

# Administration of Medicines Protocol

## August 2018

This guidance is designed to help all GDST schools put in place effective formal systems and procedures to ensure that the administration of medicines is managed safely.

### Consent

No child under 16 should be given medicines without their parent's written consent.

- Consent for **prescribed medicines** should normally be provided on the '*Consent to Administer Prescribed Medication*' form. A new form should be completed for each type of medicine and for each new course of medicine.
- Consent for **non-prescription** and **over-the-counter medicines** should normally be provided on the '*Pupil Health Assessment Form*' (completed before the pupil joins the school) or on a '*Consent to Administer Over-the-Counter Medication*' form. Whilst schools must have systems for ensuring the information received from parents is up to date, there is no need for consents for non-prescription and over-the-counter medicines to be updated annually.
- Medical authorisation and parental consent should be obtained for the use of **emergency adrenaline auto-injector devices** on pupils who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the '*Pupil Health Assessment Form*' (completed before the pupil joins the school).
- Medical authorisation and parental consent should be obtained for the use of **emergency salbutamol inhalers** by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the '*Pupil Health Assessment Form*' (completed before the pupil joins the school).

### Administering Medicines

Medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines. Before administering the medicine they should check:

- The child's name
- The child's medical consent forms
- Name of medication, that it is in its original container and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container
- Any side effects

Every time a member of staff administers medicine to a child, they should complete and sign a record.

If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

## Drug Administration Errors

If an error in administering medication is made, the pupil's parents should be notified immediately and action must be taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Accident/Incident reported on the school online system Rivo.

## Non-Prescription and Over-the-Counter Medicines

Non-prescription medicines can be bought 'over-the-counter' in shops and pharmacies. They include paracetamol, ibuprofen and antihistamine.

- Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines. Staff will be nominated **[as per arrangements for individual schools]**.
- Nominated staff, i.e. the school nurse / named first aider, should **never** give a non-prescribed medicine to a child unless there is a specific written consent from the parents.
- Non-prescription medicines should not normally be administered to **children under the age of 8** (criteria, in the national standards<sup>2</sup> for under 8s day care providers)
- When a non-prescribed medicine is administered to a child a **record** should be made and the **parents informed**. Schools may use an electronic means of communicating with parents, e.g. email of Firefly alerts, hard copy letters, or tell them in person, e.g. on the phone or when the child is collected – a record should be made of all verbal conversations.
- Where non-prescribed medicine is administered to an **Early Years (EYFS) child**, the school **must** ensure that the parents/carer are informed as soon as practicable and preferably on the same day, and parents/carers should acknowledge receipt of the information, e.g. by signing the record book.
- A child under 16 should never be given **aspirin** unless prescribed for medical purposes.

## Prescribed Medicines

Prescribed medicines, e.g. antibiotics, insulin and codeine phosphate, should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Prescribed medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training about administering medicines.

Schools should arrange for staff to complete and sign a record each time they give medicine to a child. Where the pupil is in Early Years (EYFS), the school must ensure as soon as practicable, preferably on the same day, that the parents/carer are informed that the medication has been administered to the pupil as directed on the 'Administration of Medication While at School' form.

## Controlled Drugs

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.<sup>1</sup>

## Self-Management of Emergency Medicines

Generally, pupils should not carry medicines whilst at school. However, pupils should be encouraged to carry and be responsible for their own **emergency medicines**, e.g. adrenaline auto-injectors and inhalers, when staff, in conjunction with parents (bearing in mind the safety of other children and medical advice), judge that they are sufficiently capable and competent to do so. Other non-emergency medicines should generally be kept in a secure place, not accessible to pupils.

## Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

## RESPONSIBILITIES

### Parental / Carer Responsibilities

Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips / educational visits) and provide written consent for the school to administer the medication on the '*Pupil Health Assessment Form*' (completed before the pupil joins the school), or on the '*Consent to Administer 'Over-the-Counter Medication*' form, or on the '*Consent to Administration Prescribed Medication*' form.

Parents / carers should inform the school of any changes in their child's medical needs, condition or illness that results in any changes to the medication, prescription or the support they require.

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of school staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

### Teachers and Other Staff Administering Medicine

#### During The School Day

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

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<sup>1</sup> Managing medicines in schools and early years settings. DFES / Dept of Health - 2005

<sup>2</sup> National standards for under 8s day care and child-minding (DFES/0649/2003)

A school nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

## Sporting Activities

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic / Long Term Illness Protocol on the Hub <https://hub.gdst.net/Health-and-Safety/Health-and-Safety---Pupil-Health-and-Wellbeing/Pupil-Health--Protocols,-Medicines,-First-Aid,-Accidents-&-Records/1912>

## School Trips / Educational Visits

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency.

Medication required on Junior School trips and visits will be held by the trip leader and given when appropriate. Junior School pupils who are at risk from anaphylaxis must carry their own adrenaline auto-injectors (eg EpiPen, Jext pen) with them at all times and the trip leader must hold a second adrenaline auto-injector for use in an emergency.

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, **staff must check that pupils have this medication** with them before departing on the visit especially if the pupil has an allergy or is diabetic.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary, e.g. how to administer an adrenaline auto-injector.

## Staff Duty of Care

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

## Record Keeping

Schools must have accurate documentation in place and ensure that all staff complete and sign a record each time they administer medicine (prescribed or over-the-counter) to a child, including on school trips and

educational visits. Some schools keep a logbook for this, either paper or electronic, e.g. in SIMS or FireFly, whilst others have added a section into the individual school planners to record this information and improve communication between home and school. The record should include:

- Name of child
- Group, class or form name
- Name and strength of medicine
- Expiry date of medicine
- Prescribed dose, method & frequency of administration
- Date and time medicine administered
- Dose given
- Name & signature of staff administering the medicine

You may also wish to record:

- Date medicine provided by the parent
- Quantity received and quantity returned to parent

In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

## Storing Medicines

Schools should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container and an individual '*Consent to Administer prescribed Medication*' form should be completed for each medicine and provided to the school.

Children should know where their medicines are stored and know who holds the key to the storage facility. All **emergency medicines**, such as asthma inhalers and adrenaline auto-injectors should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the 'Self-Management' section above.

Schools should keep **controlled drugs** in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge.

Some medicines must be stored in a **refrigerator** because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There should be restricted access to a refrigerator holding medicines. It is recommended that schools invest in a lockable refrigerator. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a pupil takes regularly, e.g. insulin, or if vaccines are stored; in these cases separate, sole use, refrigerators must be provided.

The temperature of the medicine refrigerator should be between 2° and 8°C and monitored daily when it is in use, and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down it is important to identify the fault quickly, otherwise medicines may be wasted. Medicines must be returned and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

## Staff Medicines

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings.

## **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.

## **Further Information**

Further information can be found in:

- 'Managing Medicines in Schools and Early Years Settings' published by the Department for Education and Skills and the Department of Health in 2005
- 'Supporting Pupils at School With Medical Conditions' - Department for Education – Dec 2015