

POLICY FOR THE ADMINISTRATION OF MEDICINES

National Context

All schools and all early years' settings and their employers are expected to develop policies on managing medicines, and to put in place effective management systems to support individual children with medical needs.

Positive responses by schools and settings to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

School Context

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in our school and to provide clear guidance for staff and parents/carers on the administration of medicines. This policy statement must be considered in conjunction with other relevant policies, for example Health and Safety.

Roles and Responsibilities: School Staff

All members of staff have a duty to maintain professional standards of care and to ensure that children and young people are safe. Our school will monitor and review individual needs and administer medicines in order to meet the all round needs of the child. There is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

In response to the Disability Discrimination Act (DDA) 1995, we are making reasonable adjustments for disabled children, including those with medical needs, and we are planning strategically to improve access over time. We are also making reasonable adjustments to enable children with medical needs to participate fully in all areas of school life including educational visits and sporting activities.

The Headteacher, in consultation with the Governing Body, staff, parents/carers, health professionals and the local authority will decide whether our school can assist a child with medical needs. The Headteacher is responsible for:

- Implementing the policy on a daily basis;
- Ensuring that the procedures are understood and implemented;
- Ensuring appropriate training is provided;
- Making sure that there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils' health needs.

Staff, including supply staff, will be informed of any pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff, parents and pupils will be informed of the designated person with responsibility for medical care.

Roles and Responsibilities: Parents/Carers

It is the responsibility of parents/carers to:

- Inform the school of their child's medical needs
- Provide any medication in a container clearly labelled with the following:
 - The child's name
 - Name of medicine
 - Dose and frequency of medication
 - Any special storage arrangements
- Collect and dispose of any medications held in school at the end of each term
- Ensure that medicines have NOT passed the expiry date.

Pupil Information

At the start of each school year, parents/carers should give the following information about their child's long term medical needs. THE INFORMATION MUST BE UPDATED AS AND WHEN REQUIRED AND AT LEAST ANNUALLY.

- Details of pupil's medical needs;
- Medication including any side effects;
- Allergies;
- Name of GP/Consultants;
- Special requirements e.g. dietary needs, pre-activity precautions;
- What to do and who to contact in an emergency;
- Cultural and religious views regarding medical care.

Administering Medication

We expect parents/carers to administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed. Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.

The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff. All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, giving medicine to a pupil, should check on each occasion;

- Name of pupil;
- Written instructions provided by the parents/carers or doctor;
- Prescribed dose;
- Expiry date.

Written permission from parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self- Administer Medication Form** must be completed. Supervision will be necessary.

Carrying Medicines

For safety reasons, pupils are not allowed to carry medication. All medicines must be handed into the Administration Office on entry to the school premises.

Storage

All medicine will be kept locked in the first aid fridge. All medicine will be logged onto the schools' file. Class teachers may store pupil's inhalers which must be labelled with the pupil's name.

Records

Each time medication is given to a child, a member of staff, will complete and sign a record sheet, kept in the administration office. These sheets record the following:

- Name of pupil;
- Date and time of administration;
- Who supervised the administration;
- Name of medication;
- Dosage;
- A note of any side effects;
- If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so;

Refusing medication

If a child refuses to take their medication, no member of staff will force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal and any action then taken by the staff member will also be recorded.

Training

Training and advice will be accessed from health professions for staff involved in the administration of medicines. Training for all staff will be accessed on a range of medical needs, including any resultant learning needs as and when appropriate.

Health Care Plan

When appropriate a personal Health Care Plan, will be drawn up in consultation with school, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed at least annually.

Intimate or Invasive treatment

Intimate or Invasive treatment will only take place at the discretion of the Headteacher and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.

Educational Visits

To enable, as far as possible all pupils to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational visits. No decision about a child with medical needs attending/ not attending a school visit will be taken without prior consultation with parents/carers.

Residential Visits

Sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/carer.

Emergency Procedures

The Headteacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs.

MANAGING MEDICINES

PROFORMAS

FORM A: Health Care Plan

FORM B: Agreement to administer medicine

FORM C: Record of medicines administered

FORM D: Request for child/young person to carry own medicine

FORM E: Authorisation for the administration of emergency medication

FORM F: Individual epilepsy plan

FORM A

Health Care Plan

Name of school/setting -----

Child's name -----

Group/class/form -----

Date of birth -----

Child's address -----

Medical diagnosis or condition -----

Family Information/Emergency Contact

1. Parent/Carer -----

Phone No (home) -----

(Work) -----

(Mobile) -----

2. Emergency Contact(Name) -----

Phone No (home) -----

(Work) -----

(Mobile) -----

Health Contact

Name -----

Phone No -----

G.P.
Name -----

Phone No -----

Outline medical needs and give details of child's symptoms

List any regular medication taken by the child

Daily management of medication (including emergency care) e.g. before sport/at lunchtime

Form copied to:

FORM B

AGREEMENT TO ADMINISTER MEDICINE

Note:

Medicines must be in the original container as dispensed by the Pharmacy

1. *Name of school/setting* -----
2. **Name of child** -----
3. **Group/class/form** -----
4. **Name and strength of medicine** -----
5. **Dose and frequency of medicine** -----
6. **Expiry date** -----
7. **Quantity received** -----
8. **Quantity returned** -----
9. **End date of course of medication** -----

It is agreed that (*name of child*) ----- will receive
(*name & dose of medicine*) ----- at the following
time/s-----

Medication will be *given or supervised by (name of member of staff)*

It is agreed that (*the parent/carer*) will notify the school/setting of any
changes

Agreed review date: -----

Staff signature: ----- Date: -----
(Headteacher/Head of setting/named member of staff)

Signature of Parent/carer ----- Date: -----

Signature of child/young person ----- Date: -----

FORM D

Request for child/young person to carry his/her own medicine

This form must be completed by parent/carer:

(If staff have any concerns discuss this request with healthcare professionals)

Name of school/setting -----

Child's name -----

Group/class/form -----

Name of medicine -----

I would like my son/daughter to keep his/her medicine with him/her for use as necessary.

Signature of Parent/carer: -----

Signature of Young Person -----

Date:-----

If more than one medicine is to be given a separate form should be completed for each one.

FORM E

Authorisation for the administration of emergency medication

Name of school/setting -----

Child's name -----

Date of birth -----

Home address -----

G.P. -----

Hospital Consultant -----

Details of administration of medication:

Doctor's signature ----- **Date** ----

Parent's signature ----- **Date** ----

FORM F

Individual Epilepsy Plan

School/setting	Sir James Knott Nursery School & North Shields Children's Centre
Childs Name	
Date of Birth	

Emergency Contact	
Name:	
Relationship with child	
Phone Number	

ARE THERE ANY TRIGGERS OR WARNING PRIOR TO SEIZURE?

DESCRIPTION OF USUAL SEIZURES:

Frequency of seizures Please specify	
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USUAL CARE DURING A SEIZURE

- **Observe time at start of seizure**
- **Stay with and reassure them**
- **Summon help**
- **Protect head from injury**
- **Maintain privacy and dignity**
- **Other care**

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Emergency Care/Medication:

(Please write name of medication and individual action i.e. when to give, when to repeat dose).

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hour period.

POST SEIZURE

Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).
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PLACE IN RECOVERY POSITION IF SLEEPY

Inhaler administration



Child's name -----

Class -----

Type/name of inhaler -----

Where kept -----

When to give -----

How to give -----

Signature of Parent/carer: -----

Date:-----