

# Administration of Medicines Policy



<b>Approved by:</b>	Jonathan Nixon	<b>Date:</b> 1 <sup>ST</sup> May 2018
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## **Cavendish Primary School - Policy for Administration of Medication in Schools**

- The Governors and staff of Cavendish Primary School wish to ensure that pupils with medical needs receive care and support in school. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.
- The Headteacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

### Over the Counter (OTC) medication

- Following guidance published by the British Medical Association and NHS England; At Cavendish Primary School we will administer over the counter (OTC) medicines to pupils upon written instruction from parents/carers. This includes paracetamol, ibuprofen and creams where practical and reasonable.
- Any staff administering an OTC medicine must follow the same administration guidelines for prescribed medication, outlined in this document.
- When administering OTC medicines, under no circumstances should a staff member stray from the instructions printed on the products packaging, even under instruction from a parent/carer.
- When administering OTC medicines, records of the medicine and when it was administered should still be maintained as per statutory guidelines relating to prescribed medicines.
- If you have any concerns relating to the frequency or the type of OTC medicine brought into Cavendish, please speak immediately to the Health and Safety co-ordinator (Business Manager) and the Designated or Deputy Designated Safeguarding Lead.

Medication both prescription and non-prescription must be provided in a secure and labelled container.

- Medication can only normally be accepted in school where it has been prescribed by a doctor or other medical professional. In other cases, eg where a pupil suffers regularly from acute pain, such as migraine, parents may request and must supply appropriate pain killers for their child's use. Aspirin will not be permitted or administered unless there is written authorisation from a medical professional for this to be administered.
- Medication both prescription and non-prescription provided in a secure and labelled container can only be administered to pupils where parents **provide** such medication to the school and parents must specifically **request in writing** that the school administers it.
- Parents must also specify in advance at what times/intervals and what dose of the non-prescription medicine is to be given. It must never be left for staff to diagnose or decide where and when the non-prescription medication is required or administered.

- If the non-prescription medication is to be taken with other prescribed medications, parents must certify to the school that the non-prescription medication has been administered to the pupil without any adverse effect and that approval for the combined administration has been obtained from a medical practitioner.
- Non-prescription medication should not be administered over a long period of time. If non-prescription medication is required to be administered for more than a day or two then parents must seek medical advice and a medical practitioner must authorise its continued use.
- The requirements in the policy as to requests, consent, provision of information, labelling, etc, of prescription medicines also apply to non-prescription medicines.
- Medication, both prescription and non-prescription, will not be accepted without a written parental request and clear instructions as to administration. This should be provided in conjunction with the GP or other medical professional as appropriate. Either the parent, or the pupil himself/herself if over 16, must make the request. The Headteacher's agreement to the administration of any medication must be sought.
- The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a pupil's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.
- Each item of medication must be delivered in its original container and handed directly to the Headteacher or person authorised by the Headteacher. The school will not accept medication which is in unlabelled containers.
- Where a pupil travels on school transport with an escort parents/carers should inform the escort of any medication sent with the pupil or should hand the medication to the escort for transporting to the school.
- Each item of medication must be clearly labelled by the parent with the following information:
  - Pupil's name
  - Pupil's date of birth
  - Name of Medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing
  - Storage requirements (if necessary)
  - Expiry date
- Where appropriate pupils will be encouraged to self-administer their own medication under staff supervision. Parent/carers of pupils under 16 will be asked to confirm in writing their consent to this. The Headteacher must approve pupils carrying and administering their own medicine. In deciding whether to permit this the Headteacher will take into account the nature of the medication, the age of the pupil and the safety of other pupils.

- Where pupils require medication to be administered schools should seek a view from the Nursing Service as to whether there are alternative approaches to the administration of medication as well as to seek clarification from the Nursing Service of the care plan which is prepared for school staff undertaking the pupils' care
- Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with Health professionals.
- The Headteacher or his/her representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet.
- The school member of staff administering the medication must record details of each occasion when medicine is administered to a pupil.
- If pupils refuse to take medication, the school staff should not force them to do so. The school should inform the child's parents as a matter of urgency, and may need to call the emergency services.
- Parents/carers should be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication. (Schools should consider having procedures requiring parents at regular intervals – termly/annually – to confirm that the information currently held by the school is correct.)
- The procedures to be followed to implement this Policy are set out in the Procedures below and the appendices.

## Administration of Medication in Schools

### Procedures

- 1 Parents and carers are responsible for supplying school with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. This information should be recorded on a standard form which records the request of the parent to the administration of medication which should be updated regularly – **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine, a copy on the pupil's file and a copy given to parents.
- 2 There is an additional form to be completed by parents where pupils require several medications – **Appendix 2**. Parents should also sign this form to confirm that the combined medications have been administered to the pupils without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.
- 3 If the Headteacher agrees s/he will confirm in writing to the parent that a named member of staff (authorised by the Headteacher) will administer medicine to the pupil. The named member of staff will also confirm in writing that they will supervise the pupil whilst they take their medication – **Appendix 3**.
- 4 Medication can only be administered to pupils where parents **provide** such medication to the school and parents must specifically **request in writing** that the school administers it.
- 5 All items of medication should be delivered to a named member of school staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**.
- 6 Where a parent of a child under 16 requests that the pupil carries and administers his/her medication they should complete **Appendix 4**. The Headteacher will decide whether to grant this request taking into account the pupil's age, understanding, the nature of the medication and the safety of other pupils. If s/he decides to approve this arrangement **Appendix 3** must be completed and returned to the parent(s).
- 7 In all other cases parents should be notified in writing that all medication should be delivered to school directly into the keeping of either the Headteacher or authorised person in a secure and labelled container as originally dispensed.
- 8 Each container should be clearly labelled with the following:
  - Name of medication
  - Pupil's name
  - Pupil's date of birth
  - Dosage
  - Dosage frequency
  - Date of dispensing
  - Storage requirements (if applicable)
- 9 Parents should be asked to make it clear whether medication needs to be kept in school or should be collected at the end of the day.

- 10 Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet in the admin office. Office staff have access to the medication. Inhalers are kept in the classroom in a clear plastic box with a red lid.

*Advice on storing medication is contained in paragraphs 65-69 of the Good Practice Guide "Supporting Pupils with Medical Needs" which schools are advised to consider in drawing up their own school policy and procedures.*

### Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Confirmation to parents of Headteacher's agreement
Appendix 4	Request for pupil to carry and administer own medication
Appendix 5	Record of Medication Given
Appendix 6	Staff Training Record

## **APPENDIX 1**

### **SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL The Administration of Medicines in School**

Example request form for parents/carers to complete if they wish the school to administer medication.

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

*DETAILS OF PUPIL*

<i>Surname</i>	
<b>Forename(s)</b>	
<b>Address</b>	<i>M/F</i>
	<b>DATE OF BIRTH</b>
	<b>CLASS/FORM</b>
<b>Condition or Illness</b>	
<b>Medication</b>	
<b>Name/type of medication (as described on container)</b>	
<i>For how long will your child take this medication?</i>	
<b>Date dispensed</b>	
<b>Full directions for use</b>	
<b>Dosage and amount (as per instructions on container)</b>	
<b>Method</b>	
<b>Timing</b>	
<b>Special storage instructions (explain if medicine should remain in school or return home daily)</b>	
<b>Special precautions</b>	
<b>Side effects</b>	
<b>Self administration</b>	
<b>Action to be taken if pupil refuses to take the medication</b>	
<b>Procedures to take in an emergency</b>	

<i>CONTACT DETAILS</i>		
<i>Name</i>		
<b>Daytime Telephone No</b>		
<b>Relationship to Pupil</b>		
<b>Address</b>		
<p>I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.



**APPENDIX 2**

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL  
The Administration of Medicines in School**

For parents/carers to complete for pupils who require several medications

Pupil's name: .....

Pupil's date of Birth: .....

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Signed .....Dated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions

Please add any other relevant information below (continue overleaf if necessary):

## APPENDIX 3

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL**  
**The Administration of Medicines in School****CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO REQUEST TO ADMINISTER MEDICATION**

Example letter for school to complete and send to parent/carer if they agree to their request to administer medication to a named child.

Dear *(name of parent/carer)*

I agree that *(name of child)* will receive *(quantity and name of medication)* every day at *(time medication to be administered eg lunchtime or afternoon break)* as you have requested

*(Name of child)* will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end of course of medication or until instructed by parents)*.

Each item of medication must be clearly labelled by the parent with the following information:

- Pupil's name
- Date of Birth
- Address
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

The school will not accept medication which is in unlabelled containers.

You have already supplied to us the information in the attached form giving details of your child's medication.

Where your child requires several medications you have confirmed that the combined medication has been administered to your child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Can I remind you that it is your responsibility to ensure the school is informed in writing of any changes in your child's medication. The school should also be informed of any other circumstances that may affect the administration of medicine or your child's reaction to that medicine.

Signed: .....(Headteacher)

I confirm that I will supervise *(name of child)* whilst he/she takes their medication.

Signed: .....  
(Name of member of staff)

APPENDIX 4

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL**  
**The Administration of Medicines in School**

**REQUEST FOR PUPIL TO CARRY AND ADMINISTER OWN MEDICATION**

Example form for parents/carers to complete if they wish their child to carry his/her own medication.

This form must be completed by parents/carers.

Pupil's Name: ..... Class/Form: .....

Address: .....

.....Date of Birth.....

Condition or Illness: .....

.....

.....

Name of medication: .....

Procedures to be taken in an emergency: .....

.....

.....

.....

**CONTACT INFORMATION**

Name: .....

Daytime Telephone No: .....

Relationship to child: .....

I would like my son/daughter to keep his/her medication on him/her for use as necessary and

I confirm that s/he may administer his/her own medicine

or  
I confirm that s/he may administer his/her own medicine but will require supervision

Signed: ..... Date: .....

Full Name (in capitals) .....

Relationship to child: .....



**APPENDIX 6**

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL  
The Administration of Medicines in School**

**STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE**

Example of form for recording training for staff

Name:

.....

Type of training received and medication covered: .....

.....

Date training completed: .....

Training provided by: .....

I confirm that ..... has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: ..... Date: .....

Suggested Review Date: .....

I confirm that I have received the training detailed above

Staff signature: ..... Date: .....

Headteacher's signature: ..... Date: .....