



KITTYBREWSTER SCHOOL

ADMINISTRATION OF MEDICATION PROCEDURE

Updated October 2019

Amendment Feb 2020

Date of next review August 2020

Kittybrewster School - Policy and Procedure Administration of Medication

Copies of this policy are held in the school office; the school medical room; Nursery and SLT offices.

1. **All medication received in school must have been prescribed by a Dr or pharmacist. "Over the counter" medication must be prescribed through minor ailments (register at any pharmacy for free) so it is correctly labelled for the individual child.**
2. **SLT must give permission for any medication to be administered in school. This requires the completion of Appendix 1 and 2, no matter what type of medication it is, or how long it is to be administered for. (includes one off/occasional use)**
3. **Parents/carers must be aware that it is their responsibility to ensure that their child's medication requirements are up to date and that the school is informed of any changes.**
4. **Any child who has been sick or had diarrhoea must be kept at home for 48 hours AFTER the last episode. Any unwell child should be kept at home.**

The school policy is updated in line with: (see **Appendix 8**)

- Aberdeen City Council Guidance on the Administration of Medicines in Schools- February 2018
- Legislative Policies and frameworks
- Care Inspectorate - Management of Medication in day care and child-minding services HCR-0514-087

Procedure:

1. Medication must be handed in to school/nursery by parents/carer or guardian, their representative or a health professional.
2. The medication delivered must be clearly labelled with child's name, date of birth, name of medication, dose and frequency of medication, expiry date. Medication should be prescribed by a doctor or pharmacist only and for a current condition.
3. The medication will be accepted into the office by the school office staff, or nursery by a member of staff, who will ask the parents to complete:
 - **Appendix 1 Administration of Medication Request** for any medication taken into school
4. The office/nursery staff member will contact a member of SLT. A member of SLT will review the form with the parent/carer and complete:
 - **Appendix 2: School Agreement Form** A copy will be taken to be put with the child's medical records with the original returned to the parent
5. In the unlikely event of a member of SLT being unavailable when the medication is handed in, Appendix 1 must still be reviewed, and Appendix 2 completed **by SLT** before any medication can be given.

6. The 2 forms, Appendix 1 and 2, will be stored in the medication folders to be kept in the locked filing cabinet in the medical room.
 - Children receiving daily medication have their own individual folder (Blue).
 - Documentation for any child with an inhaler is marked “Inhalers” (Green).
 - Documentation for any child with an allergy or Care Plan (mostly for allergies) is marked “Care Plans” (Red).
 - Documentation for any short term/one off medication is marked “Short Term/One Off” (Yellow).

In Nursery forms will be stored in the medical folder in the locked filing cabinet.

A second copy of Appendix 1 must also be stored in the container beside the medication so that clear administering instructions accompany the medicine.

When a pupil has an ongoing medical condition and a parent/carer can only hand in a small number of tablets at a time, **Appendix 3: Additional Medication handed in to school** must be completed by both parent and school office staff. This can only be used if there is no change to the original information given to school.

Storage of Medication

7. School medication (with the exception of inhalers – see below) will be stored in the locked cabinet in the medical room, accessible to key holders only. In nursery it will be in the locked filing cabinet in the nursery office. The medication must be stored in a container clearly labelled with the child's:
 - **Name, date of birth and photo**
8. If a child has more than 1 type of medication in school each must be stored in a separate, clearly labelled container.
9. Labelled medication that requires cool storage will be kept in the fridge in the medical room or fridge in the nursery. The fridge temperature is to be checked on a daily basis and recorded on the form on the front of the fridge.
10. Nursery must use **Appendix 5: Medication Audit Record** so that there is a clear overview of all medication held in the setting.
11. School (SLT) must add the child's name to the electronic record of all medicine held and administered at school. This record also lists care plans in place and requested from NHS colleagues. The office staff will be asked to strapline the appropriate details in the child's SEEMIS record.

Administration of Medication

A nominated PSA oversees all daily medication in school, and nursery staff in the nursery. A second member of staff will witness administration of medicines when possible. The Head Teacher or his/her representative from SLT takes full responsibility of policy and practice and meets regularly with the nominated PSA to discuss issues and check documentation.

All involved in administering medication will take precautions to avoid spread of infection and follow basic hygiene procedures. Proper hand washing procedures are essential at all times. (For all body spillages, staff will follow guidance in Appendix 8)

When medication is administered it will be recorded on:

- **Appendix 4: Medication Administration Log.**

This record will be kept in the appropriate medical folder in the locked filing cabinet in the medical room/nursery. The dosage administered should be witnessed and signed by another member of staff.

If a pupil **refuses** to take medication, staff should not force them to do so. It should be noted on the child's form. The school/nursery should inform the child's parents/carers as soon as possible thereafter. If necessary, the school should follow emergency procedures as detailed below.

If a child is given **too much** medication, or medication **has been given to the wrong child**, staff must inform parent/carer immediately and a member of SLT. If this becomes a medical emergency, see procedure below.

Staff must ensure dignity and confidentiality at all times when dealing with pupil's medical needs.

All medicines for school pupils will be administered in the medical room if possible. The medical room will be locked when the last adult leaves.

- Any pupil with the agreed documentation will come to the medical room at set times and be met by staff.
- Staff to wash hands before administering medication.
- Staff will take the box from the locked cabinet, check name, photo, check dose and administer medication to pupil
- Water to be offered (if part of specific administration details). Spoons to be washed with hot water and detergent, dried and returned to box. In Nursery the spoon must be washed in the dishwasher.
- Supervising adults to print name and sign record.
- Medicine to be returned to box and locked in the cabinet.

Care Plans/Allergy Action Plans

A health care plan will be completed for pupils with more complex or long-term medical needs, such as **Appendix 6**. The need for a care plan and the medical detail of such a plan should be assessed by a health professional. The relevant health professionals will support the formulation of the care plan with parents/carers, and pupil if appropriate. A copy of the care plan will be kept in the pupil's medical file in the medical room. Allergy Action Plans are stored with Care Plans. An Allergy Action Plan is an **additional** document to the school's Administration of Medication form.

Parents/carers must be informed if a child has an allergic reaction and medication held for them is given. This should be done by phone in the first instance and Appendix 7, Letter, should also be sent home.

Health Support/Training

The School Nurse or, for nursery pupils, Health Visitor will assist with all health needs/queries that school/nursery may have. However, pupils may have a specialist team to support their

needs and this will be written into their care plan. Any training required will be given by the school nursing team unless the specialist team for the child is the best one to deliver this. This will be logged and signed by all parties.

In nursery, training in the administration of specific medications (epi-pens or insulin etc) must be carried out before the child attends the setting.

Asthma Inhalers

The same procedure will be followed as above to log the acceptance of medication into school. However, inhalers in p1-p7 will not be locked away as they need to be accessible to pupils throughout the day as they move around school. (In nursery they will be kept in the nursery office in the locked filing cabinet to be accessed by an adult) The inhaler, clearly named, should be brought to school by a parent at the beginning of each session. Written instructions on use and dosage should be clearly indicated on Appendix 1. An inhaler must also be accompanied by an Asthma Care Plan. (Stored with forms in Inhaler folder) An Asthma Care Plan should be issued by the school nurse or asthma nurse at the child's practice. An Asthma Care Plan is an **additional** document to the school's Administration of Medication form.

The inhaler will be stored in a box clearly labelled with the child's:

- **Name, date of birth and photo.**

A copy of appendix 4 should be stored in the box so that there is a clear record of inhaler use. Any clearly labelled boxes of individual inhalers should be kept in a larger plastic container in an agreed location within each classroom, so that relevant pupils and staff know where to access them. This container can then be easily transported as children move to different locations within the school day e.g. art room, assembly, gym hall. At break and lunch time all class boxes of inhalers will be situated in a centrally agreed location on the ground floor so that they are easily accessible to pupils from the playground should they be required. (Nursery inhalers can stay in same place in nursery office unless class on a trip)

When a child is self-medicating their inhaler this should be overseen by the staff member present in the situation e.g. class teacher, visiting specialist, PSA. The class teacher should be informed if the child has used their inhaler when they are not present. Appendix 4, the medication administration log stored with the inhaler, must be filled in. Appendix 7, the letter for parents, should be sent home with the child to let parents/carers know their child has used their inhaler that day.

In the event of a child who is not on the school inhaler register displaying breathing difficulties the parent, or in more severe cases emergency services, must be contacted. **In the event of emergency services advising the use of an available inhaler then, and only then, can an inhaler be administered to a child not on the register.**

Parents may wish for their child to carry an inhaler in their bags for before/after school use. There must be an inhaler handed in to school to be kept as outlined above so that an inhaler is always accessible for any asthmatic child.

Minor Ailments Medication

Parents can request that their child receive one off medication and can supply appropriate medicines such as painkillers or anti-allergy medicine to be used as per specific instructions. However, these **MUST** be obtained from Minor Ailments so that medicine is labelled for the

specific child. The procedure outlined above with the completion of **Appendix 1** or **Appendix 2** must be followed.

When a pupil asks for the medication to be administered, a member of staff will contact the parent, **check if and when pain relief was last taken at home and obtain permission to administer this in school**. On the day painkillers are given to the child, this will be recorded on the child's record sheet and a letter sent to the parent - see **Appendix 7**

NO MEDICATION CAN EVER BE GIVEN FOR THE FIRST TIME IN SCHOOL

Relief Staff

It is the responsibility of a member of SLT to ensure that any relief member of staff is informed of any medical needs in the class that they are covering. SLT can access relevant information on the electronic record which is updated whenever medication comes in to school.

Outings

Permission will be sought from SLT regarding taking medication out of school as part of the V1/V2 and risk assessment forms. These should clearly state who will be responsible for looking after the medication and administering it. Appropriate documentation will be placed in a temporary package, with the dose required for that trip only if possible, in all the original packaging with side effects guidance etc, and pupil's emergency contact details.

Emergency Procedure

In an emergency call 999, inform SLT and inform parent.

A member of staff will accompany the pupil to hospital in an ambulance with care plan/child's medical folder and the medication given.

In cases of seizure staff note the time the seizure started. SLT and first aider to remain with child until parent & ambulance arrive – then hand over.

SLT to record incident on Your HR. Care Inspectorate must also be notified on the correct e-form. (Nursery pupils only)

Auditing/Checking Medication

The nominated PSA will ensure there are sufficient supplies and contact parent if running short, or if course is complete.

Calls made to the parent about medication will be logged on the pupil's record sheet with details of the request and response.

Every 28 days staff will check details on Appendix 1 to ensure there are no changes. This review will be stated and signed on the back of the form.

Medication no longer required will be collected by parent for disposal.

SLT will review a sample of medication records termly to ensure correct procedures are being followed.

Before the summer holidays, parents will be asked to collect the medication from school, signing / witnessing that the medication has been uplifted and asked to return at the start of term, where the process will begin again.

The school will not store any general medications such as Paracetamol, Calpol, Piriton to give to children. Only medication given by a parent/ carer or guardian with the correct documentation agreed and signed will be administered following the school's procedure as outlined above.

Updated February 2020



Appendix 1: Administration of Medication Request

Date:

Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and a member of the Senior Leadership Team has agreed that school staff can administer the medicine.

Please note that parents must give the first dose of medication, at home under supervision to ensure that there is no adverse/allergic reaction to the medication. Thereafter the school can administer medication. Date and time of first dose of medication:	
Agreed time medication is given at home during the course of treatment:	
In the case of inhalers has the child used the inhaler before?	

Pupil's Name:		Class			
Address					
Date of Birth		M	<input type="checkbox"/>	F	<input type="checkbox"/>
Name of parent/carer:					
Relationship to child					
Contact Number:					

Medication (continues overleaf)

Condition or Illness:			
Name/Type of Medication <i>(As described on the container)</i>			
For how long will your child take this medication?	Date Dispensed:		
	Date Expires:		
Full Directions for use			
Dosage and method			
Timing			



Appendix 2: School Agreement Form

Form to be completed and discussed with parent/carer, copy given to parent/carer if the school agrees to administer medicine to named child

I agree that <i>(name of child)</i>	
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will receive <i>(quantity and name of medication)</i>	
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Every day at <i>(time medication to be administered e.g. lunchtime or afternoon break.)</i>	
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This child will be supervised whilst he/she takes their medication by <i>(name of staff)</i>	
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This arrangement will continue until <i>(Either end date of course of medicine or until instructed by parents).</i>	
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SLT Signature: _____ **Date:** _____

Appendix 3: Additional Medication Provided to School



Pupil Name:

Class:

I confirm that I have provided the following medication for the above child, and that there are **no changes** to any information already supplied to school.

Medication Details

Parent/Carer Name	
Signed	
Date	

I confirm receipt of the above medication.

Office Signature	
Date	

Appendix 6

Health Care Plan for a Pupil with Medical Needs

Date:

Name of Pupil	
Date of Birth	
Condition	
Class	

Contact Information

Family contact 1

Name				
Phone Number:	(home)		(work)	
Relationship				

Family contact 2

Name				
Phone Number:	(home)		(work)	
Relationship				

GP

Name	
Phone Number	

Clinic / Hospital Contact

Name	
Phone Number	

Plan prepared by:

Name			
Designation		Date	/ /

Distribution

School Doctor		School Nurse	
Parent		Other	

Describe condition and give details of pupil's individual symptoms

Medication and details of dose	
Method and time of administration	
Details of possible side effects or allergies	

Daily care requirements (e.g. before sports, dietary, therapy, nursing needs)

Action to be taken in an emergency

Follow up care

**Members of staff trained to administer medication for this child
(State if different for off-site activities)**

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of:

(Insert Child's name)

Signed:

Date:

Parent or guardian (or pupil if above legal age of capacity)



Appendix 7 Letter

Administration of occasional medication

(Can only be medication handed in to school with relevant forms completed)

Today, on _____ your child received the agreed medication.

Name of Pupil			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Class			
Medication given			
Dose given			
Time given			
Reason for administration of medication			
Signed (member of staff)			
Date			

Appendix 8

All staff must know how to safely clean up spillages of blood and body fluids in the event that the janitor is not on the premises.

Staff must:

- Deal with blood and body fluid spillages as quickly as possible
- Keep the children away from the spill
- Put on PPE (i.e. disposable gloves and disposable apron)
- Prepare a solution of:
 - general-purpose neutral detergent (i.e. hot soapy fairy liquid); and
 - have one of the Maxi Green anti bactericide sprays to hand
- Place paper towels (or kitchen roll) over the spill, to soak up the spillage. Then carefully place these into a disposable, leak proof plastic bag
- Use the spray to clean the remainder of the spillage
- Then wipe down the area with paper towels (or kitchen roll)* soaked in detergent solution.
- Wipe area dry with paper towels (or kitchen roll)
- Remove PPE and put into the plastic bag, secure and seal the bag then place it in the medical waste bin
- Wash hands with liquid soap and running water

N.B. Do not use chlorine-based disinfectants e.g. household bleach directly onto spills of urine spillages (as this can release a chlorine gas). Soak up urine first with paper towels before using a disinfectant solution.

Always check that disinfectants are suitable for use on carpets and other soft furnishings as they may cause damage or discolouration. In these circumstances clean with a neutral detergent and hand hot water then leave the area to dry.

*Cloths bought to be used but they can only be used once then must be disposed of in bag

Appendix 9 – Legal and Policy Framework relating to the administration of medication

Legal context:

- National Health Service (Scotland) Act 1978
- Education (Scotland) Act 1980
- Age of Legal Capacity (Scotland) Act 1991
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Standards in Scotland's Schools etc. Act 2000
- Education (Disability Strategies and Pupil Educational Records) (Scotland) Act 2002
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Pupils' Educational Records (Scotland) Regulations 2003
- Education (Additional Support for Learning) (Scotland) Act 2004
- Scottish Schools (Parental Involvement) Act 2006
- The Equality Act 2010
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children and Young People (Scotland) Act 2014
- 2014. Human Medicines (Amendment) (No. 2)
- Mental Health (Scotland) Act 2015

Policy context

- United Nations Convention on the Rights of the Child (UNCRC)
- Getting it Right for Every Child
- Curriculum for Excellence
- How good is our school?
- National Improvement Framework for Scottish Education
- Guidance on the education of children and young people unable to attend school due to ill-health.
- Developing the Young Workforce.
- Pre-Birth to Three Positive Outcomes for Scotland's Children and Families
- Building the Ambition: National Practice Guidance on Early Learning and Childcare
- Health for all children 4 (Hall 4)
- The role of the Child Health Commissioner
- Ready to Act - Children and Young People Plan

Further information regarding how the legal and policy frameworks relate to Administration of medicines in school can be found in Supporting children and young people with healthcare needs in schools (2017). <http://www.gov.scot/Publications/2017/12/3694>