



# **Straidhavern Primary School**

## **Administering Medication Policy**

<b>Date reviewed</b>	April 2022
<b>Date ratified by Governors</b>	May 2022
<b>Next review due</b>	April 2024

## Introduction

The Board of Governors of Straidhavern Primary School wish to ensure that pupils with medication needs receive appropriate care and support, wherever possible, at school. However, the administration of medicines is ultimately the responsibility of parents of those with parental responsibility.

The governors recognise that the Principal and teachers are not contractually required to administer medicines to pupils and that anyone who has agreed to do so is acting as a volunteer.

At times, in Straidhavern Primary School, there may be times when pupils may need to take medication during school hours for long or short term medical needs, or in emergency situations.

## Who is responsible for administering medication?

**The prime responsibility for a pupil's health rests with the parent/guardian**, however, to enable pupils requiring medication to participate as fully as possible in school activities the school may agree to assist a child with medical needs.

The governors will ensure that all staff acting within the scope of the Pupil's Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

The responsibility of the board of governors is to make sure that safety measures, which cover the needs of the pupil and staff, are outlined in the school's health and safety policy.

This may mean special arrangements for particular pupils in managing and administering medication.

The policy should cover the school's approach to taking medication.

## Short term medication

There are times when pupils request painkillers at school including aspirin and paracetamol. School staff **should not** give non prescribed medication without **prior written approval** from the parent/guardian as staff may not be aware of any previous dose taken or whether the medication will react with other medication.

A member of staff should supervise the taking of the medication and notify the parent in writing on the day the painkillers are taken.

If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise and supply the appropriate painkillers.

## Prescribed medication – long term medical needs

Some pupils may have medical conditions which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.

In some cases pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed, i.e. **(Form1: Pupil's Health Care Plan)**.

### Pupil's health care plan

When a parent requests medication to be administered to a pupil at school, the school should discuss the pupil's condition with the parent and the implications of the pupil's medical condition with the appropriate staff and where necessary draw up a Health Care Plan, i.e.:

- a written request together with a statement of the pupils condition and requirements must be made available to the school **(Form 2: Request by Parent for School to Administer Medication)**;
- the school must decide on the way in which the school will meet the pupils requirements **(Form 3: School's Agreement to Administer Medication)**;
- ensure appropriate training and appropriate medical advice is available from medically qualified persons, i.e. Pupil's GP, Specialised Nurse, School Health Teams ;
- the school must ensure that a sufficient number of staff are trained in order to cover absences **(Form 4: Staff Training Record)**;
- two members of staff are always present when administering medication which could expose staff to allegations of assault or sexual abuse, e.g. administering rectal Diazepam;
- train staff on how to call emergency services.

### Emergency procedures

- All staff should know how to call the emergency services.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- Guidance on calling an ambulance **(Form 5: Emergency Planning)**.

### Storage of medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine, the employer has a duty to ensure that the risks to the health of others are properly controlled.

Schools must ensure that:

- the medicine container is labelled with the name of the pupil, dose and frequency of administration and any expiry date;
- where a pupil requires two or more medicines, these should be kept in their original container and never transferred to another container;
- medicines are kept in a secure cupboard;
- the trained staff and the pupil know where the medicines are stored and who holds the key;
- a record is kept of all medication administered (Form 6); and
- a regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

## **School trips**

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil.

Please refer to the Department of Education guidance booklet *“Educational Visits, Policy, Practice and Procedures”*. [http://www.deni.gov.uk/educational\\_visits\\_2009.pdf](http://www.deni.gov.uk/educational_visits_2009.pdf)

## **School transport**

The employer must make sure that pupils are safe during home to school transport journeys. Most pupils with medical needs do not require supervision on school transport, but the employer should provide appropriately trained supervisors if they consider them necessary.

Further information, useful contacts and helplines can be found in the DENI booklet *“Supporting Pupils with Medication Needs”*

Website: [http://www.deni.gov.uk/support\\_with\\_medical\\_needs.pdf](http://www.deni.gov.uk/support_with_medical_needs.pdf)

**You may copy this form for record purposes**

**Form 1**

**Healthcare Plan for a Pupil with Medical Needs**

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Name \_\_\_\_\_

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

Condition \_\_\_\_\_

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



Class/Form

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

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of School

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

**Contact Information**

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**Family Contact 1**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship

\_\_\_\_\_

**Family Contract 2**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship  
\_\_\_\_\_

**Clinic/Hospital Contact**

Name  
\_\_\_\_\_

Phone No.  
\_\_\_\_\_

G.P.  
\_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements, (e.g. before sport/at lunchtime):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible in an emergency: (State if different on off-site activities)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form copied to:  
\_\_\_\_\_

**You may copy this form for record purposes**

**Form 2**

**Request by Parent for School to administer medication**

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Parents should complete 'Form 2' if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

**Details of Pupil**

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Surname:

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Forename(s)

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Address:

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M/F: \_\_\_\_\_

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

Class/Form: \_\_\_\_\_

Condition or illness:

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**Medication**

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

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For how long will your child take this medication:

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

Full direction for use:

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Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration:

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Procedures to take in an Emergency:

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**Contact Details**

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Name:

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Daytime Telephone No:

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Relationship to Pupil:

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Address:

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I understand that I must deliver the medicine personally to **Mr Scott** and accept that this is a service which the school is not obliged to undertake.

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

Relationship to pupil:

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**You may copy this form for record purposes**

**Form 3**

**School's agreement to administer medication**

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Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that \_\_\_\_\_ will receive \_\_\_\_\_  
every day at \_\_\_\_\_. \_\_\_\_\_ will be  
supervised whilst he/she take their medication by \_\_\_\_\_.  
This arrangement will continue until \_\_\_\_\_.

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

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)

**You may copy this form for record purposes**

**Form 4**

**Staff training record-administration of medical treatment**

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**Example of form for recording medical training for staff**

Name:

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Type of training received:

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Date training completed:

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Training provided by:

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I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date:

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**Form 5**  
**Emergency Planning**

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**Request for an Ambulance to:**

Dial 999, ask for ambulance and be ready with the following information.

1. School telephone number: **02890825530**
2. School address and postcode: **Straidhavern PS, 3 Straidhavern Road, BT29 4S**
3. Give your name
4. Give brief description of pupil's symptoms
5. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**You may copy this form for record purposes**

**Form 6**

**Record of Administered Medication (to be completed and sent to Parents/ Guardian)**

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This form will be completed and sent home with the child who has received medication each day that medication is administered.

**Dear Parent,**

Your child received the following medication today:

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