

HARLOW FIELDS SCHOOL & COLLEGE



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| POLICY TITLE: | SAFE HANDLING & ADMINISTRATION OF MEDICINES |
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| ADOPTED: | JANUARY 2024 |
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| COMMITTEE: | PCPR |
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| DATE FOR REVIEW: | JANUARY 2026 |
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| AUTHOR: | MS Kathleen Faherty |
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| POLICY NUMBER: | HFP-25 |
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| This policy was updated, to take effect from: | January 2024 |
| School staff were consulted on this document and it was accepted by the personnel committee on: | N/A |
| It was ratified by the C&PR on: | 17th Jan. 2024 |
| Signed by the Chair of C&PR: |  |



ADMINISTRATION OF MEDICINES
& SAFE HANDLING

POLICY TITLE:

JANUARY 2024

ADOPTED:

PCPR

COMMITTEE:

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DATE FOR REVIEW:

MS Kathleen Faherty

AUTHOR:

HFP-25

POLICY NUMBER:

Policy Statement

The Safe Handling and Administration of Medication In School

Rationale

Many of the pupils at Harlow Fields School and College have medical needs which require the administration of medication. As part of school staff's duty of care it is felt that parents might reasonably ask the school to administer medication so that pupils can attend regularly.

Equally The Children and Families Act 2014 will place a duty on schools to make arrangements for children with medical conditions, the details of these arrangements is contained in new statutory guidance called Supporting Pupils at School with Medical Conditions (DFE Dec 2015).

Purposes

1. To ensure all reasonable practical steps are taken to secure the health and safety of staff and pupils.
2. To ensure that staff assuming responsibility for the administration of medication do so with minimal risk of making any error.
3. To formulate effective procedures in the administration of medication.

Guidelines

1. Medication may only be given by school staff who have been trained in the administration and safe handling of medication, and who have been competency assessed by the school nurse.
2. A list of school staff who are trained in the administration of medication will be displayed in the medical room.
3. The parent/guardian has the prime responsibility for their child's health and should provide the school with information about their child's medical condition. School staff should also report concerns they may have about a pupil's health to the school nurse or Head Teacher, so that the parent/guardian can be informed.
4. When a child starts school and at the beginning of each academic year parents will be asked to provide details of any medication their child is taking both at home and during the school day. Parents/Guardians are responsible thereafter of notifying the school nurse of any changes in writing (Appendix 1).

Administration of Medication

Medication Giver – member of staff who has completed the Administration of Medicines training by the school nurse and has been competency assessed.

Medication Checker – any member of staff who has completed the Administration of Medicines training by the school nurse.

5. At the start of the academic year parents will be sent an 'Administration of Medication in School' information leaflet. This highlights the main points of the schools policy on the administration of medication in school (Appendix 2). This is available on the school website.

6. Any prescribed medication that has to be administered during school hours (i.e. required at least four times a day or required at specific times) should be brought into school in the original container as dispensed by a pharmacist, within the past 3 months, with a pharmacy label which clearly states the child's name and instructions for administration. This should match the instructions given on the 'Request for School to Administer Medication' form. Parents should be encouraged to give medication at home outside of school hours wherever possible (i.e. when required three times a day or less)
7. The school cannot accept medicines that have been taken out of the original container as originally dispensed.
8. The parent/guardian should give medication, with a completed and signed 'Request for School to Administer Medication' form, to a member of staff. If the child comes into school on transport, then medication should be given to the escort to be passed directly to the class teacher on arrival to school (Appendix 3). This form is available on the school website.
9. Where a pupil is on a short course of antibiotics and is well enough to return to school parents should write giving clear instructions on dose and timing of the medication and send in the medication in the original pharmacist's container. A 'Request for School to Administer Medication' form will be sent home with the pupil to be completed and returned by the parent/guardian the following day. The medication will be sent home every day with the pupil.
10. If a pupil refuses to take their medication school staff will not force them to do so. The child's parent/guardian will be informed as a matter of urgency. Refusal and action taken should be documented.
11. Medication should be administered by a member of school staff who has received training on the 'Administration of Medications' by the school nurse and is competency assessed. The dose and medication must be checked by an approved medication giver/checker before administering. They should both observe the medication being taken by the child.
12. All staff who have completed the "Administration of Medications" training by the school nurse are able to check and witness medication being given by a medication giver.
13. Medication will always be kept in a locked designated medication cabinet. If medications need to be refrigerated, they will be kept in the locked refrigerator in the medical room with the exception of Adrenaline auto-injectors and antihistamines.
14. A record of any medication given to a child will be kept noting the date, drug name, time, dose, route and signature of people administering and checking. (Appendix 4)
15. It is the responsibility of the parents to ensure that the medication is renewed and has not exceeded its expiry date.
16. Medicines that are no longer required or have expired will be returned to the parent or local chemist if it is more practical to do so.

17. The school nurse will have updated information on a wide range of drugs and will therefore be able to indicate to the Head Teacher and school staff when they should exercise caution in administering any drug.
18. Where the timing of a dosage is of crucial importance and where serious results follow if the dose is not taken the school nurse will advise the Head Teacher and school staff of what likely symptoms may result so that early signs of a reaction taking place can be noted.
19. In the event of a mistake or medication error the Head Teacher must be notified immediately. Advice should be sought from the school nurse and, if not available the GP. All errors, even those that seem trivial should be reported and a 'Medication Error Record Form' (Appendix 5) and an incident form completed, and handed to the Head Teacher, School Nurse and lead Teacher for safeguarding, at the very latest by the end of the school day.
20. For any child receiving emergency medication for a chronic condition e.g. epilepsy or allergies, or requiring a medical procedure to be undertaken e.g. tube feeding; procedures for managing the condition and detailing the circumstances in which medication or procedure is used must be drawn up in conjunction with parents and the school nurse and agreed by all parties.
21. Emergency medication can be administered by any member of staff who has been trained in the appropriate procedures.
22. A procedure guide 'Request for an Ambulance', should be appropriately placed in key areas of the school. These may include: Head Teacher's office, main office, medical room, therapy room, lower school resource room, Upper School office, 6th Form office (Appendix 6). However, in normal circumstances only the Admin Team, School Nurse or Head Teacher will ring 999.
23. Any member of staff organising an outing will take responsibility for ensuring that medication can be administered and for ensuring that any medication required by pupils involved on the trip is taken along. All procedures for the administration of the medication should be followed.
24. Regular opportunities will be made available by the school nurse for school staff to receive training in administration of treatments requiring technical and medical knowledge. Admissions of pupils with problems outside the range, training and experience of school staff will be deferred until such time as training has been carried out or arrangements made for the school nurse to undertake the training. School staff will not be expected to undertake procedures until they feel confident in the skills they have developed and they are competency assessed by the school nurse. Invasive procedures will be performed at the direction of the school on a case-by-case basis. It is the responsibility of school staff to ensure that their training is updated.
25. The supply, possession, and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed for use by children, e.g.

methylphenidate. Controlled drugs will be kept in a locked cabinet and a record will be kept for audit and safety purposes. (Appendix 7)

26. Children who have asthma should be encouraged to carry their reliever inhalers if they are mature enough. Reliever inhalers are located in medicine cabinets and should be clearly labelled.

27. Parents will be informed by letter when a child has used their inhaler. (Appendix 8)

28. When children are taken off site, reliever inhalers should be taken by the members of staff in charge of the party.

Paracetamol/home remedies.

29. Under certain conditions Paracetamol can be administered to pupils who suffer discomforts such as headache or period pains. It is not reasonable in such circumstances to expect them to suffer unnecessary pain or to be sent home in the middle of the day with the resulting loss of education.

30. Paracetamol will only be administered to a child if the parent/guardian has given signed consent. (Appendix 1)

31. Paracetamol will only be administered once during school hours. If it is thought necessary to be administered before 1 o'clock in the afternoon the child's parent/guardian will be contacted to confirm that the child has not had a previous dose before coming to school. If paracetamol is administered to the child after 1 o'clock in the afternoon a letter will be sent home with the child to inform the parent/guardian of the time, dose and a brief reason why it was given, (Appendix 8). Best practice would be to inform the parent of the intention to give if contact with them can be made.

32. Paracetamol will only be administered by a medication giver and will be checked and witnessed by another medication giver or checker.

33. When paracetamol is administered to a child the dose, time and reason why it was given will be documented. (Appendix 9)

34. Written consent and directions for use must be given if a parent/guardian wishes other over the counter remedy to be given/applied.

35. The parent/guardian must provide over the counter remedy and it must be clearly labelled with the child's name.



APPENDIX 1 HARLOW FIELDS SCHOOL AND COLLEGE

Medication Information and Consent

Please complete the following and return to the school.

Child's Name:DOB.....Class.....

My child is taking regular medication

| Name, dose and frequency of medication my child is taking: | | |
|--|------|-----------|
| Name | Dose | Frequency |
| | | |

Does your child have any allergies? Please state:

| |
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| | |
|--|-----------|
| I give consent for my child to be given calpol/paracetamol if necessary, in accordance with the school policy, by school staff who are trained in the administration of medication | YES / NO* |
| I give consent for my child to be given first aid treatment, including the taking of their temperature if necessary | YES / NO* |
| I give consent to have height and weight checks carried out on my child by the school nurse if appropriate | YES / NO* |
| I give consent for my child to have their hair checked for head lice by the school nurse if necessary | YES / NO* |
| I agree to inform the school nurse of any changes in my child's medication and medical condition as necessary | YES / NO* |

*Delete as appropriate

Parent/Carer's Name

Signature Date



APPENDIX 2 HARLOW FIELDS SCHOOL AND COLLEGE

ADMINISTRATION OF MEDICATION IN SCHOOL (PARENT/GUARDIAN INFORMATION)

Parents/guardians are responsible for sending in any medication required during the school day (i.e. required at least four times a day or required at specific times). Parents are encouraged to give medication at home outside of school hours wherever possible.

1. The parent/guardian should ask the dispensing pharmacist to provide medication in separate containers so one can be for school use only.
2. The parent/guardian should give the medication, with written instructions, to a member of school staff. The written instructions should include the frequency, dosage and other relevant information obtained from healthcare professionals.
3. A 'Request for School to Administer Medication' form will be sent home with the child that day and must be completed and signed by the parent/guardian and returned to the school the following day.
4. If the child comes into school on transport then medication should be given to the escort to be passed directly to the class teacher on arrival to school.

UNDER NO CIRCUMSTANCES SHOULD MEDICATION BE LEFT IN A CHILD'S BAG.

5. If medication is prescribed by a doctor it must have a pharmacy label with the child's name, drug name, drug dose, frequency, time to be given and expiry date.
6. If medication is obtained from a chemist, it must be in its original packaging with the patient information leaflet included. Clear instructions must be provided with drug dose, frequency and time to be given.
7. Medicines are kept in a locked drugs cupboard and may only be given by a member of school staff who has been trained by the school nurse to administer medication, or the school nurse.
8. A record of any medication given to a child will be kept noting the date, drug name, time, dose, route given and signature of the person administering the medication.

Parents should make a note of expiry dates and replace as necessary. This is particularly important for emergency medication such as buccal midazolam, adrenaline injectors and asthma inhalers.



APPENDIX 3
HARLOW FIELDS SCHOOL & COLLEGE

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

| DETAILS OF PUPIL | | | |
|------------------------|--|----------------|--|
| Surname: | | | |
| Forename: | | | |
| Address: | | M/F: | |
| | | DATE OF BIRTH: | |
| | | CLASS: | |
| REASON FOR MEDICATION: | | | |

| MEDICATION | |
|--|--|
| Name of Medication: | |
| For how long will your child take this medication? | |
| Directions for Use: | |
| Dosage: | |
| When to be given: | |
| How to be given: | |
| Possible side effects: | |

Note: Medicines must be in the original container as dispensed by the pharmacy

I understand to ensure that this medication supplied by me and prescribed by my child's doctor is currently labelled and in date and that I must notify the school of any changes in writing.

I authorise a member of school staff, who is not a trained health practitioner but is trained by the School Nurse to administer medication, or the School Nurse to act on my behalf, to administer the above medication at the time(s) noted, and using the method(s) described. Please note the School Nurse is not guaranteed to be on the school site when an authorised member of staff administers medication.

Signed Parent/Guardian

Date

In accordance with Department of Health and Department of Education Guidelines.



APPENDIX 3 HARLOW FIELDS SCHOOL & COLLEGE

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION



APPENDIX 4 HARLOW FIELDS SCHOOL & COLLEGE

MEDICATION ADMINISTRATION CHART

| | | | | | | | | | | | | | | | | | | |
|------------|--------------------|------------------|-------------------|------------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | Class: | | | | | | | | | | | | | |
| Start Date | Name of Medication | Dose to be given | Route to be given | Time to be given | Date | | | | | | | | | | | | | |
| | | | | | Time Given | | | | | | | | | | | | | |
| | | | | | Initial | | | | | | | | | | | | | |
| | | | | | Date | | | | | | | | | | | | | |
| | | | | | Time Given | | | | | | | | | | | | | |
| | | | | | Initial | | | | | | | | | | | | | |

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| Start Date | Name of Medication | Dose to be given | Route to be given | Time to be given | Date | | | | | | | | | | | | | |
| | | | | | Time Given | | | | | | | | | | | | | |
| | | | | | Initial | | | | | | | | | | | | | |
| | | | | | Date | | | | | | | | | | | | | |
| | | | | | Time Given | | | | | | | | | | | | | |
| | | | | | Initial | | | | | | | | | | | | | |

I understand to ensure that this medication supplied by me and prescribed by my child's doctor is currently labelled and in date and that I must notify the school of any changes in writing.

I authorise a member of school staff, who is not a trained health practitioner but is trained by the School Nurse to administer medication, or the School Nurse to act on my behalf, to administer the above medication at the time(s) noted, and using the method(s) described. Please note the School Nurse is not guaranteed to be on the school site when an authorised member of staff administers medication.

Signed Parent/Guardian

Date

In accordance with Department of Health and Department of Education Guidelines.



APPENDIX 5
HARLOW FIELDS SCHOOL & COLLEGE

MEDICATION ERROR RECORD

| | |
|-----------------------|--|
| Name of Child: | |
| Childs Date of Birth: | |
| Address: | |
| GP Surgery: | |

Nature of Error (include full name, dose and route of medication given in error. State date and time of error and when error was realised).

Action Taken

Approach TERNING ROAD from the West coming from ANERCHOMITE WAY and PARTIDGE ROAD (The road is blocked off and there is no access from the east). The school is at the end of the road on the right. If it is the college site, follow the drive approach into Partidge Road and say next to Abbotswald School.

4. Give your name.

5. Give name of child and brief description of child's symptoms.

| | |
|-------|---------|
| Name: | Signed: |
| | |



APPENDIX 6
HARLOW FIELDS SCHOOL & COLLEGE

REQUEST FOR AN AMBULANCE

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

1. Harlow Fields School and College telephone number

01279 423670

2. Address

School Site:

**HARLOW FIELDS SCHOOL AND COLLEGE
TENDRING ROAD**

**HARLOW
ESSEX
CM18 6RN**

College Site:

**Harlow Fields College
Partridge Road
Harlow
Essex CM18 6FJ**

3. Location of Road – VERY IMPORTANT

**Approach TENDRING ROAD from the WEST coming from
ABERCROMBIE WAY and PARTRIDGE ROAD (The road is blocked
off and there is no access from the east). The school is at the
end of the road on the right. If it's the college site, follow the
above approach into Partridge Road and say next to
Abbotsweld School.**

4. Give your name.

5. Give name of child and brief description of child's symptoms.

**6. Inform Ambulance Control that the crew will be met on the
road and directed to you**

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- In normal circumstances the Admin Team, School Nurse and Head Teacher will dial 999.



APPENDIX 7
HARLOW FIELDS SCHOOL & COLLEGE

Methylphenidate Medication Record

(i.e.: Ritalin, Equasym, Tranquilin, Concerta XL, Medikinet)

| | |
|---------------------|--|
| Pupil's Name: | |
| Name of Medication: | |

Medication Received in School

| | | | |
|---------------|--------------------------------|----------------------|---------------------|
| Date Received | Number and Strength of Tablets | Signature of Staff | Please print name. |
| | | Signature of witness | Witness print name. |

Administration record

| Date | Time | Dose | Number and strength of tablets | Number of tablets remaining | Signature | Signature of Witness |
|------|------|------|--------------------------------|-----------------------------|-----------|----------------------|
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Medication Returned

| | | | |
|---------------|--------------------------------|----------------------|--------------------|
| Date Returned | Number and strength of tablets | Signature of staff | Please print name |
| | | Signature of witness | Witness print name |



Head Teacher: Kathleen Wall
 Phone: 01279 423670
 Fax: 01279 431412
 Email: admin@harlowfields.essex.sch.uk
 Website: www.harlowfields.essex.sch.uk

APPENDIX 8

Date

| | | | |
|--------------------|----------------------|--------------------------------|---------------|
| Dear Parent/Carer, | Signature of Staff | Number and Strength of Tablets | Date Received |
| Child's Name | Signature of Witness | | |

I am writing to inform you that your child was given the following medication in school today.

| Medication | Dose Given | Amount Given | Time Given | Reason |
|------------|------------|--------------|------------|--------|
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Yours sincerely

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|-------------------|----------------------|--------------------------------|---------------|
| Name | Signature of Staff | Number and Strength of Tablets | Date Returned |
| Designation | Signature of Witness | | |



APPENDIX 9
HARLOW FIELDS SCHOOL & COLLEGE

Buccal Midazolam Medication Record

(i.e.: Buccal, Epistatus)

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|---------------------|--|
| Pupil's Name: | |
| Name of Medication: | |

Medication Received in School

| | | | |
|---------------|--|----------------------|---------------------|
| Date Received | Number and Strength of pre-filled syringes | Signature of Staff | Please print name. |
| | | Signature of witness | Witness print name. |

Administration record

| Date | Time | Dose | Number and strength of syringes | Number of syringes remaining | Signature | Signature of Witness |
|------|------|------|---------------------------------|------------------------------|-----------|----------------------|
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Medication Returned

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|---------------|--|----------------------|--------------------|
| Date Returned | Number and strength of pre-filled syringes | Signature of staff | Please print name |
| | | Signature of witness | Witness print name |



APPENDIX 10
HARLOW FIELDS SCHOOL & COLLEGE

Gabapentin Medication Record

(i.e.: Neurontin)

| | |
|---------------------|--|
| Pupil's Name: | |
| Name of Medication: | |

Medication Received in School

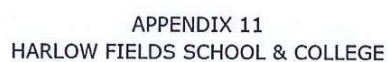
| | | | |
|---------------|-----------------------------------|----------------------|---------------------|
| Date Received | Number and Strength of Medication | Signature of Staff | Please print name. |
| | | | |
| | | Signature of witness | Witness print name. |
| | | | |

Administration record

| Date | Time | Dose | Amount remaining | Number of tablets remaining | Signature | Signature of Witness |
|------|------|------|------------------|-----------------------------|-----------|----------------------|
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Medication Returned

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|---------------|-----------------------------------|----------------------|--------------------|
| Date Returned | Number and strength of medication | Signature of staff | Please print name |
| | | | |
| | | Signature of witness | Witness print name |
| | | | |

[illegible]



APPENDIX 12
HARLOW FIELDS SCHOOL & COLLEGE

RECORD OF REFRIGERATOR TEMPERATURE CHECKS

- Refrigerator temperature should be checked and recorded on a daily basis
- If the temperature is below 2°C or above 8°C, investigate why, and record any action taken.
- If necessary, advice on medicine stability can be obtained from the supplying Pharmacy

| | | |
|----------------------------------|--------------------|--------------------------------------|
| Location of refrigerator: | Month/Year: | Date last defrosted /cleaned: |
| | | |

| Date | Time | Act. Temp °C | Min. Temp °C | Max. Temp °C | Reset (daily) ✓ | Signature | Action taken if outside the range of 2°C to 8°C, inc if fault reported |
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