

Longstone CE (VA) Primary School



Statement of Policy:

Administration of medicines

Version: 2.2

Date: June 2019

1 Summary

This document sets out the school's policy for administering medicine to pupils.

2 Document control

2.1 Owner

The owner of this document is the Head Teacher. All requests for change should be directed to them. Any printed copies of this document are for reference only; the definitive version is the computer file held by office administrator.

2.2 Revision history

Date	Version	Changes	Author(s)
7/3/13	1	First version	G. Harvey
10/6/15	2	Inclusion of info about inhalers Change of policy on Calpol	G. Harvey
July 2019	2.2	Section 6 Addition of info about medication kept in school (paracetamol, a school inhaler & spacer)	G. Harvey

2.3 Approval

Date	Version	Approver(s)	Minute number
29/4/2013	1	Governors	29/4/13 – 3.7
10/6/15	2	Health & Safety Committee	12.1
21/6/19	2.2	Health & Safety Committee	14.1

2.4 Review period

The maximum period between reviews of this document is: 4 years

Version	Next revision due
2.2	June 2023

To be read in conjunction with :

[Guidance on the use of emergency salbutamol inhalers in schools \(Dept. of Health\)](#)

3 Statement Policy

1. Introduction

This policy has been developed with reference to the information provided by DCC.

The administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life.

2. Equal Opportunities

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Children have a right to an education and should not be excluded purely as a result of requiring medication.

This does NOT imply a duty on the Head Teacher or staff to administer medication. The Local Authority wishes to point out to school staff, governors and parents that participation in the administration of medicines in schools is on a voluntary basis. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to volunteer.

The Governors have taken the decision to limit administration of medicines by a member of staff to:-

- **Emergencies, including the use of a generic school inhaler**
- **Children with an EHCP (Education and Health Care Plan) who need medication regularly according to this.**
- **Children whose medication dose remains constant**
- **Administer medication to pupils with a short term requirement of prescribed medication up to 5 days.**

3. Short-Term Medical Needs

3.1 Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Parents will be responsible for the administration of these medicines wherever possible .

3.2 School will only administer named prescribed medicine for a period of up to (and including) 5 days. This must be labelled with the child's name by a pharmacy or hospital.

3.3 School will administer generic pain relief medication (Calpol) with prior parental permission, accompanied by a signature.

4. Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered. Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

- details of a child's condition;
- special requirement e.g. dietary needs, pre-activity precautions;
- what constitutes an emergency;
- what action to take in an emergency;
- what not to do in the event of an emergency;
- who to contact in an emergency;
- the role the staff can play

5. Pupils who are unwell

Parents are advised that pupils who are unwell should not be sent to school. Children who become unwell during the day should be collected by parents at the request of the school.

6. Medicines in school

The school keeps liquid paracetamol in school as a matter of course. It also keeps asthma inhalers and adrenalin (e.g. epi-pens). Children or parents should not bring medicines into school except those covered by this document. If staff need to bring medicines for their own use into school, these will be kept securely.

The school keeps a salbutamol inhaler and a spacer which is for emergencies if children do not have access to their own medication. The school gains parental permission for the use of the school inhaler.

7. Procedures for managing prescription medicines which need to be taken during the school day

To help avoid unnecessary taking of medicines at school, parents/guardians should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunch time;
- ask the family doctor if it is possible to adjust the medication to avoid school time doses.

Long-term prescription medicines will be administered to children who have an EHCP that includes the need for medication. If a TA is required to administer medication or treatment, they shall receive specific training in administering those medicines to the specific child.

The schools will only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist) with the exception of generic pain relief remedies. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, and clearly state the patient's name. They should also be accompanied by a fully completed parental consent form 2. (Pink medicine form). Each time there is a variation in the pattern of dosage, a new

form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation, unless it is a completely new prescription at the end of an existing prescription. It is the parent's responsibility to ensure that medication is within the stated expiration date.

The school will not accept medicines that have been taken out of the container as originally dispensed nor will it make changes to dosages on parental instructions. Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

All short-term prescription medicines (up to 5 days) that are to be **administered in school** must be accompanied by written instructions from the parent or the GP and detailed on the parental consent form 2.

The Headteacher will keep a record of all relevant and approved training received by staff.

Each person who administers medication will:

- be given access to a copy DCC guidelines and code of practice;
- read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- confirm the dosage/frequency on each occasion and consult the medicine record form (Appendix 2) to ensure there will be no double dosing;
- be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- know the emergency action plan and ways of summoning help/assistance from the emergency services;
- check that the medication belongs to the named pupil and is within the expiry date;
- record on the medication record form (See Appendix) all administration of medicines as soon as they are given to each individual;
- understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- ensure that all medicines are returned for safe storage;
- ensure that they have received appropriate training/information as necessary. They must ensure that the Head Teacher is aware of any lack of training/ information.

8. Off-Site Visits

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. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's G.P.

9. Safe Storage of Medicines

All medicines will be securely stored in the office. Medicines that require it will be stored in the fridge (staff room) in their original container which will be clearly labelled.

10. Transport of Medicines

Parents or carers will be asked to bring the medicine to and from school. Children should not be responsible for their medicine unless they are carrying their own blue asthma inhaler.

11. Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations. The children know to tell a member of staff in the event of an emergency. All staff know how to call the emergency services. All staff know who is responsible for carrying out emergency procedures in the event of need. A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Where children have conditions which may require rapid intervention parents must notify the Head Teacher of the condition, symptoms and appropriate action following onset. The Head Teacher will discuss this with the School Health Service and appropriate training provided for staff. The Head Teacher makes all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc) are able to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. All children who may fall in this category have their details (see below) on the staffroom wall, the office wall and in their register. All staff including temporary or supply staff are made aware of the needs of specific children.

(These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.)

The following forms are available from the school office.

Appendix I (All forms are templates based on guidance issued by Department of Health)

Form 1 Individual Healthcare Plan

Form 2 Parental Consent for school to administer Medicine

Form 3 Headteacher Agreement to Administer Medicines *

Form 4 Record of Medicines administered to an individual child*

Form 5 Record of medicines administered to all children

Guidance on the use of emergency salbutamol inhalers in schools

* (EHCP and short term prescribed medication)

To be reviewed June 2023

SignedHead Teacher

SignedChair of Committee

SignedChair of Governors