



Signed by Chair of Governors

Date approved by GovernorsMarch 2016

Review Date March 2020

TROWSE PRIMARY SCHOOL Administration of Medication in School Policy

1 Introduction

- 1.1 The administration of medication to children is the responsibility of parents, and there is no requirement for the Headteacher or school staff to undertake these responsibilities. However, this Statement has been prepared to clarify our school's policy should a request for the administration of medication be received from parents.
- 1.2 There are two main sets of circumstances in which requests may be made to school staff to administer prescribed medication to children at school:
- a) where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotic
 - b) cases of chronic illness or long-term complaints such as asthma, diabetes or epilepsy
- 1.3 Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain advice as is necessary.

2 The Headteacher's Responsibilities

- 2.1 The Headteacher and school staff as persons in *loco parentis* must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.
- 2.2 When a parent requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all circumstances of the case and have regard to the best interests of the pupils and the implications for staff.
- 2.3 The Headteacher will ensure all staff are aware of the school's procedures regarding the administration of medication. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.
- 2.4 Staff will be made aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

2.5 Where medicines are to be administered at school, the Headteacher will ensure a named person is responsible for medicines, together with a nominated deputy. These members of staff will be provided with sufficient training and support to undertake the responsibility.

3 The Parent's Responsibilities

3.1 Wherever possible parents should administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or the parent visiting the school. However, where this is not practicable parents may make a request for the medication to be administered to the child by the school.

3.2 Where parents make such a request, it should be by completion of the form MED 1 'Request for School to Administer Prescribed Medication' (see Appendix).

3.3 If a parent refuses to complete and sign the form, the Headteacher will make it clear to the parent (in writing) that the school is not prepared to administer medication.

3.4 The medicine, in the original container, should be delivered to school, wherever possible by a parent, and should be handed personally to either the office or class staff.

3.5 Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, child's name, and dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions.

3.6 In cases where children require prescribed medication over long periods of time, any change in the dosage or other arrangements must be notified by the parents, in writing, to the Headteacher.

3.7 Medicines no longer required or medications past its expiry date are the responsibility of the parent. They cannot be allowed to accumulate at the school and will be returned to the parent in person for disposal.

4 School Procedures

4.1 A clear written statement of the school's organisation and arrangements for the administration of medication will be given to parents, including a statement of their responsibilities as detailed above, the form MED 1, and how to make a request for prescribed medication to be given at school.

4.2 The School Nursing team will work with the school record on the child's school record card, together with appropriate instructions, any long-term illnesses, such as epilepsy or asthma.

4.3 Medicines will be kept in a secure place in the school office. If the medication requires to be kept refrigerated proper arrangements will be made to ensure it is both secure and available whenever required. Under no circumstances will medicines be kept in first aid boxes.

4.4 A written record will be kept of the administration of all prescribed medication to pupils. The form MED 2 'Record of Medication Administered in School' should be used for this purpose. This documentation will be kept together with the instructions given on the form MED 1, checked on every occasion and completed by the member of staff administering the medicine.

4.5 Where pupils might need to use an inhaler in school, a flexible approach will be adopted. Some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases it will be kept in a secure place and the teacher or other staff member concerned will have immediate access to the inhaler whenever required by the child.

4.6 All information regarding medication will expire at the end of each school year. If the administration of medication is to continue, all relevant information must be confirmed in writing at the commencement

of the new year.

4.7 Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

4.8 In no circumstances will school staff administer prescribed medication on their own initiative.

5 Administration of Medication to Pupils

5.1 The main medicine we administer is prescribed medication. We will in exceptional circumstances provide mild analgesic (e.g. paracetamol) to pupils if required too.

5.2 In order to avoid the risk of improper use, pupils should not bring their own supplies of analgesics to school.

5.3 Analgesics will only be given to pupils when parents/ carers have given prior written permission. Circumstances for which it might be appropriate for the Headteacher to seek such permission would include residential visits and day trips organised by the school.

5.4 In such cases, specified members of staff will be authorised to issue tablets and a formal record kept using the form MED 2.

5.5 Tablets, which will be preparations of paracetamol designed specifically for children under 12, will be kept in a secure place during residential visits and not in First Aid boxes.

5.7 On no account will aspirin, or preparations containing aspirin, be given to pupils.

6 Children with Complex Health Needs

6.1 The term Complex Health Needs include those children:
- whose clinical well being changes significantly from day to day
- who need many hours of care each day
- for whom there is a daily risk of a life threatening event
Such children will be identified by healthcare professionals.

6.2 Procedures associated with the above include:
- invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
- regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
- oxygen supplementation
- management of emergencies likely to require hospital admission

6.3 Individual Healthcare Plans (form MED 2 – see Appendix), initiated by the responsible healthcare professional, must be maintained for every child with Complex Health Needs.

6.4 Plans should be agreed by the responsible healthcare professional, the Headteacher and parents/ persons with parental responsibility, prior to the admission of a pupil to a school or whenever a change is made to an existing plan. Healthcare Plans should be signed to indicate acceptance by all parties.

6.5 Headteachers must ensure appropriate training, needed to support Healthcare Plans, is given prior to the admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced.

6.6 The School Nursing team will be available to give advice and monitor Healthcare plans for those with complex and significant healthcare needs. The nurse will not be expected to be on school premises at

all times.

- 6.7 Only those members of staff who are both willing and appropriately trained will administer such treatment. No staff will be required to administer medicines or undertake invasive procedures if it is not in their existing contract. Such duties will be voluntary although the Headteacher may appoint staff specifically for this purpose.
- 6.8 Where practicable, the Headteacher should allow young people to be offered a carer of their own gender for all intimate special care. For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection, for example disposable gloves will be worn.
- 6.9 Injections may only be administered by a qualified nurse or Doctor or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.
- 6.10 Pupils who may experience an extreme reaction to, for example food stuffs or wasp stings will require an individual care plan. This will include immediate contact with the Emergency Services and/or the local medical practice.
- 6.11 Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Headteacher, or designated member of staff, who will take appropriate action. This action should be recorded on the pupil's medical file.

7 Insurance

- 7.1 All staff are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

8 Further Advice and Assistance

- 8.1 Further advice and assistance can be sought from:

Departmental Health and Safety Adviser, County Hall, 01603 223470

9 Review

- 9.1 This Policy Statement will be kept under review and may be modified from time to time, after appropriate consultation.
- 9.2 The date of the next formal review will be March/ April 2013 and every three years thereafter.

TROWSE PRIMARY SCHOOL

The Administration of Medication in School

APPENDICES

Form MED 1	Request for School to Administer Prescribed Medication
Form MED 2	Record of Medication Administered in School



**Form MED 1
REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION**

Trowse Primary School will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

PUPIL DETAILS

Name :	Class/ Form :
Address :	Date of Birth :
	Condition/ Illness :

MEDICATION

Name of Medicine	Duration of Course	Dosage and Method	Timing	Self-Administer (Y/N)	Date prescribed

Side effects from medication :	
Emergency Procedures :	

CONTACT DETAILS

Name :	GP : Phone No :
Relationship :	
Home Tel No :	
Work Tel No :	
Mobile Tel No :	

I understand that I must deliver the medicine personally to the office of class staff.
In the case of prescription medicines, I confirm that my child's doctor has stated it is necessary for the medication to be taken during school hours.

Signed (Parent / Carer)
Relationship to child
Date

