



## CARNALRIDGE PRIMARY SCHOOL

# Administering medication

<b>NAME:</b>	<b>ROLE:</b>
Jade Thorne	Acting Principal
Andrew Bingham	Chair of Board of Governors

<b>Date Ratified:</b>	<b>21/11/2022</b>
<b>Date of Review:</b>	<b>21/11/2023</b>

This policy has been written to meet the medical needs of children under the terms set out in “Supporting Pupils with Medication Needs” (Department of Education & Department of Health & Social Services, and Public Safety, 2008).

The Board of Governors and staff of Carnalridge Primary School wish to ensure that children with medication needs receive appropriate care and support at school. **There is no legal duty that requires school staff to administer medication and staff members are under no obligation to do so.** If staff members are content to volunteer to assist with the administration of medicine, they will be required to adhere to the procedures outlined in this policy document.

**Principles** (Supporting Pupils with Medication Needs, DE and DHSS guidelines 2008)  
Parents/guardians should keep their children at home if acutely unwell or infectious. Administration of medication is the responsibility of parents or those with parental responsibility.

Medication should only be taken to school when absolutely essential and with the agreement of the Principal.

Only essential medication with a dosage that cannot be taken outside school hours should be sent to school.

Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours e.g., medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Schools should be alerted to the particular risks for young persons in taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance.

Children may self-medicate for a number of long-term conditions. **These are likely to fall within three areas:**

- Diabetes
- Long-term such as asthma or ADHD; and
- Medical emergency which is unexpected or related to some known condition. (EpiPen)

## **The Role of Parents and Guardians**

Parents/guardians are responsible for providing the principal with comprehensive information regarding the child's condition and treatment, for providing any medication required and for its safe removal at the end of term and/or treatment and/or shelf-life. Date-expired medicines or those no longer required for treatment should be collected for transfer to a community pharmacist for safe disposal.

- School does not keep a stock of painkillers, nor will it diagnose, prescribe and administer painkillers to children who become unwell.
- Prescribed medication cannot be accepted by school without specific written and signed instructions from the parent/guardian.
- Neither aspirin nor ibuprofen should be sent to school.
- Staff cannot administer a non-prescribed medicine (e.g. Calpol) unless there are exceptional circumstances with clear medical guidance to do so provided, the appropriate parental consent form completed and the agreement of the Principal or, in their absence, a head of Key Stage is obtained.
- School staff cannot force children to take medication.
- The school cannot accept items of medication in unlabelled containers.
- Most medication should be stored securely in the school office so that other pupils do not gain access to it. Parents may need to leave medicine into the office and collect it each day, depending on the specific medication concerned. Children will not be permitted to keep their medication in their schoolbags with the exception of an asthma inhaler.
- Storage of inhalers and Epi-pens will depend on the individual needs of the child's condition but we will endeavour to ensure that these items are stored safely and provide easy access if required.

## **School Trips**

The school will make every effort to continue the administration of medication to a child during trips away from school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

## **Medical Care Plans**

Medication plans will normally be drawn up by a health professional and all relevant parties briefed i.e. child, parents/guardians, teacher, classroom assistant, senior supervisory assistant, principal. Members of staff will exercise appropriate confidentiality and sensitivity. Parents need to inform the school meals service in writing, using the appropriate form which is available from the school office, if their child has a specific dietary requirement so that they can cater for this need appropriately.

## **Members of staff are indemnified:**

"If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings

arise, the employer will indemnify the member of staff provided all of the following conditions apply:

- a. The member of staff is a direct employee.
- b. The medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment.
- c. The member of staff follows:
  - the procedures set out in this guidance;
  - the school's policy;
  - the procedures outlined in the individual pupil's Medication Plan, or written permission from parents and directions received through training in the appropriate procedures.
- d. Except as set out in the note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

*Note: Condition d. does not apply in the case of a criminal offence under Health and Safety legislation.” (DENI & HSSPS, 2008, p.2-3)*

### **Procedures**

A parent/guardian seeking support with a child's medication in school should provide signed permission, details and instructions. The Principal will then ask a willing and appropriate member of staff to take responsibility for administering the correct dosage at the correct time, for monitoring any response, for recording the details and for the addition of signatures by an adult witness and self. As you can understand it is difficult to always remember to check when a child needs to be given a particular dose of medication when the teacher is teaching a class, particularly if this is a short term situation and not a regular occurrence; therefore, it is expected that (depending on the age of the child) the onus for reminding the teacher that medication is due to be taken will fall to the child. If parents are not content with this, then it will revert to the responsibility for administering the medication returning to the parents.

### **Administration**

Where it is appropriate to do so, children will be encouraged to administer their own medication (e.g. asthma inhaler), under staff supervision if necessary. Parents/guardians will be asked to confirm in writing if they wish their child to carry such medication and to self-administer.

Staff will give due attention to hygiene, washing hands and wearing gloves as appropriate. Children whose parents/guardians wish them to administer their own medication will be encouraged to do likewise.

The school will not make changes to prescribed dosages on instructions from parents/guardians.

If a child refuses to take medicines, staff will not force them to do so, but will inform the parents/guardians of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in a medical emergency, then the school's emergency procedures will be followed.

Where training is required, members of staff who volunteer to assist in the administration of particular medication will receive any necessary training/guidance through arrangements made with the School Health Service and/or British Red Cross.

For each child with long-term or complex medication needs, the Principal will ensure that a Care Plan is drawn up in conjunction with the appropriate health professionals. All staff will be made aware of the procedures in the event of an emergency.

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

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Example form for parents to complete 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:

\_\_\_\_\_

Forename(s)

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Condition or illness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication**

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

\_\_\_\_\_

\_\_\_\_\_

For how long your child will take this medication:

\_\_\_\_\_

\_\_\_\_\_

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

Full direction for use:

\_\_\_\_\_

\_\_\_\_\_

Dosage and method:

\_\_\_\_\_

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 (agreed member of staff) 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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### **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 (name of child) will receive (quantity and name of medicine) every day at (time medicine to be administered e.g., lunchtime or afternoon break). (Name of child) will be given/ supervised whilst he/she take their medication by (name of member of staff). This arrangement will continue until (either end date of course of medicine or until instructed by parents).

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

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

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

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

Name:

\_\_\_\_\_

Type of training received:

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

Date training completed:

\_\_\_\_\_

Training provided by:

\_\_\_\_\_

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:

\_\_\_\_\_

## **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
2. School name, address and postcode
3. Give exact location in the school (insert brief description)
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

