

Swavesey Primary School

Administration of Medicines Policy

Introduction

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

Aims of this policy

- to explain our procedures for managing prescription medicines which may need to be taken during the school day
- to explain our procedures for managing prescription medicines on school trips
- to outline the roles and responsibilities for the administration of prescription medicines

Legal requirements

There is no legal duty that requires any member of school staff to administer medicines.

Prescribed Medicine

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Staff at Swavesey Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. If medication is prescribed four times a day, school will administer. If it is three times this will be out of school hours however if the child is in attendance at Kids Club, EY&P staff will administer. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.

Exceptions

- Prescribed medicine will not be given:
 1. Where the timing of the dose is vital and where mistakes could lead to serious consequences.(Please refer to Children with Long Term Medical Needs section)
 2. Where medical or technical expertise is required.
 3. Where intimate contact would be necessary.
- Non prescribed medicine may be given on professional medical advice where prescribing over the counter medicine would not be appropriate for example paracetamol for post injury
- Where instructions on medicine advice dosage frequency could be taken outside of school hours, it will not be administered. However, if the child attends out of school club, EY&P staff may administer.

Children with Asthma

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This could either be in the drawer of the teacher's

desk, in the asthma box in every classroom or in a child's own tray. Please refer to the asthma protocol on the schools' website. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration.

It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

Non –Prescription Medicines

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Storage of Medicines

All medicines should be delivered to the school or EY&P office by the parent or carer. In no circumstances should medicines be left in a child's possession. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office or medical room fridge or first aid cupboard in EY&P and should not be kept in classrooms, with the exception of inhalers. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration. Where inhalers, adrenaline pens etc are kept in school, an additional set needs to be supplied for EY&P.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom or First Aid cupboards. Children may carry their own inhalers, when appropriate.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

Trips and Outings

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

ROLES AND RESPONSIBILITIES

Parent/Carer*

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.

- Must complete and sign the parental agreement form.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.

Headteacher

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receive support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Ensure that a second member of staff is present when medicines are administered.
- Complete the medical tracker each time medication is given. Medical Tracker must be checked for previous administration before giving next dose
- Ensure that medicines are returned to parents for safe disposal.

Refusal of medicines

If a child refuses to take medicines, 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.

Record Keeping

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

A parental agreement form (see appendix) must be completed and signed by the parent, before medicines can be administered. At the time of administering medicines, the member of staff must complete the record in Medical Tracker software (Including both staff members present). No medication should be given unless it has been checked by a second adult.

Children with Long Term Medical needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

Confidentiality

The head and staff should always treat medical information confidentially.

The head should agree with the child/parent who else should have access to records and other information about a child.

Staff Training

Training opportunities are identified for staff with responsibility for administering medicines.

Related Policies

For more information see the health and safety policy, asthma protocol and the school's first aid procedures.

Monitoring

This policy should be reviewed annually in accordance with national guidance.

*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

Swavesey Primary School

Parental Agreement/Consent Form

The school/setting will not give your child medicine unless you complete and sign this form.

Name of child:			
Date of birth:		Class:	
Medical condition/illness:			

Medicine

Name/type of Medicine (as described on the container):			
With effect from (date):		Until (date):	
Dosage and method:		Time:	
Are there any side effects that the School/setting needs to know about?			
Self Administration: Yes/No (delete as appropriate)			

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	

- I understand that I must deliver the medicine personally to the school office and accept that this is a service that Swavesey Primary School is not legally obliged to undertake.
- I understand that I must notify Swavesey Primary School of any changes in writing.
- All staff are acting voluntarily in administering medicines;
- All staff maintain the right to refuse to carry out the administration of medication if they so desire;
- The school is not responsible for the loss of, or damage to any medication referred to in this or any subsequent documentation.
- I have considered medical advice on whether my child is well enough to attend school as medicine is required.

Signature(s): _____

Relationship to child: _____ **Date:** _____

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