

# PORTFIELD SCHOOL & SATELLITE CENTRES



## POLICY DOCUMENT FOR ADMINISTRATION OF MEDICINES



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Portfield School adopts the LEA guidance on

Administration of Medicines Policy

This policy will be reviewed annually.

Signed ..... (Chair of Governors)

Signed ..... (Headteacher)

Date .....

Reviewed .....

Reviewed .....

Reviewed .....

Mr Blakemore (governor) is the responsible person for this policy.

## Portfield School Mission Statement

Working together    Learning together    Achieving together

At Portfield School we strive to

- Create a happy, safe, supportive and stimulating learning environment
- Value everyone
- Develop everyone's personal, social, emotional health and wellbeing
- Promote relevant academic and vocational skills
- Meet individual needs through an imaginative and flexible approach
- Enable all learners to achieve their full potential

### UNCRC United Nations Convention on the Rights of the Child

- Portfield School places the values and principles of the UNCRC at the heart of all policies and practices
- Portfield School is a Rights Respecting School

Portfield School maintains an internal written record Health Care Plan of the medical details and specific precautions to be taken and symptoms to be monitored for any child with an allergy or illness.

The School follows the following protocol:-

- Parental consent and advice is to be obtained prior to the child being admitted
- The School Nurse or Community Children's Nurse will seek GP input in order to ensure that best advice is always received
- Staff training - regular updates should be communicated to staff and recorded
- General awareness of any child's conditions should be made to staff and students
- Advise staff of side effects which may be relevant
- Food allergies – the school kitchen is informed and where appropriate packed lunches need to be provided by the parents. They should also submit full and detailed information with regards to any materials, foods or substances which may cause an allergic reaction
- Storage - some medication may require refrigeration – a fridge for medication is located in the nurses room.
- Two staff are to be present at all times when medications are given, medication book to be signed and counter signed by the two members of staff.
- Needles must be locked away which are to be used – secure cupboard in the nurse's medical room or in a secure box for diabetic pupils in class. All needles in “sharps” boxes for removal.
- Medication is passed between home and school in labelled zipped bags and are handed from adult to adult.

### **General codes of practice regarding the administration of medication**

1. No medication should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so on the pupil's Health Care Plan, Appendix 4 for occasional use or in an emergency written details provided in the home/school diary with signature of consent. It must be understood that all staff are acting voluntarily in administering medicines.
2. Any daily dosage of medication should be given at home.
3. Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that child is fit enough to return to school, the dosage can usually be adjusted so that none is required at School, e.g. morning before school, arrival at home and bedtime.
4. (a) Medicines should be administered following the Health Care Plan, given and witnessed by appropriately trained staff who may be a Teacher, Level 3 or Level 1 LSA in order to prevent any errors occurring.  
  
(b) In unusual circumstances, SLT should be consulted and an appropriate risk assessment completed with CCN and SLT

5. The parents or legal guardians must take responsibility to update the school of any changes in administration for routine or emergency medication and maintain an in date supply of medication. Parents are informed of their responsibilities when pupil's register and also in the newsletters. Any unused or time expire medication must be handed back to the parents or legal guardians of the child for disposal.
6. a) Before administering you must check that all medicines are in **original container and be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency, expiry date and name of medication being given**. All medication must be in a child proof container.  
Please note – batch numbers on blister packs must correspond with the box's number.  
  
b) Any member of staff giving medicine to a pupil/young person must check that their name, DOB and Health Care Plan, prescribed dose and expiry date.  
  
c) Buccal medication – each blister pack should be labelled. It is the parent's responsibility to ask the pharmacist to label.
7. Emergency treatment medication and inhalers must follow the child at all times. Inhalers and other emergency treatment medication must follow the child to the sports field/swimming pool etc. Where it is agreed by the parents and teachers the inhalers will be carried by the child. All other medicines (except inhalers) should be kept securely. NB – pupils in Upper School do not need their medication poolside when using the hydro pool as the class secure storage is nearby.
8. All medication administered should be clearly recorded using a black pen at the time of administration on individual medication administration record (See Appendix 2)  
  
If appropriate, children may carry their own emergency treatment medication or inhalers in "bumbags". If this is not appropriate the medication should be kept by the staff in charge in a red medical first aid rucksack on the touch-line or at the side of the pool. The school may hold emergency spare inhalers, if they are provided by the parents/guardians, or other treatment medication in the event that the child's medication is lost.
9. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness - this will be indicated on the label. If a refrigerator is not available, medication may be kept for a short period in a cool bag or box with packs, provide by the parent/guardian. Some medication may need to be kept out of direct sunlight.
10. If there is any difficulty about the use of medicines, including injections or inhalers, the School Nurse, Community Children's Nurse or school doctor should be contacted for advice.
11. Refusal to take medication must be informed to parents on the same day and recorded on medication administration form.

## **Controlled Drugs**

1. The supply, possession and administration of some medications are controlled by the Misuse of Drugs Act 1972 and its associated regulations. These may be prescribed for use by children e.g. methylphenidate, buccal midazolam.
2. A member of staff may administer a controlled drug to the child for who it has been prescribed in accordance with the prescribers instructions.
3. School must keep controlled drugs in a locked, non-portable cabinet to which only nominated staff have access. A record should be kept for audit and safety purposes (See Appendix 1). Keys to cabinets are carried by the teacher or senior LSA. Keys are kept in a locked cupboard overnight in school.
4. A controlled drug as with all medicines should be returned to the parents or the dispensing pharmacy for safe disposal when no longer required. A record of this is to be logged in the controlled drugs book.

## **Long Term Medication**

1. The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instruction, otherwise the management of the medical condition is hindered.
2. In addition, the parents/guardian must be informed that they must use a proforma to report any changes in medication to the school (See Appendix 3). Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.
3. It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.
4. Long term medication is particularly applicable to the management of asthma.

Preventers - These medicines are taken regularly to make the airways less sensitive

Relievers - These medicines quickly open the narrowed airways to help the child's breathing difficulties

(i) Advice for school staff on the management of asthma for individual children (including emergency care) will be provided by the school nurse or school doctor as requested.

(ii) Any difficulties in the use of an inhaler or understanding about medication usage should be referred to the school nurse or doctor for further advice.

(iii) It is important that the reliever inhalers are immediately accessible for

use when a child experiences breathing difficulties or when

- (iv) Specifically required prior to a sporting activity and outing as instructed by the Medical Practitioner.

## **Injections**

There are certain conditions e.g. Diabetes Mellitus which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, staff can administer as per schools insurance policy providing staff have been provided adequate training, parental consent has been given and is written in the health care plan.

## **Epipens**

Epipens may be required by individual pupils in an emergency, health care plan to be followed.

## **Emergency Treatment**

1. No emergency medication should be kept in the school except those specified for use in an emergency for an individual child.
2. Advice for school staff about individual children will be provided by the school nurse, complex needs nurse or school doctor on request.
3. Storage must be in accordance with school policy. These medications must be clearly labelled with the child's name, the action to be taken with the child's name, route, dosage and frequency and the expiry date.
4. If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy retained by the school. This should be done within 48 hours.
5. When specifically prescribed a supply of antihistamines or adrenaline should be made available by parents or legal guardians if it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts, etc. Immediate treatment needs to be given before going to the nearest emergency hospital/or calling an ambulance. The health care plan will detail the administration of adrenaline injections.
6. The pupil's individual health care plan should be followed.
7. Rectal diazepam and buccal midazolam may be kept in school for administration on individuals, for whom it is specifically prescribed to treat, if suffering from repeated or prolonged seizures. Rectal diazepam and buccal midazolam where prescribed should be readily available for use by a member of staff trained to administer. Where this emergency treatment has been administered by staff an ambulance must be called. In a minority of cases the Health Care Plan will detail any deviation from this action.
8. The pupils Health Care plan will include when pupils require the administration of rectal diazepam/buccal midazolam, the procedures and care plan for administration.

9. A supply of glucose (tablets, drink, etc) for the treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools where any pupil suffers from Diabetes Mellitus. If a second attack occurs, the child must go to the nearest hospital receiving emergencies. The pupil's individual health care plan should be followed.

### **School Visits**

1. An Educational Visits Form must be completed on-line using Evolve prior to the commencement of any school visit outside of the County boundary for a period of more than 24 hours.
2. A school consent form from the child's parent or guardian must be received prior to participation in any school trip. Any medical problems must be highlighted by the parent/guardian including any day or night medication requirements.
3. Where insurance cover is obtained, medical conditions must be disclosed, otherwise insurance cover may be refused.
4. Named persons must be identified to supervise the storage and administration of medication. This will be done on the online form.
5. Wherever possible, children should carry their own inhalers for the treatment of asthma, but it is important that the named person is aware of this.
6. Records of medicines administered to be taken on visit.





**Appendix :3**

**CHANGE OF MEDICATION FORM**

<b>PUPIL NAME</b>	
<b>DATE OF BIRTH</b>	

<b>PLEASE LIST BELOW <u>ALL</u> MEDICATION TAKEN</b>		
<b>Name of Medicine</b>	<b>Dose</b>	<b>Times to be given</b>

*Continue overleaf if necessary*

<b>CHANGE REQUESTED BY...</b>	
<b>NAME (Please Print)</b>	<b>Signed:</b>
	<b>Date:</b>

**Appendix :4**



**AGREEMENT TO ADMINISTER NON-REGULAR MEDICATION**



**This form MUST accompany the child during administration of medication to ensure that the correct medication/dose is given and documented.**

It is agreed that my child will receive the medication detailed below.

**This agreement will continue until either the end date of course of medication or until instructed by parents.**

<b>Name of child:</b>	
<b>Class:</b>	
<b>Date medication provided by parent:</b>	
<b>Name and strength of medication:</b>	
<b>Quantity received:</b>	
<b>Expiry date/ Dispensary date:</b>	/
<b>Dose and frequency to be given:</b>	
<b>Signature of parent:</b>	Yes / No
<b>Verbal request from parent:</b>	Yes / No <b>If NO to both – DO NOT ADMINISTER</b>
<b>Quantity returned to parent:</b>	

Medication will be given/ supervised by two members of staff trained to administer medication of which one will one be a teacher/ senior LSA.

**Written/verbal (Circle applicable) consent from parents obtained by:**

**Name (BLOCK CAPITALS):** .....

**Signature:** ..... **Date:** .....

**Designation:** ..... (E.g. Parent/Teacher/Senior LSA)

**Witness (BLOCK CAPITALS):**..... (Name of staff member)

**Signature:** ..... **Designation:** ..... (E.g. Teacher/LSA)

**Appendix :4 Cont**

**Written request/consent to be obtained within 24 hours and attached to this form e.g. photocopy of home/school book.**

Record of medication administered overleaf...

**RECORD OF MEDICATION ADMINISTERED**

Date:	/ /	Date:	/ /
Time given:		Time given:	
Dose given:		Dose given:	
Given by: (PRINT)		Given by: (PRINT)	
Signature:		Signature:	
Witnessed by: (PRINT)		Witnessed by: (PRINT)	
Signature:		Signature:	

Date:	/ /	Date:	/ /
Time given:		Time given:	
Dose given:		Dose given:	
Given by: (PRINT)		Given by: (PRINT)	
Signature:		Signature:	
Witnessed by: (PRINT)		Witnessed by: (PRINT)	
Signature:		Signature:	

Date:	/ /	Date:	/ /
Time given:		Time given:	
Dose given:		Dose given:	
Given by: (PRINT)		Given by: (PRINT)	
Signature:		Signature:	
Witnessed by: (PRINT)		Witnessed by: (PRINT)	
Signature:		Signature:	

Date:	/ /	Date:	/ /
Time given:		Time given:	
Dose given:		Dose given:	
Given by: (PRINT)		Given by: (PRINT)	
Signature:		Signature:	
Witnessed by: (PRINT)		Witnessed by: (PRINT)	
Signature:		Signature:	
Date:	/ /	Date:	/ /
Time given:		Time given:	
Dose given:		Dose given:	
Given by: (PRINT)		Given by: (PRINT)	
Signature:		Signature:	
Witnessed by: (PRINT)		Witnessed by: (PRINT)	
Signature:		Signature:	

**Appendix :4 Cont**

<b>Date:</b>	/ /	<b>Date:</b>	/ /
<b>Time given:</b>		<b>Time given:</b>	
<b>Dose given:</b>		<b>Dose given:</b>	
<b>Given by: (PRINT)</b>		<b>Given by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Witnessed by: (PRINT)</b>		<b>Witnessed by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	

<b>Date:</b>	/ /	<b>Date:</b>	/ /
<b>Time given:</b>		<b>Time given:</b>	
<b>Dose given:</b>		<b>Dose given:</b>	
<b>Given by: (PRINT)</b>		<b>Given by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Witnessed by: (PRINT)</b>		<b>Witnessed by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	

<b>Date:</b>	/ /	<b>Date:</b>	/ /
<b>Time given:</b>		<b>Time given:</b>	
<b>Dose given:</b>		<b>Dose given:</b>	
<b>Given by: (PRINT)</b>		<b>Given by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Witnessed by: (PRINT)</b>		<b>Witnessed by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	

<b>Date:</b>	/ /	<b>Date:</b>	/ /
<b>Time given:</b>		<b>Time given:</b>	
<b>Dose given:</b>		<b>Dose given:</b>	
<b>Given by: (PRINT)</b>		<b>Given by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Witnessed by: (PRINT)</b>		<b>Witnessed by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	

<b>Date:</b>	/ /	<b>Date:</b>	/ /
<b>Time given:</b>		<b>Time given:</b>	
<b>Dose given:</b>		<b>Dose given:</b>	
<b>Given by: (PRINT)</b>		<b>Given by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Witnessed by: (PRINT)</b>		<b>Witnessed by: (PRINT)</b>	
<b>Signature:</b>		<b>Signature:</b>	

## Portfield School Administration of Medicines Policy

Procedure for:	Meeting Pupil's Health Needs
	<b>The administration and recording of medication</b>
Purpose	To define the control of medication

The information detailed below is based upon the issues identified in the WAG Guidelines 2012.

### Parental consent

Medication, including non-prescription medication, can only be administered with the written consent of parents/guardians. It is the responsibility of the parents to provide the school with clear and up-to-date instructions in regard to the administration of medication. The consent form used by the school is appended to this procedure and is included in the pupils health care plan. The form provides written details of the name of the medication, the dosage, the method of administration, the time and frequency of administration, other treatment and any side effects. Forms should always be signed by the parent or guardian.

Parents are responsible for notifying the school of any changes in medication details – dosage, time to be given etc.

### Transfer

Medication is to be transferred to school via the escort/parent. All medication should be marked with a pharmacy label which includes the child's name, the name and dosage of the drug, the frequency of administration, and the expiry date.

Under NO circumstances should ANY medication be given to children to carry, neither should it be placed in their bags. In exceptional circumstances where pupils administer their own medication then these pupils will carry their own medication as agreed with parents.

### Storage

Medication is to be handed to the Class teacher on arrival at school. It should be in its original container and appropriately labelled. In school, it will be stored in a lockable facility in or close to classrooms.

### Access to Medication

Medication and records relating to the administration of medicines are kept locked in the Medical Cabinet. The classteacher is the designated key holder during the day. In their absence the class senior or designated member of support staff will hold the key for each class.

Where staff are willing to give medication, the Headteacher will seek to ensure that they are provided with appropriate training to do so. At the present time of writing Portfield have the service of a Community Children's Nurse for 22.5 hours per week and a service level agreement provision for a Children's Nurse for 18 hours per week and access to school health nurse 37.5 hours a week. This time is not wholly spent on the premises.

Medication is currently administered mainly by school staff.