

# Administering Medicines Policy



**Brighton & Hove  
Montessori School**

<b>Approved by:</b>	Gerry Oliver	<b>Date:</b> June 2023
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Company registered in England & Wales no. 4865322 The Montessori Schools Foundation, Charity No. 1106446

Registered offices: 67 Stanford Avenue, Brighton, BN1 6FB

## Introduction

While it is not our policy to care for sick children, who should be at home until they are well enough to return to school, we will agree to administer medication as part of maintaining children's health and well-being or when they are recovering from an illness. If a child requires medicine, we will obtain information about the child's needs for this and will ensure this information is kept up to date. In many cases, it is possible for the child's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the school.

We follow strict guidelines when dealing with medication of any kind in the school and these are set out below.

The school WILL NOT administer any medication unless prior written consent is given for each and every medicine.

Children under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

## Aims

- To safeguard against accidents arising from the transport, storage and administration of medicines.
- To protect the staff and school and minimise the possibility of error.
- To avoid unnecessary exclusion of any child who is fit for school but who is completing a course of treatment.
- To help those children with longer-term disorders (e.g. asthma) to take appropriate medicines so they can take as full a part as possible in all school activities.

## Roles and responsibilities

### Head of School

- The Head of School is responsible for the day-to-day decisions with regard to support for children with medication needs.
- They are responsible for accepting and dealing with parental requests to administer medication to their child. These requests are considered on individual merit. By accepting any requests to supervise or administer medication, the Head of School is then responsible for making sure parents are aware of the School's policy and procedures and their own parental role and responsibilities.
- Delegated by the Proprietor, the Head of School has overall responsibility for operation of the policy on medicine administration and deciding if an Individual Health Plan (IHP) is needed.

### Parents

- Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school.
- The administration of medicines is the responsibility of parents and, where possible, they should request when medicine is initially prescribed that dosage timings permit the medicine to be given to child before or after school hours.
- Parents must make the school aware of their child's needs.
- Where medication needs to be taken during school hours, parents must provide sufficient and up-to-date information about their child's medical and medication needs and work with the school to facilitate the support needed on the premises and during school trips.
- Parents must sign a consent form for the school to administer medication to their child.

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- Parents are responsible for providing, replenishing, and disposing of the medication. All medication provided must be in its original container with the pharmacist label. Parents will also assist in developing an IHP if one is required.
- Key responsibilities of parents are:
  - To consent to a written agreement with the school detailing the support to be provided
  - To provide written instructions of their child's medication needs to include the name of the medicine, strength, frequency of administration, possible side effects and any special instructions e.g. taken with food
  - To provide sufficient medication and ensure it is correctly labelled
  - Renew expired medications if still needed to ensure continuity of supply
  - To collect and dispose of their child's medication
  - To inform in writing any changes to their child's medication needs
  - Where appropriate, provide written permission for their child to carry his/her own medication.

## Staff

- Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children with medical conditions that they teach however, they must not be unduly pressured or coerced into providing support. By agreeing to undertake administration of medication you have taken on a voluntary role.
- Under common law, everyone working in a school has a duty of care to act in the best interests of a child. Those with qualified teaching status act 'in loco parentis' where they are expected to act or take all reasonable action that a parent would take. As such, in emergency situations they may administer medication without being registered as a volunteer.
- Your key responsibilities for administering medication are to:
  - Be familiar with the School's first aid and administering medicines policy
  - Understand basic medical principals and legal ramifications
  - Understand the nature of a child's medical condition and be aware of situations where they may need additional support e.g. before physical education for asthmatic children
  - Where necessary, undertake specific training for the medication you will be administering, including possible side effects and what to do if they occur
  - Administer medication as directed
  - Supervise children who self-administer medication
  - Understand and adhere to the safe storage of medication
  - Be aware if there is an IHP in place and understand what needs to be done and by whom, together with any emergency procedures detailed in the plan
  - Maintain accurate administration records
  - Liaise with parents
  - Report any errors or 'near misses'. For reporting purposes, a 'near miss' is considered an error, as does a medication error which does not result in harm to the child

## Children

- Children with medical conditions have a key role in looking after their own health. They are often best placed to provide information about how their condition affects them. Where age, ability and competency allow they should be fully involved in discussions about their medical support needs and, if needed, contribute as much as possible to the development of their IHP.
- Where deemed appropriate, children should be encouraged to be responsible for taking their medication. Self-administration should only happen with parental agreement and following a risk assessment which will consider their age, access to medicines and competence.
- Children should know where their medicines will be stored and how to access them either to self-administer or for administration by a named adult. This includes arrangements for outside/off-site activities.

## Storing Medicines

- The school does not stock any medicines.
- All medicines are stored strictly in accordance with their product instructions and in their original container in which they are dispensed. They must include the prescriber's instructions for administration. Staff members must ensure that they are clearly labelled with the child's name.
- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage cupboard.
- All medications held are stored in lockable cupboards in either the Children's House or Elementary Classrooms.
- Controlled drugs are stored in a further lockable container and only accessible to named staff. No one else will have access to them.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements, such as daily checks and routines will be put in place where necessary. Controlled drugs should be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are stored in class grab bags and are always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. Grab bags are stored in a locked cupboard once children have left school for the day.
- When no longer required, medicines are returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Medication is handed back to parents/carers at the end of the day. Medication is not kept on the premises apart from during the school day. The exceptions to this are inhalers/ EpiPens or other long term medication, as parents can provide items to leave at the school to eliminate the risk of forgetting each session. These items are stored in class grab bags.

## Child Medication Categories

Children with medication needs can be grouped into three main categories:

- Those who need a short-term prescribed medication for acute conditions, for example an ear or chest infection. Usually these children will have been absent, but may still be on medication when they are well enough to return;
- Those who have a long-term condition which requires regular medication to alleviate symptoms or control the condition. These children will have a clinical diagnosis and be under the clinical supervision of a doctor or

nurse specialist. The two biggest categories within this group would be children with asthma and those with Attention Deficit Hyperactivity Disorder (ADHD);

- Those who require medication to be given in an emergency. These children will have a known medical condition and a plan which outlines what is a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection.

Within each of these three categories medication may be self-administered, supervised, or administered by a third party.

It is important that children who are deemed competent, following agreement and discussion with their parents, should be encouraged to take responsibility for managing their own medicines and procedures. This should then be reflected within the child's Individual Healthcare Plan. Brighton & Hove Montessori School has a positive attitude of support for children to carry and administer their own medication as this will not only benefit the child directly, but can also positively influence the attitude of others. However, as all medicines can be harmful to other children, a risk assessment of each individual child carrying their own medication will be undertaken.

### **Children with long term medical conditions and who may require on-going medication**

A list is available in the Office, Children's House and Elementary classes of all children who have a serious allergy or medical condition. If staff become aware of any condition not on these list please inform the office.

- Where appropriate (e.g. anaphylaxis, diabetes, epilepsy), a risk assessment is carried out for each child with long term medical conditions that require on-going medication.
- Parents will also be required to contribute to a risk assessment. They will be shown around the school if necessary and have the opportunity to understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff members are part of the risk assessment.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.
- An Individual Healthcare Plan for the child is drawn up with the parent outlining the staff's role.
- The IHP must include the measures to be taken in an emergency.
- The IHP is reviewed annually or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the IHP to sign.

### **Medication Categories**

Medications fall into one of four categories and are easily identifiable by the code marked on the packaging.

1. General Sales List (marked GSL) – which include medicines such as cold & flu remedies, throat lozenges, paracetamol.
2. Pharmacy medicines (marked P) – which are only available behind the pharmacy counter and where a professional can give advice e.g. codeine, lactulose (stool softener).

3. Prescription Only Medication (marked POM) – which requires a prescription from a doctor or a dentist. This includes medicines such as antibiotics, anti-depressants, anti-epileptics.

4. Controlled Drugs (marked POM & CD) – these are the most serious category of medication as they have powerful effects on the body and can harm or cause addiction. There are strict restrictions on how these drugs should be prescribed, dispensed, stored and administered. Examples include Morphine, Fentanyl and Methylphenidate which is used to treat ADHD.

### **Medication Labelling**

The pharmacist labelling on prescribed medication contains important information to support us.

At the top of the label is the name and contact details of the pharmacy that dispensed the medication, which is useful if staff have any questions about the medication.

Below this is the name and strength of the medication.

Below this is the prescriber's instructions, which legally must be adhered to.

The final line will state the date prescribed and the owners name i.e. who it has been prescribed for.

The expiry date of the medication is not shown on the prescription label but can be found on the original packaging.

If a parent supplies prescription medication which doesn't have a prescription label, has been altered or tampered with or is unreadable it must not be accepted or used.

### **Dosage**

As there are many ways to administer medication, it is important to use the correct method. If given incorrectly you may cause the child to become ill, it may affect the effectiveness of the medication or worst case scenario cause an overdose.

There are 3 main routes for administering medication:

1. Orally – through the mouth e.g. tablets, capsules, lozenges, liquids.
2. Topically – applied to the skin e.g. creams, gels, or to mucus membrane e.g. eye drops, nasal sprays.
3. More intrusive routes – injections or rectal administration. Staff must complete specialist training from a NHS practitioner before undertaking this type of administration e.g. by a school nurse, epilepsy nurse.

### **Pills/tablets**

Pills and tablets are marked with instructions on how many to take and how often to take them. If marked three times a day, then there is no need for the medicine to be administered on site. It can be given by parents at home at breakfast time, on return home and before bed. If marked four times a day, then one dose will need to be given on site.

**Medications labelled PRN (pro re nata) means they should be taken when needed. They will state how many should be taken e.g. take one as required.**

If the label says 'swallow whole' the child must do this to avoid causing further medical problems e.g. stomach irritation, ulcers, mouth irritation. Some tablets are designed to pass through the stomach to then release the medication in the small intestine. If they are crushed when taken, the medication will be released in the

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stomach where, due to the acidity, it may not then work. They may also be labelled to take before or with food. This is to prevent stomach irritation. If not taken at lunchtime, you can administer these medications with a snack e.g. toast, biscuit, cracker.

### **Creams/Ointments**

If directions say to spread thinly (e.g. steroid creams), this is to avoid skin irritation or damage to the epidermis which is the outer layer of skin. If the label says 'use as directed' you cannot use it as you need the prescriber's instructions.

### **Emergency Medication**

Epinephrine auto-injectors (EpiPens, Anapens) and inhalers may be needed quickly so they are stored in an unlocked container in class grab bags. All staff who are designated to administer emergency treatment for convulsions e.g. rectal diazepam or buccal midazolam, must receive training and be assessed as competent by a qualified NHS professional.

Most medication is stored at room temperature (maximum 25° C) however some need to be refrigerated. Such medication will be stored in a container in the office fridge at a temperature between 2° C and 8°C.

### **Disposal**

Regular termly checks are made by Lead Teachers to see if any medications have passed or are approaching their expiry date. Disposal of expired or medication which is no longer needed is the responsibility of the child's parent. If this is not possible office staff will take it to a pharmacy who will dispose of it safely. It is a criminal offence to flush medication into the sewer system or put it in the waste bin. Office staff record in the child's file when medication has been returned to a parent or has been taken to a pharmacist.

Some medications require using sharp instruments e.g. syringes. These must be handled with care to prevent infection or the transfer of blood borne viruses. In the event that we are required to use sharp instruments a sharps bin will be provided and will be located in the office which is the designated room for medical treatment. Children must not have unsupervised access to, touch or carry these bins.

### **Administration procedures**

When administering medicine to a child staff always follow the 6 Rights:

- Right child – ask the child to say their name and check it against the name on the medicine container.
- Right medicine – check the name on the actual medicine with the name stated on the medicine plan or administration sheet to ensure they are the same. Check to see if the child is taking more than one medicine which you also need to administer and always check the expiry date before administering.
- Right dose – check the written instruction on the label every time you administer.
- Right route – check to see if medication is given orally, rectally, or buccal (placed inside the cheek, next to the gum).
- Right time – check the frequency of giving the medicine, check the time and check the child has not already received the medication.
- Right to refuse – if a child refuses to take the medication staff will not force or coerce them to. The incident will be recorded and senior leadership and parents informed.



Staff will always adhere to basic hygiene standards e.g. washing hands before administration. Wearing gloves if applying creams/lotions. If using a spoon or a cup they will be clean and kept with the medication. If administering pills or tablets, cool water will be available. We will never supply fruit juices, fizzy water/juice or hot drinks as this can affect the effectiveness of the medication.

The laws for controlled drugs are strongly enforced so great care is taken when administering them. Another member of staff will always be present as a witness when administering them.

- Children taking prescribed medication must be well enough to attend school.
- In exceptional circumstances, non-prescription medicine e.g. pain and fever relief may be administered, but only with prior written consent of the parent and only when there is a health reason to do so.
- The school only accepts prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Parents must give prior written permission for the administration of each required dose of medication. The member of staff being given the medication must ask the parent to complete and sign a Permission to Administer Medicine/Treatment form. No medication will be given without written consent.
- Any side effects of the medication to be administered at school are recorded on the permission form.
- The member of staff is to set an alarm clock for the time medication is to be given.
- Each dose is recorded accurately each time it is given on the permission to administer medicine form.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- When the child is collected from school, the parent must be given an update as to the times and dosage given throughout the day. The parent's signature must be obtained confirming this information has been given.
- Where the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a recognised training body.
- Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- If a child refuses to take medicine as prescribed, the records must state this clearly and the parents/carer must be informed immediately. Children/young people will not be forced to receive medicine if they do not wish to do so.

We will never

- Administer medication to more than one child at a time
- Give out medication in advance
- Leave medication unattended
- Give medication to an unqualified/undesignated person to administer



### **Monitoring arrangements**

This policy will be reviewed annually by office staff.

At every review, the policy will be approved by the Head of School

### **Links with other policies**

This first aid policy is linked to the:

- Child Protection and Safeguarding Policy
- Health and safety policy
- First Aid Policy
- Risk assessment Policy
- Going Out Policy

**Permission to Administer Medicine/Treatment form**

Permission to Administer Medicine/Treatment

- The school only accepts prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- The parent will need to provide written permission and clear instructions to administer any medication below.
- The member of staff is to set an alarm for the time medication is to be given.
- Staff must first check maximum dosages and when the previous dose was taken.
- Staff to record the time medicine is administered below which the parent is to countersign when collecting their child that day.

Name & Age of Child ..... Class  
 .....

Name of Medicine or Description of other treatment  
 .....

.....

Possible side effects  
 .....

Date	Required dose	Time to be administered	Parent signature	Dose given	Time administered	By	Parent countersign

# Administering medicines in school

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## DO

- ✓ Remember that any member of school staff may be asked to provide support to children with medical conditions, but they're not obliged to do so
  - ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine
  - ✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
  - ✓ Inform parents if their child has received medicine or been unwell at school
  - ✓ Store medicine safely
  - ✓ Make sure the child knows where their medicine is kept, and can access it immediately
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## DON'T

- ✗ Give prescription medicines or undertake healthcare procedures without appropriate training
- ✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- ✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in their individual healthcare plan and inform their parents