Fordcombe C of E Primary School
Policy for Administration of Medicines in school

Adoption Arrangements and Date

All statutory policies in the Trust are ultimately the responsibility of the Trust Board. To enable it to discharge this responsibility appropriately and in collaboration with the constituent schools, the Trust Board will

1. set a full Trust wide policy,
2. set a 'policy principles' document (a framework within which Headteachers develop a full and appropriately customised policy),
3. or delegate to Headteachers or LGBs the power to develop their own policy.

This is a Level 2 Policy against the Trust Governance Plan.

Review Body:	**Headteacher**
Approved:	**October 2023**
Next review:	**October 2026**
Review Period:	**3 years**

It has taken account of guidelines and procedures recommended by the Local Authority and the NHS.

This policy was adopted by the Headteacher, for implementation in the school and supersedes any previous policy for administering medicines.

Introduction
The school recognises its general duty of care towards pupils, however the administration of medicines remains the responsibility of parents/carers.

The school aims to support children with long term medical conditions and those with short term illnesses that may require medication during school time, however we strongly urge parents to administer medicines at home. Time-release medication can be requested from GP's to facilitate this.

In general terms, if your child has to be administered medication 4 or more times a day, we are then happy to administer one dose or more. If the dose is three times or less a day, we suggest for example a dose before School, a dose after School and a dose at bedtime.

If your child is unwell at school, you will be contacted and asked to collect them.

The following guidelines give information about school policy and procedures should a child need medication during school hours.

Procedures for medicines in school

1. Written agreement/forms – Written permission and clear instructions are required for all medicines. A form is available from the school office.

2. Storage of medicines – medicines are kept in the staffroom. Medicines which require storage at a particular temperature/refrigerated can be administered in school and will be stored in a specific medicine fridge.

3. Asthma – inhalers are kept in the staffroom for all pupils. All pumps and refills must be named and pupils must only use their own pump and medication. A medical form must be completed by parents.

4. Regular and short term prescription medicines, prescribed by a doctor must be handed in at the school office in a named original medicine container. Please make your child aware that they need medicine and at what time so that they can help to remind staff if necessary.

5. Emergency medicines such as Epi-pens and Antihistamines are kept in the staffroom and require a medicine form to be completed.

6. Over the counter medicines are generally not encouraged and should be administered at home. Where an over the counter medicine is necessary e.g. travel sickness pills, short term pain killer for toothache etc. the procedures outlined above for other medicines must be followed.

7. Long term medical needs – where a child has a long term/more serious medical need such as diabetes, an individual written Care Plan will be agreed and completed with parents/carers and where appropriate medical professionals. Care Plans are reviews with parents/medical professionals regularly, according to individual need.

8. Offsite trips and outings – a medicine form must be completed for all medicines.

9. Parents administering medicines during school time – parents are always welcome, by prior arrangement with the school office, to come to school to administer medicines and cream for their own child during the school day.

Roles and responsibilities of staff managing / supervising medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency according to any care plans in place.

Advice and guidance will be sought where appropriate from medical professionals.

While school staff have no legal obligation to administer or supervise medicines for pupils, our school staff are all trained in the school policy and procedures for administering medicines and will usually agree to do so.

Under no circumstances should a child bring any medicines including throat lozenges and mouth gels to school without following the school medicines procedures. These could cause a serious hazard to the child or other children if found and swallowed.

The Administration of Medicines in Schools

Risk Assessment Form

CONTACT DETAILS

Name of person completing the form _____

Date: _____

Child's Name: _____

Age: _____ **Year Group:** _____

School: _____

Medical Condition:_____

List significant hazards	Who is at risk?	Existing controls	List additional controls needed	Date of assessment	By Whom (e.g. Parent, School, Doctor)

The Administration of Medicines in Schools
Parental agreement for the administration of medicines

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine

Date: _____Childs Name_____

School: _____

Age _____Yr Group & Class _____ DOB _____

Condition / Illness _____

Name and Strength of Medicine _____

Where Medicine Kept : _____

Side Effects: _____

Expiry date: _____

How much (dose) to give: _____ Date of Provision_____

When to give it _____

Number of tablets given to school _____

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

Daytime contact number of parent or adult contact

_____

Name and contact number of GP

_____

Agreed review date _____

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the medicine in accordance with the school/setting policy. I will inform the school/ setting immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian signature _____
Print name _____
Date _____

Headteacher / Head of setting agreement to administer medicine where a Risk Assessment or Health Care Plan are not needed (e.g. asthma, period pains)

Name of school / setting: _____

It is agreed that _____will receive_____
(Quantity and name of medicine)

Every day at:_____

_____ (Name of child) will be given their medicine or supervised in taking it by

_____ (Name of member of staff)

This arrangement will continue until _____
(either end date or until instructed by parents)

Signed _____ Date: _____
(Headteacher / Head of setting / named member of staff)

Record of medicines administered to an individual child

<u>To ensure:</u>

- **The right medicine**

For

- **The right child**

At

- **The right time**

At

- **The right dose**

Name of Child: _____

Date of Birth _____/_____/_____

Name of school _____

Class _____

Name and Strength of medicine

_____

Date Medicine provided by Parent _____ Quantity Received _____

Dose and frequency of medicine

_____

Staff Signature _____ Parent/Guardian Signature _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

The Administration of Medicines in Schools
(to be completed for each member of staff involved in a care plan)

Record of advice, awareness raising, support and guidance to the school

Name of school / setting: _____

Name of staff _____

Type of awareness raising received _____

Date of Session: _____

Training provided by: _____

Profession: _____ Title: _____

I confirm that _____

Has received awareness training detailed above and is competent to carry out the appropriate procedures

I recommend that the training is updated _____
(State frequency)

Signature of health professional _____

Date _____

I confirm that I have received the awareness raising as detailed above

Staff signature

The Administration of Medicines in Schools

Asthma Pumps in Primary Schools

Dear

Asthma Pumps

Your child _____ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in an asthma box, of which there is one in every classroom.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during break times, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure the Midday Supervisor is given it, to take back to class following lunch.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

Form 9

Asthma Pumps

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school
Signed _____ Parent/Guardian

Date _____