

Administration of Medicines Policy (Trust including EYFS)**1. Statement (of Intent)**

- I. The Board of **Governors** of St Bede's School Trust Sussex (hereafter referred to as Bede's) is committed, as an employer, to pursuing a policy which ensures and promotes, so far as is reasonably practicable, the health, safety, welfare and general well-being of its employees, pupils and others who may be affected by it, and seeks the co-operation of all employees, pupils and others for that purpose. In order to achieve this, it will satisfy the requirements of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and all subsequent legislation so far as reasonably practicable.
- II. Bede's recognises its responsibilities under a fundamental duty of care and loco parentis to take reasonable care of its pupils and children this includes the possibility of having to administer medicines and/or prescribed drugs. A number of authorised and trained Bede's staff may be required to administer medicines to pupils with a need for regular medication, those requiring occasional dispensing of medicines or those requiring emergency medication.
- III. This policy summarises current guidance and best practice on the Administration of Medicines within educational establishments and pre-school settings, in order to help Bede's, meet their legal obligations and provide Bede's staff with a simple, pragmatic reference document on the basic principles for the administration and safe storage of medication.
- IV. (To be read in conjunction with: Trust General Health & Safety Policy, General Medical Care Policy, Care of Chronic Conditions Policy, First Aid Policy, Confidentiality Policy, Disability and Medical Needs Policy).

In particular, this document has been written with regards to:

- **Medicines Act 1968**
- **Independent School Standards Regulations**
- **Statutory Framework for the Early Years Foundation Stage**
- **The Equality Act 2010 and Schools**

Further Statutory Guidance

- **Supporting Pupils at School with Medical Conditions**
- **The Administration of Medicines in Schools and Settings**
- **Keeping Children Safe in Education**

2. Policy Standards

- I. Bede's clearly recognises that there are an increasing number of its pupils who have a number of medical conditions that require the administration of medicines either:
 - a) Controlled Drugs (CD)
 - b) Prescription only Medicines (POM)
 - c) Over the Counter (OTC) – Homely Remedies
 - d) Emergency Medication (EM)
 - e) Vitamins & Food Supplements (VFS)
- I. A number of more serious illnesses or long term medical conditions will require individual Healthcare Plans to be prepared and regularly reviewed by the Head of Nursing and Health & Wellbeing Team.
- II. The aim of the Policy and guidance is intended to set out Bede's responsibilities, procedures and arrangements for the administration and safe storage of medicines in order that all children with medical conditions, in terms of both physical and mental health, are properly supported in our school's so that they can play a full and active role in school life, they remain healthy and achieve their academic potential.

3. Liability and Indemnity

- I. Bede's will ensure that there is an appropriate level of insurance in place that reflects the level of risk from the administration of medicines. This will provide legal and financial cover in the event of a claim against Bede's or Bede's staff providing support to pupils/children with medical conditions. Any requirements of the insurance, such as the need for staff to be trained, must be complied with.

4. Organisation & Responsibilities

I. Bede's Responsibilities

- a) In order that Bede's governing body meets its legislative duty it has employed a Head of Nursing, Lead School Nurse, School Nurse and School Nurse Assistant (at both school sites).

II. The Head of Nursing and Health and Wellbeing team will ensure Bede's Administration of Medicines Policy and Safety Management System for the effective control of the administration and safe storage of medication includes:

- a) Procedures for the management of prescription medicines which need to be taken during the school day or by our boarding pupils;
- b) Procedures for managing medicines on school trips and home to school Bede's transport, cross referenced with Bede's policies relating to such activities (e.g.: Trust Educational Visits Policy & Educational Visits Handbook);
- c) Roles and responsibilities of any staff managing or supervising the administration of medicines;
- d) Parental responsibilities are made clear regarding their child's medical needs, and the requirement for prior written agreement from parents for any medicines to be given to their child;

- e) Circumstances in which non-prescription medicines may be taken by pupils;
- f) Bede's policies on assisting pupils with chronic or complex medical needs;
- g) Procedures for pupils carrying/self – administering medicines;
- h) Risk Assessment and management procedures;
- i) Staff training and refresher training including training matrix;
- j) Safe storage of medicines;
- k) Readily accessible emergency procedures for the administration of medicines;

6. Bede's Staff Responsibilities

- I. It is of paramount importance that Bede's staff who carry out the administration of medicines to pupils understand the basic principles and legal liabilities involved have confidence in dealing with any emergencies that may arise and have appropriate authorisation and training.
- II. It is possible for support staff to have duties relating to the administration of medicines written into their core job description. These duties should be considered as part of the job evaluation for the role. There is still a requirement for the member of support staff to receive appropriate training before undertaking relevant duties
- III. Bede's staff shall ensure that they:
 - a) Exercise sensitivity and confidentiality when dealing with the administration of medicines to a pupil.
 - b) Understand the nature of the condition of any pupils with medical needs in their care and the circumstances in which they may need extra attention or assistance;
 - c) Are aware of the likelihood of an emergency arising and what action to take if one occurs;
 - d) Discuss with the Head of Nursing or Health & Wellbeing Team any problems or concerns arising in respect of the administration of medicines;
 - e) Follow the procedures set down in this policy for the administration and safe storage of medicines;
 - f) Ensure that pupils cannot gain unauthorised access to medicines;
 - g) Report any losses, theft or unauthorised use of medicines immediately to the Head of Nursing of Health & Wellbeing Centre; and
 - h) Ensure that appropriate recording procedures for the administration of medicines are followed

7. Parent(s)/Guardian(s) Responsibilities

- I. Bede's want to ensure that its arrangements give parents/guardians and pupils confidence in Bede's ability to provide effective support for medical conditions in School. Bede's arrangements will show an understanding of how medical conditions affect a child's ability to learn, as well as increase confidence and promote self-care.
- II. Parents/Guardians are key partners and should be involved in the development and review of their child's individual healthcare plan where applicable, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- III. Parents/Guardians should:
 - a) Provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition;

- b) Parents are required to sign a form to allow their children to be registered with the school GP (if boarding) and give permission for their child to be treated by the Matron/Nurse when at school with homely remedies (Paracetamol etc.). Those whose children cannot take Ibuprofen, have specific allergies, drug sensitivities etc. are flagged on a medical conditions sheet and are on a list supplied to each house and on ISAMS to alert staff.
- c) If it is known that pupils are self-administering medication in school on a regular basis - for example, contraceptive medication, Ventolin, adrenaline and diabetic medication, a completed consent form is still required from the parent/guardian;
- d) Controlled drugs are not allowed on the pupil's person. They are stored in a safe in a locked cupboard in the Matron's room of a boarding house or the surgery at the Health and Wellbeing Centre. Some pupils are able to keep vitamins etc. with them, in their rooms in a locked cupboard. Room checks are completed twice a day by Matron and the Housemaster/mistress checks on the pupils at bedtime. Therefore, if any medication is left out unsafely, then this would be locked away for safe keeping and the pupil may have their permission revoked;
- e) The Parent/Guardian needs to ensure there is sufficient medication and that the medication is in date. They must arrange for the replacement supply of medication at the request of the Head of Nursing or Health & Wellbeing Centre.
- f) Medications coming into school must always be provided in an original container with the pharmacist's or manufacturer's original label and where relevant the following, clearly shown;
 - g) Child's name, date of birth
 - h) Name and strength of medication
 - i) Dose and duration of treatment
 - j) Any additional requirements e.g. in relation to food etc
 - k) Expiry date whenever possible
 - l) Dispensing date

8. Pupils Responsibilities

- I. Pupils with medical conditions may well be best placed to provide information about how their medical condition affects them. They should (where age appropriate) be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan where applicable or the instruction of Bede's staff members or other healthcare practitioners.

9. Administration and Safe Storage of Medication Safe Working Procedures

9.1 Individual Healthcare Plans

- I. There are different levels of Healthcare Plan – further and more detailed information can be found within the Department for Education Statutory Guidance – “Supporting Pupils at School with Medical Conditions”.
- II. A Healthcare Plan can be written by a health professional and is provided for an individual with, a long-term medical need or with specific medical needs following a period of treatment or hospitalisation.
- III. Other Healthcare Plans are drawn up by the Health & Wellbeing Team in partnership with parents/guardians (and sometimes health professionals, e.g. physiotherapists) and will cover the agreed plan for supporting particular medical needs. This may be as simple as administering a prescribed course of medicine, or accommodating educational support for a

child who is recovering from a broken or fractured limb. This will incorporate a Personal Emergency Evacuation Plan (PEEP) in the event of a fire or any other emergency.

- IV. Other Healthcare Plans might be written for a specific purpose such as covering an offsite activity or residential visit. These will be short term and hold temporary information, for instance, where medicine is stored and by whom it will be administered. (Also, see Bede's Educational Visits Policy & Educational Visits Handbook)
- V. Under the Data Protection Act, medical documents are deemed sensitive information. The information in an individual healthcare plan and/or related medical information where a healthcare plan is not necessary, needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure. Healthcare plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/guardian has given their explicit written consent for this. Where appropriate, pupils should also be consulted.
- VI. It is important that the person drawing up the Healthcare Plan ensure that all relevant persons are informed about the plan, what actions must be taken, how frequently it should be reviewed. It is important that it also cover emergency arrangements as appropriate.
- VII. Health care Plans should be reviewed as a minimum of annually or earlier if evidence is presented that the pupils needs have changed. They should be developed with the pupils best interest in mind and ensure that Bede's assesses and manages risks to the pupils education, health and social wellbeing and minimises disruption.

10. Staff Training, Support, Information & Instruction

- I. A number of authorised staff members have been identified who are required to carry out the administration of medication as part of their duties involving the support and care for pupils with either short term, long term medical conditions or emergency medication. For Example:
 - a) Matrons;
 - b) Staff taking Educational Visits/School Trips either day trips or residential;
 - c) Staff taking off site activities or away sporting fixtures;
- II. Bede's will ensure that those staff members receive adequate training and support to ensure they have suitable and sufficient knowledge, experience and confidence in the safe administration and storage of medicines and furthermore are able to fulfil the requirements as set out in individual healthcare plans as applicable.
- III. All authorised staff members undertaking the administration of medicines at Bede's school will receive initial "Administration of Medicines" training and refresher every two years as a minimum. Specialist training will be given for medical procedures or specific medication if required as identified on an Individual Healthcare Plan and as directed by relevant healthcare professionals. Records of this training and refresher will be held centrally within the senior school Health & Wellbeing Centre on an employee medical training matrix. (Also, see: Bede's Responsibilities, Staff Responsibilities, and Individual Healthcare Plan Sections)
- IV. Bede's have produced a series of staff Guideline Information Sheets as part of their Administration of Medicines Safety Management System to offer Staff on hand further guidance for the administration and safe storage of medicines e.g.
 - a) Guidelines for the Administration of Auto – Injectors (Epi-pen, Anapen, Emarade)
 - b) Guidelines for Managing Asthma;
 - c) Guidelines for Supporting the Management of Diabetes
 - d) Guidelines for the Administration of Buccal Midazolam
 - e) Guidelines for the Administration of Rectal Diazepam

11. Record Keeping

- I. Bede's have a statutory duty to ensure that written records are kept of all medicines administered to pupils/children.
- II. Before staff, administer medication they must check and/or record the following:
 - a) The reason for giving the medication?
 - b) Does the pupils have any known allergies?
 - c) Has the pupil taken any other medicines today?
 - d) Has the pupil taken this medication before and if so were there any problems?
 - e) Is the pupil on any regular medication?
 - f) Is there any relevant medical history?
 - g) The expiry date?
- III. Also
 - a) Always record a pupils refusal to take medication;
 - b) Always make sure the medication is taken in front of you;
- IV. All medication given whether prescription or non-prescription must be entered on the relevant medication administration record (MAR) or book and signed for by the member of staff. A record of all staff administering medicines is kept, in the medicines file and will be checked, twice a term by the School Nurse. In Pre- Prep and Nursery, the administration of medication is recorded in a book and in each child's file and the parent is informed.
- V. All resident boarding house staff and matrons are to familiarise themselves with the homely remedies summary in appendix 1 and the summary for the administration of medicines in appendix 2. Copies of these are to be kept in the medicines file and are to be referred to when administering medication. The school nurse will conduct an audit twice a term and report any irregularities to the Head of Nursing.
- VI. All early years settings must keep written records of all medicines administered to pupils/children and make sure parents are informed on the same day or as soon as reasonably practicable. The statutory retention period for Early Years records is two years. For schools, the recommended retention for these records is the date of birth of the child being given/taking the medicine plus 25 years. This allows records to be kept, as evidence for litigation should the child on reaching 18 years old feel this is something they want to pursue.
- VII. Records offer protection to Bede's, staff and pupils and provide evidence that agreed procedures have been followed. Further information and guidance is available from:
<https://www.nmc.org.uk/standards/code/record-keeping/>

12. Confidentiality

- I. Personal information must be respected, held securely and confidentially. Medical lists must be kept securely and not be 'on view' in a public place e.g. school office.
- II. Staff must exercise sensitivity and confidentiality when handling a pupil/child's medical information or records and ensure that this information is only shared with others as agreed by the Head of Nursing or the Health & Wellbeing Team.

13. Unacceptable Practice

- I. Bede's must ensure that our administration of medicine policy, procedures and arrangements and safety management system is explicit about what practice is not acceptable. It is important when developing these areas to be cognisant of these issues and to promote good practices.
- II. The Head of Nursing, School Nurses and other medical professionals will confirm good practice and where practice, might be considered unacceptable and this information will be repeated during annual refresher training and staff safety briefings and instructions. (Also, see: Staff Training, Support, Information & Instruction)
- III. Although Bede's staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan or needs, it is not generally acceptable to:

- Prevent a pupil/child from easily accessing their inhalers and medication and administering their medication when and where necessary unless of course this is for their own safety;
- Assume that every pupil/child with the same condition requires the same treatment;
- Ignore the views of the pupil/child or their parents/guardian; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils/children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the pupils/child becomes unwell, send them to the Health & Wellbeing centre unaccompanied, with someone unsuitable or without first having contacted the centre to agree to the pupil/child being sent;
- Penalise pupil/child for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils/children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/guardians, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/guardian should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils/children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child or through exclusion.

14. Emergency Procedures

- I. As part of general risk management processes, Bede's need to ensure they have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.
- II. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher or relevant adult immediately if they think help is needed.
- III. If a pupil/ child needs to be taken to hospital, staff should stay with the pupil/child until the parent arrives, or accompany them to hospital by ambulance. Bede's need to ensure they

understand the local emergency services' cover arrangements and that the correct information is provided to them for navigation systems.

- IV. Bede's must ensure that information is disseminated sensitively, and ensure that relevant staff have all information that enable them to support medical needs appropriately. It is vital that all staff know where this information is kept and that they are aware of what to do in an emergency.
- V. Where an emergency arises involving a pupil/child or young person's medical condition, it must be remembered that staff cannot make decisions about prescribed treatments. Parents/guardians must be contacted, and if parents/guardians are unavailable, advice must be sought from a health professional including Bede's Head of Nursing – this does not include those trained only in First Aid. If necessary, an ambulance should be called – staff should not take a pupil/child to hospital in their own vehicle in an emergency. Where parents/guardians cannot be contacted, Doctors and hospitals have written policies that indicate what should be done in medical emergencies and will assume responsibility for subsequent decisions and actions as set out in their code of practice.

15. Medication Error

- I. If a medication error is made which involves any of the following:
 - a) Forgetting to give a dose of medication
 - b) Giving more than one dose of the medication
 - c) Giving the medication at the wrong time
 - d) Giving the wrong dose
 - e) Giving the wrong medication
 - f) Giving the wrong medication to the wrong child
 - g) Giving the medication by the wrong route
 - h) Not recording the above information correctly
 - i) Notify the Head of Nursing, Health & Wellbeing Centre immediately and document the medication error in the Notification of Medication Error Report Form;
 - j) The Head of Nursing will then contact the pupil/child's parent/guardian;
 - k) The Head of Nursing will also contact the pupil/child's family doctor if necessary to receive instructions of the correct action to take.

16. Types of Medicines

- I. Parents should provide full information about their child's medical needs, including details on medicines their child needs these will include:
 - a) Controlled Drugs (CD)
 - b) Prescription only Medicines (POM)
 - c) Over the Counter (OTC) – Homely Remedies
 - d) Emergency Medication (EM)
 - e) Vitamins & Food Supplements (VFS)

17. Controlled Drugs (CD)

- I. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate (Ritalin).
- II. Any authorised and trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

- III. A child who has been prescribed a controlled drug may legally have it in their possession however Bede's do not allow pupils/children to self administer controlled drugs. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- IV. Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.
- V. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence.

18. Prescription only Medicines (POM)

- I. Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a pupil/child's health if the medicine were not administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- II. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- III. Schools and settings should never accept medicines that have been taken out of the original packaging. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable it to be taken outside school hours.
- IV. The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options be explored including:
 - a) Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours;
 - b) Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school setting;

19. Non-Prescription Medicines/Over the Counter (OTC) including Homely Remedies

- I. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents/guardians.
- II. Where the Head of Nursing or Health & Wellbeing team agrees to the administration of a non-prescribed medicine it must be in accordance with Bede's policy, procedures and arrangements.
- III. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect can be recorded in the written parental agreement for the school/setting to administer medicine.
- IV. A short written agreement with parents may be all that is necessary. Criteria, in the national standards for under eight s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child, it should be recorded and the parents must be informed.
- V. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.
- VI. Homely Remedies: A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in schools (subject to parental consent) for the short – term management of minor, self-limiting conditions, e.g. headache, cold symptoms, cough, mild diarrhoea, occasional pain.
- VII. (Also, see: Appendix 1 Homely Remedies Summary)

20. Emergency Medication (EM)

- I. Separate guidelines are in place for emergency medication. Specific specialised training is required for those staff caring for pupils/children including teachers, other school and day care staff prepared to act in emergencies.
- II. Staff who need/agree to administer the emergency medication must have training from the Head of Nursing or an appropriate health care professional, which should be updated annually.
- III. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. Epipen, emergency treatment for epilepsy, emergency treatment for diabetes.
- IV. (Also, see: Bede's First Aid Policy, Medical Emergency Policy, Care of Unwell Boarders Policy & Chronic Conditions Policy)

21. Vitamins & Food Supplements

- I. Vitamins, food supplements, protein shakes and sports supplements are not permitted at Bede's unless there is specific written advice from a sports nutritionist or other medical practitioner, which has been discussed and agreed with the Head of Nursing or Health & Wellbeing Centre.
- II. (Also, see: Bede's Substance Misuse Policy)

22. Safe Storage, Security and Access of Medicines

- I. Bede's School have a statutory duty to ensure that medicines are stored safely in a suitable and secure place. The Head of Nursing or Health & Wellbeing Team will advise all relevant staff on the most appropriate manner in which medicines can be stored.
- II. All staff must ensure they are aware and follow Bede's procedures and arrangements for the administration and safe storage of medicines. Medication must be kept in the container supplied, which must be clearly labelled with the name of the pupil/child and instruction for usage. Some medicines (insulin, liquid antibiotics) may need to be kept in a fridge but must not be frozen. These medicines should be placed in suitable sealed/airtight containers and marked 'medicines'.
- III. Medicines must not be accepted from parents/pupils if they have been removed from the original packaging. They must be administered as prescribed. It is unacceptable practice to make changes or deviate from the prescribed direction on the original packaging even on request of parents/guardians.
- IV. Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- V. Pupils/children should (where age appropriate) know where their medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens (Epipens) should be readily available to pupils/children and should not be locked away. Bede's allows authorised pupils to carry their own inhalers/epipens however the Head of Nursing or Health & Wellbeing Team do assess a pupil's competency based on the Competency & Fraser Guidelines'.

Competency & Fraser Guidelines:

When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is competent' or whether they meet the 'Fraser guidelines'.

The competency and Fraser guidelines help us all to balance children's rights and wishes with our responsibility to keep children safe from harm.

- VI. For all pupils/children attending Bede's Nursery all medication is kept in individual named medical bum bags. Prep School pupils/ children who have been authorised and assessed to carry their own medication again carry these in an individual named medical bum bags.
- VII. If a pupil/child is too young or a young person too immature to take personal responsibility for their own inhaler and/or adrenaline auto-injector, then arrangements will be made to ensure that it is stored in a safe place that is easily accessible to staff in an emergency.
- VIII. Inhalers and adrenaline auto injectors (or similar devices) should be clearly marked with the pupil/child's name.
- IX. Further information and guidance is available from:

www.anaphylaxis.org.uk

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- X. Other non-emergency medicines should generally be kept in a secure place not accessible to pupils/children. Criteria under the national standards for under eight s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

23. A Pupil/Child's role in managing their own Medical Needs

- I. All pupils/children who are authorised to administer their own medication complete a Bede's 'Permission to Self – Administer own Medicines Consent Form Declaration.

24. Refusing Medicines

- I. If a pupil/child refuses to take medicine, it must be recorded and parents/guardians informed as agreed. Parents should be informed of the refusal on the same day.
- II. If a refusal to take medicine results in an emergency, agreed emergency procedures must be followed. Pupils/children must not be forced to receive medicine if they do not wish to do so.
- III. If the pupil/child vomits or has diarrhoea within about 30 minutes of receiving medication, the Head of Nursing or Health, Wellbeing Team or parents where relevant must be contacted to seek further medical advice.

25. School Visits/Journeys, Sporting Activities and Home to School Transport

- I. Bede's must ensure that its arrangements are clear and unambiguous regarding the need to actively support pupils/children with medical conditions to participate in school trips and visits, or sporting activities, and not prevent them from doing so.
- II. Bede's arrangements will always be focused for the inclusion of pupils/children in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- III. Staff taking or supervising school trips and excursions will need to be aware of any medical needs, relevant Healthcare Plans or emergency procedures for pupils/children taking part in the trip. Staff should contact the Head of Nursing or Health & Wellbeing Centre for information and advice.
- IV. Staff should ensure there are suitable arrangements for safe storage, delivery and recording the administering of medicines details of which are included in Risk Assessments carried out for school trips or any offsite activity. Special consideration should be given to the way in which any controlled drugs are securely stored during offsite activities or trips.
- V. (Also, see Bede's Educational Visits Policy & Educational Visits Handbook)

HSE Guidance:

Schools should consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Further information and guidance is available from:

<http://www.hse.gov.uk/services/education/school-trips.pdf>

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335111/DfE Health and Safety Advice 06 02 14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335111/DfE_Health_and_Safety_Advice_06_02_14.pdf)

- VI. Most pupils/children with medical conditions should be able to participate in some form of physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils/children to follow in ways appropriate to their abilities. For many, physical activity can benefit their overall social, mental, and physical health & well-being. Any restrictions on a pupil/child's ability to participate in PE or sports should be recorded in their individual health care plan. All staff should be aware of issues of privacy and dignity for pupils/children with particular needs.
- VII. Some pupils/children may need to take precautionary measures before or during exercise, and may 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 pupils/children, be aware of relevant medical conditions, any preventative medicine that may need to be taken, and emergency procedures.
- VIII. Most pupils with medical needs will not require any enhanced form of supervision on school transport. Drivers and escorts should be trained and know what to do in case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer or may be required to administer medicines (i.e. in an emergency) for a specific pupil/child on an individual care plan they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

- IX. Where relevant individual healthcare plans should take account of a pupil/child's needs whilst on school, contracted, hired and public transport used for educational purposes.
- X. All drivers and escorts should have some form of basic first aid training.
- XI. Some pupils/children are at risk of severe allergic reactions. Risks have been minimised by not allowing anyone to eat on vehicles. As noted above all drivers and escorts should have some form of first aid training and should be trained, in the use of an auto-injector adrenaline pen for emergencies, where appropriate.
- XII. (Also, see Bede's Transport Policy & Vehicles & Driving Risk Assessment)

26. Hygiene and Infection Control

- I. All staff should be familiar with Bede's normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- II. (Also, see Bede's Infection Control & Communicable Diseases Policy & Bede's Clinical Waste Policy)

27. Return and Disposal of Medicines including Sharps

- I. Staff **must not** dispose of medicines into waste bins, dustbins or skips. When a course of treatment is completed or discontinued, any remaining medicines are to be returned to the parent/guardian as soon as possible by the same means by which they were delivered. In respect of boarding pupil's medicines **must** be returned to the Head of Nursing or Health & Wellbeing Centre for safe disposal via the local pharmacy.
- II. Parents/guardians are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to the local pharmacy for safe disposal.
- III. Sharp boxes should always be used for the disposal of needles. Parents/guardians on prescription can obtain sharps boxes from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority Environmental Services.

28. Complaints

- I. In accordance with Department for Education Guidelines should parents/guardians or pupils have complaints or be dissatisfied with the support provided to pupils/children with medical conditions they should discuss their concern directly with the school. In the unlikely that this does not resolve the issue, they may make a formal complaint via Bede's Complaint procedure.
- II. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
- III. (Also, see Bede's Complaints Policy)

29. Monitoring and Review

29.1 Audit

- I. The Health & Wellbeing Department understands that auditing is essential for ensuring the effectiveness of its procedures and arrangement for the administration and safe storage of medicines.
- II. The Head of Nursing and Health & Wellbeing Centre have developed a set of standards, checklists, and recording sheets to serve as an internal auditing tool of its procedures and arrangements in accordance with Department for Education, Department for Health and Nursing & Midwifery Council Guidelines for managing the administration and safe storage of medicines in schools.

29. 2 Review of this Policy

- I. The review and re-issue of this Policy, Bede's procedures and arrangements will be carried out on changes in Legislation, Department for Health, and Department for Education Guidance, changes in Bede's Organisational arrangements, or as a result of the significant findings of the Administration of Medicines Risk Assessment in accordance with the Health & Safety at Work Act 1974 and Management of Health & Safety at Work Regulations 1999.

Owned by: Head of Nursing
Authorised by:
Issue Date: November 2016
Update Date: February 2018
Review: February 2019
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Appendix 1:

Bede's Non-Prescription Medicines/Over the Counter (OTC) including Homely Remedies Summary

Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Dry Cough	Simple Linctus	5-10ml up to four times a day if required	Do not use if the patient has an allergy to any of the ingredients listed. If you have been told that the patient has an intolerance to some sugars, consult a doctor or pharmacist before giving.	5 days	
Cold Relief and Fevers	Paracetamol tablets also available as soluble tablets and liquid suspension	Follow guidelines for age of Pupil	Patients already taking Paracetamol containing products or Warfarin. Patients with liver disease.	3 days	
Catarrh, cold and sinuses	1. Olbas oil 2. Otrivine 0.1% nasal spray. 3. Sudafed	1. Inhale 2 or 3 drops from a tissue to clear sinuses. At night sprinkle 2 or 3 drops onto a tissue tucked inside a pillowcase. May also be added to hot water and inhaled. 2. One application in each nostril 1-3 times daily. 3. Two tablets 4-6hrly, not more than 8 in 24hours	2 Not suitable for patients under 12. Consider interactions with other medications. DO NOT USE IF RECENT NEUROLOGICAL SURGERY. 3 Do not use in children under 12. Do not use if you are taking an MAOI. If you do not know if your prescription contains an MAOI, consult your doctor or pharmacist.	1 week	Olbas Oil: Avoid direct contact with nose and mouth
Ear wax	Otex	Twice a day- drops to ear with head tilted to one side. Please do not then plug with cotton wool.	Perforated eardrum. Infected ear. Monitor symptoms.	1 week	Only to be issued by school nurse
Cold sores	Blistex Acyclovir	Apply frequently Apply as directed.	Rash spreading outside lips. Monitor symptoms.	1 week	Acyclovir only to be issued by

					school nurse
Mouth ulcers	Local anaesthetic gels e.g. Bonjela Bonjela Junior	Can be applied every 3 hours	Not to be given to under 16s Junior suitable for Under 16s	1 week	Mouth ulcers
Allergy relief such as hay fever and other allergic reactions	Loratidine sometimes known as Clarityn	One tablet a day	Not to be taken if pregnant or breastfeeding. Not for pupils under 12	For as long as needed	
Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Allergy relief and hay fever	Piriton	One tablet every 4-6hrs Suspension available for younger pupils/suspension suitable in developing allergies.	Pupils taking drugs for depression called monoamine oxidase inhibitors		Check with the Dr if pupil has epilepsy, overactive thyroid very high BP, heart, lung or liver disease. May cause drowsiness. Only to be issued by school nurse
Sore throat	1. Throat lozenges 2. Soluble paracetamol	1. As required 2. Gargle 4-6 hourly	2. Not to be taken with other medication containing paracetamol	3 days	Persistent sore throat with white spots, raised glands or

					fever need to be seen by school nurse
Conjunctivitis	Chloramphenicol eye ointment. Chloramphenicol Drops	3-4 times daily for up to 5 days As directed.		Symptoms should improve within 2 days but treatment is for 5 days	Only to be issued by school nurse
Sore eyes e.g. sty	Normal saline eye wash	3-4 times daily using an eye bath	No known side effects	3-4 days	

Pain Relief

Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Pain relief	Paracetamol Tablets, also available as soluble tablets	One or two up to four times daily	Patients already taking Paracetamol containing products. Patients with liver disease.	4 days	
Back ache or muscle strain	Ibuleve gel Deep Heat	Apply up to three times daily. Apply as directed	Not to be used if taking Ibuprofen by mouth. Asthmatics or pupils with history of peptic ulcers. Do not use if you are allergic to any part of the ingredients or painkillers, such as aspirin, ibuprofen and other NSAID's. Not to be used on children under 5 years. Consult your doctor before use if you are pregnant, breast-feeding, asthmatic or on any	3 days or as directed	Only to be issued by school nurse. Consult with School Nurse

			prescribed medicines. Keep all medicines out of sight and reach of children.		
Aches and sprains. Period pains	Ibuprofen	Refer to flowchart	Not to be used by Asthmatics or pupils with history of peptic ulcers	5 days	Refer to flow chart but discuss with school nurse
Bruises	Arnica Cream	Use as often as required	Do not use on broken skin		

Gastro-Intestinal

Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Abdominal cramps/IBS	Buscopan	Up to 2 tablets four times a day	Thyroid, tachycardia, fever, prostate problems, glaucoma, pregnancy	3 days and then review with GP	Only to be issued by school nurse
Indigestion	Rennies Milk of Magnesia	2 tablets to be sucked or chewed as required, up to 16 tablets a day 3-12 years 5mls at night. Specific instruction Drink with a glass of	Vomiting, sweating or pain other than mild symptoms. Patients taking anti-inflammatory painkillers. Do not give to children under 12	1 week Milk of Magnesia Do not use for more than three consecutive days.	

		milk or water (Up to 30 mls within 24 hours)			
Diarrhoea	1. Fluid replacement sachets e.g. Dioralyte	1. One dose up to three times daily according to fluid loss.	Blood or mucous in diarrhoea. Do not take with alcohol or hot drinks	3 days	Only to be issued by school nurse
Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Constipation	Movicol (Macrogal)	Dilute the sachets as directed, to take 1-3 times daily depending on severity of symptoms.	Intestinal obstruction. Inflammatory bowel diseases such as colitis. Not suitable for pupils under 12.	1 week	Only to be issued by school nurse
Haemorrhoids	Astringent and anaesthetic ointments and creams (e.g. anusol)	Apply morning and night and after a bowel movement	Rectal bleeding. Not applicable to pupils at the Prep School	1 week	Only to be issued by school nurse

Skin

Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Minor burns	Run under tepid not very cold water for ten minutes, cover with cling film.	Apply freely as necessary	Refer to school nurse/Senior Matron immediately if any burn is larger than 3 cm, or discoloured white/brown or black or blisters.		Refer to school nurse immediately if any burn is larger than 3 cm or discoloured white/brown or black or blisters.

Dry skin, itching, flaking or rough skin and sunburn	E45 Sudocrem Vaseline	Apply liberally 2 or 3 times a day or as required.		1 week if no improvement	If Eczema refer to school nurse
Nettle rash, bites and stings, sunburn	1. Calamine lotion 2. Anthisan cream	1. Shake the bottle Apply when necessary 2. Apply directly to site of bite 2 or 3 times a day	2. Do not use if you have eczema or extensively broken skin.	2- 3 days	
Head Lice	Hedrin	As directed on packaging	Hedrin	One application once a week for two weeks	Nitty gritty comb with conditioner – every other day for two weeks
Bruises	Arnica Cream	Use as often as required	Do not use on broken skin		
Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
Athletes foot	Mycil foot cream	Wash and thoroughly dry the affected area. Rub in cream morning and night	Not applicable at the Prep School	Continue for one week after the infection has cleared up	Need to wear protective sock for swimming
First aid for cleansing and preventing infection in cuts and grazes, bites, minor burns and scalds, sores.	Savlon antiseptic cream	Use as required	Do not use on eyes or ears	As necessary but if symptoms persist consult school nurse	

Miscellaneous

Symptom	Product	Directions	Patients or symptoms which should not be treated	Maximum duration of Treatment	Remarks
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Cystitis (women)	Sodium Citrate	One sachet dissolved in glass of water three times a day	Diabetes, pregnant, high blood pressure Do Not issue to Males. Not applicable at the Prep School.	2 days	Only to be issued by school nurse
Cystitis (men)	Potassium Citrate	One sachet dissolved in glass of water three times a day	Diabetes, high blood pressure. Not applicable at the Prep School	Commence treatment but refer immediately to school nurse for urine analysis (as condition is rarer in males.)	Only to be issued by school nurse
Fungal skin infection such as thrush/ringworm	Clotrimazole 1% Cream	Apply to the affected area 2-3 times daily.	Thrush/ringworm	Review after two weeks	Only to be issued by school nurse
Travel sickness	Stugeron	Over 12 – two tablets two hours before travel Under 12 – 1 tablet two hours before travel For additional medication, refer to instructions.	Not suitable for children under 5	As directed	Only to be issued by school nurse
Asthma	Salbutamol-Ventolin	2 puffs in one minute, which can be repeated up to 5 times.	Only suitable for those with a diagnosis of asthma	As directed.	

All matrons and house staff must receive training from the school nurse and make themselves familiar with the administration of medicines protocol and the homely remedies protocol before they are authorised to issue any medications. A register of all training received is kept in the Health and Wellbeing Centre.

This policy has been approved by the School Doctors from Hailsham Medical Group.

Appendix 2:**Control and Administration of Medicines**

Before giving any medication, you must check the following:

- The reason for giving the medication
- Does the pupil have any allergies?
- Has the pupil taken any other medicines today?
- Has the pupil taken this medication before and if so were there any problems?
- Is the pupil on any regular medication?
- Is there any relevant medical history?
- The expiry date

Also

Always record a pupils' refusal to take medication;

Always make sure the medication is taken in front of you;

Once given all medication must be correctly recorded. This must include the name of the pupil, the reason for the medication, the dose, the date and the time. These must be recorded immediately in the relevant written or computer record with the person administering the medication signing and dating any written record.

If the pupil is from another House, you must ring immediately to let the relevant matron know what medication has been given.

Over the counter medicines (OCMs)

The storage of OCMs should be in a locked cupboard preferably in a locked room and only issued under the homely remedy protocol (see attached).

Prescribed medications

These should only be issued to the pupil for whom they have been prescribed (i.e. the named pupil on the label of the bottle or the box). Prescribed medicines must never be used for other pupils and labels must never be changed. Always check the identity of the pupil matches that of the administration chart and only give as per the instructions on the bottle or box.

Disposal of medicines

All unused prescribed medication should be returned to the School Nurse for disposal.

Self-medication

Bede's School does not allow pupils to self-medicate unless specifically agreed by the School Nurse and relevant Housemaster or mistress.

Foreign medication

House staff and matrons are not authorised to give medication from an unknown source. This includes medicines that are brought into the School without a covering letter and medicines written in a foreign language. Alternative arrangements for the supply of certain medications can be made via the School Doctor with appropriate covering letters.