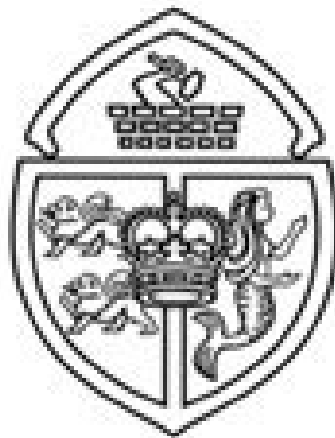


Yenton Primary School



Administration of Medication Policy

Policy Statement

- We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We will only administer PRESCRIBED medication.

Children with Special medical Needs

- Should we be asked to admit a child to school with special medical needs we will, in partnership with the parents/carers, School Nurse and our Medical Advisors, discuss individual needs.
- Where appropriate an individual care plan will be developed in partnership with the parents/carers, School Nurse and/or Medical Advisors.
- Any resulting training needs will be met.
- It is important to note that “There is no legal duty that requires school or setting staff to administer medicines”.
- Anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

1. On Admission to School

- All parents/carers will be asked to complete an admissions form giving full details of a child’s medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, detail of hospital consultants, allergies, special dietary requirements etc.

2. Administration and Storage of Medication in School

- 2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to an Administration Assistant .
- 2.2 The medication should be in a container as prescribed by the doctor and dispensed by the pharmacist with the child's name, dosage and instructions for administration clearly printed on the label.
- 2.3 The form 'Request for Administration of medicine' (see appendix 1) should be completed by the parent/carer. This will be kept with the medication to be given and once completed in the child's school file.
- 2.4 A record of the administration of each dose will be kept on the 'Request for Administration of medicine' form which will be signed by the member of staff who administered the medication and an adult witness.
- 2.5 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken to the school office as soon as possible.
- 2.6 Parents are responsible for ensuring that the school has up to date medicines.
- 2.7 Medication will only be accepted if prescribed. *"Medicines should only be taken to school or settings when essential;..... Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber"*
- 2.8 Medication can also only be administered between the times of 12.15 -12.30 due to the availability of trained staff.
- 2.9 If prescriptions require different timings or more doses than this, the school will ask for the medication to be changed through consultation between the parent and the child's doctor.
- 2.10 Should the child be required or able to administer their own medication eg. Reliever inhaler for asthma, we will want to ensure that they understand their responsibilities in this area. We may want to ask the School Nurse to check technique before accepting full responsibility.

2.11 Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents, as agreed with the Head Teacher, in the event of an extreme situation.

3. Storage and Disposal of Medication

- 3.1 All prescribed medication with the exception of Emergency medication will be kept in the school office in a locked cupboard. (Emergency medication – epi-pen, inhalers etc are kept in the year group location as specified below).
- 3.2 A regular termly check will be made of the medication cabinet, and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents/carers do not collect, this medication will be disposed of. At the end of every academic year, **all** medicines will be sent home and new forms will be requested to be completed in September.
- 3.3 Only named staff are allowed access to this controlled medication cupboard. These named staff are agreed with the Head Teacher.
- 3.4 Reception inhalers/epi-pens are kept in the manager's Office. Year 1-are kept in the classroom in the cupboard. Years 2-6 are top shelf of bookcase in class
- 3.5 All inhalers/ pens go into a box system for each year group. Photographs of the child and their name will be on the front of each box.
- 3.6 A list of children with epi-pens/ piriton/ inhalers will be kept on file with the expiry date of the medication also recorded, to enable the Mrs Baxter/ Mrs Worthington to contact parents, if parents have not brought replacement medicine into school.

4. Asthma Policy

- 4.1 Every child diagnosed with Asthma should have a blue reliever inhaler available in school (see 3.4 for storage). If at home, a child uses a spacer device, this should also be available in school.
- 4.2 All inhaler devices should be clearly labelled with the child's name and class.
- 4.3 Parents/carers will be informed if the reliever inhaler has been used during the course of the day.
- 4.4 When a pupil has a clear and sensible understanding of the use of their inhaler, they will be allowed to carry it with them and use it when necessary.
- 4.5 If the pupils leave the premises for any activity their reliever inhaler will need to go with them. This will be the joint responsibility of staff and parents/carers.
- 4.6 All inhalers will be sent home at the end of each academic year. It is parents/carers responsibility to ensure a new and in date inhaler comes into school on the first day of the next academic year.
- 4.7 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.

Refusing Medicines

- 5.1 If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures, indicated in the child's health care plan. Parents should be informed of the refusal on the same day.

Educational Visits

- 6.1 It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children

with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. Where necessary, this will include risk assessments for such children.

- 6.2 Any child with inhalers or epi-pens or medication required in an emergency must have their medicine taken with them to any visit off-site. This is the responsibility of the trip leader to ensure this is the case.

Emergency Procedures.

- 7.1 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided on A4 sheets at key telephone locations around the school. All staff should also know who is responsible for carrying out emergency procedures in the event of need-see sheets on staff notice board in staff room. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- 7.2 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 7.3 Individual health care plans should include instructions as to how to manage a child in an emergency.

Confidentiality

- 8.1 The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.
- 8.2 Personal care plans need to be communicated from the TA/ year group partner if there is a supply. Instructions left by the class teacher, if on a course, will also indicate a need to ask. There will also be a medical care form on display in the staff room and lunchtime first aid room, so that teachers and lunch staff are aware of children in school needing care plans and specific actions. The child's name and face and condition will be displayed, with more detailed information in an envelope next to the display. These cards can therefore be taken to an emergency if required.

8.3 Care plans are updated annually by the school nurse, or whenever a need arises in a new case. The school nurse will contact each parent and update the medical care cards.

References

1 MANAGING MEDICINES IN SCHOOLS AND EARLY YEARS SETTINGS Reference:
1448-2005DCL-EN– DCSF, March 2005

Policy written by Mark Cadwallader in April 2015

Policy presented to Governing Body
Date adopted by Governing body
