



Administration of Medication Policy

Policy Details:

Reviewed: June 2024

Next review: June 2025

Policy history:

June 2024	Addition of Medical tracker information	Cathy Elsley (Principal)
December 2023	Updated to reflect changes to EYFS Framework	Sally Earl (Acting EYFS Lead)
June 2022	Some minor updates	James Bancroft (Principal)
March 2020	Policy updated	James Bancroft (Principal)
September 2014	Policy written	Sharon Valente (Inclusion Manager)

This policy was reviewed by the Local Advisory Board in the Term 6 Meeting, 2021/22.



Administration of Medication Policy

Wistaston Church Lane Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

The school wishes to ensure that pupils with medication needs receive appropriate care and support at school. The Local Advisory Board and Principal accept responsibility in principle for members of the school staff administering, or supervising pupils taking, medication during the school day where those members of staff have volunteered to do so. Every effort will be made to ensure that medication is administered correctly.

Whenever possible, parents should ask their GP to prescribe medication in dose frequencies which enable it to be taken outside school hours. However, if parents wish the school to administer the medication (*in loco parentis*) they should give the school office a written request **using a completed medication form**.

Parents should keep their children at home if acutely unwell or infectious.

Procedures

- Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.
- Medication will only be accepted in school if:
 - It has been prescribed by a doctor; or
 - It is non-prescription medication accompanied by written consent from the child's parent/guardian **using the appropriate form**.
- Medication will not be accepted in school without complete written and signed instructions from the parent/guardian.
- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of two weeks' supply at any one time).
- Each item of medication must be delivered in its original container and handed directly to a member of staff at the office **with a completed medication form**. The office will ensure the relevant class teacher is informed. (Members of staff should not accept medication unless this has been pre-agreed with the Principal, e.g. outside of school office hours. This is sometimes the case on school trips.)
- Each item of medication must be clearly labelled with the following information:
 - Child's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date.
 - Any additional information
 - For non-prescribed medication **the last time administered at home**
- Ideally the medication should be placed inside a named plastic container.
- The school will not accept items of medication in a container that is not labelled.



- Unless this is emergency medication, e.g. asthma, diabetes, epilepsy, as indicated differently in this policy, all medication to be administered in school must be kept in a medical cabinet in either the staff room or the PPA room (depending on if the child is in the infants or juniors). Medicines should be stored strictly in accordance with the product instructions, e.g. refrigerated if necessary.
- Each administered dose of medicine must be signed off by the member of staff giving the medicine to ensure double dosage does not happen. This information is recorded onto Medical Tracker.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents/guardian to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the child's need for medication.
- If a child becomes unwell during the school day, the parent/guardian should be contacted to collect their child – medication will not be administered by an 'over the phone' request.
- In all cases, where following the administration of medication there are concerns regarding the condition of the child, medical advice must be sought immediately.

Record Keeping

- All 'active' medication will be written on the whiteboard next to the medical cabinet with the name of child, class, medication/dose and time for the medication to be administered. The medical form will be kept with the medication for reference.
- Once a course of medication is completed information will be logged onto Medical tracker and this automatically will be added to the pupil's file at the school office. Parents are also notified by email that the medication has been administered.
- If requested, the school will confirm with parents/guardians with details of when medication has been administered to their child.

Asthma

- The only form of medication that school allows a child to retain is an inhaler for asthma.
- Inhalers for children with asthma need to be readily available. Inhalers should be kept by teachers in a readily accessible place and available for PE. Copies of Asthma Plans should be kept with the class teacher. An emergency inhaler is available in the Staff Room and PPA Room.

Staff Competence

- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through first aid training, or from the School Nurse. This includes reacting to an emergency.
- Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions. If the academy undertakes responsibility for the administration of special treatment it is essential that adequate training is provided for the nominated persons. This will be arranged by the Principal.

School Visits



- The school will make every effort to continue the administration of medication to a child whilst on visits away from the school premises, even if additional arrangements might be required. Every effort in negotiation with parents will be taken to ensure participation.
- All procedures remain relevant on a school visit.
- Staff will be able to access Medical Tracker when off site and access up to date information regarding the children's medical needs and log any actions taken whilst off site.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for the academy to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

The academy must keep controlled drugs in a lockable non-portable container and only nominated staff have access to it. The cabinet is in the academy office.

There is a list of controlled drugs at <https://www.gov.uk/government/publications/controlled-drugs-list-2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Disposal of Medicines

All medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of the Summer term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Emergency Procedures

The academy has arrangements in place for dealing with emergency situations. This is part of the first aid procedures. Individual health care plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Circumstances Requiring Special Caution

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to the academy themselves.

These are:

1. Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken
2. Where some technical or medical knowledge or expertise is required
3. Where intimate contact is necessary.

In such circumstances the principal will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The principal will seek advice from the consultant community paediatrician, school doctor or school nurse. Clear policies exist for administration of such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff.

Invasive Procedures

Some children require types of treatment which academy staff may feel reluctant to provide. Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance



with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by



qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school should have in place an agreed plan of action. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures. This has implications for school journeys, educational visits and other out of academy activities

Common Conditions and Practical Advice

The medical conditions in young people that most commonly cause concern are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma (See Asthma Policy)

Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore, staff in early years/primary school, who have such children in their classes must know how to identify when symptoms are getting worse and what to do when this happens.

There are two main types of medicines to treat asthma, relievers and preventers:

- Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.
- Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safely but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. The academy has an asthma policy.

Epilepsy

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the health care plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.



- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep. Parents should be contacted to collect the child.

Most young people with epilepsy take anti-epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the health care plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

For children with Type 1 diabetes the insulin and emergency packs must be easily accessible and so should be kept in the classroom in a secure cupboard. This should be taken with the child, if necessary, and must be taken on school visits.

Each young person may experience different symptoms, and this should be detailed in their health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections with younger children a twice daily injection regime of longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves, but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.



Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e. hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's health care plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

A child with a severe allergy may need to have an epi-pen. This is a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back. The epi-pen must be easily accessible and so should be kept in the classroom in a secure cupboard. This should be taken with the child, if necessary, and must be taken on school visits. Please see the Nut Allergy Awareness Policy. **An Ambulance should always be called after use of an epi-pen.**