

# Administration of Medicine Policy



**DE LACY  
PONTEFRACT**

Effective Date	January 2020
Planned Review Date	December 2020
Owner	Head of School

This document may be read in conjunction with the DFE guidance 'Managing medicines in schools and early years settings 2005'.

## 1. Introduction

Schools are expected to develop policies on managing medicines, and to put in place effective management systems to support individual children with medical needs. At De Lacy Primary school we believe that positive responses to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

All members of staff have a duty to maintain professional standards of care and to ensure that our pupils are safe. In response to the Equality Act 2010, we make reasonable adjustments for disabled school users, including those with medical needs, and we plan strategically to improve access over time. We also make reasonable adjustments to enable pupils with medical needs to participate fully in all areas of school life including educational visits and sporting activities.

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. However, some support staff at De Lacy Primary school do have specific duties to provide medical assistance. In an emergency, swift action must be taken by any member of staff to assist any child and teachers and school staff have a common law duty of care to act like any reasonably prudent parent. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

At De Lacy Primary School we believe that children should take responsibility to manage their own medicines if they are able to and, whenever possible, assume complete responsibility under parental guidance.

This policy statement must be considered in conjunction with the school's health and safety policy.

## 2. Objectives and targets

The purpose of this policy is to put into place effective management systems and arrangements to support those children with medical needs in our school and to provide clear guidance for staff and parents/carers on the administration of medicines so that all children with a medical requirement can be cared for well while in the school.

## 3. Action plan

At De Lacy Primary School non-prescribed medicines are never administered without prior consent of parents. For any child who will need to have medicine administered at school on a regular basis a personal **Health Care Plan** (see appendix 5) will be drawn up in consultation with the school, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. It will be reviewed at least annually.

Under the Management of Health and Safety at Work Regulations 1999 covering the administration of medicines no child under 16 will be given medicines without their parent's written consent so any parent wishing their child to have medication administered must complete the form '**Parent request for school to administer medication**' (see appendix 1). The Head of School must agree in writing to the request by completing the form '**Headteacher/Head of setting agreement to administer medication**' (see appendix 6) before any administration of medication takes place.

Children may carry, and administer, their own medicines if they are considered able to do so and if the parent has completed the form '**Request to self-administer medication**' (see appendix 2). If this is the case, then staff only need to supervise the action.

If a child refuses to take medicine, staff must not force them to do so, but should note this in the records along with the reasons for refusal and any action then taken by the staff member. Parents will be informed of the refusal as soon as possible on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed – See '**Contacting emergency services**' (appendix 4).

Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. Occasionally though a pupil's presence on the school site represents a serious risk to the health or safety of other pupils, or school staff, and the Head of School may send the pupil home that day after consultation with the parents. This is not an exclusion and may only be done for medical reasons.

#### **4. Roles and responsibilities: school staff**

The Head of School, in consultation with the SPRB, staff, parents/carers, health professionals and the Pontefract Academies Trust (PAT) – where the PAT is the employer – will decide how our school can assist a child with medical needs. The Head of School is responsible for:

- Implementing the policy on a daily basis.
- Ensuring that the procedures are understood and implemented.
- Ensuring appropriate training is provided.
- Making sure that there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils' health needs.
- Determining if medication is to be administered in school, and by whom, following consultation with staff. Ensuring that all members of staff are aware of the school's planned emergency procedures in the event of medical needs.

Staff, including supply staff, will be informed of any pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff, parents and pupils will be informed of the designated person with responsibility for medical care.

All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff giving medicine to a pupil should check on each occasion:

- Name of pupil.
- Written instructions provided by the parents/carers or doctor.
- Prescribed dose.
- Expiry date of the medication and of the request to administer it.
- That permission has been granted by the Head of School to administer medication to the child.

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

Staff must also complete and sign the form **School record of the administration of medication** (see appendix 3) each time they give medicine to a child.

If the circumstances require an intimate or invasive treatment then this will only take place at the discretion of the Head of School and SPRB, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.

School staff involved in the administration of medicines will receive training and advice from health professionals. Training for all staff will be offered on a range of medical needs, including any resultant learning needs as and when appropriate. Details of all training will be recorded on the **Staff training record – administration of medication** (see appendix 8).

School staff will undertake a risk assessment to ensure the safety of all participants in educational visits and to enable, as far as possible, all pupils to have access to all activities and areas of school life. No decision about a child with medical needs attending/not attending a school visit will be taken without prior consultation with parents/carers.

The same will apply for residential visits and sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/carer.

## 5. Roles and responsibilities: parents/carers

At De Lacy Primary School we expect parents/carers to administer medication to their children at home if at all possible. No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A '**Parent request for school to administer medication**' form must be completed (see appendix 1).

It is the responsibility of parents/carers to:

- Inform the school of their child's medical needs.
- Provide any medication in a container clearly labelled with the following:
  - The child's name.
  - Name of medicine.
  - Dose and frequency of medication.
  - Any special storage arrangements.
- Collect and dispose of any medications held in school at the end of each term.
- Ensure that medicines have NOT passed the expiry date.

At the start of each school year, parents/carers should give the following information about their child's long-term medical needs.

The information must be updated as and when required and at least annually.

- Details of pupil's medical needs.
- Medication including any side effects.
- Allergies.
- Name of GP/consultants.
- Special requirements, e.g. dietary needs, pre-activity precautions.
- What to do and who to contact in an emergency.
- Cultural and religious views regarding medical care.

Written permission from parents/carers will be required for pupils to self-administer medicine(s). A '**Request to self-administer medication**' form (see appendix 2) must be completed.

## 6. Carrying and storage of medicines

For safety reasons, pupils are not allowed to carry medication unless agreed on an individual basis (see **Request for child to carry his/her own medication** – appendix 7). All other medicines must be handed in to the administration office on entry to the school premises where it will be kept locked in the administration office and logged onto the school's file.

However, class teachers will store pupils' inhalers in the red drawstring Inhaler Bag, which will be hung in a visible and accessible place in class. All inhalers must be labelled with the pupil's name. The drawstring bag will be brought to the double doors at playtime and lunchtime. Teachers will take the inhaler bag with them for PE sessions, including inhalers of those children from other classes joining their PE lessons. Teachers will check at least once per half term that inhalers are in date, and send them home prior to the date expiring.

Where children have been prescribed controlled drugs, staff must be made aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

## 7. Monitoring and evaluation

The school will monitor and review the individual needs of pupils and administer medicines in order to meet the all-round needs of each child on an on-going basis. An annual report to the SPRB of the administration of medicines throughout the school will be prepared and analysed by the Head of School to monitor the efficiency of this policy and it will be evaluated in the light of its findings.

## 8. Reviewing

The policy will be reviewed following the discussion by the SPRB of the annual report on administration of medicines and changed accordingly where necessary.

## APPENDIX 1

### PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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School cannot give your child medicine unless you complete and sign this form **and** the Head of School has agreed that school staff can administer the medication.

#### Personal details

Name of pupil:
Contact telephone number:
Condition or illness:

#### Medication

Name/type of medication: (as described on the container)
Special storage requirements:
Date dispensed:
How long will your child take this medication?

#### Full directions for use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

#### Parental declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:

## APPENDIX 2

### REQUEST TO SELF-ADMINISTER MEDICATION

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The school will not give your child permission to self-administer unless you complete and sign this form **and** the Head of School has agreed to self-administration.

#### Personal details

Name of pupil:
Contact telephone number:
Condition or illness:

#### Medication

Name/type of medication:(as described on the container)
Special storage requirements:
Date dispensed:
For how long will your child administer this medication?

#### Full directions for use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

#### Parental declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:



### APPENDIX 3

#### RECORD OF THE ADMINISTRATION OF MEDICATION

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Name of pupil:
Name of medication:
Dosage:

Date and time of administration (or refusal)	Administrator	Alteration to medication (if any)	Side effects (if any)	Signature (of staff member or pupil if self-administering)

## APPENDIX 4

### CONTACTING EMERGENCY SERVICES

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(School to pre-load this form, as far as possible, with all relevant information.)

Request for an ambulance: dial 999, ask for ambulance and be ready with the following information:	
School's telephone number	01977 722620
School location	Chequerfield Lane, Pontefract
School postcode	WF8 2TG
Give the exact location in the school/setting	
Give your name	
Give name of child/adult and a brief description of their symptoms	
Inform ambulance control of the best entrance and state where the crew will be met and taken to	
Date and time of call	

**Speak clearly and slowly and be ready to repeat information if asked put a completed copy of this form by the telephone.**

## APPENDIX 5

### PUPIL'S HEALTH CARE PLAN

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Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family contact information

Name	
Phone numbers	Work
	Home
	Mobile
Name	
Phone numbers	Work
	Home
	Mobile

#### Clinic/hospital contact

Name	
Phone number	
GP	
Name	
Phone number	

**Describe medical needs and give details of child's symptoms**

**Daily care requirements (e.g. before sport/at lunchtime)**

**Describe what constitutes an emergency for the child, and the action to take if this occurs**

**Follow-up care**

**Who is responsible in an emergency (state if different for off-site activities)**

**Form copied to**

**Parental agreement**

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of *(insert child's name)*

.....

Signed ..... Date    /    /

Parent or Guardian (or pupil if above age of legal capacity)

## APPENDIX 6

### HEADTEACHER/HEAD OF SETTING AGREEMENT TO ADMINISTER MEDICATION

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Name of school	
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It is agreed that	(name of child)
will receive	(quantity and name of medicine)
every school day at	(times medicine to be administered e.g. lunchtime or afternoon break)

Name of child:	Will be given/supervised while he/she takes their medication by: (member of staff)
This arrangement will continue until	(either end date of course of medicine or until instructed by parents/carers)

Date:

Signed:

(Head of School/named member of staff)

## APPENDIX 7

### REQUEST FOR CHILD TO CARRY HIS / HER OWN MEDICATION

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This form must be completed by parents/carers.

If more than one medicine is to be given, a separate form should be completed for each one.

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

#### Contact information

Name	
Telephone numbers	home mobile work
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:.....

Date .....

## APPENDIX 8

### STAFF TRAINING RECORD – ADMINISTRATION OF MEDICATION

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Name of school/setting	
Name of staff member	
Type of training received	
Date training completed	
Name of training provider	
Profession and title of provider	

I confirm that the above named member of staff has received the training detailed, and is competent to carry out any necessary treatment. I recommend that the training is updated (state interval or date).

Trainer's  
signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**I confirm that I have received the training detailed above**

Staff signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Suggested review  
date:

\_\_\_\_\_