



# The Sutton Academy

## Administering Medication Policy

Status	<b>Statutory</b>
Responsible Trustees' Committee	<b>ALT</b>
Date last approved by TB	<b>10/10/2017</b>
Responsible Person	<b>John Brian</b>
To Review Date	<b>September 2021</b>
Last Amended Date	<b>September 2020</b>

# **\*Covid 19 Pandemic\***

## **What to do if you are required to come into close contact with someone as part of your first responder duties**

### **Personal protective equipment (PPE)**

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off PPE is available. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov#what-to-do-if-you-are-required-to-come-into-close-contact-with-someone-as-part-of-your-first-responder-duties>

All first aiders should watch the video of how to use PPE

[https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

## **Introduction**

In 2005 DfES published Managing Medicines in Academy's and Early Years Settings. This was replaced in December 2015 with supporting students at the academy with medical conditions. This policy reflects this guidance.

Parents have the prime responsibility for their child's health and should provide the academy with information about their child's medical needs. A health care plan may be necessary for some children involving parents and relevant health professionals. Care plans are stored on the N drive

There is no legal duty that requires academy staff to administer medicines and medicines should only be taken to academy when essential.

Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances, the duty of care could lead to administering medicines and/or taking action in an emergency.

## **Aim**

The aim of this policy is to clarify areas of responsibility and lay down procedures for administering medication to children to enable regular attendance of students.

## **Managing Medicines**

### **Managing Prescription Medicines**

Medicines should only be taken to the academy or other setting when essential; that is where it would be detrimental to the child's health if the medicine were not administered.

The academy will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be in the original container as dispensed by a pharmacist and include the prescribers' instructions for administration. **No medicines will be accepted that have been taken out of the container or make changes to dosages on parental instructions.**

Parents/Guardians must put the request for the administration of medication in writing and complete a parental consent form for the administration of medication.

Any member of staff who administers medicines should do so in accordance with the prescriber's instructions.

Controlled drugs will be kept in a non-portable container and only named staff should have access, a record will be kept for audit and safety purposes.

All medicines including controlled drugs will need to be collected by the parent when no longer required to arrange for safe disposal. A child who is prescribed a controlled drug may legally have it in their possession.

### **Non-Prescription Medicines**

Staff will never give a non-prescribed medicine to a child unless there is specific written permission from parents.

If a child suffers regularly from frequent or acute pain, parents will be encouraged to refer the matter to the child's GP.

If the staff are in any doubt about a procedure, the medicines will not be administered until a check can be made with the parent or a health professional.

### **Self Management**

Students with long term illness will be supported and encouraged to manage their own medicines where the parents and health professionals feel this is appropriate.

If students refuse to take medicine, staff should not force them to do so but note this on the records. The child's Health Care Plan procedure should be followed. Parents should be informed of the refusal on the same day.

If refusal results in an emergency – contact should be immediately made using contacting emergency services guidelines. (Appendix 1)

### **Educational Visits**

The academy will encourage children with medical needs to participate in safely managed visits.

Discussion with parent, child and health care professional will take place to discuss need and possible risk assessment for the individual child over and above risk assessment. Staff supervising excursions should be aware of medical needs and relevant emergency procedures.

Parental consent forms must be completed by all parents.

A copy of any Health Care Plans should be taken on visits in event of the information being needed in an emergency.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra curricular sport. Any restriction on a child's ability to participate in PE should be recorded on individual health care plans. All adults should be aware of issues of privacy and dignity for children with particular needs.

Staff supervising sporting activities need to be made aware of medical needs of students available on SIMS database. Some children may need to take precautionary measures during exercise and will be allowed immediate access to their medicines such as asthma inhalers.

### **Emergency Procedures**

Staff should not take a child to hospital in the car; an ambulance should be called. However, there have been well documented instances recently where ambulances have been taking too long to reach an incident and a dynamic risk assessment should be conducted. An aspect of that dynamic risk assessment will be the availability of another member of staff.

All staff should know how to call emergency services (see Appendix 1). A member of staff should accompany a child to hospital and stay until the parent arrives.

### **The Role of the Principal**

It is the responsibility of the Principal to implement the academy policy on administering medicine and to ensure that all parents and staff, both teaching and non-teaching are aware of the academy policy and procedures to deal with children with medical needs.

### **The Principal-**

- Will agree with the parents what support can be provided.
- Agrees when a non-prescribed medicine will be administered.
- Will seek advice from the child's GP or other medical advisor as appropriate.
- Ensures that all staff, including lunchtime staff, receive sufficient training to be equipped to deal with children with medical needs.
- Reports to the Trust Board about the effectiveness of the policy on request.

### **The role of the teacher and support staff**

Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.

Staff

- Will give a child medicine only with their parent's **written** consent.
- Each time will check:
  - The child's name
  - The prescribed dose and method of administration.
  - Expiry date
  - Written instructions by the prescriber on the label or container
- Will administer medicines in accordance with the prescriber's instructions.
- Will check that any details provided by the parents are consistent with the instructions on the container.
- Will be aware of possible side effects and what to do if they occur.
- Will **only** give a non-prescribed medicine to a child when there is a specific prior written permission from the parents.

**N.B. medicines containing aspirin or ibuprofen should never be given unless prescribed by a doctor.**

- Will record all administering of medicines, including non-prescribed medicines on (Form 2).
- Will record if a child refuses to take a medicine and contact the parent.
- Will discuss any concerns with the parents.
- Will contact the parents of a child who is not well enough to be in the academy.
- Identified staff will ensure that controlled drugs are kept in a lockable, non-portable container and maintain a record for audit and safety purposes.
- Will return any controlled drug to the parent when no longer required (parent to collect).
- Identified members of staff routinely attend training, which equips them to administer medicines and to follow academy policy and procedures with regard to dealing with children with medical needs.
- Will send a reminder letter to parents reminding them to provide medication i.e. Epi Pens if stocks run low.
  - If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **The role of parents and carers**

Parents and carers

- Should provide full information about their child's medical needs, including details on medicines their child needs, completing form 1.
- Should develop a health care plan where necessary with the academy and relevant health professionals.
- Will keep their child at home when s/he is acutely unwell.
- Should only send medicines to the academy when essential – where it would be detrimental to the child's health if it were not administered during the academy day.
- Will complete the relevant form to give written consent for any medicine to be taken to the academy.

- Will obtain the Principal's agreement for any non-prescribed medicine to be administered.
- Are encouraged to ask the prescriber to prescribe in doses that can be taken out of academy hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after academy hours and at bedtime.
- Will provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Will collect medicines held in the academy at the end of each term.
- Need to be aware that the academy does not have a permanent academy nurse.
- Are responsible for arranging the safe disposal of the medicine when no longer required.
- Have a responsibility to support the academy's administering of medicines policy.

### **The role of students**

- Where able, to take responsibility to manage their own medicines.
- Where it has been agreed, should keep any controlled drug that has been prescribed in their possession. It is an offence to pass it to another child for use.

### **The role of Trustees**

The Trust Board has general responsibility for this policy and take account of the views of the Principal, staff and parents in maintaining this policy.

### **Storage of Medicines**

Any controlled drugs should be kept in a lockable non-portable container and only named staff will have access. Children should know where their own medicines are stored and who holds the key.

Students who carry Epi Pens have a second pen available in the academy office.

All emergency medicines such as adrenaline pens should be readily available to children and not locked away. Children may carry their own inhaler.

All students with health plans copies are kept in child's file and the academy office. They are visible on the wall in the academy office with a picture of the child updated annually.

Non-emergency medicines should be kept in a secure place not accessible to children. Medicines that are required to be refrigerated should be kept in an air-tight container and clearly labelled.

The Principal's agreement is required for a non-prescribed medicine to be administered.

### **Monitoring & Review**

This policy is maintained by the Trust Board and will be renewed every two years or before if necessary.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

# **Contacting Emergency Services Procedure**

**Dial 999, ask for ambulance and be ready with the following information:**

**1. Your telephone number:**

Academy telephone number: 01744 678859

**2. Give your location as follows:**

The Sutton Academy  
Eltonhead Road  
Marshalls Cross  
St Helens

At the junction with Marshalls Cross Road and opposite Lea Green train station

**3. State that the postcode is:**

WA9 5AU

**4. Give exact location in the academy/setting**

*(Provide a brief description so that when paramedics arrive at reception they will be able to relay information to office staff)*

**5. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to**

**6. Give your name**

**7. Give name of child and a brief description of child's symptoms**

**Speak clearly and slowly and be ready to repeat information if asked**

**8. Ensure the Principal has been informed**

## Appendix A: Individual Healthcare Plan

**The Sutton Academy  
Elton Head Road  
St Helens  
WA9 5AU**

**Principal – Mr. P Willerton**

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Relationship to Child	
Phone No. (Work)	
(Home)	
(Mobile)	
Name	
Relationship to Child	
Phone no. (Work)	
(Home)	
(Mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone No.	
<b>G.P.</b>	
Name	
Phone No.	
Who is responsible for providing support in academy	



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for academy visits/trips, etc.	
<b>Other Information</b>	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency ( <i>state if different for off-site activities</i> )	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

## Appendix B: Parental/Carer Agreement for Setting to Administer a Prescribed Medicine

The Sutton Academy  
Elton Head Road  
St Helens  
WA9 5AU

Principal – Mr. P Willerton

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

**The Academy will not administer the first dose in case of a reaction to the medication**

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given. For example:</b> One tablet One 5ml spoonful	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the academy needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the academy and medical staff.	Yes	
	No	
	Not applicable	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the Principal (or his nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at academy. I will inform the academy/ immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of academy activities, as well as on the academy premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the academy, if necessary.
- I can confirm that I have administered the first dose and the child suffered no adverse effects
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

## Appendix C: Parental/Carer Agreement to Administer an ‘Over the Counter’ (OTC) Medicine

The Sutton Academy  
Elton Head Road  
St Helens  
WA9 5AU

Principal – Mr. P Willerton

- All over the counter (OTC) medicines must be in the original container.
- **N.B. medicines containing aspirin or ibuprofen should never be given unless prescribed by a doctor.**
- A separate form is required for **each medicine**.

**The academy will not administer the first dose in case of a reaction to the medication**

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	

Are there any possible side effects that the academy needs to know about? If yes, please list them	
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Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Principal (or his nominee) to administer the OTC medicine to my son/daughter during the time he/she is at the academy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of academy activities, as well as on the academy/ premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the academy.
- I can confirm that I have administered the first dose and the child suffered no adverse effects
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	





## Appendix F: Staff Training Record – Administration of Medicines

The Sutton Academy  
Elton Head Road  
St Helens  
WA9 5AU

**Principal – Mr. P Willerton**

Name	
Type of Training Received	
Date of Training Completed	
Training provided by	
Profession and Title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's Signature	
Date	

**I confirm that I have received the training detailed above.**

Staff Signature	
Date	
Suggested Review Date	