



Newnham St Peter's Church of England Primary School and Pre-School

SCHOOL POLICY

Policy name	Administering Medicines
Status	Non-statutory
Review period	Every two years
To be read in conjunction with	Child Protection and Safeguarding Policy
Required on website	Yes

Review Progress

	<i>Changes made? Y/N</i>	<i>Name</i>	<i>Date</i>
<i>Stage 1 – Ready for review</i>		<i>G Phillips</i>	
<i>Stage 2 - Governor review</i>		<i>R Saum</i>	
<i>Stage 3 – Completion by HT</i>		<i>G Phillips</i>	
<i>Stage 4 - Adoption</i>		<i>GB</i>	

Related links

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2022>

1.0 Introduction

- 1.1 We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication. Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided to every member of the school personnel who has volunteered for and accepted this role. This training will take place before they start this role and will ensure that they are familiar with all administration of medication procedures.
- 1.2 Medicines will be administered that have been prescribed by a doctor or some other authorised person where it would be detrimental to a child's health if the medicine were not administered during the school day. Non-prescription medicines will only be administered by staff if parents/carers have agreed in writing with the school and have signed an Individual Healthcare Plan (IHCP) for their child. Parents must sign to the effect that the medicine has been administered previously to the child without adverse effect. Parents can make arrangements at lunch time to administer the medication to their own child. In exceptional circumstances, the school may administer children's paracetamol (eg Calpol), with written permission from parents, if that enables the child to remain in school and attend lessons.
- 1.3 Pupils may under certain circumstances self-administer medicines. Those circumstances are, only under the direct supervision of an appropriately trained member of staff. In practice, this means, instances such as taking their own inhaler, whilst watched by staff. As a school we follow the government recommendation, that children who are able to take responsibility for managing their own medicine do so, within safe parameters.
- 1.4 As a Church of England School, we identify Christian values that underpin the whole of our community. These values inform our school's vision, aims and ethos, the design of our curriculum, all policies, planning and the school's management and governance. The values that relate particularly to this Policy are trust, patience, compassion and respect.

2.0 Aim

- 2.1 To outline the procedures for administering prescribed medicines to pupils.

3.0 Parents/Carers

- 3.1 Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents should obtain details from their child's GP if needed.
- 3.2 Parents/carers must provide:
- 3.2.1 written permission by completing the Medication Consent Form;
 - 3.2.2 sufficient medical information on their child's medical condition;

- 3.2.3 the medication in its original container;
- 3.2.4 sufficient medicine for the dosage to be given in school.

4.0 Administration of Prescribed Medicines

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- 4.1 Be aware of Individual Health Care Plans and of symptoms which may require emergency action;
- 4.2 Read and check the Medical Consent Forms before administering or supervising the taking of medicines
- 4.3 Check that the medication belongs to the named pupil
- 4.4 Check that the medication is within the expiry date
- 4.5 Inform the parent if the medication has reached its expiry date
- 4.6 Confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage
- 4.7 Record on the medication record all relevant details of when medication was given
- 4.8 Return medications to the secure area for storage
- 4.9 Always take appropriate hygiene precautions
- 4.10 Record when a child refuses to take medication
- 4.11 Immediately inform the parent/carer of this refusal

5.0 Medication Record

The following information must be supplied by the parent/carer:

- 5.1 Name and date of birth of the child
- 5.2 Name and contact details of the parent/carer
- 5.3 Name and contact details of GP
- 5.4 Name of medicines
- 5.5 Details of prescribed dosage
- 5.6 Date and time of last dosage given
- 5.7 Consent given by parent/carer for staff to administer medication
- 5.8 Expiry date of medication
- 5.9 Storage details

6.0 Security

- 6.1 All medications administered by staff require a signed IHCP which is kept in two places: one in the central medical file and another in a zipped plastic bag with each child's medicine.
- 6.2 The medicines are stored in the locked first aid cupboard in the office or staffroom fridge if needed.
- 6.3 Each medicine must be labelled with the child's name, the name of the medicine and the dose to be given.

- 6.4 When a medicine is administered to a child, the Administration of Medicines form must be completed.

7.0 **Confidentiality**

- 7.1 The staff will treat medical information confidentially.

8.0 **Disposal of medicines**

- 8.1 It is the responsibility of parents to dispose of unwanted/ out of date medicines. Medicines that are not collected, however, will be taken to a local pharmacy for disposal.

9.0 **Managing Medicines in the Classroom**

- 9.1 Any medicines kept in the classroom are stored in a labelled bag or box. The teacher keeps this on the top shelf above the sink. Each medicine is clearly labelled. Pupils who have inhalers for asthma are permitted to carry their own inhalers or keep them in the area provided.

10.0 **Educational Visits**

- 10.1 On educational visits if medication needs to be administered a designated person will also attend.
- 10.2 For residential visits, young people sometimes need minor treatment for conditions such as headaches, rashes, colds and insect bites. If necessary, with parental permission, staff will treat these ailments with the following 'off-the-shelf' products which are commonly available from most chemists: Paracetamol, antiseptic wipes, hypoallergenic plasters, insect-bite antihistamine, Piriton or similar medication, and sun cream.
- 10.3 Parents will also be requested to sign the following statement regarding emergency medical treatment during visits:

EMERGENCY MEDICAL TREATMENT DURING VISITS

I consent to any emergency treatment necessary. I therefore authorize the Visit Leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary and if it has not been possible to contact me beforehand.

11.0 **Sporting Activities**

- 11.1 We will ensure that pupils have immediate access to their own asthma inhalers during sporting activities in the school day and during extra-curricular clubs.

This policy will be reviewed by governors every two years.

Appendix One: Medical Templates

Template A: Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing
support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Template B: Parental agreement for 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 the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) _____

Date _____

Template C: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template D: Record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Template G: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, please complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,