

Administration of Medicines and Intimate Care Policy

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The Eveleigh LINK Academy Trust

Administration of medicines & Intimate Care Policy

Policy statement

Regular school attendance is vital for every child and The Eveleigh LINK Academy Trust does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. Where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete. There are, however, a few exceptions:

- · When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- · Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler. Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible. However, for younger pupils, or pupils with special educational needs and/or disabilities, this may not be suitable. For these cases, the inhaler will be stored in the school centrally for staff to access.
- · Where a child requires medication on a long term, routine basis that ensures in their general fitness to attend school.

Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role*. Staff should be particularly cautious agreeing to administer medicines where:

- · The timing is crucial to the health of the child;
- · Where there are potentially serious consequences if medication or treatment is missed;
- · Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines must not agree to do so without first receiving appropriate information and / or training specific to the child's medical needs.

Under no circumstances must any medication, even non-prescription drugs such as *paracetomol*, be administered without parent/carer approval.

Safety checklist.

· Is any specific training required to administer medicines?

- · Is any necessary protective clothing or equipment available?
- · Has the parent/carer completed the Medication Consent Form? Has a copy been filed?
- · Is the member of staff clear on what they are expected to do?
- · Is the emergency contact information, particularly for the G.P. and parent or guardian, clear?
- · What action is necessary in the event of an accident or failure of the agreed procedures?
- · Will medication be stored in a same and safe place and at a suitable temperature?

Instruction and Training

Specific instructions and training must be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff involved and to ensure the well being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Record Keeping

The following information must be completed by the parent/carer:

- · Name and date of birth of the child
- · Name of parents/carers, contact address and telephone number
- · Name, address and telephone number of G.P.
- · Name of medicines
- · Details of prescribed dosage
- · Date and time of last dosage given
- · Consent given by the parents/carers for staff to administer these medicines.
- · Storage details

The Parent/carer Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference.

Safe storage and disposal of medicines

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines. When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the G.P.,/Pharmacist or from parents/carers.

Medicines kept in school on a regular basis (e.g. for asthma, hayfever, ADHD) should be stored in clear plastic container with the child's name, photo, medicine and instructions for dosage and administration.

Designated member of staff should update these at the beginning and end of each school year and if a child leaves or joins the school. A log/medical file of this information should be read by all staff members yearly.

When children go 'off site' for a visit/trip their medication should be given to/taken by the staff member in charge and accompany them.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff. Medicines should only be kept while the child is in attendance.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc. Any unused or outdated medication will be returned to the parent for safe disposal.

Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required they will inform the parent/carer as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school. The dosage will be checked by the designated member of staff before administering and will be recorded to ensure that the correct dosage is given.

Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their G.P. and / or the School Nurse or local health authorities.

This policy will be reviewed every two years or when necessary.