

Medical Procedures Policy: Administration of Medication and Prescribed Supplements

November 2021

SECTION 1 – GENERAL MEDICATION

The following points will be considered in the first section of the policy:

1. Prescribed/non-prescribed Medication.
2. Prescribed enteral feeds.
3. Administration of Medication in School.
4. Emergency medications/procedures.
5. Storage and disposal of Medication in School.
6. Recording Procedures.
7. Transport of Medication to and from School.
8. Management of medication while offsite/residential visits.
9. Roles and responsibilities.

1. Prescribed/non-prescribed Medication

Medicines should only be taken at school when essential; that is where it would be detrimental to the pupil's health if the medicine were not administered during the school day. If medication needs to be administered 3 times a day it is likely that all doses can be given at home. In order to identify medication needs of pupils within school, a medical information and consent form (Appendix 1) is sent out at the start of each academic year.

Parents can request that school staff administer prescribed medication by completing a medication Care Plan (prescribed medication) which includes all necessary information (Appendix 2). Medication will be given exactly as directed on the prescription label and we cannot accept any written or verbal change to the medication, differing from that of the prescription label, from the parent/carer; this must come direct from the prescribing doctor. The Pharmacy should not alter the script on medication, they should always print a new one.

School cannot accept inhalers, eye drops and other medication with a prescription label which only specifies "use as directed" and will ask parents to request that the pharmacy issues a prescription label which specifies the maximum dose and frequency.

Permission to administer prescribed medication via a phone call from a parent or carer is not accepted, however written, signed consent in the home-school diary or via a letter for the first day of administration is acceptable. We will then send a medication Care Plan home for subsequent doses.

We are unable to grind or crush any tablets unless stated on the prescription label and a tablet can only be cut in half if it has a 'cut' line. Equally capsules cannot be opened unless pharmacy provides specific instructions to do so on the prescription label. Where a full tablet or medicine measure is not required, as per prescription, excess will be safely stored in an appropriate sealed container and returned to the parent for disposal and documented in the pupil's Medical File. School is unable to accept ½ tablets into school and cannot give medication that has already been cut.

Medication will always be checked by two members of staff. The second member of staff will then witness the administration of that medication to the pupil and countersign administration paperwork immediately after administration (Appendix 3).

Parents should be informed either by phone or via DOJO if a child's emergency medication e.g. Ventolin inhaler, Buccal has been given. Staff should inform parents as to why, when and how much medication was given.

All medication should have been prescribed for a particular pupil by their General Practitioner or Paediatric Consultant. Medication should be in the container in which it was originally dispensed, clearly labelled (on both the box and bottle/container) with the name of the child, name and dose of medication and the date dispensed.

It is the responsibility of the Class Teacher to ensure medication is in date and there is sufficient medication in school.

Non prescribed medication is not to be given, unless a signed letter is received from the parent. Class teacher to check with a member of SLT that they are happy for the child to be given the medication in school. First Aiders may administer paracetamol/Calpol or parents can supply non-prescribed paracetamol which can be administered to their child by completing a temporary medication Care Plan (Appendix 4). Non-prescribed paracetamol will not be administered for more than 3 consecutive days, without seeking GP advice. Paracetamol supplied by parents should be labelled with the child's details. If parents wish this paracetamol to remain in school for potential future requirement, then it will be locked in the classroom safe/cupboard. Prior to administering any pupil paracetamol for minor ailments without prior instruction from parents, staff will contact parents/carers to ensure that the maximum dose in 24 hours has not been exceeded and to ascertain the time of any previous doses to ensure adequate time has passed. Parents will be notified via the home/school diary of the time and dose administered.

Other non-prescription medication that school staff are able to administer, following completion of a medication Care Plan, include topical creams for skin complaints. Preventative creams, such as those used during intimate care procedures may be used over long periods of time. If however, with any non-prescription topical cream, staff feel that they are being used to treat an ongoing complaint then they may recommend parents seek medical advice.

Staff are unable to administer any medication containing aspirin or ibuprofen unless it has been prescribed by a doctor.

2. Prescribed Enteral Products

All enteral products should have been prescribed by a GP/Dietician or consultant and must be supplied alongside an Enteral Feeding Regime, written by the Enteral Feeding Team.

Enteral feeds should be in their original packaging as dispensed by the pharmacy, clearly labelled and should not be sent into school already made up unless the feed is already in progress. Enteral products should be checked and treated in the same way that medication is and storage guidance from the Feeding Regime followed.

Once opened supplements/milk should be used within 24hours, unless stated otherwise by the Dietitian. Pupils' Feeding Plans must be followed and all criteria logged on the 'administering of supplements' document (Appendix 5). This document will be completed by the member of staff giving the feed/supplement and countersigned by a witness.

3. Administration of Medication in School

Medication should be administered by a Teacher or Learning Partner who knows that pupil.

When giving medication staff should:

- Check the pupil's name against the name on the label of the medicine bottle/packet.
- Check the name of medication, date prescribed, strength and expiry date.
- Check the dosage, against prescription label and Care Plan.
- Check the medication is given at the right time and route, as per the pupil's Care Plan and prescription label.
- Medication should be checked by two members of staff before administration. Both staff members should sign the medicines chart (Appendix 3).
- Administer medication in accordance with the protocol, following the instructions exactly.
- When medication is given orally, observe until it has been swallowed.
- Staff administering non-oral medication must be trained by an appropriate specialist. This includes via gastrostomies and some emergency medication. Some medications, e.g. insulin and paraldehyde can only be administered following specific training.
- Medication should only be given to the person it is prescribed for.

- Any concerns about the medication needing to be administered should be checked with the parent/carer. If, for any reason, the medication is not given, parents should be informed.
- If a pupil is refusing to take their medication, parents should be contacted immediately.
- If staff are unhappy about administering medication for any reason, they should consult with a member of the Leadership Team.
- Any redundant or surplus medication should be returned home. All medication will be sent home over the Summer, Easter and Christmas holidays.

4. Emergency medications/procedures

All pupils with prescribed emergency medication in school will have an individual corresponding protocol that has been completed by the pupil's Consultant, GP and/or the Specialist Nurse. Alongside the protocol generated by their medical professional, there are additional Care Plans to be completed by parents that provide school staff with additional information surrounding the child's condition and management in an emergency (Appendix 6,7 and 8). A copy of the pupil's protocol and Care Plan will be kept in their Medical File and emergency bag, to ensure that medication can be administered promptly. These can be given to a paramedic in an emergency situation.

Should a child have an advanced care plan or complex medical needs staff will ensure that their individual protocols, care plans and copy of their Tcard are with their medications so they can be given to paramedics in an emergency situation.

5. Storage and disposal of Medication in School

All non-emergency medication, including controlled drugs, should be kept in the locked medical cabinet/cupboard in the pupil's classroom. If medication needs to be refrigerated, it must be kept in a fridge. Tablet medication will be stored in the locked medical cabinet/cupboard inside a clear plastic zip wallet with the pupil's name on to ensure all blister packets are kept together, inside the prescriptive packaging. Emergency medication including inhalers, insulin or glucose, injectable adrenalin and rescue medication should be kept accessible in the child's individual orange medicare pack at all times, along with the accompanying protocols. When the pupil is not in school, emergency medication will be kept in the locked safe/cupboard.

All medication **MUST** be provided in its original packaging with the prescription label present and the medication information leaflet available. The exception to this is insulin, which must still be in date and provided with instruction, but will generally be transported inside an insulin pen or pump rather than in its original prescription box.

Pre-loaded dose emergency medications such as buccal midazolam must also be individually labelled by the pharmacy. If the syringes are not individually labelled the

medication must remain complete in its original packaging with the prescription label present. However it is important to note that best practice is for individual labelling where possible. Emergency medication/ bags should be carried by adults only and not pupils.

School staff should not dispose of medicines. Parents and carers are responsible for ensuring that date expired or unrequired medications are returned to the pharmacy for safe disposal. Sharps containers should always be used for the safe disposal of needles and other sharps. Where possible these should be provided by parents/carers as part of the equipment required to meet the needs of the child.

5. Recording Procedure

Each class will have a white medical folder in which the children's medical forms and care plans will be stored along with individual administering sheets (Appendix 3). A child with complex medical needs may require their own folder. The individual administering sheets should be signed (full signature) immediately after a medication/supplement has been given, by the person administering and by the witness. These records will be retained in the class file until the child moves class or school. The records will then be stored for 30 years.

7. Transport of Medication to and from School

Medication is transported with the pupils in their school bag. School staff and parents to inform transport staff if the child's bag contains medication. When medication arrives in school, it should be placed immediately into the locked medicine cabinet/cupboard in the pupil's classroom or, if it requires refrigeration in the fridge. A record should be completed of the medication /supplements received in school (Appendix 9 and 10)

8. Management of medication while offsite

If medication is required during an off-site day trip, then it must remain complete in its original packaging along with a copy of the administrative paperwork and any relevant protocols. Pupils requiring medication will be identified on the Risk Assessment and class in/out sheet which are taken on all off-site visits. Medication required during off-site visits will be transported in an orange medicare backpack by an appropriate member of staff at all times.

9. Roles and responsibilities

Only staff who are appropriately trained will administer medication. On the school site this will generally be the designated members of class staff for administering

regular medication but this may be any trained member of staff for emergency medication. Class teachers are responsible for ensuring that medication has been administered. In their absence a class Learning Support Partner will take responsibility. For non-prescribed medication a First Aider or Class Teacher along with SLT will make the decision to administer in consultation with parents and carers.

A designated member of staff in each classroom will monitor the expiry dates of medication and prescribed feeds and will contact parents/carers if further supplies are needed. This is also the case for monitoring the expiry dates of emergency gastrostomy replacement kits.

SECTION 2 - FIRST AID

In an emergency situation call 999.

There is a Paediatric First Aider in every class. These first aiders are able to attend to all first aid required by the pupils. There are two First aid at Work First Aiders who can attend to both child and adult first aid. The names of the First Aid at Work First Aiders are displayed around the school. Should a First aid be required the walkie talkie will be used to call for a first aider. If it is an emergency situation an imperative will be called along with the first aider. The school follows the statutory requirements for first aid and provides suitably trained first aid staff. The guidance issued by the DfE on first aid for schools SHE/Pro/8 First Aid is followed.

Oxygen will only be administered to individuals for whom it is prescribed, and by staff who have been trained to administer.

There are first aid kits in each classroom and in the Admin Office. The school emergency Calpol and Antihistamine are stored in a locked cupboard in the hot desk room opposite the head teacher's office.

Please see appendices 1-10 below ...

Monitoring, Evaluation and Review:

This policy undergoes a review annually by Full Governing Body from the date of this document.

Reviewed November 2021

Next Review October 2022

Appendix 1

BATTLEDOWN CENTRE FOR CHILDREN AND FAMILIES

MEDICAL INFORMATION & CONSENT FORM

SURNAME:

FORENAMES:

D.O.B:

NAME OF FAMILY DOCTOR:

ADDRESS OF FAMILY DOCTOR:

TEL. FAMILY DOCTOR:

NAME OF PAEDIATRICIAN (if applicable):

Please delete YES/NO for consent to following treatments being administered by qualified school staff:

Plasters and First Aid: YES / NO

(Please inform class team of any allergies)

School Paracetamol (please check this does not interfere with YES / NO

any other medication your child requires, before agreeing)

Un-prescribed topical creams (e.g. aqueous, sudocrem, E45) YES / NO

Note: Un-prescribed topical creams must be provided by parents/carers with clear instructions. They will not be applied for more than 3 consecutive days without seeking advice from your GP. Preventative creams, such as those used during intimate care procedures may be used for longer periods of time. If however, staff feel that these are being used to treat an ongoing complaint they may recommend medical advice.

I hereby consent that my child be treated as indicated above:

Signed:Parent/Guardian Date:

Medical diagnosis:

Please indicate if your child suffers from

Epilepsy: YES / NO

Allergies YES / NO

Asthma YES / NO

Does your child need regular medication to be administered in school? YES / NO

Is your child taking regular medication at home? YES / NO

If you answer yes to any of the above questions further forms will be sent to you.

I consent to any emergency treatment necessary. I therefore, authorise the school staff to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary; provided that the delay required to obtain signature might be considered, in the opinion of the Doctor or Surgeon concerned, likely to endanger my child's health or safety.

Signed: Parent/Guardian Date:

Appendix 2

Battledown Centre for Children and Families

MEDICATION CARE PLAN (Prescribed)

The Battledown Centre for Children and Families will not administer medication to your child unless this Care Plan has been completed and signed.

Name of Child

Date of Birth

Allergies

Medical Condition or Illness
(for which this medication is
prescribed)

Name and Telephone Number of
Prescribing Doctor

MEDICINE
Name of medicine
(as per prescription label)

Note: Medicines must be prescribed and supplied in the original container as dispensed by the Pharmacy with the prescription label visible – on both the box and bottle/container. Medication will be given as directed on the prescription label so it is parent's responsibility to ensure this information is correct.

Dosage and method of
administration
(E.g. oral, gastrostomy,
nasogastric tube)

Time to be given

Special precautions (if any)

Are there any side effects?

Procedures to take in an
Emergency?

Is there anything that we should
NOT do?

PARENT/CARER CONTACT DETAILS

CONTACT 1 Name

Daytime telephone/contact number

Relationship to child

CONTACT 2 Name

Daytime telephone/contact number

Relationship to child

The information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I consent to sharing of the information included in this Care Plan with relevant healthcare professionals if required.

Signature(s) Date

Print Name..... Relationship to pupil.....

Note: All medication to be administered in school must be clearly labelled with clear instructions on frequency and dosage. Medication must be handed to the transport escort or directly to an appropriate member of school staff. If medication is placed in the pupil's school bag, transport staff must be informed. Medication being transferred between settings, via the school, will be handled in the same manner.

Appendix 4

Battledown Centre for Children and Families

MEDICATION CARE PLAN (Non-prescribed)

Battledown Centre for Children and Families will not administer medication to your child unless this Care Plan has been completed and signed.

Name of Child

Date of Birth

Allergies

Medical Condition or Illness
(for which this medication is
being given)

Name and Telephone Number of
Doctor

MEDICINE
Name of medicine

Dosage and method of
administration
(E.g. oral, gastrostomy,
nasogastric tube)

Time to be given

Special precautions (if any)

Are there any side effects?

Procedures to take in an
Emergency?

Is there anything that we should NOT do?

PARENT/CARER CONTACT DETAILS

CONTACT 1 Name

Daytime telephone/contact number

Relationship to child

CONTACT 2 Name

Daytime telephone/contact number

Relationship to child

The information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I consent to sharing of the information included in this Care Plan with relevant healthcare professionals if required.

Signature(s) Date

Print Name..... Relationship to pupil.....

Note: All medication to be administered in school must be clearly labelled with clear instructions on frequency and dosage. Medication must be handed to the transport escort or directly to an appropriate member of school staff. If medication is placed in the pupil's school bag, transport staff must be informed. Medication being transferred between settings, via the school, will be handled in the same manner.

Appendix 6

BATTLEDOWN CENTRE FOR CHILDREN AND FAMILIES

ALLERGIES CARE PLAN

Only to be completed for pupils who suffer from allergies

PUPIL NAME:
D.O.B:
Causation – What is your child allergic to?
Describe allergic reaction:
How long does allergic reaction usually last?
Management – What do you do?
How long is the recovery period? What happens?

MEDICATION	
At home is there regular medication to control allergies? Please detail:	
At school is there medication which is/can be administered? Please detail:	
EMERGENCY CONTACT NUMBERS	
First Contact Name:	Tel. No:
Second Contact Name:	Tel. No:
Home Telephone No. (If not listed above)	
G.P.	Tel. No:
Is there a specific Doctor/Hospital who are aware of your child's condition?	
Please delete as appropriate	YES/NO
If YES can you please complete the following:	
Name of Doctor:	Tel. No:
Name of Hospital:	Tel. No:

The above information is, to the best of my knowledge, accurate at the time of writing.

I give school staff permission to administer the medication as stated above.

Signed: Parent/Guardian Date:

Appendix 7

BATTLEDOWN CENTRE FOR CHILDREN AND FAMILIES

EPILEPSY CARE PLAN

Only to be completed for pupils who suffer from epilepsy.

PUPIL NAME:
D.O.B:
Description of seizure (What happens?):
Causation - Are there any known 'triggers' that cause seizures to occur?
Frequency - How often does your child have a seizure?
How long does the seizure usually last?
Management - What do you do?
How long is the recovery period? What happens?

MEDICATION	
At home is there regular medication to control epilepsy? Please detail:	
At school is there medication which is/can be administered? Please detail:	
Is your child prescribed buccal midazolam, rectal paraldehyde or any other medication if the fit is prolonged? Do they have an emergency protocol?	
EMERGENCY CONTACT NUMBERS	
First Contact Name:	Tel.No:
Second Contact Name:	Tel.No:
Home Telephone No. (If not listed above)	
G.P.	Tel. No:
Is there a specific Doctor/Hospital who is aware of your child's condition?	
Please delete as appropriate	YES/NO
If YES can you please complete the following:	
Name of Doctor:	Tel. No:
Name of Hospital	Tel. No:

The above information is, to the best of my knowledge, accurate at the time of writing.

I give school staff permission to administer the medication as stated above.

Signed: Parent/Guardian Date:

Appendix 8

BATTLEDOWN CENTRE FOR CHILDREN AND FAMILIES

ASTHMA CARE PLAN

Only to be completed for pupils who suffer from asthma.

PUPIL NAME:
D.O.B:
Description of asthma attack (What happens?):
Causation - Are there any known 'triggers' that cause an attack to occur?
Frequency/Duration - How often does your child have an attack?
How long does the attack usually last?
Management - What do you do?

How long is the recovery period? What happens?	
MEDICATION	
At home is there regular medication to control asthma? Please detail:	
At school is there medication which is/can be administered? Please detail:	
EMERGENCY CONTACT NUMBERS	
First Contact Name:	Tel. No:
Second Contact Name:	Tel. No:
Home Telephone No. (If not listed above)	
G.P.	Tel. No:
Is there a specific Doctor/Hospital who are aware of your child's condition?	
Please delete as appropriate	YES/NO
If YES can you please complete the following:	
Name of Doctor:	Tel.No:
Name of Hospital:	Tel.No:

The above information is, to the best of my knowledge, accurate at the time of writing.

I give school staff permission to administer the medication as stated above.

Signed: Parent/Guardian Date:

Appendix 9 /10