

## ADMINISTRATION OF MEDICINES IN SCHOOL POLICY



<b>Document Status</b>			
<b>Date of adoption by the Governing Body</b>		<b>Date of next review</b>	
Autumn 2023		Autumn 2025	
<b>Responsible officer</b>			
Headteacher			
<b>Signed:</b>			
<b>Headteacher</b>	<b>S. MacDonald</b>	<b>Chair of Governors</b>	<b>A. Burr &amp; A. Edwards</b>

<b>Links to Other Policies</b>	
Medical Policy	NYC MES Procedures for Supporting Children with Medical Conditions in School (2021)
NYC Guidance for Supporting Medical Conditions in School (2015)	Procedure for Pupils with medical conditions (Local procedure)

### RESPONSIBILITIES

#### Governing Body

The Governing Body recognises that students may need to take medication in school. The school has a duty of care to students at school and will do all that is reasonably practicable to safeguard and promote welfare.

The Governing Body will take responsibility in principle for the administration of medicines during school time in accordance with the Government's and LA policies and guidelines.

#### Staff

The Headteacher will implement this policy and report as required to the Governing Body.

School staff have no legal or contractual duty to administer medicines to learners, or to supervise them taking medication. For those who volunteer, the Governing Body fully indemnifies all staff against claims for any alleged negligence, provided they are acting within their conditions of service and following government guidelines. To clarify this, the legal position is that staff are not personally liable if they have been asked to administer medicine and are following the instructions on the medicine. The school insurance covers any claims against negligence. Prescribed medicine issued by a medical practitioner can be administered once a parent has signed the permission form.

Non-prescribed medicine, such as paracetamol, can be administered in the same way but for a maximum of seven days. This advice has been given by NYCC School Insurance.

#### Qualified First Aiders

Qualified First Aiders who volunteer their services for specific duties, will be given training during their first aid training on how to administer an epi-pen and asthma inhalers.

**All staff are given training in areas should a learner have a specific illness:** epipen administration, diabetes, asthma.

### **Records**

On admission of a learner to the school, all parents/carers will be required to provide information giving full details of:

Medical conditions  
Allergies  
Regular medication  
Emergency contact numbers  
Name of Doctor  
Special requirements

Parents will be reminded to update records with at least one reminder letter home each academic year.

### **Administration of Medication**

Any requests for medicine to be administered must come from the parent/carer in writing.

The medication must be in a container as prescribed by the doctor and must have the child's name together with clear instructions.

Medication will generally be administered during break times unless unavoidable.

### **Pain Relievers**

The school will administer pain relief, if the parent has sent pain relief into school with the learner, (paracetamol-based products) giving permission to administer as and when required. The pain relief will be kept in a secure area, away from the children, with the child's name clearly labelled.

Ibuprofen cannot be administered unless it has been prescribed by the doctor and is clearly labelled as such. Aspirin-based products will not be administered to any child under 16.

### **Long Term Medical Needs**

Each case will be determined after discussion with the parent/carer and a doctor. The Governing Body reserves the right to discuss the matter with the NHS School Nurse.

### **Records**

A summary document labelled "Medicine's Register" will be kept in the school office. This will detail all medicines held in school.

As medicine is administered, this will be recorded on the reverse of the Parent Permission form so that there is a clear audit trail. These forms are attached here as appendices A and B.

**APPENDIX A - Parental request for medicine to be taken at school (Form Medicine Level 1 & 2)**

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

<b>Childs name:</b>		<b>DOB:</b>
<b>Medical condition/illness:</b>		<b>Class/form:</b>
<b>Name/type of medicine (as described on the container)</b>	<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	
<b>Expiry date</b>		
<b>Dosage and method</b>		
<b>Times of day medicine is to be administered</b>		
<b>Date and time the most recent dose was given</b> ( school should not give the first dose of a medicine )		
<b>Special precautions / instructions</b>		
<b>Are there any side effects that the school needs to know about?</b>		
<b>Procedures to take in an emergency</b>		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....



**APPENDIX B - Administration of Medication Record for pupils who have regular medicine in school (Level 2)**

Name of school/setting			
Name of child/young person		DoB	Class or group
Name of GP and contact number			
Emergency name and contact number			

Name of medication	Any special instructions
Formula (e.g. tablets)	
Dosage and administering times	

Date and time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising ( <i>please print</i> )	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> <li>• Repeat prescription supplied</li> <li>• Medication returned to parent</li> <li>• Medication returned to pharmacy (Pharmacist signature required)</li> </ul>



**APPENDIX C – MODEL TEMPLATE  
INDIVIDUAL HEALTH CARE PLAN**

<b>INDIVIDUAL HEALTHCARE PLAN</b>				
Date of plan				
Planned review date				
<b>1 Child's/Young Person's Information</b>				
<b>1.1 Child/Young Person's Details</b>				
Child's/ Young Person's name				
Name of school/setting				
Address of school/setting				
Academic Year				
Date of birth				
Child's address				
Medical diagnosis or condition				
<b>1.2 Family Contact Information</b>				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				

<b>2 Health contacts</b>	
<b>2.1 Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>2.2 G.P.</b>	
Name	
Phone no.	
<b>2.3 Nurse</b>	
Name	
Phone no	
<b>3 Education Contacts</b>	
Class teacher	
SENCo	
Other support staff in school (if relevant)	
Who is responsible for providing support in school	
<b>4 Medical Information</b>	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
<b>5 Medication</b>	
Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects/contra-indications	
Administered by: Supervision needed:	
<b>6 Daily Care Requirements</b>	



**7 Support for pupil's educational, social and emotional needs- including useful strategies**

**8 Reasonable Adjustments/ Support for School /Recommendations**

**9 Emergency Situations**

What is considered an emergency?

What are the signs and symptoms?

What are the triggers?

What action must be taken?

Follow up action

**10 Staff Training**

What training is required?

Who needs to be trained?

Sign and date when training is completed.

**11 Names of those involved in drawing up the plan.**

Name

Signature

Date