



## POLICY FOR THE ADMINISTRATION OF MEDICINES

### **INTRODUCTION**

1. The progress achieved on the Inclusion Agenda and wider changes relating to the health of children and young people mean that schools, early years settings, Headteachers and Managers in particular, are increasingly concerned about the safe administration of medicines. While this document makes a series of "good practice" recommendations and is recommended for adoption by all schools and early years settings it does not attempt to deal with all health issues of pupils. The Headteacher or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

### **PURPOSE OF DOCUMENT**

2. The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

### **ROLES AND RESPONSIBILITIES**

3. All staff in schools and early years settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all round needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.
4. Under the Disability Discrimination Act (DDA) 1995, schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.
5. The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a child with medical needs. The headteacher is responsible for;
  - (a) implementing the policy on a daily basis

- (b) ensuring that the procedures are understood and implemented
  - (c) ensuring appropriate training is provided
  - (d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.
6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.

### **PARENTS/CARERS**

7. It is the responsibility of parents/carers to;
- (a) inform the school of their child's medical needs
  - (b) provide any medication in a container clearly labelled with the following;
    - THE CHILD'S NAME
    - NAME OF MEDICINE
    - DOSE AND FREQUENCY OF MEDICATION
    - SPECIAL STORAGE ARRANGEMENTS
  - (c) collect and dispose of any medicines held in school at the end of each term.
  - (d) ensure that medicines have not passed the expiry date.

### **PUPIL INFORMATION**

8. Parents/carers should be required to give the following information about their child's long term medical needs and to update it at the 'start of each school year';
- (a) Details of pupil's medical needs
  - (b) Medication, including any side effects
  - (c) Allergies
  - (d) Name of GP/consultants
  - (e) Special requirements eg. dietary needs, pre-activity precautions
  - (f) What to do and who to contact in an emergency
  - (g) Cultural and religious views regarding medical care

### **ADMINISTERING MEDICATION**

9. It is expected that parents/carers will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed. As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role.

10. The Headteacher will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
11. Any member of staff, on each occasion, giving medicine to a pupil should check;
- (a) Name of pupil
  - (b) Written instructions provided by the parents/carers or doctor
  - (c) Prescribed dose
  - (d) Expiry date
12. Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed.

### **STORAGE**

13. All medicine will be kept in a locked cabinet in the school/setting administration office. All medicine will be logged onto the school's file. Classteachers will store childrens' inhalers which must be labelled with the pupil's name.

### **RECORDS**

14. Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following;
- (a) Name of pupil
  - (b) Date and time of administration
  - (c) Who supervised the administration
  - (d) Name of medication
  - (e) Dosage
  - (f) A note of any side effects
  - (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

### **REFUSING MEDICATION**

15. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

## **TRAINING**

16. Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

## **HEALTH CARE PLAN**

17. Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed annually.

## **INTIMATE OR INVASIVE TREATMENT**

18. This will only take place at the discretion of the Headteacher/Manager and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

## **SCHOOL TRIPS**

19. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

20. Residential trips and visits off site;

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.
- (b) If it is felt that additional supervision is required during any activities eg. swimming, school/setting may request the assistance of the parent/carer.

## **EMERGENCY PROCEDURES**

21. The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

## **CARRYING MEDICINES**

22. For safety reasons children are not allowed to carry medication. All medicines must be handed to the school administration staff or the classteacher on entry to the school/setting premises.