



PATRON  
HM THE KING



Learning without limits

## **ADMINISTRATION OF MEDICATION POLICY 2024-2025**

**Reviewed by: Charmaine Moore- Lead Nurse**

**Date: September 2024**

**Review due: September 2025**



## **Contents:**

- 1.00 Introduction and Aims of the Policy**
- 1.03 Management of Health and Medication Records**
- 2.00 Medication Administration**
  - 2.01 Prescription medication**
  - 2.02 Non-Prescribed Medication**
  - 2.03 Storage of medication in school**
  - 2.04 Administration of Medication**
  - 2.05 Parental Responsibilities**
  - 2.06 Pupils with long term conditions**
  - 2.07 School Trips**
  - 2.08 Refusal to take Medication**
  - 2.09 Administration of Generic Emergency Autoinjectors / Inhalers**
  - 2.10 Drug Administration Errors**



## **1.00 Introduction and Aims of the Policy**

### **1.01 Introduction**

At LVS Oxford we recognise that most children will have short-term or long-term medical needs at some time. These are managed predominantly by the school staff, with the support of the nurses at the Health & Well-being Centre (HWC) team at LVS Ascot.

### **1.02 Aims of this policy**

- Ensure all staff are aware of policies pertaining to medication and their responsibilities in the administration of medicines to pupils and that they always comply with these requirements.
- Ensure all information on pupils' health needs are up to date and stored correctly.
- Ensure all staff are aware of our procedures for administering prescribed and non-prescribed medications to pupils.
- Ensure the procedures for administering and storing prescribed and non-prescribed medications.
- To outline the roles and responsibilities of parents, nurses and school staff in the management of short term and long-term medical conditions at school and on school trips.

Medication Administration Training will be delivered to staff who have the responsibility for overseeing and dispensing medication. This will be delivered by the School Nurses at LVS Ascot as required.

### **1.03 Management of Health and Medication Records**

- Ensure each pupil has an individual electronic health record stored securely by school admin team and School Nurse via ISAMs pupil manager.
- Hard copies of documents, such as medical reports, letters or care plans are uploaded to ISAMs and a paper copy locked away in the medical room.
- Pupils with specific health needs may require an individual care plan. Care plans will be developed with parents and the School Nurse and must be reviewed annually or as circumstances change in line with the pupils health record.
- Care plans detail the medical condition which requires ongoing care or emergency intervention, the treatment plan or care strategies required to support the pupil in school.



- The individual care plan is stored on pupil's health record and shared with staff and teachers as appropriate, with the consent of the parent and pupil, this ensures consistent and comprehensive care.
- Individuals with designated responsibility for medication must be appropriately trained to ensure competence to undertake this role.
- All health and medication records must be correctly completed, up to date and available for inspection at any time.
- Records should provide a complete audit trail of medication coming in and out of school.
- All written records such as, the medication log must be legible and a list of signatures should be kept of staff to deem competence to administer medication following the training required.
- All medical and health records must be kept for at least 8 years from the date of the last entry or until the pupil reaches 26 years of age. **Records Management Code of Practice. NHS England 2021.**



## **2.02 Non-Prescribed Medications**

If pupils are unwell or have an injury, they may be able to receive treatment whilst at school. The School requires written consent from parents/guardians on an annual basis to administer the paracetamol and antihistamine.

When administering non-prescribed medications, staff should follow these procedures:

- a) Consider whether drug administration is necessary or whether another intervention e.g., heat/cold therapy would offer relief from symptoms until medication can be given at home by the pupil's parent.
- b) Check whether the pupil has received any medication earlier in the day by phoning parents or has any allergies or asthma. This is to check that no other medication was given before school and that they are happy for the dose of medicine to be administered.
- c) The medication administration will then be recorded on ISAMS, and on the relevant medication administration form, and the parents informed.
- d) The pupil should then be monitored to ensure beneficial effect.

## **2.03 Storage of Medications in School**

Emergency medications are readily accessible to all pupils who need them and stored in unlocked cupboards. Emergency Ventolin kits are located in the Medical Room and at Main Reception. Emergency EpiPen kits are located in the medical Room, Main Reception and in the room off the Dining Room. A Diabetic Emergency Response kit is located in the Medical Room.

All asthmatics should be encouraged to carry their own inhalers. Junior pupils' inhalers will be kept in the school office or classroom if appropriate, where it is easily accessible to all staff. The use of a spacer device is encouraged; therefore, administration should ideally be supervised by the staff so that technique can be observed.

All pupils with possible anaphylactic reactions should also carry their own Adrenaline pen (various makes are available) and have a spare available, either in the Medical Room or the Catering office wherever is the most appropriate, depending on the allergen.



All medications other than inhalers and Adrenaline pens are kept in locked cupboards in the Medical Room.

All controlled drugs (CDs) will be kept in a locked controlled medications cabinet in the Medical Room.

All medications, except for inhalers and Adrenaline pens should be collected by parents at the end of term. Any unclaimed medicines will be sent to the pharmacy for destruction along with any that expire.

Any medication in the Medical Room that requires refrigeration, should be stored in the Medical Room fridge. The temperature of the fridge should be checked and recorded daily and is maintained between 2 to 8 degrees Celsius.

### **Disposal of Medication**

- Any medications to be disposed of due to no longer being required or expired must be recorded in the medication log and/or CD book as required.
- Any medication to be disposed of by parents but where this is not possible the School Nurse will dispose of at the local pharmacy using the correct procedures. This must be documented and signed for the audit trail.

### **2.04 Administration of medication**

When a medicine is administered by staff, the following procedure will be followed:

- Check what the pupil has been prescribed - on the drug administration chart and the medicine label.
- Check the identity of the pupil
- Ask whether the pupil wants the medication
- Make sure no one has already given it.
- Prepare the correct dose for the time of day.
- Give the medication and offer a drink of water.
- Sign the medication chart



In the case of CDs, the administration will be recorded in the Prescribed Medication folder and in the controlled drugs book. The number of tablets remaining will be checked to see that it tallies with previous administration and the number documented. CDs must be checked by two staff.

**No medication will be given covertly in school to any pupil by staff**

### **2.05 Parental Responsibilities**

Prescription medications should be delivered to the School by the parent/guardian (**NOT the pupil**) in the original packaging, with the pharmacy label attached, and stating:

- a) The contents/ name of the medication
- b) The pupil's name
- c) The dosage
- d) The method/route of administration
- e) The expiry dates

The parent/guardian must have completed a medication consent form to enable staff to administer the medication.

It is the responsibility of the parent/guardian to inform the School of any changes to the pupil's treatment and to monitor the supply and expiry date of all medications, including inhalers and Adrenaline pens.

### **2.06 Pupils with Long Term Medical Conditions**

All parents of pupils with a long-term medical condition will be asked to fill out a Health Care Plan for their child. The Health Care Plan will detail useful information regarding medication, triggers, individual symptoms, and emergency contact numbers. Copies of the Health Care Plan are kept in the pupil's medical notes, both on iSAMS, and in hard copy form in the Medical Room. A copy of the Health Care Plan is available to any member of staff responsible for school trips and parents are asked to consent to all information contained in their child's Health Care Plan being shared openly with all those involved in their child's education and care.



## **2.07 School Trips**

The School will make every effort to continue the administration of medicine to a pupil whilst on school trips away from the school premises. However, there may be times when it will not be possible to include a pupil on a school trip and this decision will be made by the head teacher.

Staff on school trips will be made aware of all relevant information regarding the medical needs of pupils under their care. They will also be given training in the administration of medication and emergency procedures.

A School Trip Medications Log will be given to the trip leader to record when medications are given, this will be returned to the Medical Room.

## **2.08 Refusal to Take Medication**

If a pupil refuses to take a medication, then an entry should be made on iSAMs and parents informed.

## **2.09 Administration of Generic Emergency Auto-injectors and Inhalers**

**From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.**

The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

**October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector.**

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.





The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

## **2.10 Drug Administration Errors**

- Any drug administration error must be recorded fully on an incident/accident form and uploaded on the pupils health record as soon as possible after the incident occurred.
- Medication Errors must be reported to the School nurse and the Headteacher. Clinical advice to be sought to ensure the pupils well-being and safety.
- The School Nurse will advice on next steps depending on severity of the incident. This could be advice from NHS 111, a GP doctor or A&E as appropriate.
- The pupils parents/carers must be informed.
- School Nurse will need to identify why the error happened and action required to prevent errors occurring again, e.g. Additional training or review of the process.



**Medical Information and Consent Form**

<b>Child's Surname:</b>							
<b>Child's First Name:</b>					<b>Also Known as:</b>		
<b>DOB:</b>	<b>Male</b>	<b>Female</b>			<b>NHS Number:</b>		
<b>Parent/Carer Name:</b>	<b>Telephone Number:</b>			<b>Relationship to Child:</b>		<b>Parental Responsibility Y/N</b>	
<b>Home Address (including postcode):</b>				<b>Current GP Details</b> Name of Doctor: Phone Number: Address:			
<b>Medical History (Physical and Mental Health):</b>							
<b>Current Medical Needs (e.g., Asthma/Epilepsy):</b>							
<b>Medication required during the school day (dose, frequency, how they take it and when it is taken):</b>				<b>Medication taken at home:</b>			
				<b>Emergency Medication:</b>			
<b>Allergies:</b>							



Individual Needs Profile

<b>Needs</b>	<b>Comments</b>	<b>Person Responsible</b>
<b>Mental Health &amp; Behaviour Management</b>		
<b>Mobility/Equipment</b>		
<b>Occupation Therapy</b>		
<b>Physiotherapy</b>		
<b>Eating and Drinking</b> Likes/dislikes Dietary requirements		
<b>Vision</b> Glasses or contacts		
<b>Hearing</b> Aids Any hearing loss		
<b>Communication</b> Preferred method Any issues		
<b>Sleep Pattern</b>		
<b>Personal Hygiene/Continence</b> Any assistance needed Wetting/soiling Wearing pads		



Current Involvement with other Professionals/Specialists  
(E.g., CAMHS, OT, SALT, Physiotherapist, Educational Psychologist)

Type of Involvement:	Contact Name:	Phone Number:	Email Address:

Immunisations	
Are all childhood immunisations up to date?	Yes/No
Date of latest Tetanus immunisation:	

<b>Additional Information</b>

<p><b>Consent</b></p> <p>Information about your child may be shared within the LVS team to ensure the safety of your child. The Data Protection act says that the processing of information should be fair and lawful, that it should only be for a clear and specified purpose, that only relevant information should be disclosed, that it should be accurate, that it should only be shared and held as long as necessary, that the rights of the data subject are upheld, and that the system should be secure. The law also says that we must share information in order to safeguard or protect a child or young person.</p> <ul style="list-style-type: none"> <li>• I consent to my child being given Paracetamol for pain or Piriton if required for allergy.</li> <li>• I undertake to provide adequate supplies of prescribed medication and to complete a medicine consent form.</li> <li>• I understand that only staff members who have received appropriate training in accordance with the school’s code of practice will give medication.</li> <li>• I consent to my child receiving emergency treatment including anaesthetic.</li> <li>• I consent to my child receiving any necessary first aid by a qualified member of staff.</li> <li>• I consent to my child being asked to apply sun lotion if the need should arise (e.g., School sports day).</li> </ul>
---

<b>I agree to information being shared between the staff caring for my child <u>AND</u> I agree to the School Nurse having contact with other the health professionals involved in my child’s care.</b>		
Parent/Carer Name:	Signature:	Date:

<b>Name of School Nurse receiving this form:</b>	
Signature:	Date:



**Parental Medical Consent for administration of Medicines Form**

Dear Parent /Carer,

In order for us at LVS Oxford to comply with ISI and our own LVS Oxford Medication Policy please could I ask that you complete the record of medication to be administered during the school day.

NAME:

DOB -

NHS No.

Address –

Date –

Medication	Dose	Frequency	Time	Route	Purpose	Duration

Parent/carer (Printed):

Contact Details:

Signed:

Check by School Nurse (Signed):

Date:



**Asthma Guidelines and Care Plan 2023-2024**

**Annexe A**

Consent Form  
Use of Emergency Salbutamol Inhaler  
LVS Oxford

Child showing symptoms of asthma/having asthma attack:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring to school with them every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print):

Child's Name:

Class:

Parent's address and contact details:

Telephone:

Email:

Checked by School Nurse:

Signature:

Date:



Annexe B

Letter to inform parents of emergency salbutamol inhaler use at LVS Oxford

Child's Name:

Class:

Date:

Dear .....,

(Delete as appropriate)

This letter is to formally notify you that ..... has had problems with his/her breathing today. This happened when.....

A member of staff helped them to use their inhaler.

They did not have their own inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given..... puffs.

(Delete as appropriate)

Although they soon felt better, we would strongly advise that you have your son/daughter seen by your own doctor as soon as possible.

Yours sincerely,



### NON-PRESCRIBED MEDICATION INFORMATION

MEDICATION	INDICATION FOR USE	CONTRAINDICATIONS	MAX. DOSE	SIDE EFFECTS	SPECIAL CAUTION
Paracetamol 500mg tablets <b>or</b> Paracetamol Suspension 250mg/5ml	<ul style="list-style-type: none"><li>▪ Pain relief</li><li>▪ Reduction of body temperature</li></ul>	<ul style="list-style-type: none"><li>▪ Kidney impairment</li><li>▪ Liver impairment</li><li>▪ Alcohol dependency</li></ul>	No more than 4 doses in any 24-hr. period, depending on age of the child – always check packaging.  Dosage:  Children 6-8 yrs. old: 250mg per dose (5mls)  8-10 yrs. old: 7.5mls  10-12 yrs. old: 10mls  12yrs+: 500mg -750mg tablets or 10-15mls  16yrs+: 1g or 10-20mls		Not to be given with any other Paracetamol-containing product e.g., Lemsip





<p>Ibuprofen 200mg tablets or Ibuprofen Suspension 100mg/5ml</p>	<ul style="list-style-type: none"> <li>▪ Pain relief</li> <li>▪ Reduction of body temperature</li> </ul>	<ul style="list-style-type: none"> <li>▪ Peptic ulcer,</li> <li>▪ GI disease</li> <li>▪ Asthma</li> <li>▪ Renal, hepatic impairment.</li> <li>▪ Cardiac impairment.</li> <li>▪ Hypertension</li> <li>▪ Heart failure</li> <li>▪ GI disease</li> <li>▪ Coagulation defects</li> </ul>	<p>No more than 6 200mg tablets in 24 hours.</p> <p>Dosage:</p> <p>Children 7-12 yrs. old. Max 30mg/kg (max 2.4g) daily in 3-4 divided doses. 10mls</p> <p>12yrs+: 200mg-400mg tablets.</p>		<p>Not to be given with other Ibuprofen containing products or topical gels.</p>
<p>Piriton tablets</p>	<ul style="list-style-type: none"> <li>▪ Allergy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Urinary retention</li> <li>▪ Angle-closure glaucoma</li> <li>▪ Prostatic Hypertrophy</li> <li>▪ Pyloroduodenal obstruction</li> <li>▪ Renal disease</li> <li>▪ Epilepsy, children under 6</li> </ul>	<p>Children 6-12 yrs.: ½ tablet every 4-6 hrs.</p> <p>(Max dose 3 tablets in 24 hrs)</p> <p>Over 12yrs: 1 tablet every 4-6 hours.</p> <p>(Max dose 6 tablets in 24hrs)</p>		<p>Check that the pupil has not taken another antihistamine tablet that day.</p>



Piriton Syrup	▪ Allergy	▪ As above	2-6 yrs.: 2.5mls every 4-6 hrs (Max dose 6 x 2.5mls in 24hrs)  6-12 yrs.: 5mls every 4-6 hrs (Max dose 6 x 5mls in 24hrs)  12yrs+: 10mls every 4-6hrs (Max 12 x 10ml doses in 24 hrs)		As above.
---------------	-----------	------------	---	--	-----------