



## **ST MARY'S CATHOLIC PRIMARY SCHOOL**

### **ADMINISTERING MEDICINE POLICY**

**DATE: - 4<sup>th</sup> November 2020**

**SIGNED CHAIR OF LGB: - .....**

**DATE OF NEXT REVIEW: - Autumn 2022**

**REVIEW FREQUENCY:- Bi-Annually**



## Administration of Medicines Policy

### Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

Staff have a responsibility to pass on any information that indicates a potential health need to parents.

DfE December 2015 – 'Supporting Pupils At School With Medical Conditions', Key points are:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

**This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.**

### Staff Duties

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance.

As a school, our office team generally volunteer to administer medication, with specific restrictions.

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

## Process for the Administration of Medicines in School

### Short-term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

#### **The school will only accept:**

- medicines prescribed by a medical practitioner;
- medicines that are in date;
- medicines that need to be administered in excess of 3 times per day;
- medicines in their original container, as dispensed by a pharmacist;
- containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

**The school will not routinely accept or administer:**

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after the end of school, or attending a residential visit).
- Piriton, unless in the event of allergic reaction, where this is explicitly listed on a pupil's Care Plan or as advised by emergency medical professionals.
- Paracetamol.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually our office staff, or visit leaders in the event of residential or educational visits).

Medicines should be kept in a locked cupboard (except where storage in a fridge is required). Medicines are only accessed by office staff or visit leaders (in the event of educational and residential visits).

When administering, the named adult must complete the administration of medication record, showing the date and time and details/dosage of the medication. This must be counter-signed by another adult. In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

**The exception to the above, is in the case of asthma inhalers. These are kept in the classroom of the pupil. Parents will inform the school as to whether the pupil can self-administer or if the pupil requires aided administration.**

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer, for reasons given above.

## **Long-term Medical Needs**

Where a child has long-term medical needs, a care plan must be written with the assistance of a medical professional (e.g. a consultant, doctor or the school nurse) and with the approval of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.

**It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.**

The Executive Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training.

Training should be specific to the individual child concerned. There will also be regular training for staff on more generalised needs e.g. allergy awareness, asthma awareness, epi-pen training, diabetes and epilepsy.

The school is well supported by the School Nurse who provides staff with advice and any relevant training on request.

## **Process for the Administration of Medicines during residential visits – all medical needs**

For the purpose of residential visits, there will be a named visit leader with responsibility for the administration of medicines and care of children as above (unless the parent of the pupil is also accompanying the visit and it is deemed more suitable for the parent to administer the medication).

Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements. In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

This policy is drawn up from the guidance from the DfE using the Supporting Pupils at School with Medical Conditions guidance document issued December 2015



# Parental Consent and Indemnity Form for Administering Prescription Medicines in an Emergency

## DETAILS OF PUPIL

Surname: ..... M/F: .....

Forename(s): ..... Date of Birth: .....

Address: ..... Class/Form: .....

.....

.....

**Condition or illness:** .....

## MEDICATION

Name/Type of Medication  
(as described on the container) .....

Date dispensed: .....

**Full Directions for use:** .....

Dosage and method: .....

Timing: .....

Special precautions: .....

Side Effects: .....

Procedures to take in an Emergency: .....

## CONTACT DETAILS:

Name: ..... Daytime Telephone No.: .....

Relationship to pupil: .....

Address: .....

.....

*I, the parent/guardian of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.*

Signature: ..... Date: .....

Relationship to pupil: .....



## ANAPHYLAXIS (Allergic reaction)

Anaphylaxis is the term used to describe a severe allergic reaction which is life-threatening.

A mild reaction may result in a nettle rash or hives.

A moderate reaction may result in swelling of the larynx leading to breathing difficulties.

Either may progress to a severe reaction or a severe reaction may occur without warning.

Peanuts, nuts, cow's milk and eggs are the most common causes. Other causes may include shellfish, insect stings and strawberries.

In general, symptoms start immediately after contact.

Features of an anaphylactic reaction include:

- Nettle rash or hives
- Itching
- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheeze or difficulty breathing or swallowing
- Feeling of dizziness
- Loss of consciousness
- Lack of breathing and absence of pulse

In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Further information and advice for drawing up guidelines for particular pupils can be obtained from the consultant community paediatrician or school doctor. Where appropriate, suitable training will be offered to staff.

## List of Useful Contacts

### **Medical Director**

Allington Clinic  
427 Woodbridge Road  
Ipswich  
Suffolk IP4 4ER

Telephone: (01473) 275200

### **Child and Adolescent Mental Health Services**

Ivry House  
Henley Road  
Ipswich  
Suffolk  
IP1 3TF

Telephone: (01473) 220300 / 220370