Administering Medications in School Policy



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Introduction

This policy is drawn up in consultation with staff and is based on guidelines from the DFES publication 'Managing Medicines in Schools and Early Years Settings'.

Pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine.

Other pupils have medical conditions that, if not properly managed, could limit their access to education.

Support for pupils with Medical Needs

Parents or guardians have the prime responsibility for their children's health and should provide the school with information about any medical condition.

Short Term Medical Needs

Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should ask the prescribing doctor or dentist about this.

However, the school recognises that sometimes children do need to take medicines in school time. If this is the case, there has to be prior written agreement, unless this written agreement is part of a formal Health Care Plan, details must be included on the request form (in appendix 1), from parents for any medication, prescribed or non-prescription, to be given to a child. This written agreement must also include the dosage.

Medicines must be handed over to the office in a named container.

Any dose given is noted on the back of the request form and initialled by the staff member who has agreed to administer it.

Non-Prescription Medication

The school will not generally give non-prescribed medication to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents should supply and authorise appropriate pain killers for their child's use, with written instructions.

On residential visits, the school will send a letter prior to the visit to ask permission from parents to administer children's pain killers, such as Calpol, should the need arise whilst the child is away from home.

Long term Medical Needs

The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. The school will need to know:

- Details of the condition
- Special requirements
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Administering Medicines

No pupil under 16 should be given medication without written parental consent. Authorised personnel should check:

- Pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Self Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication from an early age. With this aim in mind, and for reasons of immediacy, children with inhalers will be expected to administer the required dose themselves. At the teacher's discretion, children may also carry their inhaler or keep it in their drawer. Other inhalers should be kept in the classroom in a safe place known and accessible to the children. All inhalers must be named. Children are reminded not to share inhalers. Where children require an asthma inhaler, the school expects

parents to provide an inhaler that should be kept in school at all times. Parents remain responsible for ensuring that inhalers are in date and that the asthma diagnosis is known to school.

Refusing Medication

If pupils refuse to take medication, the school will not force them to do so and will inform parents immediately.

Record Keeping

Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed. Parents/carers are responsible for ensuring any medication kept in school is contained in the original packaging, within the expiry date and to replace any medication with a replacement before expiry.

School Trips

Pupils with medical needs are encouraged to participate in visits. Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.

Sometimes an additional adult might accompany a particular pupil. There may also be the need to undertake a risk assessment for a particular child.

Sporting Activities

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example. Teachers supervising sporting activities are made aware of relevant medical conditions.

Storing Medication

Any medication should be in a container that is labelled with the name of the pupil, name and dose of the drug and frequency of administration and within expiry date. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should not transfer medicines from their original containers.

Medicines are kept in the staffroom fridge, in a clearly labelled container. This fridge has restricted access.

Disposal of Medicines

The school does not dispose of medicines. Parents should collect medicines held at school and are responsible for the disposal of out-of-date medicines.

Hygiene Control

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. There is a sharps box in school.

Emergency Procedures

Staff know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff.

Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

Health Care Plans

Some children require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering specialist equipment such as epi-pens.

Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

Appendix 1: Parental agreement for school to administer medicine.

Appoinant in a cintar ag		
Full Name of pupil		
Date of Birth		
Year Group/Form		
Reason for medication		
Details of Medication:		
Name of medication:		
Dose and administration metho	d:	
Expiry date and batch number:		
Duration:		
Timing:		
Which member of staff is medication?	administering the	
Procedures to be taken in case	of emergency:	
Are there any side effects that need to know about?	the school/setting	
Quantity received:		
Self Administration:		Yes/No (Delete as appropriate)
Contact Details:		
Name of Parent/guardian:	T	
Full address:		
<u>Full address.</u>		
<u>Telephone:</u>		
Relationship to pupils:		
provided in its original containe administration. If medication is p	er labelled with my prescribed it must b s and that the onus	edication. I understand that the medication must be child's name, date of birth and instructions for e in a pharmacy-labelled container with my child's is on my child to present him/herself to the named administered.
Signature	Date	
Print Name		

STAFF MUST COMPLETE THE ATTACHED TABLE INDICATING WHEN MEDICATION HAS BEEN ADMINISTERED AND BY WHOM.

FOR ONGOING MEDICATION, THIS FORM MUST BE REVIEWED ANNUALLY.

Child's Name

<u>Date</u>	<u>Dose</u>	Name/Signature	<u>Notes</u>