



St Mary's Star of the Sea Primary School

Administration of Medication Policy

This Policy was formally agreed by the Principal and Governors of St Mary's Star of the Sea Primary School.

	Date	Signatures
Ratification	February 2025	Gerard Barrett (Principal) Clare Mc Williams (Chair of Governors)
Next consultation/review date:	2027	

Our School Policy

It is the wish of the Board of Governors, the Principal and the staff of St Mary's Star of the Sea Primary School that all children with medication needs receive appropriate care and support in school.

Parents will be informed that they should keep their children off school if they are acutely unwell or are infectious.

The Principal accepts responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication through the school day where those members have volunteered to do so.

Department of Education Statement

"Pupils should be as safe in school as in the home. It is important that a range of training, relevant to pupils with short term and long term medication needs is made available to enable staff, who volunteer to administer medication, to develop proficiency at least equal to that of a parent."

"Schools should not be asked to undertake any procedure, which it is deemed unreasonable for a parent to undertake."

Department of Education Guidelines

There may be occasions where school staff may be asked to administer medication but they cannot be directed to do so.

The administration of medication to children remains the responsibility of the parent or those with parental responsibility.

Medication should only be taken to school when absolutely essential and with the agreement of the principal.

Parents should be encouraged to request where possible that medication be prescribed in dose frequencies which enable it to be taken outside school hours. E.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Schools should be alerted to the particular risks for young persons taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance.

Medication Needs Categories

Medication needs can be grouped into three categories.

1. Pupils requiring short term prescribed medication for acute conditions, for example an ear or chest infection. Usually such children will have been off school, but may still be on medication when they return.
2. Pupils with a long-term condition requiring regular medication; the two biggest categories within this group would be children with asthma and those with ADHD.
3. Pupils who may very rarely require medication to be given in an emergency:

Two different types of medical emergency may arise within the school setting:

- Where the pupil has not previously been known to have a medical condition and the medical emergency arises “out of the blue”.
- Where a pupil with a known medical condition and a Medication Plan experiences a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection.

Parents’ responsibilities

- Parents must provide comprehensive information regarding the pupil’s condition and medication.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Only essential prescribed medication should be taken during school hours.
- Parents should request from their doctor medicines that can be administered outside of school hours.

Teachers’ responsibilities (and any other staff who volunteer to administer medication in school)

Volunteers are responsible for:

- Understanding the nature of a pupil’s medical condition and being aware of when and where the pupil may need extra attention
- Being aware of the likelihood of an emergency arising and the action to take if one occurs.
- Taking part in appropriate training and being aware of the possible side effects of the medication and what to do if they occur
- Supervising pupils who self-administer medication, if this is required
- At different times of the school day other staff may be responsible for pupils, such as playground assistants. It is also important that they are provided with training and advice.

Staff Responsibilities

- Staff should attend annual training on Medical procedures and accepted practice in the school.
- Staff will make themselves aware of the medical needs of specific children in the school.
- Staff will **not** give a prescribed or non-prescribed medicine to a child without prior agreement from the Principal.
- Staff should know who to turn to for immediate advice on medication.
- Staff supervising school trips or excursions should always be aware of any medication needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil.

Confidentiality

The Principal and school staff should treat medical information confidentially.

The Principal should consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs.

It is important that a school does not disclose details of a child's condition to other pupils without the consent of the parent *and* the child him/herself, if appropriate. When consent is given the situation should be handled as sensitively as possible.

Record Keeping

- Parents must first gain permission from the Principal for medicine to be given in school.
- Parents then complete Form AM2 the "Request for Administering Medication" form, available in the office, giving full details of doses and times. These instructions must be kept with the medicine.
- Each time a member of staff administers a dose of medicine it should be recorded on the "Record of Administered Medication" form.
- The supervising/administering adult must complete each section of the form, date and sign it each time a dose is given. This must also be kept with the medicine and can be made available for parents if required.
- These forms should be kept in the office even after the medication is no longer required.
- If children refuse to take medicines, staff should not force them to do so, but should note this in the records and inform parents as a matter of urgency.

Access to Medication

Pupils must have access to their medicine when required. They should know where their own medication is kept and who holds the key.

Some medicines, such as inhalers for asthma, must be readily available to pupils and should not be locked away. Many schools allow pupils to carry their own inhalers.

Other medicines should generally be kept in a secure place not accessible to pupils.

The school should make special access arrangements for emergency medication that it keeps.

Storage of Medicine

Medicines should be stored strictly in accordance with product instructions, (paying particular note to temperature), and in the original container in which dispensed.

Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be straight forward if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked cabinet. (i.e. filing cabinet)

(Emergency medication will be kept in Mr Barrett's office in grey bookcase.)

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled.

Disposal of Medicines

School staff should not dispose of medicines.

Medicines, which are in use and in date, should be collected by the parent at the end of each term.

Parents are responsible for disposal of date expired medicines. Date expired medicines or those no longer required for treatment should be returned to the parent immediately for transfer to a community pharmacist for safe disposal.

Controlled Drugs

Increasing numbers of children are taking methylphenidate, e.g. Ritalin®, Equasym®, Concerta®, for Attention Deficit Hyperactivity Disorder (ADHD). These are controlled drugs and therefore care must be taken regarding their storage.

Schools and settings should keep controlled drugs in a locked non portable container and only named staff should 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 (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Training in Emergency Procedures

All staff should know how to call the emergency services.

All staff, whether they have volunteered to administer medication or not, should be given information about the most common conditions, which affect the pupils they may come into contact with during the course of a school day. This will help staff to recognise symptoms and to deal with an emergency should one arise.

All staff should also know who is responsible for carrying out emergency procedures in the event of need and everyone should know how to contact these people in the event of an emergency occurring.

Common Medical Conditions in Schools

Allergic Reactions/Anaphylaxis (Emergency Epi pens in Mr Barrett's office.)

Asthma (Inhalers kept in schoolbags, a spare kept in school.) "Permission to carry medication form" needs completed by parent

Attention Deficit Hyperactivity Disorder (Controlled Drug-Securely stored)

Diabetes (Children carry own insulin and sweets/drinks)

Epilepsy (Emergency Buccal Midazolam in Mr Barrett's office)

First Aid for Minor Injuries

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Water is used for cleaning minor wounds. Plasters can be applied with parental permission.

Staff should be aware of any child who has an allergy to plasters.

Cold Packs should be placed on head bumps and where there may be some swelling. E.g twisted ankle

Accident forms should be completed and given to class teacher who then gives it to the child to take home.

Further Medical Training

Each year teachers will attend on-line training if they have a child in their class who has one of the following conditions.

Diabetes Awareness

Epilepsy and Administration of Emergency Medication

Anaphylaxis and Asthma and Administration of Emergency Medication

Protective Equipment

Staff should wear gloves and an apron when:

- Helping a child with intimate care
- Administering first aid, e.g. cut knees, grazes etc
- Administering medication