



# Abberley Parochial V.C. Primary School

## *Rooted and grounded in love*

### Administering medication policy

**Date reviewed:** June 2022

**Next review:** June 2024

Our school vision is based on Paul's writings to the Ephesians:

#### **Ephesians 3:17-19**

That Christ may dwell in your hearts through faith, as you are being rooted and grounded in love. I pray that you may have the power to comprehend, with all the saints, what is the breadth and length and height and depth, and to know the love of Christ that surpasses knowledge, so that you may be filled with all the fullness of God.

Based on this vision, our curriculum is founded on the following key principles:

1. People in our school will learn to love and feel loved
2. People will be taught to comprehend through a breadth of opportunity and with significant depth of understanding
3. All people are entitled to live a fulfilled, enriched and joyful life and our curriculum will seek to enable this

#### **Rationale**

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site. The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE guidance 'Supporting Pupils at School with Medical Conditions', April 2014

#### **Guiding principles**

- Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service.
- School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met.
- Focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life

#### **Recording**

Before administering any medication staff must check a child's CPOMs log, or if they do not have access to the internet, phone the school office to check the CPOMs log to determine when the child last received medication. Following any administration of medication CPOMS must be updated as soon as possible

detailing the time, medication and dosage administered. Staff must read the instructions for administration and consent form and ensure that they are consistent.

### **Administration Principles**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's/carers written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed. A child under 16 should never be given medicine containing aspirin or ibuprofen.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept medicines if these are in-date, labelled, provided in the original container (for prescribed medicines a pharmacy dispensing label) and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Definitions**

A prescription medicine, also known as prescription-only-medicines (POM) is a pharmaceutical drug that legally requires a medical prescription to be dispensed and supplied to a patient.

A non-prescription medicines, also known as an over-the-counter (OTC) medicine, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without recourse to a GP.

### **Non-prescription medication**

Where at all possible, these should be administered at home by parents. It is at the discretion of the headteacher whether the school will agree to administer non-prescription medication. We will only ever agree to administer GSL medication. This would normally be for pain relief such as calpol or allergy relief such as from hay fever.

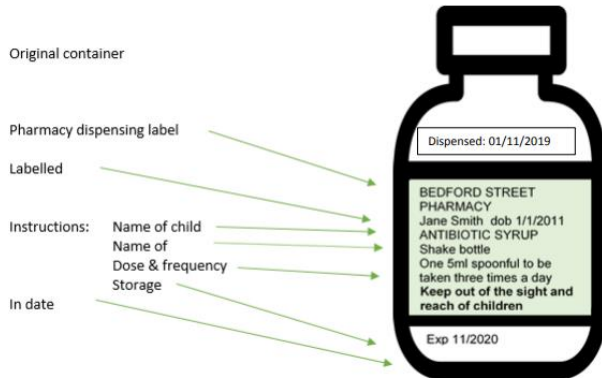
### **Prescription medication**

Prescription medicines (POMs) must not be administered to a child unless they have been prescribed by 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.

Before administering a prescription medicine, schools should ensure that parents have completed the parenteral/carer consent form and check that the instructions on the medicine are in line with what is being requested on the consent form. All prescribed medicines (with the exception of insulin) must be in the original container as dispensed by the pharmacy.

It must include the:

- Child's name
- Name of the medicine
- Dose and the frequency of administration
- Expiry date and
- Date of dispensing included on the pharmacy label. Expiry dates should be checked before administering or applying medicines.
- If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication.



### Training and Staff Awareness

- The school has a number of trained first aiders and paediatric first aiders, a list of which is displayed around school and in the first aid policy. There is a rota of first aiders on duty at each breaktime and also first aiders and paediatric first aiders on duty at lunchtime.
- Relevant staff will be made aware of each child's medical condition and needs.
- Key staff will be trained in supporting individual pupils with specific medical conditions such as cerebral palsy, diabetes and epilepsy as the need arises. All staff have training in how to deal with children who have severe allergies and need to carry an EpiPen around with them.
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met.
- We will undertake risk assessments for activities off site taking into account individual needs.
- The headteacher and those responsible for the administration of medication have received Medication Awareness (education) training.

### Individual Healthcare Plans

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it. These should be reviewed annually. Not all pupils with medical conditions need an IHC. Children with Education Health Care (EHC) plans and Medical Needs For pupils with EHC plans, the IHC should be linked to or become part of the EHC plan.

### Roles and Responsibilities Governing Body

- Overall responsibility to ensure pupils with medical conditions are supported to participate fully in school life.
- Responsibility to ensure staff are appropriately trained and competent.

### The Headteacher with support of the SEND Leader

- Ensure implementation of the policy.
- Ensure relevant staff are informed about medical conditions and trained appropriately.

- Overall responsibility for developing Individual Health Care (IHC) plans.
- Ensure appropriate levels of insurance.
- Overall responsibility for liaison with the school nursing service.

#### **Mrs Day**

- Share and collect consent forms from parents.
- Transfer medication to the appropriate storage location with the forms
- Scan consent forms and add these as an incident to CPOMS alerting staff as required
- Inform medical administrators associated to the class (Mrs Lench, Mrs Shelley or Mrs Lightfoot for KS1/rec or Mrs Birch, Mrs Gregory or Miss Harvey KS2)

#### **Teaching Staff**

- Take into account the medical needs of children they teach.
- Support pupils following guidelines from the IHC plan.
- Attend training as required in supporting pupils with medical conditions.
- Newly appointed teachers, supply or agency staff and Teaching Assistants will receive appropriate training in dealing with children with medical conditions in their care.

#### **School Nurse**

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts school.
- Provide advice and support for schools about medical conditions.

#### **Pupils**

- May be best placed to describe how a condition affects them.
- Should be sensitive to the needs of others.
- Should be involved as much as possible in decisions and plans affecting them.
- Should be encouraged to self-administer medication, with support where appropriate, to develop independence.

#### **Support Staff**

- Office Staff will ensure the safe storage of medicine in school.
- Office Staff will ensure that parents provide the appropriate consent for medication
- Paediatric First Aid trained Teaching Assistants will be trained and will administer diabetic medication if required.
- Paediatric First Aid trained Teaching Assistants will be trained and will monitor children with epilepsy administering medication if required.
- Teaching Assistants who are specifically trained will look after children with cerebral palsy.

#### **SEND Leader**

- The SEND Leader will ensure Care Plans are in place for all pupils needing one. The SEND Leader will ensure that photographs of children with allergies, plus brief description of allergy is displayed in the staff room and also in the First Aid Room. All staff will be informed of allergies and medical needs of pupils in their class.
- To liaise with staff as necessary on medical support.
- To ensure training takes place as necessary.
- To ensure curriculum and classroom adaptation are in place as necessary to support medical needs.

#### **Parents**

- Should provide the school with up to date information.

- Should attend clinic appointments as appropriate.
- Should be involved in the development and review of IHCs.
- Should carry out action they have agreed to implement as part of the IHC.
- Should keep school informed immediately of any change of emergency contact details.

### Storage

Non-emergency medications are stored in the cupboard in the staff room. It is not a legal requirement to store medicines in a locked cupboard as long as they are secured in a safe location known to the child and relevant staff. Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person or in a lockable facility

Medications requiring refrigeration should be stored in the staffroom fridge in a clearly labelled plastic container.

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Emergency medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. It is important that the safe location is known to the child and relevant examples may include the classroom, medical room, school office or on the child themselves. This will be dependent on the circumstances and the child's age and maturity. A named individual will take responsibility for these on a school trip. Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

Controlled-drugs where administered by schools should be stored in a locked non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. In addition to standard written records, a record should be kept for audit and safety purposes of any doses used and the amount of the controlled drug held.

## Appendix A – Consent to administer non-prescription medication



Abberley Parochial Primary School  
Headteacher: J Turvey

- All non-prescription (over the counter) medicines must be in the original container. They must be labelled GSL
- A separate form is required for each medicine.

Child's name	
Child's date of birth	
Class	
Name of medicine	
Strength of medication	
Dosage	
At what time/times?	
Reason for medication	
Duration – For what period are you giving consent (1 week maximum)	
Possible side effects which the school need to be aware of.	

Parental mobile contact	
Parental landline contact	
Emergency contact name	
Emergency contact phone	
Name of child's GP practice	
Phone contact of GP practice	

- I understand that the school is not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent.

- I give my permission for the Head teacher/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school.
- I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I confirm that my son/daughter has previously taken the medication and has had no know adverse reactions to the medication.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent or carer name</b>	
<b>Parent's signature</b>	
<b>Date</b>	



- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for each medicine.

Child's name	
Child's date of birth	
Class	
Name of medicine	
Strength of medication	
Dosage	
At what time/times?	
Reason for medication	
Duration – For what period are you giving consent	
Possible side effects which the school need to be aware of.	

Parental mobile contact	
Parental landline contact	
Emergency contact name	
Emergency contact phone	
Name of child's GP practice	
Phone contact of GP practice	

- I give my permission for the head teacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery.
- I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.



- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine. • I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent or carer name	
Parent's signature	
Date	