

THE PEELE COMMUNITY COLLEGE

ADMINISTRATION OF MEDICINES POLICY

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THE PEELE COMMUNITY COLLEGE ADMINISTRATION OF MEDICINES

A Policy Document

2017

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INTRODUCTION

The giving of medication to students is a parent/carer responsibility: however college staff may be asked to perform this task but they may not, however, be directed to do so. The administering of medicines in colleges is entirely voluntary and not a contractual duty.

National guidance from the Department for Education and Skills encourages schools to do all that is practical to help students to benefit from education.

Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. **Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents could be encouraged to ask their prescriber about this.

Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note as in 3.2. for medicine to be administered during school hours. For example if a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP.

However during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the '**Parent/Guardian Consent for an Educational Visit**'.

A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor

The Peele college has an attached medicines policy which is *Communicated to and available for all parent/carer via web site with hard copies available on request.*

1 RESPONSIBILITIES

Parent/carer

If the college staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form. Verbal instructions are not accepted.

If it is known that students are self-administering medication in college on a regular basis, a completed consent form is still required from the parent/carer.

For administration of emergency medication, a care plan must be completed by the parent/carer in conjunction with the college staff.

Minor changes to the care plan can be made if signed and dated by the responsible person nominated. If, however, changes are major, a new care plan must be completed. Care plans should be reviewed annually.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant college nominated responsible person.

Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Any additional requirements e.g. in relation to food etc;
- Expiry dates whenever possible;
- Dispensing date.

Local Authority

The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. In practice indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance given in the college policy and national guidance.

Training

Advice and training is available to members of staff concerned with administration of medicines. All members of staff need to have some appreciation of the underlying medical condition and the need for treatment. All staff

volunteering to administer emergency medication must first receive appropriate training.

College Governors

The governing body has general responsibility for all the College's policies. The policy requires a clear statement on parent/carer responsibility in respect of a child's medical needs and the roles and responsibilities of staff administering medicines.

College Emergency Procedures

As part of general risk management processes we have arrangements in place for dealing with emergency situations. Students should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. If parent/carer is unable to accompany child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parent/carer is not available. Basic medical information about the child, identifying data and contact details should be taken to hospital by college staff.

College Staff

Some teaching unions advise school staff not to administer medication to students, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate insurance is in place. In practice, the Head teacher agrees that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school.

Each request is considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise.

Annual training relating to emergency medication and relevant medical conditions should be undertaken.

2 STORAGE

Generally non-emergency medication should be stored in a locked cupboard; preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator.

Wherever appropriate, children in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities

All emergency medication e.g. inhalers, EpiPens, dextrose tablets and anti-convulsants must be readily accessible but stored in a safe location known to the child and relevant staff. This location will be the college library; controlled drugs will be maintained by SEN in the SEN office. Controlled drugs are secured in a lockable container and placed in a lockable cabinet.

Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

3 SCHOOL TRIPS, VISITS AND SPORTING EVENTS

Medication required during a college trip should be carried by the student, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must complete a Consent Form if their child requires any medication whilst on a college trip or visit.

The above information should be cross-referenced with the Visits and Trips Handbook.

It is essential to inform all staff members involved with sporting activities, after college clubs or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

4 ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in college. It is recommended that the college does not keep stock supplies of analgesics e.g. paracetamol, for potential administration to any student. However there are rare circumstances when an individual school feels it is absolutely necessary to keep stock supplies. In this case a clear policy must be in place detailing under what circumstances the analgesic will be given. Parent/carer consent must be in place. Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

5 OVER THE COUNTER MEDICINES

Over the counter medicines, e.g. hay fever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent/carer must clearly label the container with child's name, dose and time of administration and complete a Consent Form. Parent/carer should be discouraged from sending cough and cold remedies into college. Other remedies, including herbal preparations, should not be accepted for administration in college.

6 RITALIN (METHYLPHENIDATE)

Ritalin is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). It is a Controlled Drug which in a healthcare setting has specific storage and administration requirements. In schools

Ritalin must be stored in a locked place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Ritalin are received into college. In these cases these drugs are controlled by SEN.

Unused Ritalin must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

7 EMERGENCY MEDICATION

Separate guidelines are in place for emergency medication. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. New or temporary staff must be made aware of any child specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes:

- Buccal Midazolam;
- Rectal Diazepam;
- Adrenaline (Epipen/Anapen);
- Glucose (dextrose tablets or Hypostop);
- Inhalers for asthma.

8 ANTIBIOTICS

Parent/carer should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible.

Most antibiotic medication will not need to be administered during college hours. Twice daily doses should be given in the morning before college and in the evening.

Three times a day doses can normally be given in the morning before college, immediately after college (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in college if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Parent/carer must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into college in the morning and taken home again after college each day by the parent/carer. (Older children may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers).

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing.

In college the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent/carer must be informed that day.

9 RECORD KEEPING

When staff administer medication a record must be made of the date, time and dose, and this record must be signed. Reasons for any non-administration of regular medication must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.

All schools should have a medicine policy which is shared with parent/carer and indicates what school staff will do in regard to routine and emergency medication administration in that school.

An individual health care plan clarifies for parent/carer, the child and school staff the circumstances in which additional health support will be required and the actions to be taken by school staff to meet the child's needs. This is usually an emergency situation such as severe allergic reaction, which requires administration of an EpiPen.

The health care plan will be developed with input from the parent/carer and the pastoral department depending on the nature of the student's condition. Specialist guidance may be sought from the student's GP, Consultant or Nurse Specialist.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the care plan needs to be disseminated to relevant school staff but balanced with the need to keep confidential information secure. Care plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless parent/carer has given their explicit written consent for school to do so.

The care plan supplied is a guide to the type of information required and may be expanded as required by the student's condition and the nature of the treatment to be given. The care plan should be reviewed annually. A new care plan is required if a student moves school or their condition or treatment changes.

10 RETURN OF MEDICATION

Medication should be returned to the child's parent/carer whenever:

- The course of treatment is complete;

- Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer);
- Instructions are changed;
- The expiry date has been reached.

This should be documented on the administration record held in the student file. The parent/carer should be advised to return unwanted medicines to their pharmacist.

In exceptional circumstances e.g. parents are to be asked to collect out of date medication.

If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.

The college reception is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

When students have left college, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parent/carer responsibility to replace medication which has been used or expired, at the request of the college staff.

APPENDIX A

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN/ANAPEN BY COLLEGE STAFF

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the care plan.

An Epipen/Anapen can only be administered by college staff who have volunteered and have been designated as appropriate by the Headteacher and who has been trained by the college nurse/doctor. Training of designated staff will be provided by the college doctor/nurse and a record of training undertaken will be kept by the Headteacher. Training will be updated at least once a year.

1. There should be an individual care plan and Consent Form, in place for each student. These should be readily available. They will be completed before the training session in conjunction with parent/carer, pastoral department and medical practitioner as required.
2. The Epipen/Anapen should be readily accessible for use in an emergency and where students are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
3. A nominated member of college staff should ensure that the Epipen/Anapen is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.
4. The use of the Epipen/Anapen must be recorded on the student's care plan, with time, date and full signature of the person who administered the Epipen/Anapen.
5. Once the Epipen/Anapen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
6. It is the parent/carer responsibility to renew the Epipen/Anapen before the student returns to college.
7. The Epipen/Anapen must be taken if the student leaves the college site. The student must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

APPENDIX B

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a student took another student's inhaler, it is unlikely there would be any adverse effects. College staff who have volunteered to assist students with inhalers will be offered training.

1. If college staff are assisting students with their inhalers, a Consent Form from parent/carer should be in place. Individual care plans need only be in place if students have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when students need them. Students of Year 9 and above should be encouraged to carry their own inhalers. If the student is too young or immature to take responsibility for their inhaler, it should be stored in the Reception medical cabinet.
3. It would be considered helpful if parent/carer could supply a spare inhaler for students who carry their own inhalers. This could be stored safely at college in case the original inhaler is accidentally left at home or the student loses it whilst at college. This inhaler must have an expiry date beyond the end of the college year.
4. All inhalers should be labelled with the student's name.
5. Some students, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. College staff should take appropriate disciplinary action if the owner or other students misuse inhalers.
7. Parent/carer should be responsible for renewing out of date and empty inhalers.
8. Parent/carer should be informed if a student is using the inhaler excessively.

9. Physical activity will benefit students with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If students are unwell they should not be forced to participate.
10. If students are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for college staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
12. Asthma can be triggered by substances found in college, e.g. animal fur, glues and chemicals. Care should be taken to ensure that any student who reacts to these are advised not to have contact with these.

APPENDIX C

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls.

To prevent a hypo:

1. There should be a care plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with students' individual symptoms of a "hypo". This will be recorded in the care plan.
2. Students must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions.
Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.
If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the student may experience a "hypo".
Symptoms may include sweating, pale skin, confusion and slurred speech.

To treat a hypo:

3. Treatment for a "hypo" might be different for each student, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel). Whichever treatment is used, it should be readily available and not locked away. Many students will carry the treatment with them. Expiry dates must be checked each term by a member of college staff.
4. It is the parent/carer responsibility to ensure appropriate treatment is available. Once the student has recovered a slower acting starchy food such as biscuits and milk should be given.
If the student is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment.
5. Parent/carer should be informed of a hypo where staff have issued treatment in accordance with the care plan.

If Glucogel/Hypostop has been provided

The Consent Form should be available.

Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

The use of Glucogel/Hypostop must be recorded on the student's care plan with time, date and full signature of the person who administered it. It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

DO NOT USE GLUCOGEL/HYPOSTOP IF THE PERSON IS UNCONSCIOUS.

BLOOD GLUCOSE MONITORING FOR CHILDREN

All staff must use a fully disposable Unistik Lancet device if they are undertaking near patient blood glucose testing on behalf of a student. This is a use once only device and the lancet remains covered once it has been used. Unistik 3 Comfort Lancets are recommended for use with children.

When to use

For students who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist Nurse. The disposable lancet can be ordered on prescription via the student's GP.

Whenever possible staff will encourage students to undertake their own finger prick blood glucose testing and management of their diabetes. However in exceptional circumstances such as a student has a hypoglycaemic attack; it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

- Prior to the test wash hands / use alcohol rub
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the student
- Apply gloves before testing
- Use a meter which has a low risk for contamination when blood is applied to the strip such as an optimum exceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3

- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box in medical room
- Return the tray to a safe area/room
- Wash hands use alcohol rub
- Record the blood glucose reading in the students care plan/diary
- Know how to obtain supplies

Ensure there is a procedure in place regarding what action is to be taken if the result is above or below normal. This must be agreed in consultation with the student, his/her parents, the Paediatric Diabetes Specialist Nurse, college nurse and the teacher.

If further advice or training is required contact the student's Paediatric Diabetes Specialist Nurse.

MEDICINE ADMINISTRATION RECORD CARD FOR EMERGENCY ANTI-
CONVULSANTS

NAME: _____

DOB: _____

MEDICATION: _____

SCHOOL: _____

DATE

NAME OF MEDICATION

DOSE AND TIME

IF GIVEN, SECOND DOSE

AND TIME

LENGTH AND/OR

NUMBER OF SEIZURES

OBSERVATIONS

OUTCOME

PARENT/CARER INFORMED

GIVEN BY

WITNESSED BY

CONSENT TO ADMINISTER MEDICINES

The college staff will not give any medication unless this form is completed and signed.

Dear Headteacher

I request and authorise that my child:

Name: _____ Date of birth: _____

Address: _____

Phone No: _____ School: _____

Class: _____

be given the following medication/gives himself/herself (delete as appropriate) the following medication:

Name of
Medicine: _____

Time of Dose: _____

Dose: _____

Start Date: _____ Finish

Date: _____

This medication has been prescribed for my child by:

Name of
GP: _____

whom you may contact for verification.

I have confirmed that it is necessary to give this medication during the school day.

The medication must be in the original container indicating the contents, dosage and child's full name.

Signed: _____ (parent/carer)

Date: _____

CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

NAME:

DATE OF BIRTH:

ADDRESS:

Condition:

Class/Form:

Name of School:

Date:

Review Date:

CONTACT INFORMATION:

Family Contact 1:

Name:

Phone No:

Work:_____

Home:_____

Mobile:_____

Relationship:

Clinic/Hospital Contact:

Name:

Clinic/Hospital:

Phone No:

Family Contact 2:

Name:

Phone No:

Work:_____

Home:_____

Mobile:_____

Relationship:

GP:

Name:

Phone No:

Completed by and date:

Describe condition and give details of pupil's individual symptoms:

Daily care requirement (eg before sport/at lunchtime):

Follow up care: