

St Patrick's Catholic Primary School and Nursery



MEDICATION POLICY



St Patrick's Catholic Primary School and Nursery Administration of Medicines Policy

1. AIMS OF THIS POLICY STATEMENT

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.
- ♦ To ensure a duty of care to our pupils

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after.

In the case of vomiting/diarrhoea children should remain at home until 48 hours after the last bout of vomiting/diarrhoea.

The school is committed to ensuring that children may return to school as soon as possible after an illness/injury, (subject to the health and safety of the school community) and that children with specific health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);

- All medicines should be taken directly to the school office by a responsible adult;
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
- The medicine should be clearly marked with the child's name and class number;
- The appropriate dosage spoon should be included with all medicines sent to school;
- Any medicine administered will be recorded by the staff member on the Medication Permission Record Form in the School Office;
- Medicines will only be accepted for administration in school on completion of the appropriate form by a parent or carer.
- ♦ It is to be noted that medicines that need to be taken three times a day can be administered at home. Medicines requiring 4 doses will be administered in school if the relevant paperwork /parental permission is completed. In the case of controlled drugs such as Ritolin these will be kept in the school safe and two staff signatures recorded on the Medication Record Form.

3. NON-PRESCRIPTION MEDICINES

- ♦ It is our policy not to administer non prescribed medicines; however, if parents /carers wish their child to receive such medication, we encourage parent/carer to attend school personally to administer the medication to their own child.

4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- Staff at St Patrick's do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration.

- Medicines are stored where required in the Staffroom fridge and/or securely in the office with access only for staff;
 - Asthma inhalers are kept in pupils own class in teacher's drawers. Any child subject to a Care Plan for asthma must have an inhaler and if required a spacer in the classroom during the school day.
 - Epipens are kept securely in the School Office;
 - Staff must complete the 'Medication Permission Record Form' kept in the office each time medicine is administered within school time;
 - Relevant staff will be trained on how to administer Epi pens.
- In the case of long term daily medication for certain conditions such as diabetes, several members of staff are trained how to administer insulin and take blood tests.
- . Nursery staff will be responsible for administering medicines, inhalers etc to Nursery children.

5. PARENTS' RESPONSIBILITY

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the Medication Permission Record form kept in the office before a medicine can be administered by staff;
- Primary school children may be able to manage their own medication, under adult, supervision but again, only with parental agreement given through the appropriate paperwork as above;
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epipens, are kept up to date;

- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.
- ♦ Care plans must be in place for long term medical needs such as asthma, eczema, epilepsy, diabetes, allergies etc.

6. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the teacher is responsible for taking the class medical bag e.g. asthma pump, EpiPen, enzymes, eczema cream with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure. Risk assessments will be completed prior to all visits.

This policy will be reviewed in March 2016

Mrs L Cyples

Mrs AB Goodison

Chair of Governors

Headteacher

Mrs D Jamieson
Health and Safety co-ordinator

St Patrick's Catholic Primary School



Health Care Plan

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

FORM 3A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by *[name of member of staff]*: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school/setting needs to know about? _____

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature(s):

Relationship to child:

FORM 4

Confirmation of the Head's agreement to administer medicine

Name of School/Setting _____

It is agreed 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
takes 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 Head teacher/Head of Setting/Named Member of Staff]

FORM 5

Record of medicine administered to an individual child

Name of School/Setting _____

Name of Child _____

Date medicine provided
by parent _____

Group/class/ form _____

Quantity received _____

Name and strength of
medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of
medicine _____

Staff signature _____

Parent signature _____

Date _____

Time Given _____

Dose Given _____

Name of member of
staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials
