



ADMINISTERING MEDICINES POLICY

Date Ratified	Review Date
September 2018	September 2021

Revision History

Date of Revision	Summary of Changes	Approved
September 2018	Point 1 altered when children can return after sickness.	18.9.18
	Point 2 included written consent given on our forms not verbal over the phone.	
	Point 4 identifies staff with overall responsibility. Clarifying teacher's responsibilities.	
	Point 6 clarification around self medication for complex needs.	
	Point 8 clarification around school trips.	
	Point 9 updated list of staff with more than 1 day first aid training.	



1. Aims of this Policy Statement.

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics or after an episode of sickness and/or diarrhea.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. Prescription Medicines

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);
- All medicines should be taken directly to the school office by a responsible adult;
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
- The medicine should be clearly marked with the child's name and class;
- The appropriate dosage spoon should be included with all medicines sent to school;
- Any medicine administered will be recorded by the staff member in the Medication Book in the School Office;
- Written consent must be given, on the appropriate form, by a parent or carer. Only in exceptional situations, we will accept telephone consent.

3. NON PRESCRIPTION MEDICINES

- We will also administer non-prescription medicines if there is a compelling reason, for example, seasonal use of anti-histamines. They must also be handed in at the office by a responsible adult and they will not be given to children without prior written permission from parents as above;
- They should be clearly marked with the child's name and class;
- Children must **not** carry medicines themselves for self-administration during the day. The medicine must be collected from the office and taken under the supervision of an adult.
- Any non-prescription medicine administered will also be recorded in the Medication Book in the School Office;
- We will not give paracetamol or ibuprofen routinely as their primary use is to



control raised temperature for which a child should be at home. If advised by a doctor, we will give them for pain relief;

- We do not allow cough sweets in school.

4. ROLES AND RESPONSIBILITIES OF STAFF

- Mrs M Schofield, the school SENDCo, has the overall responsibility for implementing this policy.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties staff do take into account the needs of pupils with medical conditions that they teach.
- Staff must complete the 'Medication Record Book' kept in the office each time medicine is administered within school time;
- Relevant staff will be trained on how to administer Epi pens each year. The most recent training took place in Sept 2018.

5. PARENTS RESPONSIBILITY

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the parental agreement form kept in the office before a medicine can be administered by staff;
- Primary school children may be able to manage their own medication, under adult supervision but again, only with parental agreement given through the appropriate paperwork as above;
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epi pens, are kept in date;
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

6. LONG-TERM AND COMPLEX NEEDS

Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan will be put in place involving the parents, SENDCo and relevant health care professionals. School will ensure that sufficient trained staff are available to deliver individual healthcare plans including in contingency and emergency situations. After discussions with the parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures that will be reflected in their healthcare plan. Wherever possible the children will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision. If it is not appropriate for a child to self-manage then relevant staff will help to administer



medicines and manage procedures for them.

7. SAFE STORAGE OF MEDICINES

The school is responsible for ensuring that all medicines are stored safely;

- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration;
- All medicines are stored securely in the office or, if appropriate, in the fridge with access only for staff;
- Asthma reliever inhalers are kept in the School Office or with older children on their person.
- Epipens are not kept in a locked cupboard to ensure swift and easy access: they are in the office. Individual names are shown clearly in large black writing on each epipen;
- Where medicines need to be refrigerated they will be kept in the staffroom fridge;

8. SCHOOL TRIPS

Teachers are made aware of how a child's medical condition will impact on their participation and reasonable adjustments are made to allow all children to participate according to their own abilities. A risk assessment is carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will involve consultation with the parents, pupil and relevant healthcare professionals to ensure the child can participate safely.

9. ACTION FOR INJURY OR ILLNESS

It is the duty of parents to make arrangements for pupils who become unwell at school, by collecting them to take them home, to the doctor or to the hospital, whichever is appropriate.

The school's data system stores all necessary pupil details which can be used in emergency. This is checked and updated annually, and parents are reminded to inform school of changes of circumstances on a regular basis.

If a child become unwell or is injured the parents are informed immediately. Medical advice will be sought and, if necessary, the ambulance service will be used.

When the parents or guardians are unavailable and the Ambulance Service is used, then a member of staff (teaching or non-teaching) will accompany the child to hospital and remain there until either the parents arrive or another member of staff relieves them. A copy of the child's emergency data sheet will accompany the child to the hospital.

The school does not accept any responsibility for the diagnosis of an injury or illness, nor should any member of staff indicate a diagnosis. The school will contact parents/guardians and, if there is any doubt whatsoever, recommend that a doctor or



hospital be contacted. If necessary, the school will contact the ambulance service directly.

The majority of staff have had basic emergency first aid training and will administer basic first aid in respect of minor injuries. The Schools' trained first aiders are Helen Harrison, Sarah Faulkner and Sandra Hassall and are the people to call on for anything suspected to be more than a minor injury. They will ascertain whether further help or advice should be sought.

All members of staff, including Midday Supervisors, are made aware of the school's policies and procedures regarding pupils' illness or accidents. First Aid supplies are only accessible to adults. There is also a First Aid box by each playground. Such supplies are properly stocked, maintained and regularly checked by the first aiders. We also have 3 trained paediatric first aiders Kirsty Fox, Mel Barlow, Mel Schofield.

All staff should be aware of the importance of using disposable plastic gloves when administering the basic first aid needed to deal with minor cuts, nosebleeds etc. These are kept in the Staff room.

In the event of any head injuries to children, they are also given a form and parents informed by telephone if there are any concerns that it is not minor or could result in later effects.

Staff should follow the correct procedure when cleaning up and disposing of 'spillages' e.g. vomit, blood etc. details of which can be found the First aid at work policy displayed in the Staff room. All equipment needed for this is kept in the disabled toilet; the bucket to use is labelled 'Cleaning Spillages'.

When first aid is administered a Record of Treatment form is completed (see file in the office). In the case of pupils, a note is sent home informing the parents of the action taken and the reason for this when the injury is considered significant, and always in the event of an injury to the head. In addition staff members would try to speak to whoever collects the child. For a serious accident, it is reported on 'Prime'.