

SHALFLEET C.E.PRIMARY SCHOOL  
Administration of Medicines in School  
Policy Document

As a Christian school, we value each child as special and unique in the sight of God, and, through the love, challenge and opportunities we offer, seek to enable them to develop as confident, caring and successful young people within our 'Safe Haven'.

PHILOSOPHY:

We work in partnership with parents to enable regular attendance of their child at school. In doing so, we recognize the occasional need to cater for the safe use of medicines at school. We also recognize that children with long-term complaints or chronic illnesses such as asthma, diabetes or certain allergies may need to receive medication administered regularly at school.

PRINCIPLES:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs.
- Medicines should only be taken to school when essential where it would be detrimental to a child's health were they not to be administered during the day.
- Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber.
- Non-prescribed medicines should **never** be given to a child, **except** in very exceptional circumstances and **where** there is specific prior written permission given by parents through the completion of Form 5 or 6. *NB According to the national standards for under 8s day care providers, non-prescribed medicine should not normally be administered.*

PROCEDURES:

The school has adopted the following Procedures as issued by the Directorate of Education, September 1996, reviewed 2007, for administering medicines at school. It should be noted that no member of staff is required to administer medicines. The Head will ensure however, that a named volunteer is responsible for administering prescribed medicines in school together with a named alternative. Parents are always welcome to come to school to administer their child's medicines providing that it complies with the principles of this policy. The Head will assume responsibility for the administration of any non-prescribed medicines.

The Procedures are summarized below:

**Prescribed medicines**

- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

- **We can not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**
- We encourage parents to ask for prescriptions in dose frequencies which enable the medicine to be taken outside school hours.

### **Controlled drugs**

- A child who has been prescribed a controlled drug may legally have it in their possession where this has been authorized by their parent.
- Otherwise it will be kept in a locked, non-portable container and only named staff have access.
- When no longer required, it will be returned to the parent for safe disposal.
- **No controlled drug will ever be passed to another child for their use.**

### **Non-prescription medicines**

- Where non-prescribed medicine is administered to a child it will be recorded on a form (Form 5 or 6) and the parents informed. [NB the school will **not** administer non-prescribed cough sweets, cough medicines and pain relievers such as calpol or junior ibuprofen, **unless** covered by the 'very exceptional circumstances' clause in the Principles.]
- If a parent considers that their child needs more frequent use of Calpol or Piriton it is recommended that a doctor's prescription is obtained so that it can be administered at school.
- If a child suffers regularly from frequent or acute pain we will encourage parents to refer the matter to the child's GP.

### **Short-term medical needs**

- It may be appropriate to allow a child to finish a course of antibiotics or apply a lotion for a short period only at school, in order to minimize the time that they need to be absent.
- Staff administering lotions must always wear gloves for their own protection.

### **Long-term medical needs**

- The school needs to be made aware about any particular needs before a child is admitted, or when a child first develops a medical need.
- Special arrangements may also be necessary for children who attend hospital appointments on a regular basis.
- A written health care plan will be developed involving the parents and relevant health professionals (see Form 2).

### **Administering medicines**

- Authorised staff giving medicines to a child will check:
  - The child's name
  - Prescribed dose
  - Expiry date
  - Written instructions provided by prescriber or label on container.

- If in doubt about any procedure staff will not administer the medicine but check with parents or a health professional before taking further action.
- Staff will complete and sign a record each time they give medicine to a child (Form 6)

### **Self - management**

- Children are supported and encouraged to administer their own medicine from an early age.
- This particularly applies to older children with a long-term illness where the decision about transferring responsibility must be taken in consultation with the parents and health professionals.
- Where pupils self-administer their own medicine staff will always be present to supervise.
- Where children have been prescribed controlled drugs these are kept in safe custody in a lockable drawer in the school office: if it is agreed that it is appropriate children will be allowed to access the drug for self-medication.

### **Refusing Medicines**

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

### **Record Keeping**

- Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases, it is necessary to check that written details include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date
- Parents should be given Form 3A or 3B to record details of medicines in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

### **Educational Visits**

- Children with medical needs are encouraged to participate in safely managed visits. Schools 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 GP.

### **Sporting Activities**

- Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Local Authority Home to School Transport**

- Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Guidance should be sought from the child's GP or paediatrician.
- Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.
- Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Schools should advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
- Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

**Authorised volunteers for administering prescribed medicines:** Mrs Porter, Mrs Woodburn, Mrs Blanchflower

**Ratified by Governors**.....**Signed**.....

**Date of next review**.....