

*Administration of Medication Policy  
(Pastoral Care)*

*2020*



*Woods Primary School*

*Together we Learn, Together we Achieve*

**A PASTORAL CARE POLICY**

Agree Date	Review Date	Person Responsible
2020	2023	Principal

This policy is written to reflect the following DENI guidance:

- Supporting Pupils with Medication Needs, 2008
- Recording SEN & Medical Categories, Guidance for Schools, 2019

The Board of Governors and staff of Woods Primary School wish to ensure that children with medication needs receive appropriate care and support at school. There is no legal duty that requires school staff to administer medication, however, the Principal will accept responsibility in principle for members of school staff administering prescribed medication, or supervising children self-administering, during the school day **where those members of staff have volunteered to do so.**

*Parents/guardians should always keep their children at home if acutely unwell or infectious – refer to our Attendance Policy.*

Administration of medication is the responsibility of parents/guardians and any help given by school is on a voluntary basis.

Only essential medication with a dosage, that cannot be taken outside school hours should be sent to school. These are likely to fall within three areas:

- Short-term or acute, such as a chest infection;
- Long-term such as asthma or ADHD; and
- Medical emergency which is unexpected or related to some known condition.

Parents/guardians are responsible for providing the principal with comprehensive information regarding the child's condition and treatment, for providing any medication required and for its safe removal at the end of term and/or treatment and/or shelf-life.

School does not keep a stock of painkillers, nor will it diagnose, prescribe and administer painkillers to children who become unwell.

Prescribed medication cannot be accepted by school without specific written and signed instructions from the parent/guardian. Neither aspirin nor ibuprofen should be sent to school. Staff cannot administer a non-prescribed medicine (e.g. Calpol) to a child unless there is specific written permission from the parent/guardian.

School staff cannot force children to take medication. The school cannot accept items of medication in unlabeled containers. The school will make every effort to continue the administration of medication to a child during trips away from school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

Medication plans will normally be drawn up by a health professional and all relevant parties briefed i.e. child, parents/guardians, teacher, classroom assistant, senior supervisory assistant, Principal. Members of staff will exercise appropriate confidentiality and sensitivity.

Members of staff are indemnified:

If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings arise, the employer will indemnify the member of staff provided all of the following conditions apply:

1. The member of staff is a direct employee.
2. The medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment.

The member of staff follows the procedures set out in this guidance and the school's policy together with the procedures outlined in the individual pupil's Medication/Care Plan, or written permission from parents and directions received through training in the appropriate procedures.

d. Except as set out in the Note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

*Note: Condition d. does not apply in the case of a criminal offence under Health and Safety legislation." (DENI & HSSPS, 2008, p.2-3)*

## **PROCEDURES**

A parent/guardian seeking support with a child's medication in school should speak to the principal and provide signed permission, details and instructions - refer to appendices. The principal will then ask a willing and appropriate member of staff to take responsibility for administering the correct dosage at the correct time, for monitoring any response, for recording the details and for the addition of signatures by an adult witness and self.

## **MEDICATION IN SCHOOL**

Reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered by the parent/guardian to the teacher or other willing member of staff, **in the original secure container and labelled as dispensed**. Information should include:

- Child's name;
- Name of medication;
- Dosage;
- Frequency of administration;
- Date of dispensing;
- Storage requirements (if important); and
- Expiry date

Medication will be kept in a secure place, out of the reach of children. Unless otherwise indicated, all medication to be administered in school will be kept in a cabinet in the staff room.

With some forms of medication, such as "EpiPens", it may be appropriate to keep one lot of medication in a secure place in the child's classroom and a second lot in the central medicine cabinet. Copies of medication plans and related forms will be taken on educational visits as appropriate, and always on residential trips.

The school will keep records, which they will make available for parents/guardians upon request.

## ADMINISTRATION

Where it is appropriate to do so, children will be encouraged to administer their own medication (e.g. asthma inhaler), under staff supervision if necessary. Parents/guardians will be asked to **confirm in writing if they wish their child to carry such medication and to self-administer.**

Where a child uses an inhaler, one clearly labelled with the pupil's name and class must be lodged with the class teacher. Parents of pupils in P4-P7 classes, who wish their child to carry an **additional inhaler** on their person and to self administer will be asked to complete the Self Administration section of the school's Parental Request for the Administration of Medication Form. Only in this instance will children be permitted to carry their own medication.

Staff will give due attention to hygiene, washing hands and wearing gloves as appropriate. Children whose parents/guardians wish them to administer their own medication will be encouraged to do likewise.

**The school will not make changes to prescribed dosages on instructions from parents/guardians.** If a child refuses to take medicines, staff will not force them to do so, but will inform the parents/guardians of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

Where training is required, members of staff who volunteer to assist in the administration of particular medication will receive any necessary training/guidance through arrangements made with the School Health Service, the Diabetic Nurse and/or British Red Cross.

For each child with long-term or complex medication needs, the principal will ensure that an individual care plan is drawn up in conjunction with the appropriate health professionals. All staff will be made aware of the procedures to be followed in the event of an emergency.

If telephone instructions are to be given to a member of staff in an emergency, then that member of staff must be accompanied by another member of staff who will verify the request and keep a written record of the parent's instruction for medication.

## THE ROLE OF PARENTS AND GUARDIANS

**Medication is the responsibility of parents/guardians.** They should renew the medication when supplies are running low and ensure that the medication supplied is within its expiry date. Parents/guardians should also notify the school in writing if the child's need for medication has ceased.

The disposal of medicines is the responsibility of parents/guardians. Medicines, which are in use and in date, should be collected at the end of each term. Date- expired medicines or those no longer required for treatment should be collected for transfer to a community pharmacist for safe disposal.

The school may, if required, agree with parents to communicate on a regular basis regarding their child's medical needs in school and a log book/Home-School Communication Book may be adopted for this purpose.

## **MEDICAL REGISTER IN SCHOOL**

Unlike identifying learning difficulties in school, neither teachers nor educational psychologists are qualified or responsible for diagnosing a pupil's medical or physical condition. Therefore, schools should only record a pupil's medical or physical condition on the Medical Register on the School Information Management System (SIMS) when evidence has been provided by the parent; or forwarded to school by the EA (where it may be included in a statement); or directly from a Health & Social Care Trust (HSCT) practitioner who will have parental consent to share the information.

There may be occasions when a school may need to record a pupil on the Medical Register when evidence has not been received. Some of these instances include:

- Recording information for Health & Safety reasons until more concrete evidence is received.
- Cases where parental responsibility is shared and the other parent has the relevant evidence.
- The family are asylum seekers and have no formal documentation.
- The parents have misplaced the paperwork.

The SENCo (Mrs Milliken) is responsible for maintaining the Medical Register.

Links to other Policies:

- ❖ Safeguarding Policy
- ❖ Pastoral Care Policy
- ❖ Drugs Education Policy

**COVID 19 Guidelines**

- A mask/visor should be worn when a child requires medical assistance.
- Hands should be washed prior to and after giving assistance.

Woods Primary School

REQUEST FOR Woods PS TO ADMINISTER MEDICATION

The school WILL NOT give your child medicine unless you complete and sign this form, and the Principal has agreed that staff can administer this medicine.

DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Class \_\_\_\_\_ Condition or illness \_\_\_\_\_

MEDICATION

**PARENTS MUST ENSURE THAT IN DATE, PROPERLY LABELLED MEDICATION IS SUPPLIED**

Name/Type of medication (as described on the container): \_\_\_\_\_  
\_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

FULL DIRECTIONS FOR USE

Dosage & Method

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects the school needs to know about? \_\_\_\_\_  
\_\_\_\_\_

Self Administration

YES/NO (delete as appropriate)

## PROCEDURES TO TAKE IN AN EMERGENCY

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### Contact details

Name \_\_\_\_\_

Phone No: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Address \_\_\_\_\_

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I understand that I must deliver the medicine personally to the school secretary/Principal who will pass it on to the teacher \_\_\_\_\_ and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### AGREEMENT OF PRINCIPAL

I agree that \_\_\_\_\_ (name of child) will receive \_\_\_\_\_

\_\_\_\_\_ (quantity & name of medicine) every day at \_\_\_\_\_

\_\_\_\_\_ (times(s) medicine to be administered e.g. lunchtime or afternoon break).

The child will be given/supervised whilst he/she takes their medication by \_\_\_\_\_

(name of staff member).

This arrangement will continue until \_\_\_\_\_ (either end date of course of medicine or until instructed by parents).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Principal/authorised member of staff)

**THE ORIGINAL SHOULD BE RETAINED ON THE SCHOOL FILE AND A COPY SENT HOME TO THE PARENTS TO CONFIRM THE SCHOOL'S AGREEMENT TO ADMINISTER MEDICATION TO THE NAMED PUPIL.**

Woods Primary School

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

**This form must be completed by parents/carers. If staff have any concerns, discuss this request with healthcare professionals.**

DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Class \_\_\_\_\_ Condition or illness \_\_\_\_\_

MEDICATION

**PARENTS MUST ENSURE THAT IN DATE, PROPERLY LABELLED MEDICATION IS SUPPLIED**

Name/Type of medication (as described on the container): \_\_\_\_\_  
\_\_\_\_\_

PROCEDURES TO TAKE IN AN EMERGENCY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact details**

Name \_\_\_\_\_

Phone No: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



Relationship to child: \_\_\_\_\_

### AGREEMENT OF PRINCIPAL

I agree that \_\_\_\_\_ (name of child) will be allowed to carry and self administer his/her medication whilst in school and that this arrangement will continue until

\_\_\_\_\_ (either end date of course of medication or until instructed by parents).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Principal/authorised member of staff)

**THE ORIGINAL SHOULD BE RETAINED ON THE SCHOOL FILE AND A COPY SENT HOME TO THE PARENTS TO CONFIRM THE SCHOOL'S AGREEMENT TO ADMINISTER MEDICATION TO THE NAMED PUPIL.**

## Woods Primary School

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of Birth</b>	
<b>Condition or illness</b>	
<b>Date medicine provided by parent</b>	
<b>Name &amp; strength of medicine</b>	
<b>Quantity received</b>	
<b>Expiry Date</b>	
<b>Quantity returned</b>	
<b>Dose &amp; frequency</b>	

Checked by:

Staff signature: \_\_\_\_\_ Signature of parent: \_\_\_\_\_

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date			
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Dose given			
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Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			

Staff initials			
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## Woods Primary School

**AUTHORISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM**

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class \_\_\_\_\_ GP \_\_\_\_\_

Hospital Consultant \_\_\_\_\_

\_\_\_\_\_ should be given Rectal Diazepam \_\_\_\_\_mg if he/she has a

\*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes **OR** \* serial seizures lasting over\_\_\_\_\_ minutes **OR** if the seizure has not resolved after \_\_\_\_\_ minutes

Doctor's signature \_\_\_\_\_ Parents signature \_\_\_\_\_

Date \_\_\_\_\_

**NB: Authorisation for the administration of rectal diazepam**

As the indications to administer diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorization should clearly state: when diazepam is to be given e.g. after 5 minutes; how much medicine should be given; if a second dose of rectal diazepam should be given; and how the child presents before, during and after a seizure.

Included on the Authorisation form should be an indication of when an ambulance is to be summoned.

**RECORDS OF ADMINISTRATION SHOULD BE MAINTAINED USING FORMS**

