



Administration of medicines

St Richard Reynolds Catholic College

Policy: Administration of Medicines

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Aims and Objectives

The administration of medicines is the overall responsibility of parents or carers. The College is responsible for ensuring children are supported with their medical needs whilst on site, on school trips and on residential trips: this may include managing medicines where appropriate and agreed with parents or guardians.

The aim of this policy is

- To ensure that pupils receive the medicines they need in a safe and timely way

We will achieve this by

- Establishing principles for safe practice in the management and administration of prescribed medicines where these are necessary to the wellbeing of the child in College
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Maintaining up to date records, including parental permissions

Parental responsibility

The administration of medicine is the responsibility of the parent or carer and children who need medication should have it administered at home if at all practicably possible.

Where medicines need to be administered in College, parents/carers are responsible for:

- providing the medication termly, ensuring it is within date and labelling it correctly with their child's full name, date of birth, form, the dose and frequency of the medication. Medicine should be brought to the College by an adult
- informing the College of any change of medication and any relevant medical advice
- replacing medicine when it has been used or is out of date e.g. epipens after eighteen months
- ensuring that children using medication such as inhalers or epipens, where speed may be important, have a labelled inhaler or epipen in their bag
- Ensuring that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

Children's responsibility

High School pupils who use inhalers or epipens should keep them with them in their bag at all times. Other arrangements will be made as appropriate in the Primary School.

What medicines will we administer?

There will always be circumstances when children may need to take medication during College hours and examples of the main occasions are listed below:

- i. When suffering from chronic illness or long term health problems such as asthma, diabetes or epilepsy.
 - ii. In the event of an emergency - e.g. the use of an epipen/anapen for anaphylaxis, which is an extreme allergic reaction requiring urgent medical treatment.
 - iii. When suffering from a short term illness but are fit to return to College although needing to continue their course of medication.
 - iv. When needing a pain relieving drug during the College day - secondary schools only
 - v. When needing medication on a school journey e.g. Calpol, travel sickness tablets
- We will manage prescribed medicines (eg. antibiotics, inhalers), where appropriate, following consultation and agreement with, and written consent from the parents/carers
 - It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. Paracetamol or cough mixtures provided by the parents/carers). Exceptions may be made in rare and particular circumstances at the request of the parent and with written consent
 - We will manage the administration of maintenance drugs (e.g. Insulin) as appropriate following consultation and agreement with, and written consent from the parents/carers. On such occasions, a health care plan will be written for the child concerned

- The decision to manage the administration of emergency medicines such as adrenaline for acute allergic reaction or midazolam will be made on a case-by-case basis and professional guidance will be sought before a commitment to administer medicine is made. Staff will be trained fully
- If the Principal is unable to agree to the request to administer medication then s/he should do so in writing. If a refusal is made then a reason should be given.

Procedure for Administration

- When deciding upon the administration of medicine needs for children we will discuss this with the Parents/carers concerned and make reasonable decisions about the level of care required
- Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file
- Staff, including catering staff, will be informed of the medical needs of the child and, where appropriate (e.g. epipen), photographs of children who may need emergency medicine will be displayed in the staffroom
- All medicine accepted at the College must be handed in by an adult (preferably the parent) and the administration details must be as given on the parental consent form. It should be in small quantities, but in the original container/package as dispensed by the pharmacist. The expiry date should not be exceeded and there should be no more than a week's supply. Medicines which have not been used must be returned to the parent
- Medicines will be administered by volunteer staff who have been trained to administer that medicine
- The First Aider will always phone a parent for permission for all medicines unless written permission is already in place
- Individual health care plans will be completed for children where required and reviewed periodically in discussion with parents/carers to ensure their continuous suitability.
- Where possible, the administration of medication will take place in H01 or the College office
- Staff leading trips must familiarise themselves thoroughly with any medication required and ensure that they bring it with them on school trips and that there is a member of staff who is trained if necessary
- A record will be kept of all medicine administered
- When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and parents/carers informed to accompany the pupil to the hospital if at all possible.

Training and Communication

Medication will usually be administered by staff who have been trained in First Aid. Medicine should be administered by trained volunteers or by staff whose job description includes this.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

Teachers who have children with medical conditions in their class, whether or not they are volunteers to administer medicine, should know of the nature of the condition, how it may affect the child and the procedures to be followed in an emergency.

Storage

The storage of medicines is the overall responsibility of the Principal who will ensure that arrangements are in place to store medicines safely.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. All medicines, except epipens/anapens, asthma inhalers and other emergency medication should be under lock and key and never in a first aid container. Only staff nominated should have access to medicines but all staff should be familiar with the procedures for quick access in the event of an emergency.

Epipens/anapens should be kept in an accessible but safe area in a visibly marked container, which contains the consent form and Health Care Plan for the child together with the epipen/anapen.

All medication will be taken home at the end of each academic year, and renewed at the beginning of each year.

Disposal

'Sharps boxes' will always be used for the disposal of needles.

APPENDIX A

Healthcare Plan for a Pupil with Medical Needs

Name _____

Date of Birth _____

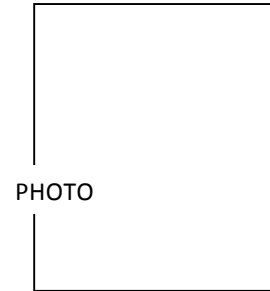
Condition: _____

Class/form _____

Date _____

Name of School _____

Review Date _____



CONTACT INFORMATION

Family contact 1

Name _____

Phone No. (work) _____

(home) _____

(mobile) _____

Parent /legal guardian with parental
responsibility

Family contact 2

Name _____

Phone no. (work) _____

(home) _____

(mobile) _____

Parent /legal guardian with parental
responsibility

Clinic/Hospital contact

G.P.

Name _____

Name _____

Phone No. _____

Phone No. _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (e.g. before sport/ at lunchtime)

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (state if different on off-site activities)

Form copied to:

Signature of Parent/Legal Guardian with parental responsibility:

Print Name:

Date:

WHO HAS PARENTAL RESPONSIBILITY?

- **Mothers** automatically have parental responsibility for their children
- **Fathers** also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later.
- **Unmarried fathers** do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them.
- **People looking after your child** like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

*The National Family and Parenting institute produce a leaflet *Is it legal? A parents guide to the law* which gives more information about parental responsibility and how to acquire it (www.eparents.org or telephone 0207424 3460)

HEALTH EDUCATION TRAINING

Name of School/Nursery/Clinic:

Presentation given by:

Professional Title:

Topic:

Date:

Time:

PLEASE PRINT NAME CLEARLY	PROFESSIONAL TITLE

CONTINUATION SHEET FOR ATTENDANCE

Topic:

Date :

PLEASE PRINT NAME CLEARLY	PROFESSIONAL TITLE

APPENDIX C

Record of Medication administered in school

Form for schools to record details of medication given to pupils

Pupil Name

Date	Time
------	------

Name of medication

Dose given

Any reactions

Time

Staff Name

Staff signature

CONSENT FORM

CHILD MEDICATION REQUEST

PLEASE PRINT & USE BLACK OR BLUE PEN

PRIVATE & CONFIDENTIAL

Child's Name:		Child's class:	
Parent's surname if different:			
Home telephone:			

Home address:

Emergency contact names and telephone numbers:
1.
2.
3.

Doctor's Name:

Doctor's Address & phone number

Nature of condition or illness:

I have read the College's policy on medication and agree to it.

I agree to members of staff administering medicines that have been supplied / or providing treatment or care to my child as directed below

I agree to update information about my child's medical needs, held by the school, on a regular basis

I will ensure that the medicine held by the school has not exceeded its expiry date and will replace as necessary.

Sign:

Name in print:

Parent/ legal guardian with parental responsibilities

Procedures to be taken in an emergency:

Name of medicine

Dose & instrument for administering dose

Eg. Volumatic, EpiPen/AnaPen

Frequency/ Times

Completion date of course of medicines if known

Expiry date of medicine

Special instructions/medicines taken at home/ allergies

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For further reference: www.doh.gov.uk/consent/parentsconsent.htm

A guide for parents “What you have a right to expect” 2002

APPENDIX E

For Secondary Schools only

Academic Year:

CONSENT FORM

Administration of Medicine

Name of School

Child's Surname

Child's Forename(s)

Address

.....

Date of Birth

Year Form

I agree/do not agree to my child receiving one pain relieving drug during the school day. I acknowledge that my child will be asked if they have taken any other medication that day and will be asked to sign for the tablet. This consent is given for the noted academic year and I will notify the school, in writing, if I wish to withdraw this consent.

Special Note:

- No aspirin to be given to anyone under 16 years old.

**- NSAIDs (non steroidal anti-inflammatory drugs) eg. Ibuprofen should be specified
to be given with food**

Signature

Print Name.....

Parent/ legal guardian with parental responsibilities

Date

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APPENDIX F

CONSENT FORM

Request for pupil to carry his/her medication

Eg. EpiPen, AnaPen, Inhaler

This form must be completed by parent/ legal guardian with parental responsibilities

Pupil's Name: Class/form:

Address:

.....

Condition or illness:

.....

.....

Name of medicine:

.....

Procedures to be taken in an Emergency:

.....

.....

CONTACT INFORMATION

Name:

Daytime Phone No:

Parent / legal guardian with parental responsibilities

I would like my son/daughter to carry his/her medication on him/her for use as necessary.

Signed:

Date:

Print Name:

Parent / legal guardian with parental responsibilities

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APPENDIX G

CONSENT FORM

Administration of Rectal Diazepam

College:

Child's Name: Date of Birth:

Address:

Home Tel No: Parents' Work No:

GP Name and Tel No:

Consultants Name:

The above child will need Rectal Diazepam as treatment for an epileptic seizure under the following circumstances:-

a) _____ minutes after a seizure has begun.

b) After _____ seizures.

c) Other circumstances please state:-

I agree to trained members of staff administering Rectal Diazepam as directed below:

Two adults should always be present.

I UNDERSTAND IT IS MY RESPONSIBILTY TO UPDATE THIS INFORMATION WHEN APPROPRIATE.

Signed

Date

Parent/legal guardian with parental responsibility (see overleaf)

Name of Medicine

Dose

Maximum Dose

Any other information:-

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Emergency Planning

Request for an Ambulance to:

.....

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number

.....

2. Give your location as follows: (insert College address and postcode)

.....

.....

3. State that the A-Z reference is

.....

4. Give exact location in the College (insert brief description)

.....

5. Give your name

.....

6. Give brief description of pupil's symptoms and the time of the incident.

.....

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

.....

Speak clearly and slowly and be ready to repeat information if asked.

**Staff Training Record - Administration of Specific Medical Treatment and Use of
Equipment**

Name:

Type of training received:

.....

Date training completed:

Training provided by:

I confirm that has received the training detailed above
and has been given advice on how to carry out any necessary treatment as stated in the Health
Care Plan.

Trainer's signature:

Date:

Print Name:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Print Name:.....

Suggested review date: