



Administration of Medicine Policy

This policy was updated May 2018

This policy provides a basis for ensuring that children with medical needs receive proper care and support whilst in our care at Acle Primary school.

Prescribed Medicines

Medicines should only be brought to school/settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

We will only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

We will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

Controlled Drugs

Controlled drugs (eg Ritalin) should not be administered unless cleared by the Head.

Some controlled drugs may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

If a child has been prescribed a controlled drug which needs to be taken within the school day, it will be kept in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Non-Prescription Medicines

Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

In general, non-prescription medicines should not normally be administered. However, examples may include analgesics (pain relief), milk of magnesia tablets or liquid, creams and sprays etc.

Where a non-prescribed medicine is administered to a child it will be recorded on **Form F624b – Record of Medicine Administered to an Individual Child** and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin or medicines containing ibuprofen (unless specifically produced for children eg Calprofen) unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school/setting. This will usually be for a short period only, e.g. to finish a course of antibiotics. We shall allow this in order to minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

The school needs to have sufficient information about the medical condition of any child with long-term medical needs. We need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

In these cases a health care plan will be written, through consultation between the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Form F624f provides an example of a health care plan that schools can use.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Staff giving medicines to a child will check: the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If we have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent, if appropriate, or with a relevant health professional.

Staff will complete and sign **Form F624b – Record of Medicine Administered to an Individual Child** each time they give medicine to a child. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage and only accessed by the child if supervised by a member of staff.

If a parent decides that a child is responsible for taking his / her own medicine a (**Form F624d – Request for Child to Carry His/Her Medicine**) needs to be completed and handed in to the school office.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents will be informed of the refusal on the same day.

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 must make sure that this information is the same as that provided by the prescriber.

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 F624b – Parental/Headteacher Agreement for School/Setting to Administer Medicine** to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. **Form F624b – Record of Medicine Administered to an Individual Child** also covers this and must be used.

Educational Visits

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self managed by pupils will be in the safe care of the nominated first aider). Complex medical needs for a specific pupil may necessitate a health plan for the visit. If any member of staff is concerned they should seek advice from the school office.

We will encourage children with medical needs to participate in safely managed visits, having carried out relevant risk assessments. When planning trips and outings, we will consider the reasonable adjustments which might need to be made to enable children with medical needs to participate fully and safely on visits.

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 visits should always be aware of any medical needs and relevant emergency procedures. Copies of 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. See also [Educational Visits and Journeys Guidance on young people with special educational needs](#).

Sporting Activities

It is advisable to prepare a risk assessment of medical needs of individual children, including those who may suffer from an asthma attack. Asthma relievers not self managed should be taken to the field in a box or container and be supervised by a support member of staff. Staff taking pupils for sporting activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. 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.

Schools should make every effort to provide health care plans and other relevant information to the Passenger Transport Unit (PTU) so that risks to pupils are minimised during home to school transport.

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 also be trained in the use of an adrenaline pen for emergencies where appropriate.

The Head Teacher

The Head Teacher will ensure that all staff receive appropriate support and training and aware of this policy. Likewise the Head Teacher will inform the parents of the policy and its implications for them.

In all complex cases the Head Teacher will liaise with the parents and where parent expectation is deemed unreasonable then the Head will seek the advice of the school nurse or other medical advisor.

Teachers and Other Staff

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts.

Any member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.

Storing Medicines

Medicines should be stored away from children, be in their original containers and refrigerated where necessary. This will be the responsibility of the school office.

Children should know where their medicines are kept and who is responsible. Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away but always in the vicinity of the relevant pupils.

Dissemination of the policy

Each teacher has access to a copy of this policy and a copy can be found in the School office. The school prospectus contains a statement about medical care, and it is sent to all parents of children new to the school. A copy of the policy is available to any current or prospective parent, on request to the Headteacher, or to download from the school website.

Monitoring and evaluation of the policy

The policy will be reviewed every year

Reviewed

Signed (Headteacher): P Henery

Date: May 2018