

Administration of Medication Policy

Approved By:	Adrian Woods
Date:	1/09/2023
Next Review Due By:	31/08/2024

Background / Purpose

There is explicit guidance in relation to the administration of medication in educational settings which has been developed in collaboration with Health Services. The purpose of this policy is to draw together necessary medication procedures relating to OnTrak.

Policy objectives

To ensure adherence to health services guidance on the administration of medication to students at OnTrak.

Procedures and practices

Guidance on administration of medication in schools provides the basis for the following procedures:

- 1 Parents and carers are responsible for supplying the centre with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. Medications must be in the original packaging and the dispensing chemist label must be attached. This information should be recorded on a standard form which records the request of the parent to the administration of medication which should be updated regularly – **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine, a copy on the student's file and a copy given to parents.
- 2 There is an additional form to be completed by parents and carers where students require several medications – **Appendix 2**. Parents and carers should also sign this form to confirm that the combined medications have been administered to the students without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.
- 3 If the Head of Centre agrees s/he will confirm in writing to the parent that a named member of staff (authorised by the Head of Centre) will confirm in writing that they will supervise the student whilst they take their medication – **Appendix 3**
- 4 Medication can only be administered to Students where parents **provide** such medication to the centre and parents must specifically **request in writing** that the centre staff administer it. **It is however thought safer that the student self-administers medication and is supported by a named member of staff except in extreme and potentially life-threatening situations such as the use of an epi-pen.**
- 5 All items of medication should be delivered to a named member of the centre staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**
- 6 Where a parent of a child under 16 requests that the student carries and administers his/her medication they should complete **Appendix 4**. The Head of Centre will decide whether to grant this request taking into account the student's age, understanding, the nature of the medication and the safety of other Students. If s/he decides to approve this arrangement **Appendix 3** must be completed and returned to the parent(s).

7. In all other cases parents should be notified in writing that all medication should be delivered to the centre directly into the keeping of either the Head of Centre or authorised person in a secure and labelled container as originally dispensed.
8. Each medication should be clearly labelled by the dispensing chemist with the following:
 - a. Name of medication
 - b. Student's name
 - c. Student's date of birth
 - d. Dosage
 - e. Dosage frequency
 - f. Date of dispensing
 - g. Storage requirements (if applicable)
9. Parents should be asked to make it clear whether medication needs to be kept in the centre or should be collected at the end of the day.
10. Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet (*the centre will need to identify here where the cabinet is located, who will have access to it etc.*). Advice on storing medication is contained in paragraphs 65-69 of the Good Practice Guide "Supporting Students with Medical Needs" which schools are advised to consider in drawing up their own school policy and procedures.

Roles and responsibilities

The Head of Centre will ensure that:

- They accept responsibility for members of centre staff giving or supervising Students taking prescribed medication during the school day where those members of staff have volunteered to do so.
- The above procedures are adhered to and that records are maintained including central record of all Students who have received medication (**Appendix 5**).
- Staff undertake relevant training if they are involved in the administration of medication. **Injected medicine WILL NOT be administered by the staff but can be overseen by the appropriate member of staff.** Those details to be included on **Appendix 6**.
- There is clear information available to parent(s)/carer(s) on their responsibility, and that of the staff in the centre, to the administration of medication.
- Should a student complain of a mild headache or any pain and ask for a paracetamol / ibuprofen, then the appropriate member of staff will contact parent / carer for verbal permission, if written has not already given, and a record made. The member of staff will oversee the student taking the paracetamol / ibuprofen.
- Any issues arising from the implementation of this policy are brought to the attention of the Operations Manager and/or Head of Centres.

The Operations Manager will ensure that:

- The Heads of Centre are supported in the implementation of this policy.
- Any necessary revisions to the policy are undertaken.

Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Confirmation to parents of Head of Centres agreement
Appendix 4	Request for Student to carry and administer own medication
Appendix 5	Record of Medication Given
Appendix 6	Staff Training Record

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ONTRAK
The Administration of Medicines at OnTrak

Request form for parents/carers to complete if they wish ONTRAK to support their child with their medication.

ONTRAK will not give your child any medication unless you complete and sign this request form and the Head of Centre has confirmed that staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF STUDENT

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	YEAR
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain on site or return home daily)	
Special precautions	
Side effects	
Self administration	
Action to be taken if Student refuses to take the medication	

Procedures to take in an emergency		
CONTACT DETAILS		
Name		
Daytime Telephone No		
Relationship to Student		
Address		
<p>I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which ONTRAK is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with ONTRAK staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the dispensing chemist label which clearly displays the following information: Student's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

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For parents/carers to complete for Students who require several medications

Student's name:

Student's date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

SignedDated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

Please add any other relevant information below (continue overleaf if necessary)

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ONTRAK

The Administration of Medicines at OnTrak

REQUEST FOR STUDENT TO CARRY AND ADMINISTER OWN MEDICATION

This form must be completed by parents/carers.

Student's Name: Class/Form:

Address:

.....Date of Birth.....

Condition or Illness:
.....
.....

Name of medication:

Procedures to be taken in an emergency:
.....
.....

CONTACT INFORMATION

Name:

Daytime Telephone No:

Relationship to child:

I would like my son/daughter to keep his/her medication on him/her for use as necessary and

I confirm that s/he may administer his/her own medicine or

I confirm that s/he may administer his/her own medicine but will require supervision

Signed: Date:

Full Name (in capitals)

Relationship to child:

APPENDIX 5

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ONTRAK

The Administration of Medicines at OnTrak

ONTRAK record details of medication given to Students.

(Check that the parents/carers have signed Appendix 1 and that Appendix 1 is attached (And Appendix 2 if appropriate)).

A copy of this form should be sent to the Student's parents/carers on a weekly basis.

Date	Student's Name	Student's Date of Birth	Time	Name of Medication	Dose Given	Any reactions to the medication	Signature of Staff)	Print Name

APPENDIX 6

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN
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STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Form for recording training for staff

Name:

Type of training received and medication covered:

.....

Date training completed:

Training provided by:

I confirm that has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above

Staff signature: Date.....

Head of Centre Signature: Date: