



Holywell Church of England Primary School

Administration of Medicines Policy

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INTRODUCTION

1. The progress achieved on the Inclusion Agenda and wider changes relating to the health of children and young people mean that schools, Early Years settings, Headteachers and Managers in particular, are increasingly concerned about the safe administration of medicines. While this document makes a series of "good practice" recommendations and is recommended for adoption by all schools and early years settings it does not attempt to deal with all health issues of pupils. The Headteacher or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

PURPOSE OF DOCUMENT

2. The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies;
 - Health and Safety Policy
 - First Aid
 - Intimate Care
 - Medical Conditions.

ROLES AND RESPONSIBILITIES

3. All staff in schools and early years settings have a duty to maintain professional standards of care to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet all the needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.
4. Under the Disability Discrimination Act (DDA) 1995, schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.
5. The Head Teacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a child with medical needs. The Head Teacher is responsible for:

- (a) implementing the policy on a daily basis;
- (b) ensuring that the procedures are understood and implemented by all staff;
- (c) ensuring appropriate training is provided;
- (d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professional concerning the pupil's health needs.

6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.

PARENTS/CARERS

7. It is the responsibility of parents/carers to:

- (a) inform the school of their child's medical needs;
- (b) provide any prescribed medication in the original container with the original label from the dispensary which clearly states:
 - THE CHILD'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS
- (c) collect and dispose of any medicines held in school when required;
- (d) ensure that medicines have not passed the expiry date. (School will also check).

PUPIL INFORMATION

8. Parents/carers are required to share information about their child's long term medical needs and to update school of any changes as necessary but at least annually. For children with medical needs a **Health Care Plan** must be completed which contains their following information (see *Appendix 1 - Health Care Plan*):

- (a) Details of pupil's medical needs;
- (b) Medication, including any side effects;
- (c) Allergies;
- (d) Name of GP consultants;
- (e) Special requirements eg. dietary needs;
- (f) What to do and who to contact in an emergency;
- (g) Cultural and religious views regarding medical care.

For some children with medical needs, this form would be completed with support from a Healthcare professional such as the school nurse.

ADMINISTERING MEDICATION

9. It is expected that parents/carers will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Parental agreement for school to administer medicine** must be completed.

(See Appendix 2 – Parental agreement for school to administer medicine.)

As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role.

10. The Head Teacher and/or 'Appointed Person' will decide whether any medication will be administered in school and following consultation with staff. Pupils will be told where their medication is kept and who will administer it.

11. Any member of staff, on each occasion, giving medicine to a pupil should check:

- (a) Name of pupil;
- (b) Written instructions provided by the parents/carers or doctor;
- (c) Prescribed dose;
- (d) Expiry date.

12. Children with asthma and diabetes will have rapid access to their inhalers/glucose tablets etc. and be encouraged to manage their own condition. A **Parental agreement for school/setting to administer medicine** must be completed. *(see Appendix 2 –Parental agreement for school to administer medicine)*

13. The school has purchased an adrenaline auto-injector (AAI), for use as a spare (if a pupil has their own prescribed one but it has already been administered or cannot be administered) and for emergencies. Parents whose children have a prescribed auto-injector are asked in advance for signed permission to use the spare if necessary.

In the event of a possible severe allergic reaction, emergency services (999) would be contacted and advice sought from them as to whether to administer the spare/emergency AAI. All staff are trained in administering these devices but they will only ever be used on a child for which it is has not been prescribed, if told to do so by the emergency services, for example whilst waiting for an ambulance to arrive.

STORAGE

13. All medicine will be kept in a locked cabinet, or fridge if required, located in the Staff Room. All medicine will be logged into the **Medicine held in school** file.

(See Appendix 3 – Medicine held in school)

All inhalers are also stored in a sealed box, which may be located in classrooms or in the locked medical cabinet (depending on parent/guardian wishes). Staff should ensure they take inhalers with them when going out of the school grounds.

RECORDS

14. Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following:

- (a) Name of pupil;
- (b) Date and time of administration;
- (c) Who supervised the administration;
- (d) Name of the medication;
- (e) Dosage;
- (f) A note of any side effects;
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so.

(see Appendix 4 – Medicines administered in school)

REFUSING MEDICATION

15. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the administering first aider.

TRAINING

16. Training and advice will be provided by health professionals for staff involved in the administration of medicines, if required. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

INTIMATE OR INVASIVE TREATMENT

18. This will only take place at the discretion of the Head Teacher and Governors and in line with the school's Intimate Care Policy. (For Intimate Care procedures see separate Intimate Care Policy.)

SCHOOL TRIPS

19. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with parents/carers.

RESIDENTIAL TRIPS

20. Residential trips and visits off site:

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip;
- (b) If it is felt that additional supervision is required during any activities e.g. swimming, school may request the assistance of the parent/carer.

EMERGENCY PROCEDURES

21. The Head Teacher will ensure that all staff are aware of the school's planned emergency procedures in the event of a medical emergency.

CARRYING MEDICINES

22. For safety reasons children are not allowed to carry medication. All medicines must be handed to the school office staff.

Appendix 1



Healthcare Plan

Name of School	<u>Holywell C of E Primary School</u>
Child's name	_____
Class	_____
Date of Birth	_____
Child's Address	_____
Medical Diagnosis or Condition	_____
Date form completed	_____
Review date	<u>The start of next academic year</u> <small>(unless a change in condition notified by Parent/Guardian mid year)</small>

CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

GP contact		Hospital/Clinic	
Name of Doctor		Name of hospital/Clinic	
Name of Surgery		Name of Professional/Consultant	
Phone number		Phone number	

Healthcare Plan (pg2)

Describe medical needs/condition :
Give details of child's symptoms:
Medication required:
Daily care requirements at school:
Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:
Any cultural and religious views regarding medical care – Y/N. If yes please give details:
Form copied to:

Appendix 2



Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting	<u>Holywell C of E Primary School</u>
Date	_____
Child's Name	_____
Class	_____
Name and strength of medicine	_____
Medical condition requiring medication	_____
Expiry date	_____
How much to give (i.e. dose to be given)	_____
When to be given	_____
Any other instructions	_____ _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container.

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 3



Medicines held in school

Date received	Name of child	Name of medicine held in school	Expiry date of medicine	Where to be kept	Start date of treatment	End date of treatment	Date returned to Parent

Appendix 4



Medicines administered in school

Date	Name	Medicine Administered	Amount given	Time given	Administered by	Witnessed by

