

## **Administering Medicines Policy**

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. Others may require medicines as an emergency measure in particular circumstances, such as children with severe allergies.

### Aims of this policy

To support effectively, individual children with medical needs and enable children to achieve regular attendance and full participation.

To outline responsibilities for the administration of medicines to children.

To explain procedures to manage safe storage and administration of prescription medicines in school.

To explain procedures to manage medicines on school trips.

#### **Legal Requirements and Responsibilities**

THERE IS NO LEGAL DUTY THAT REQUIRES ANY MEMBER OF SCHOOL STAFF TO ADMINISTER MEDICINES.

Parents and carers have prime responsibility for their child's health and they should not send them to school if they are unwell.

The school will not administer non-prescribed medicines to children.

Patent medicines such as cough/throat sweets, lip balm etc. should not be brought to school by pupils.

Sun tan lotion can come in to school, but must be clearly labelled with the child's name and the child must apply it for themselves. Children must not share sun tan cream.

The school will **not** administer prescription medication except as part of a long term medical condition (e.g. asthma), an individual health care plan or emergency health care plan (e.g. severe allergy).

#### **Individual Health Care Plans**

Individual Health Care Plans are put in place for children with long term medical conditions.

An individual health care plan may require that a child receives prescribed medication on a regular or emergency basis.

The governors acknowledge that the teachers' terms of employment does not include giving medication, although staff may volunteer to do this.

Any member of staff taking responsibility for the administration of medicines should receive any appropriate training beforehand.

The training will vary dependent upon the individual case.

When medicine is administered the staff responsible for its administration should make a record as outlined below.

#### **Medicines in School**

No medicines can be administered in school without written parental consent. This consent may be given as part of an individual health care plan or on a parental agreement form.

(Appendix 2)

All medicines should be delivered to the school office by the parent or carer.

They should not be given to teachers or support staff in classrooms.

Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions:

Name of child

Name of medicine

Dosage

Method of administration

Time/frequency of administration

**Expiry Date** 

All medicines should be stored in accordance with product instructions (paying particular attention to temperature) and will normally be kept in the school office area / fridge (with the exception of inhalers and epi-pens, see below).

Parents are responsible for ensuring that medicines kept within school are within date of expiry and should arrange for safe disposal of unused medicines.

## **Record Keeping**

The adult responsible for administering a medicine must record and initial the date, time, dose delivered and any reaction on the record of administration (Appendix 3).

This record should be available for parents to view at any time.

If a child refuses medicine, it is not the responsibility of staff to make them take it. Parents should be informed on the same day (or earlier) if detrimental to the child) if a child refuses medicine.

#### **Children with Asthma**

Children suffering from asthma should be identified to school by their parents/carers.

Children who have inhalers should have them available where necessary - inhalers should be kept in a safe, but easily accessible place.

## They should not be locked away.

Depending on the needs of the individual, inhalers should be taken to all physical activities e.g. PE lessons, sports clubs.

Inhalers should be labelled as outlined above.

## **Children at Risk of Severe Allergic Reaction (Anaphylaxis)**

Children at risk of severe allergic reaction should be identified to school by parents / carers.

Relevant school staff will be trained in the administration of emergency medication specific to the individual child's needs. This training is renewed annually.

All staff will be made aware of children at risk of severe allergic reaction via posters in the staff room and, where practical, steps will be taken to minimise the risk of contact with known allergens.

Epi-pens or other emergency medicines should be kept in a safe, but easily accessible place the classroom where the child most frequently works.

## They should not be locked away.

The location of such medicine will be recorded on the staff room poster.

Any situation requiring the delivery of emergency medicine will also result in the school calling emergency 999 medical services

#### **Educational Visits**

Children should not be excluded from educational visits on the grounds

of medical needs.

The school will always seek to make adjustments, where practicable, to enable children with medical needs to fully and safely participate in educational visits. Arrangements and risk assessments will be made in partnership with parents / carers and relevant medical professionals as appropriate.

Staff working with children on Educational Visits have a 'duty of care' to act like any prudent parent.

For staff leading activities taking place off site this duty of care could extend to administering medicine.

Written parental consent for the administration of medicine on a school trip is necessary as outlined above.

Signed: Hilary Stevens

Date: January 2018

Review date: January 2020

# 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 origin  | nal 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]  |
| give consent to school/setting staff ac<br>school/setting policy. I will inform the se | f my knowledge, accurate at the time of writing and aministering medicine in accordance with the chool/setting immediately, in writing, if there is any medication or if the medicine is stopped. |
| Signature(s)   | Date  |

# 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, treatme facilities, equipment or devices, environmental issues etc.                  | nts,   |
|--|--------|
| 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  | _<br>_ |
| 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   |        |
| Signature(s) Date  |        |