



Administration of Medicines Policy

Date written: March 2018
Author: Susan Robinson D.O.R.
Date adopted by Governors:
Review Date: March 2020

Policy Amendments:

Date	Detail	Revised by
March 2018	Remove that staff do not transport pupils in their cars to hospital.	
March 2018	Add that school have spare Epi-pens	
Feb 19	Annual parental consent forms required	
May 2020	Staff section added (staff healthcare plans)	Julie Sutton
May 2020	Forms appended	Sarah Powell

AIM:

The aim of this Policy is to ensure that the school has effective management systems in place for administering medicines to pupils.

MEDICINE TAKEN DURING THE SCHOOL DAY

Only essential medicines will be administered during the school day. As part of our admissions process parents/carers will be asked to sign a consent form for paracetamol or antihistamines to be administered in case of emergency. Aspirin and ibuprofen will not be administered unless prescribed by a doctor. Parents must complete a written permission form before any medicine is administered. Prescribed medicines to be given during the school day must be in their original container with the prescription label still attached. This should indicate the child's name and dosage prescribed. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

MEDICINE ON EDUCATIONAL VISITS

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage, administration and recordings of the medicines during the visit.

RULES FOR ADMINISTRATION

Only trained staff members authorised by the Head Teacher will administer medicines. Before administering any medicine, staff must check that the medicine belongs to the child and that the permission form indicates the medication required. The correct dosage is checked and the length of time for the course of medication is confirmed. Children can self-administer if parents have requested it and children are capable of administering correctly and safely. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All medications administered will be recorded in the Administration of Medicines file located in the medical room, stating the child, date, dosage, time and adult administering the dosage.

STORAGE OF MEDICINES

All labelled, prescribed medicines will be stored safely in the locked cupboard in the Medical room. Medicines needing refrigeration will be stored in the locked fridge in the medical room. Some medicines (inhalers, Epi-pens etc) may be kept in the child's classroom for swift access or given directly to the child depending upon the activity (ie, PE or playtimes). Access to these medicines is restricted to the appropriately trained staff. Spare epi-pens are kept in locked the cupboard in the medical room. In the case of emergency Epi-Pen use, all staff have access to the secure cupboard key which is clearly labelled and accessible.

RECORD KEEPING

Staff will record any doses of medicines given within the medicine file. Prescribed medications will be recorded in File 1 or File 2 depending upon whether the medication course is a short course or longer term repeated course. Non prescribed medication such as pain relief or allergy relief requires parental consent before administration and must be recorded in the Adhoc File, stating child's name, dosage, time and medication type. Children self-administering asthma inhalers do not need to be recorded.

ASTHMA

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times and must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

The school keeps spare inhalers in case of emergency, these are kept in the Medical room cupboard and can be taken on visits and one is kept in the Fire emergency bag in the school office. See Asthma Policy.

ADMINISTERING AN EPI-PEN:

Epi-pen – Any member of staff can administer an epi-pen in an emergency.

The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an epi-pen. Cetirizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately. An ambulance must be called immediately. Parents/carers should be contacted after this call has been made.

The school keeps spare epi-pens in case of emergency, these are kept in the Medical room cupboard and can be taken on visits and one is kept in the Fire emergency bag in the school office

STAFF TRAINING

Training will be organised when necessary, to update skills and knowledge. Where appropriate, this will be carried out by external agencies e.g. asthma nurse, epilepsy nurse.

PARENTAL RESPONSIBILITY

Parents/carers must inform school of any medical condition which affects their child. Parents/carers are expected to ensure that inhalers are in date, and that medicine is collected from the school office.

EMERGENCY PROCEDURES

In a medical emergency, teachers can administer emergency first aid if necessary. If possible, the school's First Aiders will be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children may be accompanied to hospital by a member of staff if this is deemed appropriate.

Parents/carers must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

HEALTH CARE PLANS

Children:

Children with serious medical conditions will have their own Health Care Plans which includes their photograph and brief description of condition, along with any other necessary information such as symptoms, medications, emergency contacts. These Health Care Plans will be shared with all adults dealing with the child will have their attention drawn to this information. These plans are developed with parents/carers or other health professionals supporting the child, ie asthma or diabetes nurse. All other medical conditions will be noted from children's Scholarpack or CPOMS records and this information will be provided to class teachers annually.

Staff:

Staff with serious medical conditions will have their own Health Care Plans which includes their photograph and brief description of condition, along with any other necessary information such as

symptoms, medications, emergency contacts. These Health Care Plans will be shared with the First Aid Leads and team members who work closely with that staff member. Confidentiality and sensitivity is upheld. However, if emergency assistance is required then relevant information will have to be shared. Consent for this is required on completion of the Health Care Plans. These plans must be regularly reviewed by the Headteacher, Deputy Headteacher and Academy Business Manager.

FIRST AIDERS

It is important that the Academy can deploy a sufficient number of trained First Aiders to support the need of the school community. This is reviewed annually and training is allocated where there is a further First Aid requirement, for example if staff leave then replacements are required. A list of first aiders is kept on the wall in the medical room and are displayed around the school in all communal areas on a green background.

There is a rota each week of first aiders who are on duty each day and will provide assistance in the medical room.



**SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 1
HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS**

NAME:	DATE PLAN SET UP:		
DATE OF BIRTH:	DATE FOR REVIEW (ANNUAL) :		
ADDRESS	MEDICAL DIAGNOSIS(S):		
MEDICAL CONDITION (S)/ SYMPTOMS (S):	Insert photo of child		
FAMILY CONTACT 1: NAME: PHONE NO: RELATIONSHIP:	FAMILY CONTACT 2: NAME: PHONE NO: RELATIONSHIP:		
DAILY CARE REQUIREMENTS:	EMERGENCY ARRANGEMENTS:		
ADAPTATIONS TO CARE PLAN FOR EDUCATION OFF-SITE:			
MEDICATION INFORMATION (including contra- indications: (medication request form MUST be completed if medication is required in school).	GP /SURGERY NAME:		
	GP TELEPHONE NUMBER:		
	HOSPITAL CLINIC/CONTACT NAME:		
	HOSPITAL CLINIC NUMBER:		
SIGNATURES			
	PRINT NAME	SIGNATURE	DATE
HEAD TEACHER:			
PARENT/CARER:			
FIRST AIDER:			
SENCO:			
Information shared with: Office staff: _____ Lunch Time staff : _____			



**SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 2
PARENTAL AGREEMENT FOR THE ADMINSTRATON OF MEDICATION**

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Address	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy with the dispensing label	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering 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.

PARENTAL SIGNATURE	
Printed name	
Signature	
Date	

STAFF SIGNATURE	
Printed name	
Signature	
Date	



SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 3

Record of prescribed medication administered to individual child

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

Name of child			
Child's date of birth			
Group/class/form			
Date medicine provided by parent			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity returned			
Dose of medicine			
Frequency of medicine			

PARENTAL SIGNATURE	
Printed name	
Signature	
Date	

STAFF SIGNATURE	
Printed name	
Signature	
Date	

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									

Date									
Time given									
Dose given									
Name of member of staff									
Staff signature									
2 nd staff signature (for controlled medication)									



SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 4
Daily Record of any medication administered to individual child

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

Date	Child's name	Time	Name of Medicine	Dose Given	Any reactions	Staff Signature	Print name



SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 5
Advice note to parents of administered non-prescription medication

Name of child			
Child's date of birth			
Name and strength of medicine			
Dose of Medication			
Time of dosage			
Date of dosage			
Reason for administering medication:			
Any other information			
Name of person administering			
Signature of person administering			



SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 5
Advice note to parents of administered non-prescription medication

Name of child			
Child's date of birth			
Name and strength of medicine			
Dose of Medication			
Time of dosage			
Date of dosage			
Reason for administering medication:			
Any other information			
Name of person administering			
Signature of person administering			



SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 6
staff training record – administration of medicines

Name of school/setting			
Name			
Type of training received			
Date of training completed			
Training provided by			
Profession and title			

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainers Printed Name

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff Printed Name

Staff signature

Date

Suggested review date



**SUNNYSIDE ACADEMY MEDICINE POLICY APPENDIX 7
HEALTH CARE PLAN FOR STAFF WITH MEDICAL NEEDS**

NAME:		DATE PLAN SET UP:	
DATE OF BIRTH:		DATE FOR REVIEW (ANNUAL) :	
ADDRESS		MEDICAL DIAGNOSIS(S):	
MEDICAL CONDITION (S)/ SYMPTOMS (S):		Insert photo of Staff member	
FAMILY CONTACT 1: NAME: PHONE NO: RELATIONSHIP:		FAMILY CONTACT 2: NAME: PHONE NO: RELATIONSHIP:	
DAILY CARE REQUIREMENTS:		EMERGENCY ARRANGEMENTS:	
ADAPTATIONS TO CARE PLAN FOR EDUCATION OFF-SITE:			
MEDICATION INFORMATION (including contra- indications: (GP /SURGERY NAME:	
		GP TELEPHONE NUMBER:	
		HOSPITAL CLINIC/CONTACT NAME:	
HOSPITAL CLINIC NUMBER:			
SIGNATURES:			
	PRINT NAME	SIGNATURE	DATE
HEAD TEACHER:			
STAFF MEMBER			
FIRST AIDER:			
Information shared with:			
SLT:	FIRST AIDER:	Any other persons requested by the staff member:	