

# ADMINISTRATION OF MEDICATION AT SCHOOL POLICY



# **ADMINISTRATION OF MEDICATION AT SCHOOL POLICY**

<b>Name of the School:</b>	<b>Headlands Primary School</b>
<b>Person(s) Responsible:</b>	<b>SENCo and SEN Governors</b>
<b>Review Date:</b>	<b>May 2016 (Annual)</b>
<b>Distribution:</b>	<b>Governors and whole staff</b>
<b>Web Page:</b>	<b><a href="http://www.headlandsprimary.co.uk">www.headlandsprimary.co.uk</a></b>

**This policy must be read in conjunction with the Safeguarding policy.**

Policy Written by Margaret Brown, SENCo April 2005

Updated by Margaret Brown and Melanie Seymour, October 2006 following advice received at training session July 2006

Policy reviewed May 2009 by Sue Deighton, Inclusion Manager and Janice Barker, Special Needs Governor – minor changes to page 2, page 3, Appendix 4 and addition of Record of medication administered as appendix 6

Policy reviewed May 2011 by Sue Deighton, (Inclusion Manager), Janice Barker (Special Needs Governor) minor changes made to page 4

Policy reviewed May 2013 by Sue Deighton (Inclusion Manager), no changes made.

Policy reviewed May 2013 by Sue Deighton (Inclusion Manager) minor changes made to Page 3 & 4

Policy reviewed June 2015 by Sue Deighton following Managing Medication in Child Care Settings Course attended by Melanie Seymour. This Policy will be reviewed annually. Course related to DfE Statutory Guidance April 2014 and the Statutory Framework for the Early Years Foundation Stage 2014. Misuse of Drugs Regulations 1985 was amended on 1<sup>st</sup> February 2002 to the Misuse of Drugs Regulations 2001.

## POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

1. The Governors and staff of Headlands Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.
2. Any parent/carer requesting the administration of medication should be encouraged to read this policy.
3. To aim for Best Practise every child requiring medication should have an Individual Healthcare Plan (IHP). See flowchart **appendix 8**. If the medication is for a short period, i.e. no more than five days, it can be deemed as not necessary.
4. Medication will usually only be accepted in school if it has been prescribed by a doctor and if the dosage states, to be given four times a day, one of which will be administered by the school. Parents/Carers are requested to ask for the prescription, where clinically possible, to be prescribed in dose frequency which enable them to be taken outside school hours.
5. In agreement with the Headteacher, in exceptional circumstances, the following “over-the-counter” medicine may be given for a maximum period of 2 days:
  - paracetamol up to the recommended amount on the packet for the age of child may be allowed for period pains. This should not be given without checking what the maximum dose is for the child and when the last dose was administered.

No other non-prescribed medication will be allowed at school.

6. Any controlled medication listed on Schedule Two or Schedule Three as detailed under "The Misuse of Drugs Regulations, 1985", eg Methylphenidate (eg Ritalin, Equasym) and held at school for a child to take at lunchtime will be subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. (Medicines in this category will be kept in a locked steel cabinet secured to the school building. Lists will be kept in the cabinet of the quantity of tablets and this will be updated and signed when any tablet is taken or added, in addition to the individual child's medical list being updated.) See **Appendix 1, “List of controlled drugs held at school.”**
7. Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer. See **Appendix 2, “Medication Consent Form”**.
8. Only reasonable quantities of medication should be supplied to the school by a responsible person (no more than one week's supply) and recorded in the Medication Administration Records File. See **Appendix 3 “Medical Administration Record”**.
9. Asthma inhalers and Epipens will be handed to the Class Teacher and will also be kept in their original packaging. These will be immediately available in the child's classroom and will not be locked up. It would be beneficial to also label the individual inhalers and spacers. A spare EpiPen should also be handed to the school office.
10. **Asthma:** if a parent has previously informed the school that their child is asthmatic but then states that they no longer require an inhaler, they will need to sign a letter to say that they agree to this. This letter will be kept in the child's own file. See **Appendix 4**
11. **Diabetes** requirements (eg insulin, Hyperstop, glucose tablets) will be kept in the child's class or in the nearest fridge if refrigeration is required. Parent requested to order a sharps box.

12. All other items of medication must be delivered in its original container and handed directly to the School Office staff. Medication, other than asthma inhalers, EpiPens and emergency treatments for diabetes, will be kept in a designated, clearly identified, locked cupboard.
13. Each item of medication must be clearly labelled with the following information:
  - a) Pupil's name
  - b) Name of medication
  - c) Dosage
  - d) Frequency of dosage
  - e) Date of dispensing
  - f) Storage requirements (if important)
  - g) Expiry date (if available)
  - h) Name, address and telephone number of the dispensing pharmacist.
14. The school will not accept items of medication which are in unlabelled containers.
15. The school will provide parents/carers with details of when medication has or has not been administered to their child, for whatever reason.
16. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. If the child is a frequent user of prescribed inhaler parents/carers will be asked to confirm in writing if they wish their child to carry the inhaler with them in school.
17. It is the responsibility of parents/carers to notify the school if there is a change in medication, or the discontinuation of the pupil's need for medication. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. Staff must be certified as competent. **See Appendix 5 "Staff Training Form for Medication"**.
18. Staff also receive annual training dealing with asthma attacks, epiPens and diabetes. Eight school staff complete the "First Aider at Work" training which is a three day course which includes Paediatrics first aid.
19. School staff will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an over-night stay. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed. **See Appendix 6 "Record of medication administered" which is used on residential trips.**
20. Children with severe medical needs such as epilepsy, severe allergies, diabetes and asthma, will need to have their particular care needs discussed and explained between school and parents when they are first admitted to the school, or when the medical needs first becomes apparent. This information will be passed to all staff as necessitated by the needs of the child. Parents' permission will be sought to have photographs of children with severe needs displayed in the staff room and in the medical room so that all staff can identify them.
21. Parents will be asked to update all emergency contact details and current medical needs each year. This will also be updated as required when notified by parents throughout the year.
22. Parents to inform all relevant School staff of any real or potential side effects of medication that their child is currently taking.
23. Parents will be asked to dispose of out of date medication. All medication held by the school will be returned to the Parent at the end of every other term. **See Appendix 7**



# Headlands Primary School

## MEDICATION CONSENT FORM

**This form must be completed in full and returned to your child's class teacher or the school office as soon as possible.**

**Please note that the school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer it.**

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>Boy/Girl:</b>	<b>Class:</b>
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**Address:**

**Emergency Contact Details (Parent/Carer):**

Full Name	Relationship to Child	Telephone Number

**Important Information Regarding Inhalers**

Inhalers are usually kept together in your child's classroom and managed by the Class Teacher.

If you would prefer your child to carry his/her inhaler with them and manage its use please could you indicate below.

Yes/No

Please note that all inhalers should be clearly labelled with your child's name and be 'in date'.

**Parent/Carer - Authorisation**

I understand that:-

- all medication must be clearly labelled and in the original container as dispensed by the pharmacy
- all medication should be 'in date' and available in school at all times
- all medication must be delivered to school by a parent/carer and handed to an authorised/appointed person in school
- I must notify the school of any changes to the medication/dosage in writing

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use	System Updated		Copy to Class	
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<b>Name:</b>	<b>Class:</b>
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<b><u>Medication 1</u></b>		
<b>Medical Condition or Illness (Reason for Medication):</b>		<b>Name of Medicine (As described on container):</b>
<b>Date Dispensed:</b>	<b>When to be given (Times/taken with meals etc):</b>	<b>Dosage (How much to give):</b>
<b>Length of time your child will need to take this medication (Dates):</b>		<b>Special Precautions:</b>
<b>When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):</b>		<b>Possible side effects:</b>
<b>Any other instructions regarding this medication:</b>		

<b><u>Medication 2</u></b>		
<b>Medical Condition or Illness (Reason for Medication):</b>		<b>Name of Medicine (As described on container):</b>
<b>Date Dispensed:</b>	<b>When to be given (Times/taken with meals etc):</b>	<b>Dosage (How much to give):</b>
<b>Length of time your child will need to take this medication (Dates):</b>		<b>Special Precautions:</b>
<b>When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):</b>		<b>Possible side effects:</b>
<b>Any other instructions regarding this medication:</b>		

<b><u>Medication 3</u></b>		
<b>Medical Condition or Illness (Reason for Medication):</b>		<b>Name of Medicine (As described on container):</b>
<b>Date Dispensed:</b>	<b>When to be given (Times/taken with meals etc):</b>	<b>Dosage (How much to give):</b>
<b>Length of time your child will need to take this medication (Dates):</b>		<b>Special Precautions:</b>
<b>When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):</b>		<b>Possible side effects:</b>
<b>Any other instructions regarding this medication:</b>		





Dear Parent/Guardian

**Asthma Information**

You have previously told us that your child \_\_\_\_\_ is asthmatic.

You have not sent to school any medicine prescribed by your child's doctor such as an inhaler, to use if your child has an asthma attack in school.

Please could you confirm by returning the slip below that this is all in order, and that you are aware of the potential danger to your child.

Yours faithfully

Mrs S Deighton  
Inclusion Manager

**NORTHAMPTONSHIRE NHS TRUSTS****Staff Training Form for Medications**

School: \_\_\_\_\_ Headlands Primary School \_\_\_\_\_

Because of medical conditions children may require medication to be administered in school on a regular basis.

Named Staff are contracted to perform this procedure as specified in their job description and have agreed to be trained.

When following the written procedure they will be acting with the knowledge and consent of the LEA and so will be indemnified by the LEA insurers.

The training given by Northamptonshire NHS Trust staff will be monitored termly by the School Nurse and reviewed and updated annually or as required.

**Nature of Procedure**

<b>Name of staff trained and willing to perform procedure.</b>  <b>Print Name</b>	<b>Statement of staff:</b> I feel competent to perform the procedure detailed above.  <b>Signature and Date</b>	<b>Statement of trainer:</b> On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure.  <b>Signature and Date</b>

To be retained by trainer and copied to learning support staff.



This is based on a form in the DfES publication 'Supporting Pupils with Medical Needs'.

Dear Parent/Carer

Ref: .....

Medication:.....

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At the end of the Christmas, Easter and Summer Terms we send home all medicine being kept and administered at school for your child. This is so that you can check the date of the medication and have this at home for your convenience.

Can you please return this medication to the school office on the first day back at school. Please make sure that the medication is named and in date for the following term.

Thank you.

Yours sincerely

Flow chart for developing an individual healthcare plan