



South Gloucestershire and Stroud Academy Trust (SGSAT)

SGS Pegasus Guidance for the Administration of Medication

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SGS Pegasus

Guidance for the Administration of Medication

Updated July 2021

Please note: the school-based procedural guidance below supplements the SGSAT Policy ‘Supporting students with medical conditions’ available on the website, but does not replace it or override it, and should always be read in conjunction with that policy.

Responsibility for all administration of medicines at is held by the Headteacher but delegated to other staff as appropriate. All medical information must be treated confidentially by staff.

This guidance covers principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- emergency medicine

The Headteacher must:

- provide clear guidance to all staff on the administration of medicines
- ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- ensure the above provisions are clear and shared with all who may require them
- ensure that these procedures are reviewed periodically or following any significant change which may affect the management or administration of medicines

Whilst teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might in exceptional circumstances extend to administering medicine and/or taking action

in an emergency), school staff should not, as a general rule, administer medication without first receiving appropriate information and/or training.

There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines. Support staff may, as part of their contract, have specific duties to administer medication.

Medicine should be delivered to school by parents/carers or their adult representatives and given to a member of staff on arrival to school. This will then be handed to the office and kept either in the fridge or in the locked medical cabinet. All medicine should be labelled. A message will be given to class to inform the teacher/LSA that this medicine needs to be administered and it is then their responsibility to make sure the child is given their medication.

All medication needs to be administered with a witness and both members of staff will need to sign.

Parents should complete an admin of medicine form before we administer the medicine whether this is non-prescribed or prescribed. Staff should not give medicine if they haven't seen a completed form that has been signed by the parent.

The Admin of medicine forms can be found in the in the medical folder in the office.

Please use the form to record the time medication is administered. After staff have completed this form, they should message parents on Class Dojo so they are aware what time the child had their last dose.

1. Prescribed Medicines

- Parents are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information about regular prescribed medicines should be updated annually at an agreed time, or earlier, if medication is altered by a by a medical practitioner i.e GP or Consultant, dentist, nurse prescriber or pharmacist prescriber
- All items of medication should be delivered directly to the school office by parents or escorts employed by the Authority. It is the parent's responsibility to inform the school in writing when the medication or the dosage is changed or no longer required.
- After the first receipt of medication, additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the school
- 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed.
- A record will be maintained of all medication administered to a pupil (See Section 8)
- Medicines should only be taken at school when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school 'day'. The school will only accept medicines that have been prescribed by a by a medical practitioner i.e GP or Consultant, dentist, nurse prescriber or pharmacist prescriber

- Each item of medication must be delivered to the school office in a secure and labelled container as originally dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. 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.
- It may be appropriate for a medical practitioner i.e GP or Consultant, dentist, nurse prescriber or pharmacist prescriber to prescribe a separate amount of medication for the settings use. This should be negotiated with the parent. Items of medication in unlabelled containers will be returned to the parent. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of the school day. We encourage parents to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending the setting and at bedtime.

2. Non-Prescription Medicines

- SGS Pegasus School will not to accept non-prescribed medication unless agreed with the Headteacher.
- The Local School Board and school's senior management teams will ensure that a properly instigated and understood procedure, is maintained and is available to be audited.

3. Long-Term Medical Needs

- The parent is responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's condition and medication are known.
- The information should be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function at school. Some medicines may also affect learning and/or behaviour.
- The school needs to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will also develop a written health care plan for such children, involving the parents and relevant health professionals. This can include: details of a child's condition, special requirement eg dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency, the role the staff can play.

4. Administering Medicines

- No child should be given medicines without their parent's written consent.
- Any member of staff giving medicines to a child or young person will check:
 - The child or young person's name on the medicine container
 - Prescribed dose
 - Expiry date of medication
 - Written instructions provided by the prescriber on the label or container and within the medication packaging along with the parents completed admin of medicine form. Cross referencing to ensure all details are correct and match
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking 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 with the appropriate health professional that may be attached to the school.
- The school will complete and sign a record each time they give medicine to a child or young person.
- This will be countersigned by a witness that the correct procedures have been followed.

5. Storage

- Prescribed medications are stored in a locked medical cupboard
- Items requiring refrigeration may be kept in a standard refrigerator.
- Consideration is given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines.
- All storage facilities are in an area which cannot be accessed by children.
- All emergency medication e.g. inhalers, Epipen, and anti-convulsants are readily accessible but stored in a safe location known to the child and relevant staff
- Medication is always be kept in the original dispensed containers.
- Staff will not transfer medicines from original containers.

6. Self-Management

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage.
- Health professionals need to assess, with parents and children, the appropriate time to make this transition.

- If a child can take their medicines themselves, staff may only need to supervise.
- At SGS Pegasus School a child may administer (where appropriate) but not carry their own medicines, bearing in mind the safety of other children and young people and medical advice from the prescriber, in respect of the individual child or young person.
- Where children and young people have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

7. Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and contact parents. Details may be included in a care plan.
- Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, they will call 999/111 and follow instructions as written down in the child or young person's care plan.

8. Record Keeping

- Parents must tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:
 - Name of child or young person
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Expiry date
 - Date of dispensing.
- Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

9. Educational Visits

- It is essential that when planning an educational visit, the school can demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to children with disabilities and/or medical needs.
- Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the

diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

- If staff are concerned whether they can provide for a child's safety, or the safety of other children and young people on a visit, they should seek parent views and medical advice from the School Health Service or the child or young person's GP.

10. Sporting Activities

- Most children and young people with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child or young person's ability to participate in PE should be recorded in their individual Care plan.
- All adults should be aware of issues of privacy and dignity for children and young people with particular needs. Some children and young people may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children and young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

11. Information Sharing

- It is the responsibility of the Headteacher to ensure that all relevant staff are aware of medical conditions and needs.
- If a teacher is absent (planned) it is their responsibility to inform cover staff of any medical needs. In the case of unplanned absences it is the responsibility of the Headteacher/ delegated staff member to ensure the necessary information is shared.

12. Further Reading

- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

MANDATORY INITIAL IMPACT SCREENING



Completed by:

Name	Title	Click or tap to enter a date.
I have read the guidance document: Completing a Policy Impact Assessment?		<input type="checkbox"/>
If this policy has been up-dated, please tick to confirm that the initial impact screening has also been reviewed:		<input type="checkbox"/>

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Characteristic	This policy seeks to:	
Age	Choose an item.	
Disability	Choose an item.	
Faith or Belief	Choose an item.	
Gender	Choose an item.	
Race or Ethnicity	Choose an item.	
Orientation	Choose an item.	
Gender reassignment	Choose an item.	
Economic disadvantage	Choose an item.	
Rural isolation	Choose an item.	
Marriage	Choose an item.	
Pregnancy & maternity	Choose an item.	
Carers & care leavers	Choose an item.	
Vulnerable persons	Choose an item.	
Please identify any sections of the policy that specifically seek to maximise opportunities to improve diversity within any of the Trust's stakeholder groups:		
Please identify any sections of the policy that specifically seek to improve equality of opportunity within any of the Trust's stakeholder groups:		
Is there any possibility that this policy could operate in a discriminatory way?	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: red; border: 1px solid black; display: flex; align-items: center; justify-content: center;"><input type="checkbox"/></div> <div style="width: 20px; height: 20px; background-color: green; border: 1px solid black; display: flex; align-items: center; justify-content: center;"><input type="checkbox"/></div> </div> If you have ticked yes (red), which characteristic will be most affected? Choose an item.
If yes please confirm that the Policy has been sent for a full Equality & Diversity Impact Assessment, and note the date:		<input type="checkbox"/> Click or tap to enter a date.

Note: if the policy does not seek to increase diversity or improve equality you should go back and review it before submitting it for approval.

MAPPING OF FUNDAMENTAL RIGHTS

Which United Nations Convention on the Rights of the Child (UNCRC), Right does this policy most protect:	Choose an item. Choose an item. Choose an item.
Which Human Right (HRA) does this policy most protect:	Choose an item. Choose an item.

DATA PROTECTION & PRIVACY BY DESIGN SCREENING

Tick to confirm that you have considered any data protection issues as part of the design and implementation of this policy; and, that implementing this policy will <u>not</u> result in the collection, storage or processing of personal data outside of official Trust systems:	<input type="checkbox"/>
Tick to indicated that this policy has or requires a Data Privacy Impact Assessment:	<input type="checkbox"/>