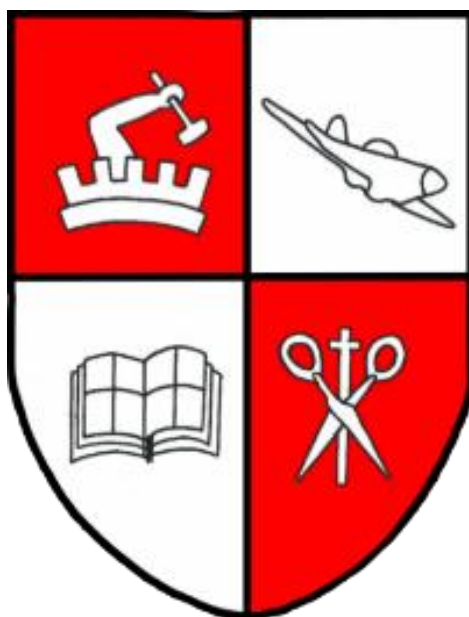


ST. GERARD'S CATHOLIC PRIMARY SCHOOL



ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

Our Mission Statement

'With Christ at our side and St. Gerard as our guide we live, love, learn and pray together.'

Approved by governing body: March 2020

Date for review: March 2022



St Gerard's Catholic Primary School

Administration of Medication in School Policy

Policy Statement

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents/carers should make arrangements to administer medicines at home. However, we as a school recognize that there are a few children, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illness such as asthma or diabetes to receive medication and we are prepared to take responsibility for those occasions. The following guidelines are designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject. We will generally only administer medication PRESCRIBED by a doctor, dentist, nurse or pharmacist, and cannot take responsibility for the application of creams and lotions. Medicines containing aspirin will only be given if prescribed by a doctor. NON-PRESCRIBED medication (Over the Counter (OTC) medicines) can be administered where a doctor has recommended. In both cases, written permission for that particular medicine must be obtained from the child's parent and/or carer before medication can be administered. If the school takes the decision that medication is not to be given then we will consider what other measures are to be taken when children have long-term health conditions or otherwise need medication to ensure they are all still able to access a full education. None of the above measures discriminates and must promote the good health.

Should we be asked to admit a child to school with special medical needs we will, in partnership with parents, school nurses and our medical advisers, discuss individual needs and where appropriate an individual Care Plan will be developed and any resulting training needs will be met.

1. On admission to school

All parents/guardians will be asked to complete an admission form giving full details of medical conditions, regular medications, emergency medication, emergency numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc. It is important that a parent/carers provide an up-to-date record of home and work contact numbers in case of emergency.

2. Administration and Storage of Medication in School

2.1 The day-to-day administration of medicines is delegated to Main Office staff.

2.2 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the Office Staff.

2.3 Prescribed medication should be in the container as prescribed by the doctor and dispensed by the pharmacist with the child's name, expiry date, dosage and instructions for administration printed clearly on the label. With the exception of insulin which should be in a

pen or pump, not its original container. Over the counter medication should be accompanied with evidence of the child's attendance at a clinic where medication was recommended.

- 2.4 The form "Administration of Medication Record" should be completed by the parent/guardian. Forms are available from the office and completed forms are kept by the office.
- 2.5 Staff may administer medicines in accordance with the prescriber's instructions. A record will be kept of all medicines administered to individual students, stating what, how and how much was administered using the Record of Medication Administered form.
- 2.6 Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
- 2.7 Should the medication need to be changed or discontinued before the completion of the course or of the dosage changes, school should be notified in writing immediately.
- 2.8 If the supply needs to be replenished this should be done in person by the parent or guardian.
- 2.9 Should the child be required or able to administer their own medication e.g. inhaler for asthma, we will want to ensure they understand their responsibilities in this area and may ask the nurse to check technique before accepting full responsibility.
- 2.10 Creams and lotions prescribed more than 3 times a day may be applied by the parent/carer or self-applied by the child concerned under supervision.
- 2.11 When a school trip has been organised, the school ask that any medication is handed to the named member of staff with responsibility for administering medication. This member of staff will then complete the details of the medication and administration requirements in the medical book and will also log medication given during the school trip.
- 2.12 Where a child has been prescribed medication to control behaviour (to be administered more than 3 times a day) and also has significant difficulties in school, the following actions should be considered good practice;

A written report should be obtained from the diagnosing doctor which gives details of the evidence on which the diagnosis was based, the likely effects (both positive and adverse) of the medication on the child, and any recommendations concerning interventions likely to assist in the achievement of the objectives of the medical treatment. This information might be communicated via the school health team (e.g. school nurse) or parents;

All known relevant information should be shared at a meeting involving the child, parents and school staff, together with any other professionals who might have a part to play in formulating an action plan;

An action plan should be devised which sets out, as appropriate, academic, social, emotional and behavioural targets, together with the actions that all those involved, including the child, will take in order to achieve them;

Timescales should be set for the achievement of the targets and details should be agreed concerning how progress will be monitored, assessed, reviewed and recoded;

A process for feeding back information regarding progress to the diagnosing doctor should be agreed in order to avoid unnecessary continuation of medical treatment.

3. Storage and Disposal of Medication

- 3.1 All medicines should be stored safely. All medication with the exception of Emergency medication will be kept in a locked cupboard in the school office.
- 3.2 Students should know where their medicines are at all times and be able to access them immediately.
- 3.3 Medication needed for emergency situations will be readily accessible. Inhalers should be carried by students wherever possible; a spare inhaler may be left with the Main Office and should be clearly marked with the student's name.
- 3.4 A regular half term check will be made of the medicine cabinet and parents are asked to collect any medication which is out of date or not clearly labelled. If parents do not collect this medication it will be disposed of.

4. Asthma Policy

- 4.1 Every child diagnosed with Asthma should have a blue inhaler available in school. If at home, a child uses their reliever inhaler together with a spacer device e.g. volumatic, this system should also be available in school.
- 4.2 All inhaler devices should be clearly labelled with the child's name.
- 4.3 Key Stage 1- inhaler will be kept on the class teacher's desk.
- 4.4 Parents will be informed if the reliever has been used during the course of the day.
- 4.5 Key Stage 2- Pupils at this age are encouraged to become self-managing by the end of year 6.
- 4.6 When a pupil has a clear and sensible understanding of the use of their inhaler, they will be allowed to carry it with them and use when necessary.
- 4.7 Permission will be gained for the school nurse to check a child's inhaler technique if the staff have any concerns about their ability to self-administer.
- 4.8 If pupils leave the premises for any activity their reliever inhaler will need to go with them. This will be the joint responsibility of staff and parents.
- 4.9 All inhalers will be sent home at the end of each academic year. It is the parent's responsibility to ensure a new in date inhaler comes into school on the first day of the next academic year.

5. Training

- 5.1 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training, guidance and support from the health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures should be kept both by the school and the member of staff.
- 5.2 All staff should access asthma awareness training which should be updated regularly.
- 5.3 All staff will be updated annually on other conditions e.g. diabetes, heart condition and allergies.