



Blatchington Mill School

Administration of Medicines Policy

Based on the Brighton & Hove City Council Model Policy

| | |
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1. Introduction

Blatchington Mill School aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, Design, educational visits, outings, field trips and extracurricular activities. This is in line with our policies on Special Educational Needs and Disabilities, and on Equalities

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It is the policy of Blatchington Mill School to administer medicines/ prescribed medication only to pupils where doing so will enable the individual to participate fully in all aspects of school life.

Any medicines stored and administered within school are handled in a safe and monitored environment. This policy has been written using guidance from the DFE [‘Supporting pupils with medical conditions at school’ guide](#) and Brighton and Hove City Council Administration of Medicines Standard HS–S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

2. Known Medical Conditions

Parents / Carers have the prime responsibility for their child’s health and as such, should provide Blatchington Mill School with information about their child’s medical condition, either upon admission or when their child first develops a medical need. Where a pupil is identified as having a chronic or long-term medical condition, a health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved.

Communicating Medical Conditions to Relevant Staff

The following methods will be used to ensure all relevant staff are aware of the pupils medical condition (with appropriate consideration of pupil confidentiality and date protection):

- A list of all children within the school with any known medical condition is maintained by the First Aid Lead. It is stored on the school portal Staff Channel/Health and Safety which is accessible to all school staff, a link to this is sent by email to all staff. The list also has information of what to do in an emergency. This is updated by the First Aid Lead when there are changes or annually at the least.
- Students’ electronic files include information about significant medical conditions.
- Cover work set for agency and supply staff will include information on the students in the class and this will refer to significant medical needs.

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3. Roles and Responsibilities

School Staff

At Blatchington Mill School the person responsible for the management of meeting the medical needs of pupils/ administration of medication is the First Aid Lead, this position is line managed by the School Business Manager. The head teacher maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

| Role | Name and Job Title |
|--|---|
| Administration of medication | First Aid Lead & first aid trained staff who deputise |
| Managing storage of medication | First Aid Lead, SENCO |
| Returning medication to parents/ guardians for disposal | First Aid Lead |
| Checking that medication has been removed at the end of each half term | First Aid Lead |

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise
- Regular training relating to emergency medication and relevant medical conditions should be undertaken

Parents / Carers

- Parents should not send a child to school if they are infectious or not well enough, the app Study Bugs can provide guidance from Health Bodies in relation to whether or not a student should attend with a specific condition.
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer **must sign a Consent Form** (verbal instructions cannot be accepted)
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the Parent / Carer (verbal instructions cannot be accepted)

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- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional
- First Aid Lead informs parents/carers of date expiring medicines and disposes of all expire medicines.

4. Procedures for the Administration of Medicines

Storing Medicines

- All medicines will be stored in a lockable cabinet during the day or a fridge in the first aid room.
- All medication is held in the medical room and is managed by the First Aid Lead
- When items such as asthma inhalers and automatic adrenaline injectors (AAIs) need to be readily available to pupils at all times, these will be kept in the child's bag, Where children need to have an AAI on their person at all times (as advised by healthcare professionals) they will use a clear box, or pencil case type bag kept in their bag/ or ruck sack
- Controlled medication (e.g. Class 1 and 2 drugs such as "Ritalin" prescribed for Attention Deficit Syndrome) are kept in the safe in the medical room, and a written stock record is kept to comply with the Misuse of Drugs Act legislation.

Administering Medication

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed each time medication is given including the time and dose given.

Prescribed Medicines

- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day
- Blatchington Mill School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration – the following must be clearly shown on the label as follows:

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- Child's name
 - date of birth
 - Name and strength of medication
 - Dose
 - Expiry dates whenever possible
 - Dispensing date/pharmacists detail
-
- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed
 - The Parent / Carer should make arrangements to collect the medicine from the medical room at the end of the day unless alternative arrangements are made with the school staff. The medication in/ out log will be completed to document that medication has been removed/ disposed of.
 - Medicines will not be handed to a child to take home unless agreed as in Self-Management below

'Spare' Emergency Medication

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. (At time of writing there is a shortage of AAIs and so spares are not available). The following arrangements are in place to manage the spare medication in the school:

| | |
|--|---|
| Where the salbutamol inhaler / AAI will be stored | All medication is kept in the medical room |
| Who checks the salbutamol inhaler / AAI to ensure it is in date and when | First Aid Lead Termly |
| Who will administer it in an emergency | First Aiders/staff trained in using AAI Lists of staff trained in the use of AAIs are displayed at points around school. |
| How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI | All staff have access to a list of the student's with medical conditions. The medical information is also on SIMS under Medical (7) |
| Who is responsible for disposing of and replacing the salbutamol inhaler / AAI | First Aid Lead |

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Non- Prescribed Medicines

- The requirements for consent and the procedure for administering non-prescribed medication is the same for prescribed medication with the exception of the need for a pharmacy dispensing label.
- Dosing and frequency of the medication must be instructed in writing by the parent and documented on the consent form. The dosage and frequency of dosing will follow that outlined on the original packaging of the medication.
- School staff will not administer non-prescription medication outside of the dosing and frequency periods given by the parent/ carer.
- On occasions a dose of Paracetamol will enable a student to stay at school.
Only students for whom the school has parent/carer's permission can receive Paracetamol. It is only the First Aid Lead who can administer this and this must be logged. The First Aid Lead will call home before Paracetamol is administered.

5. Staff Training

- Any staff required to administer medicines will receive appropriate training. The school nurse trains staff annually on how to use AAI. First Aid training takes place every 3 years from an appropriate provider.
- Where applicable (e.g. for some intimate medical interventions) a nurse/ medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the Council's 'Delivery of Medical Interventions by Non-Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).

6. Self-Management

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers.

It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

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There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents / Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents / Carers will be required to complete a "Self-Management" form which will detail where the medicines are to be stored during the school day. This will normally be the medical room but arrangements may be made for the year office or Student Support to store the medicines, the logging of medicines held on site will continue to be the responsibility of the First Aid lead.

First Aid Lead to remind families on an annual basis of the need to cooperate with the management plan rather than to allow students to carry medicines with them undeclared.

7. Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency then our emergency procedures will be followed

8. Educational Visits

In line with the requirements of the Equalities Act, Blatchington Mill School will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.
- A copy of any Health Care Plans will be accessible on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/ specialist (in consultation with the parent/carer).

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9. Sporting Activities

In line with the Equalities Act, Blatchington Mill School will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to participate in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma inhalers.

10. Equality, Diversity and Inclusion

At Blatchington Mill School, we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment because of their sex, race, age, sexuality, gender identity, religion and disability.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

11. Confidentiality

Medical information will be kept secure in line with Data Protection requirements and sensitive information will only be shared with those staff that need to know . However, in a large school with a complex timetable as well as multiple extra curricular activities it has been decided to share medical information with all staff to ensure that all are best equipped to act appropriately in an emergency.

Medical information will be kept secure but readily accessible in the event of an emergency.

12. Policy Review

This policy will be regularly reviewed by the Governing Body and updated in line with Blatchington Mill School's Policy Schedule.

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13. Appendices (A – D edited separately)

[A Record of Medicine Administered to Children/Young People](#)

[B Example agreement for administering medicines](#)

[C Example staff training record](#)

[D Instruction for the administration of rectal Diazepam](#)

[E Medicines in/out log](#)

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Signed:

Date:

Relationship

to

child:

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| Childs Name | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|
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F EXAMPLE HEADTEACHER/ HEAD OF SETTING AGREEMENT TO ADMINISTER MEDICINE

Dear

I agree that (name of child) will receive (quantity and name of medicine) every (add time medicine to be administered, e.g. lunchtime or afternoon break).

(Name of child) will be given/supervised whilst they take their medication by (name of member of staff).

This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date:

Signed:

(Headteacher/ Settings Manager)

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G EXAMPLE OF FORM FOR RECORDING MEDICAL TRAINING FOR STAFF

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| | |
|----------------------------------|--|
| Name | |
| Type of Training received | |
| Date Completed | |
| Training Provided By | |

I confirm that **add name** has received the training detailed above and is competent to carry out **add details of medication and/or procedure**.

| | |
|----------------------------|--|
| Trainer's Signature | |
| Date | |

I confirm that I have received the training detailed above.

| | |
|------------------------|--|
| Staff Signature | |
| Date | |

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| | |
|------------------------------|--|
| Suggested Review Date | |
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H INSTRUCTIONS FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Guidelines for the administration of rectal Diazepam in epilepsy and febrile convulsion for non-medical/non-nursing staff.

| | |
|------------------------------------|--|
| NAME OF CHILD/YOUNG PERSON: | |
| D.O.B | |

| | |
|---|--|
| <p>SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM</p> <p>Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc.</p> | |
| USUAL DURATION OF SEIZURE | |
| OTHER USEFUL INFORMATION | |
| DIAZEPAM TREATMENT PLAN | |
| <p>WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED</p> <p>Include whether it is after a certain length of time or number of seizures. e.g. For a tonic/clonic seizure lasting 5 minutes or 2 tonic/clonic seizures without recovery in-between</p> | |
| INITIAL DOSAGE: How much rectal Diazepam given initially | |
| USUAL REACTION(S) TO RECTAL DIAZEPAM | |
| ACTION TO TAKE IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM e.g. constipation or diarrhoea | |
| CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN | |

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| | |
|---|--|
| IF YES, AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN (State the time to have elapsed before readministration takes place) | |
| HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE | |
| WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED | |
| WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP e.g. if the full prescribed dose of rectal Diazepam fails to control the seizure | |
| WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM? (e.g. another member of staff of the same sex) | |
| PRECAUTIONS - UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED e.g Oral diazepam already administered within the last X minutes. | |
| DETAILS OF WHO/WHERE NEEDS TO BE INFORMED e.g. Prescribing GP/ Parents/ carers | |

All occasions when rectal Diazepam is administered must be recorded.

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

| | Signature | Date |
|---|------------------|-------------|
| PRESCRIBING DOCTOR | | |
| AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM | | |
| PARENT/CARER | | |

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| | | |
|-------------------------------|--|--|
| HEAD OF SCHOOL/SETTING | | |
|-------------------------------|--|--|

I MEDICATION IN/ OUT LOG INCLUDING DISPOSAL DETAILS

| | | | | | | | | | | | |
|------------------------|-----|------------------|--|--|--|--|--|--|--|--|--|
| Medication IN/ OUT Log | OUT | Signature | | | | | | | | | |
| | | Quantity | | | | | | | | | |
| | | Strength & Form | | | | | | | | | |
| | | Name of Medicine | | | | | | | | | |
| | | Name | | | | | | | | | |
| | | | | | | | | | | | |
| | IN | Signature | | | | | | | | | |
| | | Quantity | | | | | | | | | |
| | | Strength & Form | | | | | | | | | |

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| | | Name of Medicine | | | | | | | | | |
|--|--|------------------|--|--|--|--|--|--|--|--|--|
| | | Name | | | | | | | | | |
| | | Date | | | | | | | | | |
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