

ST. JOHN'S C OF E



PRIMARY SCHOOL

# Administration of Medicine Policy

**Last Reviewed by Governing Body: October 2017**

**Date of next review : October 2019**

## Mission and Vision Statement

### **Our mission is that:**

Each of us is special; each of us is unique.

We aim to provide pupils with high quality teaching and learning, so that they can become effective life-long learners, striving for excellence.

We aim to demonstrate clear Christian characteristics and values, whilst at the same time, encouraging recognition of and respect for other faiths.

We value greatly school, home and parish connections.

We believe in "Living, Loving and Learning" together in God's World.

### **Our vision is to:**

Empower creative independent thinkers, who are resilient to challenges, in readiness for our diverse and ever-changing world.

St John`s CE Primary School is committed to reducing barriers for taking an active part in school life and in learning for all pupils. This policy sets out the steps the school will take to ensure full access for all children who require medication.

Children with medical needs have the same rights to admission to our school as other children. Most children will at some time have short-term medical needs, while other children may require medicines on a long term basis, such as children with severe allergies.

Regular school attendance is vital for every child and St. John's does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. If a child is prescribed medicine by a doctor and has recovered enough to return to school, parents should consider the following:

- **There is no legal duty that requires any member of school staff to administer medicines.**
- In the case of medicine such as antibiotics/ over the counter medicines etc school staff will be **unable** to administer the medicine to your child.
- Children will not be allowed to self- administer medicine
- Medicine will not be allowed to be stored on the premises
- Parents or carers are welcome to visit school to administer the medicine
- It is possible to ask your child`s doctor to prescribe medicine that only has to be taken three times per day

There are, however exceptions and a delegated person will administer medicine in the following circumstances:-

- If a child, through disability or a medical condition, requires regular medication, prescribed by the doctor to facilitate attendance at school and where it would be detrimental to a child's health if it were not administered during the school day.
- If a child has a serious allergy condition and requires immediate medication.
- Where a child suffers from asthma and may need to use an inhaler.

The child **must** have a care plan in place and a medication consent form must be completed. A separate form must be completed for asthma sufferers. Forms are available from the school office.

### **Legal Aspect**

There is no legal duty or requirement on non-medical staff to administer medicines or to supervise a child taking it. **This is purely a voluntary role.** Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child;
- Where there are potential serious consequences if medication or treatment is missed;
- Where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/ or training specific to the child's medical needs.

**UNDER NO CIRCUMSTANCES MUST ANY MEDICATION, EVEN NON PRESCRIPTION DRUGS SUCH AS PARACETOMOL, BE ADMINISTERED WITHOUT PARENTAL APPROVAL.**

### **Safety Checklist**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Are details of this policy and procedures publicised widely and available from the school website?
- Does the medicine need to be stored at a suitable temperature?
- Are Staff able to protect themselves from infectious diseases?

## **Instruction and Training**

Specific instructions and training should be given to staff before they are required to assist with or administer medicines or medical procedures. (Relevant staff have been given first aid training and training on how to administer an epi-pen and inhaler).

Such safeguards are necessary both for the staff involved and to ensure the well being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

## **Record Keeping**

A Medication Consent Form must be completed giving details of the following:-

- Name and date of birth of the child.
- Name of parents/guardian, contact address and telephone number.
- Name, address and telephone number of GP.
- Name of prescribed medicine.
- Method of administration
- Details of prescribed dosage.
- Date and time of last dosage given.
- Details of any side effects.
- Consent given by the parents/guardian for staff to administer these medicines.
- Expiry dates of the medicines.
- Storage details.

The above form, providing all the information above, will be copied and retained in a central file as a record for future reference.

The form must also be signed by the Head Teacher.

The form must be completed by the member of staff administering the medicine. Parents must be informed via letter or telephone about the administration of medicine and sign to say they have been informed. This will avoid the possibility of over dosing the child.

## **Individual Healthcare plans**

A child may need their own Individual Healthcare plan in place. The plan should capture the key information and actions that are required to support the child effectively. When a child has Special Educational Needs but does not have an EHC plan, their needs should be mentioned in their Healthcare plan.

Healthcare plans and their review should be completed in consultation with the parent and a member of school staff and if possible, the school nurse or another healthcare professional.

Plans should be reviewed at least once a year.

Information to be included should be as follows :

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting need, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs e.g how absences will be managed, use of rest periods.
- The level of support needed.
- Who will provide the support, their training needs and cover arrangements when they are unavailable.
- Who in school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff or self administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or PE.
- What to do in an emergency, including who to contact and contingency arrangements.

### **Safe Storage and Disposal of Medicines**

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member or staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicine.

When medicines are used, staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from the parents.

All medicines should be stored in the original container, be properly labelled, and kept in a locked cabinet, out of reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff.

Medicines should only be kept while the child is in attendance.

Where needles are used, a sharp container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood, etc.

Any unused or outdated medication will be returned to the parent for safe disposal.

### **Accidental Failure of the Agreed Procedures**

Should a member of staff fail to administer any medication as required, they will inform the parent as soon as possible. However, the member of staff will not be held responsible and any child requiring vital medication or treatment would not be expected to be in school, unless it was a regularly prescribed medicine to maintain access to St. John's CE Primary School.

### **Refusal of Medicine**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

### **Trips and Outings**

Children with medical needs are given the same opportunity as other children. Staff may need to consider what reasonable adjustments might be required to enable children with medical needs to participate fully and safely on visits unless a GP states that this is not possible. They may include a risk assessment for such children. Arrangements for taking medicine on trips must be made.

### **Confidentiality**

The Head Teacher and staff should always treat medical information confidentially. The Head Teacher should agree with the child/parent who else should have access to records and any other information about a child.

### **Children with Infectious Diseases**

Children with infectious diseases will not be allowed in school until deemed safe by their GP and /or the school nurse or local health authorities.

### **The role of the Governing Body**

To ensure effective arrangements are in place to support pupils with medical conditions in school.

To ensure a policy for supporting pupils with medical conditions in school is developed and implemented.

To ensure sufficient staff have received suitable training.

### **The role of the Head Teacher**

To ensure that the school's policy is developed and effectively implemented.

To ensure staff are aware of the policy and their role in its implementation.

To ensure that all staff who need to be aware of a child's condition are informed.

To ensure a sufficient number of trained staff are available to implement the policy.

To ensure individual Healthcare plans are in place.

To ensure staff receive support and appropriate training.

To ensure that parents are aware of the school's medicine administration policy.

To ensure that medicines are stored correctly.

To brief supply teachers and other visitors when appropriate.

### **The role of designated school staff**

To check details are accurate and clear on prescription labels.

To ensure that parents complete a consent form for the administration of medicines.

To complete the "administration of medicines" record sheet each time a medicine is given.

### **The role of parents/carers**

- To give sufficient information about their child's medical needs if treatment or special care is needed.
- To deliver all medicines to a member of staff.
- To complete and sign the parental agreement form.
- To keep staff informed of changes to prescribed medicines.
- To keep medicines in date, particularly emergency medications such as epi pens.

## **Emergency Procedures**

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany the child to hospital by ambulance.

If an ambulance needs to be called, another member of staff should be alerted to do this so that they can give up to date information to the emergency services.

Individual Healthcare plans should clearly define what constitutes an emergency and explain what to do, including ensuring that all staff are aware of emergency symptoms and procedures.

## **Designated Persons to Administer Medicines**

Mrs. Parkin, Mrs. Moore and Mrs. Fotheringham

## **Equal Opportunities**

Provision is made for all children regardless of ability, disability, additional needs, medical conditions, gender, faith or ethnicity and reasonable adjustments are made in a range of ways. All children have a right to be treated equally and the school will take measures against those who do not abide by this ethos.

## **Monitoring and Evaluation**

Policy and practice is monitored and evaluated on a regular basis. Monitoring may take the form of questionnaires, discussions with children, staff and parents. Feedback will be given to all staff along with recommendations to inform future policy and planning.

The school leadership team have a responsibility to ensure the policy is embedded into the school provision and report to governors on the effectiveness of the policy.

## Medication Consent Form

**Important: School staff are not required to undertake this duty**

**Please use block print throughout**

Child's Name:	Date:	Year:
Parent's emergency contact:		
Doctor:	Surgery:	Surgery Tel:
Medication:	Storage Requirements:	
Dosage:	Use before dates:	
Any special guidance/frequency:		
Consequences if medication or treatment missed/action required		
<p>PARENT/GUARDIAN CONSENT: Please read and sign:  <i><b>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.</b></i></p>		
Signature:		
STAFF MEMBER.		
<b>DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO</b>		
Signature:		

Original: Retain with medication

Copy: To be filed in Medication File.

<b>Consultation has taken place</b>	<b>Staff date:</b>
<b>Date formally approved by Governors</b>	<b>Governors date:</b>
<b>Date policy became effective</b>	
<b>Review date</b>	
<b>Person responsible for implementing and monitoring</b>	<b>Mrs J D Fraser</b>
<b>Other relevant policies</b>	<b>First Aid Policy Child Protection</b>



**Asthma Medication Consent Form**

**Name of child** ..... **Date of birth** .....

I ..... being the parent or carer of the above child, understand that I am responsible for ensuring that my child is equipped with their asthma medication as required.

I understand my child will be given extra relief medication using the inhaler held by school in the event of them suffering an asthma attack. I understand that the emergency reliever and spacer will be used in an emergency if larger doses of reliever medication are deemed necessary.

I understand that I shall be informed if my child's asthma appears to become worse in school, so that I can inform my child's GP.

**Please state which inhalers/medicines are likely to be needed in school, and the likely indications for use. (ie Relievers: before PE/going out in cold air/during a bad cold, etc;)**

**Inhaler** .....

**Likely reasons for use** .....

.....

**Is your child able to self-administer their medication?** Yes -  No -

.....

Please give details of TWO contact numbers to be used in an emergency

Name ..... Tele No .....

Name ..... Tele No .....

Name of GP ..... Tele No

.....

Asthma Practice Nurse ..... Tele No

.....

Signed ..... Date .....  
(parent/carer)