



THE BRITISH RACING SCHOOL

Medical and Administration of Medicines Policy

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This Policy links to:

BRS Safeguarding Policy
BRS Equality and Diversity Statement

Introduction

The British Racing School (BRS) seeks to ensure the safe, and appropriate administration of medication to trainees, Staff and Visitors with special provision for trainees with medical needs within the British Racing School.

The BRS is committed to ensuring that all trainees with medical conditions, in terms of both physical and emotional/mental health, are properly supported so that they can have a full and active role in training and learning, remain healthy, and achieve their full potential.

The BRS acknowledges that most trainees will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics.

Some trainees may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example trainees with Attention Deficit Hyperactive Disorder (ADHD).

ADHD is a mental disorder of the neurodevelopmental type.

It is characterised by difficulties:

- Paying attention
- Excessive activity
- Difficulty controlling behaviour which is not appropriate for a person's age.
- Inability to regulate and control ones emotions.
- Talking a lot and interrupting
- Becoming easily distracted
- Finding it hard to concentrate
- Saying or doing things without thinking

Social and emotional anxiety.

The BRS acknowledges statistics and evidence that suggests rates of depression and anxiety among teenagers have increased by 70 per cent in the past 25 years.

- Anxiety is the most common mental health disorder for children and teenagers in the UK.
- At any one time, 3 in 100 children and teenagers will be struggling with an anxiety disorder.

Anti-anxiety/depressant medication such as Citalopram and Sertraline are prescribed to aid production of serotonin and facilitate increase in positive mood and self-esteem.

Other trainees may require medicines in particular circumstances, for example;

- Type 1 Diabetes
- Severe allergies and risk of anaphylaxis (a serious allergic reaction that is rapid in onset) in form of Adrenaline or Epi Pen or asthma.

The BRS allows trainees to take medication at times throughout the day as prescribed by medical practitioners.

Purpose

This policy seeks to support trainees with both long-term and short-term health needs.

The BRS will aim to minimise any disruption to the trainees training/learning as far as possible and work with parents/carers and health professionals to ensure this.

Scope

This policy applies to all trainees, staff and visitors:

The information included in this document has been gathered from a number of sources:

- Current literature on gender variance
- relevant equality policy and legislation

Managing medicines whilst at the BRS

The BRS does not permit trainees to carry medication on them whilst attending yard including riding duties or any other training activity.

However if there is a need for emergency medication e.g severe anaphylaxis treatment (Jext or Epi pen) a risk assessment will be carried out to assess risk, health, and safety.

Medicines will only be administered at BRS when it is detrimental to a trainee's health or training attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside learning hours.

E.g early morning-lunch time-after evening stables or during free time.

No trainee will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the trainee without the knowledge of the parents. E.g Contraceptive Pill

A trainee under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

Non-prescription medicines

Unprescribed medication, e.g. for pain relief such as paracetamol and ibuprofen.

- The BRS empowers and encourages trainees to take responsibility of such medication, and keep it safe in a container with a lid, and stored in the bedside drawer.
- Trainees are informed at induction that they are not permitted to dispense any medication to other trainees.
- If a trainee has a head ache or needs analgesia and they do not hold their own supply they are advised to attend the Hostel Office /or the School Nurse.
- Analgesia will be administered with verbal or written consent of the parent/carer which will be sought at induction meeting.

Staff administering any non-prescription medication will check

Maximum dosages

Expiry Date

When the previous dose was taken.

Staff who administer the medication will document and sign the record sheet.

Prescription medicines

NB Prescription medicines or controlled substances **which have not** been prescribed by a medical practitioner will not be administered at the BRS.

Prescription medicines should only be taken during the day when essential.

School will only accept prescribed medicines that are

- In date,

- Labelled and intact,
- Provided in the original container as dispensed by a pharmacist
- Include instructions for administration, dosage and storage.

Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.

Named staff (see Annex 1) may administer a controlled drug to the trainee for whom it has been prescribed.

Any trainee who has been prescribed a controlled drug may legally have it in their possession if they are deemed Frazer Competent to do so but in limited amounts or prescribed doses (eg. one or two tablets/inhaler).

Consent for young people who are 16 or over:

The Department of Health (2001) Seeking consent- Working with children states that:

“Once children reach the age of 16, they are presumed in law to be competent to give consent for themselves for their own surgical, medical or dental treatment, and any associated procedures, such as investigations, anaesthesia or nursing care.”

This means that in many respects they should be treated as adults – for example if a signature on a consent form is necessary, they can sign for themselves.

However, it is still good practice to encourage competent children to involve their families in decision-making.

“Where a competent child does ask you to keep their confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. You should however seek to persuade them to involve their family, unless you believe that it is not in their best interests to do so.”

BRS will closely monitor any such occurrence as we are aware that passing it to another pupil for use is a criminal offence.

- Any medicines such as Concerta (methylphenidate) (ADHD medication) which requires double locking will be kept in a locked metal box in a locked cupboard in the School Nurses Room. Facilities Office.

- Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the BRS will work within the medical and DfE guidance regarding this.

Records

The BRS will keep a record of all medicines administered to individual trainees, stating what, how and how much was administered, when and by whom.

Any side effects of the medication to be administered at school will be noted. (in line with DfE guidance 2014 Template D).

Storing Medicines

The BRS will keep **all controlled drugs** that have been prescribed for a trainee will be securely stored in a non-portable container and only **named staff** will have access.

Trainees are encouraged to bring their own small fridge for medicines to be refrigerated.

Controlled drugs will be returned to the trainee/parent/carer when no longer required, or out of date. The BRS is not able to take responsibility for discarding or transporting medications.

It is the parent's responsibility to collect and dispose of out of date or unused medication. It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'.

If new supplies are needed it is the responsibility of the parents to supply medication, BRS staff will inform parents when there is 10 days' worth of medication left to allow plenty of time for a repeat prescription to be fulfilled.

Sharps boxes should always be used for the disposal of needles and other sharps.

References

Understanding ADHD available online @ <https://www.webmd.com/add-adhd/childhood-adhd/understanding-adhd-basics> accessed January 2017

Stress and Anxiety available online @ <https://www.clinical-partners.co.uk/child-adolescents/a-z-of-issues/teenage-and-child-anxiety-support> accessed January 2018

Department of Education (DfE) **Support for pupils with medication needs** available online @ <https://www.education-ni.gov.uk/articles/support-pupils-medication-needs> accessed January 2018

Department of Education (DfE 2017) **Supporting pupils with medical conditions at school** available online @<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> accessed January 2017

Department of Education (DfE) (2017) **Supporting pupils with medical conditions in school templates** <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> accessed January 2017

Department for Education (DfE) Supporting pupils with medical conditions: **Links to other resources** <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Annex 1

Named staff who are trained to administer prescribed medicines

[Sharon Mott to carry out training and compile list]