Submitted for ratification to Governors: November 2019

Ratified:

For review: As appropriate, in line with DE guidance/ Circulars



Administration of Medicines Policy

Killowen Primary School

**ADMINISTRATION OF MEDICATION IN SCHOOL**

The Board of Governors and staff of Killowen Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so**. **Please note that parents should keep their children at home if acutely unwell or infectious.**

**Parents should, in the first instance, request that all medicines provided by the doctor be administered either twice a day or three times a day to prevent medicines being brought into school.**

If it is necessary to bring medicines into school the following should be adhered to:

-Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication.

-Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

-Staff will not give a non prescribed medicine to a child unless there is specific prior written permission from the parents.

-Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

-Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

-Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

\_ Pupil’s Name.

\_ Name of medication.

\_ Dosage.

\_ Frequency of administration.

\_ Date of dispensing.

\_ Storage requirements (if important).

\_ Expiry date.

**See Appendix 1**

**The school will not accept items of medication in unlabelled containers.**

-Medication will be kept in a secure place, out of the reach of pupils.

-Unless otherwise indicated all medication to be administered in school will be kept in the principal’s office.

The school will keep records, which they will have available for parents.

-If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.

-It is the responsibility of parents to notify the school in writing if the pupil’s need for medication has ceased.

-It is the parents’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

-The school will not make changes to dosages on verbal parental instructions. All requests should be on the agreed proforma.

-School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term.

-Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

-For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

-Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

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

-All staff will be made aware of the procedures to be followed in the event of an emergency.

**DEALING WITH MEDICINES SAFELY**

**Safety Management**

-All medicines may be harmful to anyone for whom they are not

prescribed. Where a school agrees to administer this type of medicine the employer must ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to

Health Regulations 2002, (COSHH).

-The Medicines Act 1968 places restrictions on dealings with

medicinal products, including their administration. In the case of prescription only medicines anyone administering such a medicinal product by injection must be an appropriate medical practitioner, e.g. a doctor, or else must act in accordance with the practitioner’s directions and authority.

-There are exceptions for the administration of certain prescription only medicines by injection in emergencies (in order to save a life). An example of an exception is injection by a fully assembled syringe and needle delivering a set dose of adrenaline by intramuscular injection in the case of anaphylactic shock. Examples are EpiPen® and Anapen®. There are also junior versions for use with children.

**Appendix 1**

Dear Parent

It is vitally important that medicines are not brought into school by a child but rather by their parent with exact instructions on usage. Each item of medication must be clearly labelled with pupil’s name. Date of dispensing and expiry date of medication should also be clearly marked. The proforma below will help to detail such use of medicine on the school premises.

Here is an example form to help you fill in the consent form below. Please sign and return to school.

Example

I agree that **(name of child)** will receive **(quantity and name of medicine)** every **(2 hours / 4 hours etc)** starting at **(time). (Name of child)** will be given this medication by **(name of member of staff).** This arrangement will continue until **(either end of date of course of medicine or until instructed by parents)**

Signed: **(Name(s) of Parents)**

Date: **(Date the medicine was sent to school)**

**Consent Form**

(Medication must be clearly labelled with pupil’s Name)

Date of dispensing \_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will receive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ every \_\_\_\_\_\_\_\_ starting at \_\_\_\_\_\_\_\_\_\_ . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be given this medication by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . This arrangement will continue until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is available from the school office when you need it