



7.4

Administering Medication

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Statement of intent

St Chads Community Project will ensure that children and young people with medical conditions receive appropriate care and support at the setting, in order for them to have full access to learning, education and remain healthy. This includes the safe storage and administration of children and young people's medication.

The organisation is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the child or young person feel safe whilst at St Chads Community Project.

For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following organisation policies:

- 7.6 First Aid Policy
- 14.2 Records Management Policy
- 7.8 Allergen and Anaphylaxis Policy
- 12.1 Complaints Procedures Policy
- 7.9 Social, Emotional and Mental Health (SEMH) Policy
- 2.8 Ratio Policy

2. Roles and responsibilities

The Board of Trustees in collaboration with the Chief executive Officer are responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.



The Chief Executive officer is responsible for:

- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to children or young people, or help children or young people self-administer, are suitably trained and have access to information needed.
- Managing any complaints or concerns regarding this policy, the support provided to children or young people, or the administration of medication in line with the organisation's Complaints Procedures Policy.

The Deputy Project Manager and the Head of Children Services are responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that children and young people taking medication are properly supported.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for outings and external activities.

All staff are responsible for:

- Adhering to this policy and supporting children and young people to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the organisation informed about any changes to their child's health.
- Completing an **administering medication parental consent form** prior to them or their child bringing any medication into setting.
- Discussing medication with their child prior to requesting that a staff member administers the medication.

It is both staff members' and children or young person's responsibility to understand what action to take during a medical emergency, such as raising the alarm with the Head of Children Services or other members of staff. This may include staff administering medication to the Child or young person involved.

Chief Executive Officer – Leanne Coxon



Deputy Project Manager – Kate Meldrum

Head of Children Services – Jaspreet Kaur

3. Training staff

The Chief Executive Officer will ensure that a sufficient number of staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, children and young people can still receive their medication from a trained member of staff. The Chief Executive Officer will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff must not take on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The organisation will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to children or young people, and that this is entirely voluntary, unless the supporting of children or young people with medical conditions is central to their role within the organisation, e.g. childcare practitioner.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the child or young person is necessary

Staff members will be made aware that if they administer medication to a child or young person, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering AAls

The organisation will arrange specialist training for staff on a termly basis where a child in the setting has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAls will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAls in the case of an emergency.
- The dosage correlates with the age of the child or young person.



- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times. See also 2.8 ratio policy for further guidance.

4. Receiving, storing and disposing of medication

Receiving prescribed medication from parents

The parents of children and young people who need medication administered at the setting will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the organisation and appropriately filed before staff can administer medication to children or young people under the age of 16. A signed copy of the parental consent form will be kept with the child or young person's medication, and no medication will be administered if this consent form is not present. Consent obtained from parents will be renewed annually.

The organisation will only store and administer prescribed medication. The organisation will store a reasonable quantity of medication, e.g. a maximum of four weeks' supply at any one time. Aspirin will not be administered unless the organisation has evidence that it has been prescribed by a doctor.

Parents must keep medication provided to the organisation in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing medication

The organisation will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to children and young people who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to children and young people, e.g. a locked medical cupboard.

The organisation will ensure that children and young people know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these children and young people.

Medication stored in the setting will be:



- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
 - The child or young person's name.
 - the name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.
 - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

Disposing of children and young peoples' medication

The organisation will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the child or young persons' doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

5. Administering medication

Medication will only be administered at setting if it would be detrimental to the child or young person not to do so. Medicines will not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the child or young person each time it is administered, as well as when the previous dose was taken.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

- The child or young person's identity.
- That the organisation possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.



- That the name on the medication label is the name of the child or young person being given the medication.
- That the medication to be given is within its expiry date.
- That the child or young person has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a child or young person, the medication will not be administered and the organisation will consult with the child or young person's parent or a healthcare professional, documenting any action taken.

If a child or young person cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the child or young person's parent, following advice from a healthcare professional.

Where appropriate, children and young people will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a child or young person refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The organisation will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to children and young people, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the Records Management Policy.

6. Medical devices

Asthma inhalers

The organisation will allow children and young people who are capable of carrying their own inhalers to do so, provided that parental consent for this has been obtained. The organisation will ensure that spare inhalers for children and young people are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

AAIs

The organisation will allow children and young people who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. The organisation will ensure that spare AAIs for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found at the following locations:



- Nursery room – locked medical cabinet

There will be a stock of AAI, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g. the dining hall. The organisation will ensure that risk assessments regarding the use and storage of AAI on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all children and young people believed to be at risk of anaphylaxis for the use of spare AAI in emergency situations. The spare AAI will not be used on children or young people who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the children's IHP.

Children and young people's AAI and spare AAI will be obtained, stored and administered in line with the organisation's Allergen and Anaphylaxis Policy.

7. Educational trips, outings and visits

In the event of an educational trips or visits which involve leaving the premises, medication and medical devices will continue to be readily available to staff and children. This may include children or young people carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.

If the medication is of a type that should not be carried by children and young people, e.g. capsules, or if children or young people are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every outing or visit which children and young people with medical conditions will attend. Staff members will ensure that they are aware of any children or young people who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.

If the trip, outing or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which children or young people need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on outings and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the child or young person, e.g. what to do if an epileptic child has a seizure.

8. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.



For all emergency medication stored by the organisation, the organisation will ensure it is readily accessible to staff and the child or young person who requires it, and is not locked away. For all emergency medication kept in the possession of a child or young person, e.g. AAls, the organisation will ensure that child or young person are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept by the organisation in the Head of Children Services office.

9. Monitoring and review

This policy will be reviewed annually by the Board of Trustees and Chief Executive Officer. The next scheduled review is July 2025.

Records of medication administered on the organisation premises, or on outings and visits, will be monitored, and the information recorded will be used to improve organisation procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The organisation will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including children and young people whose medication is stored at setting and their parents.



Administering Medication Parental Consent Form

St Chads Community Project will not give your child medication unless you complete and sign this form.

Childs Full Name:	
Date of Birth:	
Medical Condition or Illness:	
Prescribed Medication:	
Name and/ or Type of Medication as Described on the Container:	
Date Dispensed:	
Expiry Date:	
Agreed Review Date:	
Review to be Initiated by:	
Dosage, Timing and Method of Administration:	
Special Precautions:	
Likely Side Effects:	
Self-Administration Yes / No:	
Additional Details:	

Full Name of Parent/ Carer:	
Signature:	Date: