

# Administration of Medicines Policy

Central Hub Brighton

The Connected Hub and Brighton and Hove Pupil Referral Units

<b>Approved by:</b>	Co-Head Teachers	<b>Date:</b> January 2023
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**Note:** Central Hub Brighton operates with a Management Committee as its governing body. For all references to Governing Body and Governors in this document, the duties and responsibilities will be carried out by the CHB Management Committee and its members

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## **1. Aims & Objectives**

- To provide a clear process for administration of medicine
- To understand the needs and nature of any medical requirements
- To ensure monitoring and tracking of all medicines (prescribed and non-prescribed)

## **2. Vision and Values**

### **Bespoke Education | Positive Relationships | Preparation for the Future**

Central Hub Brighton is committed to delivering a bespoke alternative education for each and every pupil, where developing positive relationships is paramount. A firm emphasis on improving pupil well-being, self-confidence and engagement, using a trauma-informed model so that good personal and academic progress is achieved, will always remain a central priority. This is supported with high quality teaching and excellent pastoral care. We want our pupils to acquire and develop key skills and values which prepare them for the future.

## **3. Administration of Medicines**

Central Hub Brighton Administration for Medicines policy had been produced by the school, in line with the Central Hub Brighton Drugs and Substance Misuse statement, building on Brighton and Hove City Council guidance.

Although there is no legal duty on staff to administer medicines, in the event of an emergency all members of staff are under a duty of care to assist a child. In order to give reassurance to staff who assist with administering medication, Brighton and Hove City Council agrees to fully indemnify school staff providing the medicines are being administered in accordance with the procedures detailed within the Brighton & Hove City Council standard.

Most pupils will at some time have a medical condition that may affect their participation in school activities. This is more likely to be short term e.g. completion of a course of antibiotics. Other pupils have medical conditions that, if not managed, could limit their access to education. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that these pupils and others are not put at risk. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

## **4. Confidentiality**

Parents/Carers and their children are entitled to confidentiality regarding their medical needs however sharing information is to ensure the best care for a pupil. Privacy and the need for prompt, effective care are to be balanced with sensitivity. At the pupil's interview the manager will discuss medical needs with the parent/carer and appropriate agreement sought.

## **5. Parent Responsibilities**

Parents/carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents/carers are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date. If the child's medication has changed:

- in dosage,
- in requirement
- discontinuation of medication,

Central Hub Brighton is to be informed immediately. The school will not administer change in dosage unless a letter from parent, carer, doctor is provided or new medication is provided with the correct dosage on the container.

Where a child has a long term medical need then a health plan may need to be drawn up with the parents/carers (see Appendix A). This will be done on the advice of the School Nurse.

## **6. Prescribed Medication**

All prescribed medicines that are to be administered in school must be accompanied by written instructions from the parent and/or the GP, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage (see Appendix B).

Ideally medicines should be brought to school in the original container as dispensed by a pharmacist. However, in exceptional circumstances, the smallest practicable dose should be brought to school in individual containers which should be clearly labelled with the child's name and the dosage instructions with an accompanying doctors' letter confirming the use of the medication.

Medication should be brought into school by the parent/carer whenever possible. However, should this not be practical, parents/carers are required to contact the school to confirm their child will be bringing the medication into the school office prior to their arrival at school. Central Hub Brighton cannot accept any responsibility for retrieving the medication from a pupil if sent in this way.

## **7. Non Prescribed Medication**

We will only administer non-prescription medication (e.g. calpol, paracetamol) where parents have brought in the medication and a signed consent form. In the case of older students (KS3 and 4) we do keep some paracetamol and ibuprofen which we will administer to students if we have written permission, and verbal permission on the day. This is to ensure that students have not taken this before leaving for school. This verbal permission will be noted on SIMS and logged in the medicines book.

## **8. Refusal of Medication**

If a child refuses to take medication, we will not force them to do so. Central Hub Brighton will note this on the child's record and inform the parent/carer.

## **9. Self-Management**

The parent/carer takes responsibility for a child who is thought mature enough to self-medicate. To authorise parents/carers will be required to complete a Self Management form (see Appendix C).

- Asthma sufferers will need to have their inhalers with them at all times.
- If self-medicating, the child will be responsible for informing the parent/carer.
- The school does not allow pupils to carry medication around on their person without a letter from a doctor. All medication is to be securely stored.

## **10. Roles and Responsibilities of School Staff**

It is preferable that only one member of staff at any one time has responsibility for administering medicines (to avoid the risk of double dosing). Arrangements will be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). Any member of staff given responsibility for administering medication will undertake any training that is required to carry out these duties.

To prevent double dosing, the person administering the drug must adhere to the steps below.

Check the drug administration log (see Appendix D) to ensure medication has not already been administered on that day

- Check pupil's name
- Check the name on the medication
- Check the frequency of dosage
- Check the prescribed dose
- Check the expiry date on the medication
- Follow correct procedure for administering medication to child (as per training)
- Log administration of medication
- Return medication and log to secure storage area.

Any medication that is required to be administered whilst the child is off site (i.e. for off-site activities) will be done by the class teacher. This will be done in accordance with the written instructions above and recorded at the time of the medication being taken from the securely locked area.

## **11. Emergency Procedures**

An ambulance will be called in all emergency situations.

Parents/Carers will be contacted immediately and if hospitalisation is required they will be expected to make their way immediately to the hospital.

In the parent/carers absence a member of staff will accompany the child to hospital and stay with the child until the parent/carer arrives.

A child should not be taken to hospital in a staff car except in very exceptional circumstances.

## **12. Storage**

Non-emergency medication and medication logs will be kept in the reception area, preferably locked away in the safe or on those locations where no safe is available, it will be kept centrally in locked storage and keys only available to named staff.

All medications received/returned must be logged (see Appendix E).

All medication must be stored in separate containers with appropriate labelling showing the child's name; dosage and expiry date.

Medication required to be refrigerated will be clearly labelled in a fridge not accessible to pupils.

Risk assessments must be in place for all stored medication (the advice of the School Nurse should be sought).

Emergency medication (i.e. inhalers, epipens) must be readily available to staff and not necessarily in locked storage but inaccessible to pupils.

Staff are not to dispose of medication. Unused medication should be collected by parents/carers or given to the School Nurse.

## **13. Additional Information**

- Infection Control - Standard and Guidance
- First Aid Standard

**Appendix A****HEALTH CARE PLAN**

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Condition</b>	
<b>Date</b>	
<b>Class/ Form</b>	
<b>Review Date</b>	

**Contact Information****Family Contact 1**

<b>Name</b>	
<b>Phone:</b>	
<b>Work</b>	
<b>Mobile</b>	
<b>Home</b>	
<b>Relationship</b>	

**Family Contact 2**

<b>Name</b>	
<b>Phone:</b>	
<b>Work</b>	
<b>Mobile</b>	
<b>Home</b>	
<b>Relationship</b>	

**Clinic/Hospital Contact**

<b>Name</b>	
<b>Tel. No</b>	

**GP**

<b>Name</b>	
<b>Tel. No.</b>	

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

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**Daily care requirements (e.g. before sport/at lunchtime):**

--

**Describe what constitutes an emergency for the pupil and the action to take if this occurs:**

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**Follow-up Care:**

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**Who is responsible in an emergency: (state if differ on off-site activities):**

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**Form copied to:**

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**Appendix B****PARENTAL CONSENT FORM**

**TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.**

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

<b>Name of Child</b>		<b>Doctor's Name</b>	
<b>Date of Birth</b>		<b>Doctor's Phone No.</b>	
<b>School</b>		<b>Doctor's 24 hour contact No.</b>	
<b>Home Address</b>		<b>Doctor's Address</b>	

**The Doctor has prescribed (as follows) for my child:**

a) Regularly:

<b>Name of Drug/Medicine to be given</b>	<b>How Often (e.g lunchtime, after food?)</b>	<b>How much (e.g. half a teaspoon? 1 tablet?)</b>

b) In special circumstances:

<b>Describe what circumstances, and the nature and dosage of the prescribed medicine or treatment)</b>

c) Special Procedures

**Describe what circumstances, nature of dosage, procedures to be carried out, amount of food and frequency (including Administration of Rectal Valium (Diazepam), assistance with catheters, equipment for tracheostomies and tube feeding)**

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I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs, medicines or foods in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

<b>Signed (Parent/Guardian):</b>	
<b>Home telephone number:</b>	
<b>Daytime telephone number</b>	
<b>Date:</b>	

<b>Alternative Contact Name:</b>	
<b>Relationship to child:</b>	
<b>Phone number:</b>	

I undertake to provide advice if any changes in medication/medical procedures are necessary.

<b>Name of Doctor/Consultant Paediatrician:</b>	
<b>Signature:</b>	
<b>Date:</b>	

## Appendix C

### PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION

This form must be completed by parents/guardian

Please complete in block letters

<b>Name of child:</b>		
<b>Class:</b>		
<b>Address:</b>		
<b>Condition or illness:</b>		
<b>Name of Medicine:</b>		
<b>Procedure to be taken in an emergency:</b>		

**Contact Information**

<b>Name:</b>	
<b>Daytime telephone number:</b>	
<b>Relationship to child:</b>	

I would like to keep his/her medication on him/her for use as necessary.

Signed: .....

Date: .....

Relationship to child: .....



