrange for the administration of medication. The school nurse is available for advice regarding medication. A photocopy of the written instructions should be attached to the medication record form. Once the course of medication is finished, the forms should be returned to the health care worker to file. **Temporary medication is to be given by the health care assistant, member of the senior management team or a trained member of staff.**

Medication Record Forms

The medication record forms are stored within the medications folder in the medical room.

The medication record forms are completed\ amended\ signed and dated by the health care worker. These forms are for school purposes only. They indicate the times when a child should receive their medication.

In the event of 'one off' medication being sent in to school (see 3.3) a medication record form must be used and countersigned by the health care worker.

Staff must not use 'Tippex' on the medication record forms – these are legal records and they must not be tampered with.

It is a legal requirement to store medication record forms . These will be filed and stored in the medical room.

Black pen only should be used to sign the medication record form.

At the end of the school day the class staff have the responsibility to check that all medication and feeds have been given and all signatures have been recorded.

Administration of medicine

Staff may only give medication to a child if they have received the necessary training and have been deemed competent to administer medication in school.

Staff can only give authorised medication to a child.

Before administering, all medicine must be checked against the medication record form, ensuring the correct medicine\dose\route\time and the name of the child along with the expiry date.

All medicine must be prepared IMMEDIATELY before giving it to the child and afterwards signed for immediately, on the medication record form.

Children need to be encouraged to take their medication. If a child spits out or refuses to take the medication, the school nurse, health care worker, or a member of the senior management team must be informed immediately. This will also have to be indicated on the medication record form and appropriate action will need to be taken.

Spillage must be recorded on a school incident form and the school nurse, health care worker or a member of the senior management team informed. Parents must be informed Pupils should have their own syringes for medication stored separately in a named container. These should be washed in warm soapy water after use, rinsed and allowed to air dry.

For Community Nurses covering in the absence of the school nurse photographs may be used as an additional recourse to identify the child.

Errors

If errors occur, e.g. overdose, wrong medication administered or medication forgotten, staff must inform the health care worker, school nurse or a member of the senior management team immediately. The member of staff involved must fill in a school incident form and hand it into the main office.

Parents must be informed of any errors immediately by the school nurse, health care worker or a member of the senior management team.

Medical advice must be sought immediately from the school nurse, or by telephoning the pharmacist or by telephoning NHS Direct on 111. The Poisons Information Service is also available on 0344 892 0111

School Outings

Medication needed on outings must be taken in its original container and stored in an identifiable bag (not plastic). The above procedures should be followed.

Non-Prescription Medicines

School Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and agreement from the head teacher. Staff should also check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case. The medication must be in its original container with the manufacturers name and guidelines. An expiry date must be present.

When administering non-prescribed medication to a child the above procedures should be followed and parents informed.

Calpol (Liquid Paracetamol)

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

Although a child who is unwell should be at home it is sometimes appropriate to give paracetamol at school. In this respect parents are asked to give written consent for the administration of paracetamol in school. Each child has their own 'Consent for Calpol' form stored in the Calpol Folder in the medical room.

Paracetamol may only be given by the school nurse, health care worker or a member of the senior management team.

If paracetamol is required prior to mid-day the parent must be contacted to confirm whether the child may have been given a dose of paracetamol before coming to school. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. Many non- prescription remedies such as Beechams Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Card, etc., contain paracetamol. If paracetamol tablets are taken soon after taking these remedies it could cause an unintended overdose.

The school has its own stock of liquid paracetamol which is stored securely in a locked cabinet in the medical room.

Guidance for the administration of paracetamol can be found in the Calpol folder in the medical room.

If this fails to alleviate symptoms contact the parent or the emergency contact.

When administering non-prescribed medication to a child the above procedures should be followed and parents informed. The school must write to the parent on the day, stating the time and the amount of the dose.

Administration of paracetamol should be recorded on a medication record form stating dose and time given.

Emergency medication

Use of food supplements

Some children are prescribed food supplements for example Maxijul\Seravit from the dietician or food thickeners such as Thick n' Easy which is prescribed by SALT. Parents should fill in school consent forms stating quantities to be given and times due. This should be recorded on a medication record form and administered by trained staff.

Emergency medication

Staff who are trained to give emergency medication in the event of a prolonged seizure, may do so following the individual child's emergency medication care plan. Administration will be recorded on appropriate medication record form and parents should be informed.

Buccal Midazolam

Although not a legal requirement it is good practice for controlled drugs to be accounted for at all times. Buccal Midazolam is a controlled drug.

Buccal Midazolam should be stored in a locked medicines cupboard.

Buccal Midazolam should be signed out of the medicine cupboard, when taking it out and signed back in when returning it. The record sheet can be found on a clip board above the medicines cabinet.

Whenever a child goes off site their medication must go with them and kept with the child for use in an emergency.

A child may only go off site if there is an accompanying member of staff trained to administer Buccal Midazolam.

A child's emergency medication should be available to them at all times. However if for any reason a child's medication is not brought in to school with them there is no reason for their exclusion in this event. Parents should be informed and possible emergency medication should be brought into school at the earliest possible time. School nurse and Headteacher should be informed.

If a child has a seizure and their emergency medication is not available an ambulance should be called if seizure lasts over 2 minutes.

Date Reviewed: 6th November 2014 – Reviewed by Kath Bottomley- School Health Sister and Hilary McDermott – Head of School.

Date Reviewed: July 2016 – Reviewed by Kath Bottomley - School Health Sister, Louise Linney – HCA, and Karen Clark – Head teacher

Date Reviewed; January 2018 – Reviewed By Kath Bottomley – School Health Sister; Lorraine Lewis – HCA and Hilary McDermott – Head of School