

Rowlatts Hill Primary School

**Administration of Medicines
Policy**

Administration of Medicines and Healthcare Needs in Schools

The administration of medicines by staff remains a voluntary activity.

Employees who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Leicester City Council against any legal action over an allegation of negligence provided they act responsibly and to the best of their ability within the confines of this guidance and any specified training provided.

General

- Medicines should only be taken to schools when **essential** – that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- Only medicines that have been prescribed by a doctor, dentist and nurse prescriber or pharmacist prescriber should be administered. Medicines from any other source, e.g. **over the counter medicines, will not be administered by staff**. It will be necessary for parents/carers to administer this prior to the child's attendance at the school.
- Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.
- The school will not accept any medication that has been taken out of the original container.
- Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a **medical practitioner** that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime.
- **No Medicine** will be administered unless clear **written** instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so. (See attached proforma – **Appendix A**). If for any reason the school is unable to administer the medication, you will be contacted.
- **All medicines** must be clearly labelled with the child's name, mode of administration i.e. oral, the dosage, frequency and name of medication being given – this should be on the printed label from the prescriber and also needs to be written on Appendix A.
- The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

- Where it is agreed by the parents/carers and First Aider, some medications or related products e.g. inhalers, will be carried by the child for self-administration.
- **All emergency** medicines such as asthma reliever inhalers/adrenaline pens should be readily available to students. A set of the medication should be carried by the student and a spare handed in to the school to store along with instructions.
- All medication will be kept securely and in accordance with the product instructions i.e. not in direct sunlight, in the fridge.
- Any unused or out of date medication will be handed back to the parents/carers of the student for disposal.
- Medicines will be administered by named members of school staff with specific responsibility for the task in order to prevent any errors occurring. These staff members will normally be **First Aiders**.
- If a student refuses to take medicines, staff will not force them to do so, a note will be made in the first aid book and the parents/carer informed on the same day. If the refusal to take medicines results in an emergency, the school emergency procedures will be followed, this is likely to be calling an ambulance to get the child to hospital.

Record Keeping

- The school **must** keep written records of all medicines administered to students.
- Incorrect Administration of Dosage – individual protocols/health plans will contain emergency actions in respect of this happening. The incident must be notified to
- Leicester City Council using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

Long Term Medication

- It is important to have sufficient information about the medical condition of any child with long term medical needs.
- Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. A healthcare plan should be in place for children with more severe and complex conditions.
- With parental/carer permission, it is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that the peer group can be given the necessary information.

Injections

There are certain conditions e.g. diabetes, bleeding disorders or hormonal disorders which are controlled by regular injections. Students with these conditions are usually taught to give their own injections. Where this is not possible, they should be given by their parents.

Emergency Treatment / Procedures

- As part of general risk management processes the school has an arrangement in place in dealing with emergency situations. Other students know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. **A member of staff should always accompany a student to hospital by ambulance and should stay for as long as is reasonably practicable.** In the event of an emergency/accident which requires the child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.
- Staff should never take students to hospital in their own car. When emergency treatment is required, medical professionals or an ambulance should always be called immediately. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers should always be informed.
- If it is known that an individual student is hypersensitive to a specific allergen e.g. wasp stings or peanuts, a supply of antihistamines or adrenaline injections i.e. EpiPen (when specifically prescribed) should always be made available. **Immediate treatment needs to be given** before calling an ambulance. Notes regarding the protocol for establishing the administration of adrenaline injections and a consent form are included in **Appendix B**
- A supply of glucose (gel, tablets, drink, Hypostop etc.) for the treatment of hypoglycaemic attacks should be provided by parents/carers and kept in schools where any student suffers from diabetes. If a second attack occurs within 3 hours, the treatment should be repeated and the student must go to the nearest hospital receiving emergencies.

Health Care Plans

The main purpose of an individual Health Care Plan for a student with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. Health Care Plans will be written up in conjunction with the school First Aider, parents/carer and the student. Where parent/carer expectations appear unreasonable, the Headteacher should seek advice from the School Nurse before the plan is finalised.

Trips

- The school will encourage and make reasonable adjustments to allow students with medical needs to participate in safely managed visits.
- Staff supervising the excursions need to be aware of any medical conditions and the relevant emergency procedures. This information must be given to the school **prior** to participation in any school trip. **Any** medical condition **must be** highlighted by the parents/carer on the consent form.
- Arrangements for taking any relevant medicines will also be taken into consideration. Wherever possible, the students should carry their own reliever inhalers or emergency treatment medication, however a named person will be identified to supervise the storage and administration of medication if required. A copy of individual health care plans, where available, will be taken on trips in the event of the information being needed in an emergency.
- For residential trips, details of storage and administration of medicines will be provided at the time.

APPENDIX A

**REQUEST FOR ADMINISTRATION OF MEDICINES
(GENERAL CARE PLAN)**

TO: Head of Rowlatts Hill Primary School

FROM: Parent/Guardian ofFull Name of Child

My child has been diagnosed as having..... (Name of illness)

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours

..... (Name of medication)

I allow/do not allow for my child to carry out self-administration (delete as appropriate)

Could you please therefore administer the medication as indicated.

..... (Dosage) at..... (Time) with effect from..... (Date)
to*..... (Date)* (* delete if long term medication)

The medicine should be administered by mouth/ in the ear/nasally/other.....
(Delete as appropriate)

I allow/do not allow for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication. I understand that the school cannot undertake to monitor the use of self-administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication. I understand that if I do not allow my child to carry the medication it will be stored by the school and administered by staff with the exception of emergency medication which will be near the child at all times
I understand that staff may be acting voluntarily in administering medicines to children

Signed.....Date.....

Name of Parent/Guardian (Please print)

Contact Details:

Home..... Work.....

Mobile.....

APPENDIX B

PROTOCOL FOR ESTABLISHING THE ADMINISTRATION OF ADRENALINE INJECTIONS IN RESPONSE TO ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Sources of Information

There is an anaphylaxis training/resource pack available for school nurses.

Training of School Volunteers

A minimum of 2 volunteers should be trained. It is envisaged that the school nurse will generally undertake the training of school volunteers. Updating of school volunteers needs to be undertaken.

Parental Involvement/Counselling

Useful information from the parent might include the nature of allergic reactions and the provoking allergens. It may be helpful to involve parents in the school to give a first-hand description of events and to show the volunteers the injector device to be used.

As it cannot be guaranteed that food provided in school is free of all traces of allergens, it is advisable for children with food allergies to bring packed lunches and parents should be made aware of this.

Training of Other Groups

Wherever possible peers should be made aware of the child's condition and how they should respond (alerting school staff speedily in the event of an anaphylactic reaction occurring). **All** school staff should be similarly aware.

APPENDIX B

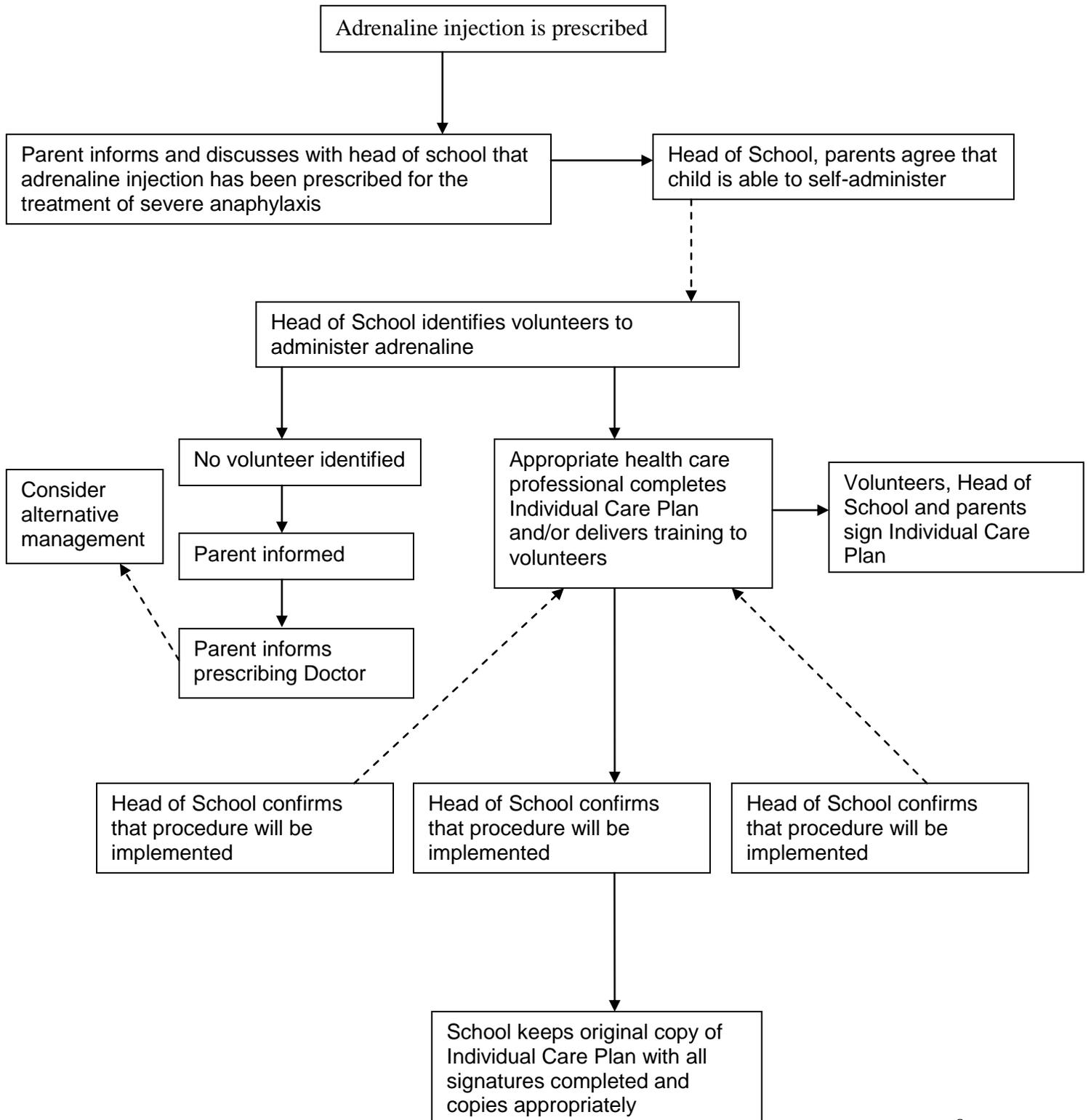
ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTION IN RESPONSE TO ANAPHYLAXIS

Process for health staff to support non-medical and non-nursing staff in non-health settings

- When a child needs a pre-prepared adrenaline injection as emergency treatment for anaphylaxis in a non-health setting (e.g. in school), then the prescribing doctor will discuss this with the parents of carers and with their agreement pre-prepared adrenaline will be prescribed.
- It is the parent's responsibility to raise the issue with the head of the school.
- When a child is able to self-administer, the head of school with the parents will decide whether training of volunteers is required. It is recommended that in all schools where there is a child who may require a pre-prepared adrenaline injection, that volunteers are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self-administer. If training is not

- required a general administration of medicines forms must be completed. A child who has self-administered must report to a member of staff as they will need to be reviewed in hospital.
- When a child is unable to self-administer, the head then identifies volunteers to undertake training and subsequent administration of the prepared adrenaline injection.
 - If no volunteers are identified, the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
 - If volunteers are identified, they should read the school's policy/guidelines on the administration of medicines. The head of school should then liaise with the health professionals e.g. School Health Nurse/Health Visitor to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across LLR should be used.
 - An Individual Care Plan must be completed by the health professional that provides the training programme. The health professional will discuss with the volunteers the Individual
 - Care Plan for the administration of pre-prepared adrenaline by non-medical and non-nursing staff for a specific child.
 - Following the training, the volunteers sign the Training Record and the Individual Care Plan. The head of the school then signs the Individual Care Plan. The original remains with the school.
 - If any details in the Individual Care Plan change e.g. Epipen rather than Epipen Junior required, it is the parent's responsibility to inform the head of the school. If a new Individual Care Plan is required, then the process above must be discussed by those parties and the Individual Care Plan completed as appropriate.
 - It is recommended that update training of volunteers should take place on an annual basis. The head of the school will request and negotiate this with the appropriate health professional.

PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN THE ADMINISTRATION OF PRE-PREPARED ADRENALINE



**INDIVIDUAL CARE PLAN (AGREEMENT) FOR THE ADMINISTRATION OF
PREPARED ADRENALINE INJECTION AS TREATMENT FOR ANAPHYLAXIS
BY NONMEDICAL AND NON-NURSING STAFF**

TO BE COMPLETED BY HEALTH PROFESSIONAL DELIVERING TRAINING

PART A

NAME OF CHILD: DOB:
The above child has been identified as having a severe allergic reaction to:
Symptoms of an anaphylactic reaction that should be treated with an adrenaline injection are: <ul style="list-style-type: none">• Respiratory – internal swelling of the throat and tongue causing difficulty swallowing and breathing, shortness of breath with wheeze and hoarse voice• Circulation – pale, clammy, complaining feeling faint and dizzy. May be agitated and confused
The device that has been prescribed is (please circle): EpiPen 0.3 mg OR EpiPen Junior 0.15 mgs Anapen 0.3 mg OR Anapen Junior

**GIVE DOSE OF PRE-PREPARED ADRENALINE INJECTION
THEN PHONE 999 FOR AN AMBULANCE STATING CHILD WITH ANAPHYLAXIS**

Remember to tell the ambulance or hospital staff the exact time and name of pre-prepared adrenaline injection given and give them the used device.

Complete Report Form giving a clear account of the incident. Copies should go to the parent and ambulance staff if possible. The original should be kept at the school.

The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared adrenaline injection has been given. They will be responsible for maintaining an in-date supply of medication at the school and informing them of any changes to the care plan.

**PART B
HEALTH CARE PROFESSIONAL COMPLETING INDIVIDUAL CARE PLAN**

NAME.....	Tel No.....
Signature.....	Date.....
Designation.....	

This plan has been agreed by the following: (BLOCK CAPITALS)

PARENT/GUARDIAN	
NAME.....	Tel No.....
Signature.....	Date.....
Emergency telephone contact	
HEAD OF SCHOOL	
NAME.....	Date.....
Signature.....	

VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION

NAME (Block Capitals).....
Signature.....Date.....

NAME (Block Capitals).....
Signature.....Date.....

NAME (Block Capitals).....
Signature.....Date.....

NAME (Block Capitals).....
Signature.....Date.....

**COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS
AND THE SCHOOL**

PRE-PREPARED ADRENALINE INJECTION ADMINISTRATION REPORT FORM

NAME OF CHILD:	DOB:
DATE OF ALLERGIC REACTION:	
TIME REACTION STARTED:	
TRIGGER:	
DESCRIPTION OF SYMPTOMS OF REACTION:	
TIME ADRENALINE INJECTION GIVEN:	
DEVICE USED (please circle): EPIPEN / EPIPEN JUNIOR / ANAPEN / ANAPEN JUNIOR	
SITE OF INJECTION:	
GIVEN BY:	
ANY DIFFICULTIES IN ADMINISTRATION:	
TIME AMBULANCE CALLED:	
TIME AMBULANCE ARRIVED:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):	
WITNESSES:	
FORM COMPLETED BY:	
NAME (print):	SIGNATURE:
JOB TITLE:	CONTACT TEL. NO:
DATE:	

Original to Child's School Record
 c.c. Hospital with child (where possible)
 c.c. Parent