

# Stratford Rural Schools' Federation



## ADMINISTERING MEDICINES POLICY

|                               |                                 |
|-------------------------------|---------------------------------|
| Version 1                     | November 2015                   |
| Adopted by the Governing Body | 7 <sup>th</sup> December 2015   |
| Review 1                      | September 2017                  |
| Adopted by the Governing Body | 22 <sup>nd</sup> September 2017 |
| Review date                   | Autumn 2019                     |

This policy incorporates guidance taken from:

**'Supporting pupils with medical conditions'**

Department for Education, May 2014

## AIMS

This policy aims to:

- Provide a clear policy and set procedures which will be understood and accepted by staff, parents and pupils, and which provide a sound basis for ensuring that pupils with medical needs receive proper care and support in school
- Set out the necessary safety measures to support pupils with medical needs (including long term or complex needs)

## RESPONSIBILITIES

### **Parents / Guardians / Carers**

Parents are responsible for making the decision that their child is well enough to attend school.

Normally, any prescribed medication should be administered at home. However, the school accepts that in some cases it may be necessary for some medication to be administered during school hours. Parents will be expected to complete an Agreement for School to Administer Medication form (see Appendix).

Under arrangement made by the school, parents should provide the Head of School with sufficient information about their child's medical condition and treatment or special care needed at the school. Parents are responsible for ensuring that these details are up to date.

Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner, that the details and the administration of it clearly set out on the bottle / packaging and that any medication is in date.

Where appropriate, parents should be involved in the drawing up of a healthcare plan for their child.

### **The School**

*No members of staff are obliged to administer or oversee the administration of medication to pupils.*

The school will only oversee the administration of medicines prescribed by a qualified medical practitioner, and with parental consent in place.

However, they will also oversee the administration of medication for allergies, such as Piriton, as long as the parent has completed the Agreement for School to Administer Medication form.

### **The Head of School / Executive Headteacher**

Responsibilities include:

- Ensuring that appropriate procedures are in place, following the School Health Directory guidance
- Ensuring the formulation of individual healthcare plans where necessary
- Delegation to appropriately trained staff, where available
- Drawing up emergency medical procedures and First Aid arrangements

- Ensuring that all parents are aware of the school’s policy and procedures for children with medical needs
- Ensuring that staff who agree to accept responsibility for administering medication to a pupil have proper training and guidance.
- Ensure that a system is in place for keeping staff up to date with information and names of pupils who need access to medication
- If appropriate, the Head of School will liaise with the SENCo and/or School Health (Compass) about pupils’ individual needs.
- Ensuring staff are advised on the practical aspects of management of the following conditions, if any are currently applicable to children or staff
  - Asthma attacks
  - An anaphylactic reaction
  - Diabetes
  - Epilepsy

Class teachers in charge of particular activities are responsible for

- ensuring that appropriate arrangements are made for pupils with medical needs during educational visits / learning outside the classroom and sporting activities

All staff are responsible for:

- knowing the arrangements and following the procedures
- knowing how to call for help in an emergency
- reporting any problems to the Head of School

Staff who accept responsibility for overseeing the administration of medication

- ensure safe storage
- collate information provided by parents
- make a written record of every event and store paperwork in the School Office (School Health File)

## SPECIFIC MEDICAL ISSUES

The school will keep a record of pupils who may require specific treatment.

### **Storage of medicines**

- Medicines, including inhalers, are located in a central space. See individual school information in their Health & Safety arrangements document

## EQUAL OPPORTUNITIES

In making, reviewing and implementing this policy the school will have regard to its’ Equal Opportunities Policy, and in particular will have regard to the needs of any pupil with disabilities.

## MONITORING AND REVIEW

The Head of School /Executive Headteacher teacher will determine the monitoring and review arrangements in the school, either annually or when there is significant change.

The Governors Resources Committee will consider the working of the policy and will review the policy every 2 years.

| Do   | Do not  |
|--|---|
| <p>✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so</p>   | <p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p>  |
| <p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p>   | <p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p>  |
| <p>✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p> | <p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p>                         |
| <p>✓ Inform parents if their child has received medicine or been unwell at school</p>  | <p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p>   |
| <p>✓ Store medicine safely</p>   | <p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p>   |
| <p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>  | <p>✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents</p> |

The following templates are taken from:

### **‘Supporting pupils with medical conditions’**

Department for Education, May 2014

## Template A: 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, treatments, facilities, equipment or devices, environmental issues etc

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

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

## Template B: 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<br><i>(as described on the container)</i>         |  |
| 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 original 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] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Template C: record of medicine administered to an individual child

|                                  |  |
|----------------------------------|--|
| Name of school/setting           |  |
| Name of child                    |  |
| Date medicine provided by parent |  |
| Group/class/form                 |  |
| Quantity received                |  |
| Name and strength of medicine    |  |
| Expiry date                      |  |
| Quantity returned                |  |
| Dose and frequency of medicine   |  |

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

**C: Record of medicine administered to an individual child (Continued)**

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

## Template D: record of medicine administered to all children

Name of School:

| Date | Child's name | Time | Name of medication | Dose given | Reactions? | Staff signature |
|------|--------------|------|--------------------|------------|------------|-----------------|
|      |              |      |                    |            |            |                 |
|      |              |      |                    |            |            |                 |
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