

# St Michael's C E 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 chronic medical conditions 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 when medically qualified staff have determined that it would be detrimental to a child's health if the medicine was not administered during the school day.

Staff at St Michael's C E Primary school will only administer medicines prescribed by a suitably authorised doctor, dentist, nurse or pharmacist.

Medicines will only be accepted in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration. We will only be able to administer prescribed medicine if the dosage is 4 times per day or if the prescribers instructions state times within the pupil's working day at school.

### Children with Asthma

Children who have inhalers must have them available where necessary. Inhalers will be kept in a safe but accessible place within the child's classroom. Depending on the needs of the individual, inhalers will be taken to all physical activities and on school trips. Inhalers must be labelled and include guidelines on administration.

**It is the responsibility of parents/carers to check the condition of inhalers and ensure that they are working and contain the necessary therapeutic dose (A usage log will be kept in the classroom with the inhaler).**

## **Non-prescription Medicines**

We will not routinely administer medicines that have not been prescribed by a doctor, dentist, nurse or pharmacist. Whenever possible such medicines will need to be administered by the parent/carer.

If it is not possible for non-prescription medicines to be administered by the parent/carer and it is needed by the child to manage pain then staff will only administer it if there is specific prior written permission from the parents.

Non-prescription medicines will only be accepted if they are in the original container and in date.

Children will not be given Aspirins or medicines containing Ibuprofen unless prescribed by a doctor.

## **Children with severe allergies**

Prescribed Adrenaline pens for children with severe allergies will be kept in the school office in an unlocked drawer marked 'Emergency Packs' so that they are available at ALL times in the event of an emergency. Each child will have a clearly labelled pack which will contain their Adrenaline pens, Piriton, if prescribed, and their emergency care plan. Relevant staff will be trained annually in the administration of Adrenaline pens.

**It is the responsibility of parents/carers to regularly check the condition of Adrenaline pens and ensure that they are still in date.**

## **Storage of Medicines**

All medicines should be delivered to the school office by the parent/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 staff room fridge (if refrigeration is required) or in the child's classrooms. 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.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place.

## **Disposal of Medicines**

Parents/Carers are responsible for ensuring that the date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines before expiry and replace with a new prescription where applicable.

## **Trips and Outings**

Children with medical needs are given the same opportunities as other children. Staff will 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 on all medicine.

## **Roles and Responsibilities**

### **Parent/Carer**

- Should give sufficient information about their child's medical needs if treatment or special care is required. (see appendix 1)
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form (see appendix 2)
- Must keep staff informed of changes to prescribed medicines
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.

### **School Business Manager**

- To ensure that the school's policy on the administration of medicines is implemented.
- To confirm that there are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- To ensure that staff receive support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- To ensure that parents are aware of the schools policy on the administration of medicines.
- To ensure that any proposed changes to the policy are brought to the attention of parents of children with an Individual Healthcare Plan.
- To 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 must be checked.
- Ensure that the parent/carers 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 where possible.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents/carers 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 or nominated carers 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 prescribers 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 potential 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 medicines record sheet.

No medication should be given unless it has been checked by a second adult.

### **Confidentiality**

The head and staff should always treat medical information confidentially.

### **Related Policies**

For more information see the health and safety policy, asthma policy and first aid policy.

Date: March 2021

Date of Review: March 2023

## Appendix 1

### Individual Healthcare Plan

Name of School/Setting	St Michael's C E Primary School
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	

#### Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
Phone no. (Home)	
Phone no. (Mobile)	
Name	
Relationship to child	
Phone no. (work)	
Phone no. (Home)	
Phone no. (Mobile)	

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

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Daily care requirements

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

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Arrangements for school visits/trips etc

Staff to be aware of condition and carry any relevant medicines
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**Other information**

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## Appendix 2

### Parental agreement for setting to administer medicine

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

Date for review to be initiated by	Administrative staff
Name of school/setting	St Michael's C E Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects the school needs to know about?	
Self-administration	YES / NO
Procedures to take in an emergency	Dial 999

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

#### Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office

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

Signature \_\_\_\_\_ Date \_\_\_\_\_