



Broughton Hall Catholic High School

ADMINISTRATION OF MEDICINES POLICY

INTRODUCTION

The purpose of this document is to provide advice to all school staff on managing medication in schools and to put in place effective systems to support individual pupils.

Although the giving of medication to children is a parental responsibility, school staff may be asked to perform this task but they may not, however, be directed to do so. The administering of medicines in schools is entirely voluntary and not a contractual duty.

National guidance from the Department for Education and Employment, and Department of Health encourages schools to do all that is practical to help children to benefit from education.

1. RESPONSIBILITIES

Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form (page 19). Verbal instructions should not 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(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with the school nurse and school staff. Minor changes to the Care Plan can be made if signed and dated by the school nurse. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional.

Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry date whenever possible;
- Dispensing date.

Training

Advice and training is available to members of staff concerned with administration of medicines by the school nurse.

All members of staff need to have some appreciation of the underlying medical condition and the need for treatment. All staff volunteering to administer emergency medication must first receive appropriate training.

School Staff

Teachers and other support staff should have access to information, training and that appropriate insurance with regard to the administration of medicines.

It is important that school staff who agrees to administer medication 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. Advice about this can be obtained from the school nurse/doctor.

2. STORAGE

Generally non-emergency medication should be stored in a locked cupboard preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a food refrigerator.

Wherever appropriate, children in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities.

All emergency medication e.g. inhalers, epipens, dextrose tablets and anti-convulsants must be readily accessible, but stored safe in a location known by the child and relevant staff.

There is a lockable cupboard immediately opposite the door in Pupil Reception.

Medication should always be kept in the original dispensed containers. Staff should never transfer from original containers.

3. SCHOOL TRIPS, VISITS AND SPORTING EVENTS

Medication required during a school trip should be carried by the pupil, if this is normal practice. If not, then a trained member of staff or the parent should be present, either of whom can carry and administer the medication as necessary. Parent(s) must complete a Consent Form if their child requires any medication whilst on a school trip or visit.

It is essential to inform all staff members involved with sporting activities or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur.

The accessibility of medication, particularly for use in an emergency, will need to be considered.

The above information should be cross-referenced with the School Visits and Trips policy.

4. ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. The school does not keep stock supplies of analgesics e.g. paracetamol for potential administration to any pupil.

CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

5. OVER THE COUNTER MEDICINE (E.G. HAYFEVER REMEDIES)

These should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

6. RITALIN (METHYLPHENIDATE)

Ritalin is a Controlled Drug. Ritalin must be stored in a locked place and a record of administration must be kept. It is good practice to make a record when new supplies of Ritalin are received into school.

7. EMERGENCY MEDICATION

Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

There is a lockable cupboard immediately opposite the door in Pupil Reception.

The emergency medication which might be used includes:

- Buccal Midazolam;
- Rectal Diazepam;
- Adrenaline (Epipen/Anapen);
- Glucose (dextrose tablets or hypostop);
- Inhalers for asthma.

Training will be given by a recognised trainer to all staff who have volunteered to administer emergency medication.

8. ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. (Older children may bring in and take home their own antibiotics if considered appropriate by the parent(s) and teachers.)

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made.

Record Keeping

If the child does not receive a dose, for whatever reason, the parent must be informed that day.

9. RECORD KEEPING

When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the reverse of the medicine Consent Form. Reasons for any non-administration of regular medication must be recorded and parent(s) informed on the same day. The Consent Form must be kept with the medication.

10. RETURN OF MEDICATION

Medication should be returned to the child's parent(s) whenever:

- The course of treatment is complete;
- Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- Instructions are changed;
- The expiry date has been reached.

In exceptional circumstances e.g. when children have left school, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, nor flushed down the toilet, nor washed down the sink. It is the parent's responsibility to replace medication which has been used or expired, at the request of the school staff.

11. FIRST AID BOXES

First aid boxes, identified by a white cross on a green background, will be provided within the workplace to ensure that there are adequate supplies for the nature of the hazards involved. All boxes will contain at least the minimum supplies required under law. Only specified first aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept in these boxes.

The location of first aid boxes and the name of the person responsible for their upkeep will be clearly indicated on notice boards throughout the workplace. First aid boxes will display the following information:

- the name of the person responsible for their upkeep;
- the nearest location for further supplies;
- the contents of the first aid box and replenishing arrangements;
- the location of the accident book.

First aid boxes are maintained and restocked when necessary by authorised personnel. These personnel will be made aware of the procedure for re-ordering supplies.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN/ANAPEN BY SCHOOL STAFF

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan.

An Epipen/Anapen can only be administered by school staff who have volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by the

school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen/Anapen is in date. The Epipen/Anapen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen/Anapen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen/Anapen can be carried on their person. An additional Epipen/Anapen should be kept in the lockable cupboard in the main office.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen/Anapen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen/Anapen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.
6. Once the Epipen/Anapen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen/Anapen before the child returns to school.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. School staff who have volunteered to assist children with inhalers, will be offered training from the school nurse.

1. Normally staff should encourage a child to the appropriate use of an inhaler but NOT administer the drug itself. In cases of children with severe asthma and if school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them.
3. It would be considered helpful if parent(s) could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year. There is a lockable cupboard situated directly opposite the entrance to the school office.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. Parent(s) should be responsible for renewing out of date and empty inhalers.

7. Parent(s) should be informed if a child is using the inhaler excessively.
8. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games.
9. If pupils are going on offsite visits, inhalers MUST still be accessible.
10. It is good practice for the school to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
11. Asthma can be triggered by substances found in school e.g. glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES.

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff should be offered training on diabetes and how to prevent the occurrence of hypoglycaemia.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions.

Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan.

Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them.

Expiry dates must be checked each term, either by a member of school staff or the school nurse.

3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is

very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment.

Parent(s) should be informed of “hypo’s” where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided:-

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

The use of Hypostop must be recorded on the child’s Care Plan with time, date and full signature of the person who administered it. It is the parent’s responsibility to renew the Hypostop when it has been used.

DIAZEPAM

Rectal Diazepam is a treatment for convulsions, and it is administered via the rectum.

Rectal Diazepam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the head teacher and who has been assessed as competent by the named school nurse. The school nurse will provide training of designated staff and the head teacher will keep a record of the training undertaken. Training will be updated at least once a year.

1. Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the child’s records.
2. The prescription sheet should be renewed yearly by the GP, if this is not possible, the school nurse will check with the parent(s) that the dose remains the same.
3. The Consent Form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
4. Only designated staff who have received training from the named school nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.
5. The Consent Form and the prescription sheet must always be checked before the Rectal Diazepam is administered.
6. It is recommended that the administration be witnessed by a second person.
7. The child should not be left alone until fully conscious.
8. Consideration should be given to the child's privacy and dignity.
9. The amount of Rectal Diazepam that is administered must be recorded on the child's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated.
10. Each dose of Rectal Diazepam must be labelled with the individual child's name and stored in a locked cupboard. The keys should be readily available to all designated staff.

11. The school nurse must check expiry dates of Rectal Diazepam each term. If necessary she may ask the school doctor to carry out this responsibility. The parent(s) at the request of the school nurse should replace it.
12. All school staff who are designated to administer Rectal Diazepam should have access to a list of children who may require emergency Rectal Diazepam. The list should be updated at least yearly, and amended at other times as necessary.

GUIDELINES FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

Buccal Midazolam is a treatment for convulsions, and it is administered orally. Buccal Midazolam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the head teacher and who has been assessed as competent by the named school nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher. Training will be updated at least once year.

1. Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the child's records.
2. The prescription sheet should be renewed yearly by the GP, if this is not possible the school nurse will check with the parent(s) that the dose remains the same.
3. The Consent Form and prescription sheet must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
4. Buccal Midazolam can only be administered by designated staff who have received training from the named school nurse. A list of appropriately trained staff will be kept.
5. The Consent Form and the prescription sheet must always be checked before the Buccal Midazolam is administered.
6. It is recommended that the administration is witnessed by a second person.
7. The child should not be left alone until fully conscious.
8. The amount of Buccal Midazolam that is administered must be recorded on the child's Buccal Midazolam Record Card. The Record Card must be signed with a full signature of the person who has administered the Buccal Midazolam and dated.
9. Each dose of Buccal Midazolam must be labelled with the individual child's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
10. The school nurse must check expiry dates of Buccal Midazolam each term. If necessary she may ask the school doctor to carry out this responsibility. It should be replaced by the parent(s) at the request of the school nurse.
11. All school staff who are designated to administer Buccal Midazolam should have access to a list of children who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

**TO BE FILLED IN BY THE PRESCRIBING DOCTOR.
THANK YOU.**

Procedure for the administration of Rectal Diazepam during school hours to:

Name _____ **Date of birth** _____

DESCRIPTION OF SEIZURES REQUIRING TREATMENT WITH **RECTAL DIAZEPAM**

To administer **Rectal Diazepam** after onset of seizure:

1. Wait _____ minutes. If seizure has not stopped, administer:
2. Wait _____ minutes, check if seizure has stopped. If it has not, administer another:

3. Wait _____ minutes, check if seizure has stopped. If it has not, administer another:

4. Wait _____ minutes. **If seizure does not stop, then call for an ambulance and inform parent(s).**

If **second/third** dose administered, does pupil need a hospital check?

Yes/No (delete as appropriate)

Maximum Dose per school day

Rectal Diazepam prescribed by

Amount

Signed _____ Witnessed by: _____

Title _____ Title: _____

Date _____ Date _____

Thank you for your co-operation. Any queries contact:

School Nurse _____ **Tel** _____

**TO BE FILLED IN BY THE PRESCRIBING DOCTOR.
THANK YOU.**

Procedure for the administration of Buccal Midazolam during school hours to

Name _____ **Date of birth** _____

**DESCRIPTION OF SEIZURES REQUIRING TREATMENT WITH
BUCCAL MIDAZOLAM**

Midazolam is a treatment for convulsions. It is drawn up using a syringe and needle. The needle is removed and the syringe is placed in the mouth, between the lower jaw and the cheek and gently squeezed.

1. Wait _____ minutes. If seizure has not stopped, administer:

2. Wait _____ minutes, check if seizure has stopped. If it has not, administer another:

3. Wait _____ minutes. If seizure does not stop, **call for an ambulance and inform parent(s).**

If **second** dose administered, does pupil need a hospital check? **Yes/No**
(delete as appropriate).

Maximum Dose per school day _____

Buccal Midazolam prescribed by _____

Amount _____

Signed _____

Title _____ Date _____

Thank you for your co-operation. Any queries contact:

School Nurse

Tel _____

All staff who have received the appropriate training and are considered competent are authorised to give Buccal Midazolam at school

Parent(s) Consent:

Child's Name _____

If authorised persons are not available then **999 procedure** will be activated, and **parent(s) informed.**

Parent/Guardian _____ Signature _____

Emergency contacts:

1. Name _____ Tel No _____

Relationship to pupil _____

2. Name _____ Tel No _____

Relationship to pupil _____

Reviewed by _____ Date _____

Reviewed by _____ Date _____

Broughton Hall Catholic High School

CONSENT TO ADMINISTER MEDICINES

The school staff will not give any medication unless this form is completed and signed.

Dear Head Teacher

I request and authorise that my child:

Name _____

Date of Birth _____

Address _____

Phone No _____ Mobile Number _____

Class _____

be given the following medication/gives himself/herself (delete as appropriate) the following medication:

Name of Medicine _____

Time of Dose _____ Dose _____

Start Date _____

Finish Date _____

This medication has been prescribed for my child by:

Name of GP: _____ whom you

may contact for verification. **I have confirmed that it is necessary to give this medication during the school day.**

The medication must be in the original container indicating the contents, dosage and child's full name.

Signed _____
(Parent/Guardian)

Date _____

ADMINISTRATION OF MEDICATION

NAME:

PROGRESS MANAGER:

STUDENT SUPPORT MANAGER:



| DATE | TIME | MEDICATION ADMINISTERED | PERMISSION GIVEN BY | PROGRESS / SUPPORT MANAGER INFORMED | 2 STAFF ADMINISTERING | | ADDITIONAL INFORMATION |
|------|------|----------------------------|------------------------|--|-----------------------|-----------|---------------------------|
| | | | | | Print Name | Signature | |
| | | | | | | | |
| | | | | | | | |

Class/Form:

Name of School: Broughton Hall High Catholic High School

Date:

Review Date:

CONTACT INFORMATION

| Family Contact 1 | Family Contact 2 |
|--|--|
| Name: | Name: |
| Phone Numbers: Work Home Mobile | Phone Numbers: Work Home Mobile |
| Relationship: | Relationship: |
| Clinic/Hospital: Contact Name: | Clinic/Hospital: Contact Name: |
| GP Name: Phone No: | GP Name: Phone No: |
| Completed by: Date: | Completed by: Date: |

CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

NAME:

DATE OF BIRTH:

CONDITION:

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

Daily care requirement (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)

CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

This form completes the Care Plan and it is a record that parent(s), school staff and school nurse/doctor all agree with the Care Plan.

The original will be kept at school, and copies made for parent(s), school nurse.

Name of Child _____

Class _____

Parent(s)/Carers _____

Date _____

On behalf of school

Head Teacher _____

Date _____

School Nurse _____

Date _____

Date for review _____

MEDICATION HELD AT PUPIL RECEPTION



| DATE | FORENAME | SURNAME | YEAR | MEDICATION & DOSAGE | PROGRESS / SUPPORT MANAGER | EXPIRY DATE | ADDITIONAL INFORMATION |
|------|----------|---------|------|------------------------|-------------------------------------|----------------|---------------------------|
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