

Policy for the Administration of Medicine



CHAPEL ROAD
PRIMARY SCHOOL

Created January 2016

1. Policy Introduction

The Board of Governors and staff of Chapel Road Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

Please note that parents should care for their children at home if acutely unwell or infectious.

Should the school agree to assist with medicines (the school is not legally bound to do so), prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

2. Responsibilities & Agreements

As a child's main carer, it is the parent's responsibility to provide the Principal with all information relating to any long term medical conditions. All appropriate forms must be completed by the parent prior to any agreement to administer medication. Should a child develop an illness/condition throughout the school year, the Principal should be notified immediately.

We acknowledge that medication needs can be grouped into three categories:

1. Pupils with a **long term condition requiring regular medication**, e.g. children with asthma.
2. Pupils requiring **short term prescribed medication** for acute conditions, for example an ear or chest infection. Usually such children will have been off school, but may still be on medication when they return.
3. Pupils who may **require medication to be given in an emergency**: Two different types of medical emergency may arise within the school setting:
 - Where the pupil has not previously been known to have a medical condition and the medical emergency arises "out of the blue".
 - Where a pupil with a known medical condition and a Medication Plan experiences a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection.

3. Long Term Medical Conditions

Where a child has been diagnosed with a **long term condition requiring regular medication** arrangements will be agreed with the principal in order to ensure the child can continue to attend school. To facilitate this arrangement the school and the parent(s) will follow the procedures outlined below:

The parent will:

Provide information on the diagnosed medical condition

Complete and sign the correct forms requesting the school to administer medicine-see Appendices attached and select the appropriate form. Provide the prescribed medication with its original packaging and labelled clearly with the following:

- The pupil's name
- The prescribed dose
- The expiry date

Be responsible for ensuring the medicine is up to date and available when required

Be responsible for discarding any used/unused medication

- Should the school agree to assist with medicines (and it is not legally bound to do so), prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

5. Pain Relief & Non-prescribed Medicines

School staff **cannot and will not** take responsibility for administering pain relief and other such non-prescribed medication. If a child is seen to possess any non-prescription medication, it will be confiscated. If the child is in pain it is our belief that the child is probably better off at home. Children will not be allowed to carry painkillers around the school.

6. Quantities of medicine

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). If medicine is prescribed with a daily dosage of three times a day or less, the medication should be taken outside of school hours.

7. Offsite

Where the pupil travels with other adults (e.g. neighbour/ child minder), parents should ensure the adult has written instructions relating to any medication the pupil has to take. It is the parents' responsibility to contact the Principal to inform and arrange appropriate measures for the above to occur.

8. Labelling Medicines

Each item of medication must be delivered to the Principal or class teacher, 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
- Date of Birth
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing

This information will be checked by a staff member before accepting any medication. **The school will not accept items of medication in unlabelled container.**

9. Securing Medicines

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 a secure cabinet/cupboard.

10. Refusal to take Medicines

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.

11. End of Treatment

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

12. Medication Supply

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.

13. Dosage

The school will not make changes to dosages on parental instructions.

14. Disposal

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.

15. Medication Plan

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 and if an agreement has been reached where the school agrees to take on this responsibility.

16. Self-administration

Children will not be permitted to administer their own medication unless stated on pupil's Medical Care Plan.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours (e.g. 3 times a day medication can be taken before school, after school and at night). Parents should ask the prescribing doctor or dentist about this.

17. Asthma

Nowadays, Asthma is a very common ailment and in many cases children miss a lot of valuable school days because the asthma cannot be controlled on a daily basis. A child with asthma will be assisted in the administration of the asthma inhalers. Parents of asthma sufferers must contact the Principal, fill in the appropriate forms and send in a letter from the GP. It is important that staff are fully aware of the child's long term condition.

18. Training

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

19. School Trips

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 if appropriate supervision cannot be guaranteed. This will be unusual and agreed by both school and parents.

20. Storing Medication

All prescribed medication should be kept out of the reach of pupils and stored in a secure cabinet or cupboard.

21. Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Guidance on infection control can be found on the Public Health Agency website at www.publichealth.hscni.net. It is also displayed in the staff room. This can advise on the circumstances in which pupils with infectious diseases should not be in school and the action to be taken following an outbreak of an infectious disease. Staff should also have access to protective disposable gloves.

22. Record Keeping

Information on all ailments will be stored on the school's central system in the first instant. A file will also be kept in the office. In the file will be a list of all pupils whose parents have sent in information and written confirmation of ailments. Parents are responsible for supplying information about medicines. Teachers should send information about such illnesses or conditions to the office and the Principal should they learn of them during a parent/teacher meeting.

23. Awareness of Emergency Procedures

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

23.1 Emergency Procedures where medical condition is known

In the case of an emergency, i.e. a child has a fit, a seizure, and some other suspected dangerous reaction due to a medical condition or behavioural difficulty the teacher is to first contact the office.

The principal and first aider should be called to the class to assist and assess the situation. If necessary an ambulance should be called as soon as possible and parents contacted. Should the

principal not be available the Vice-principal should be contacted to help assess the next course of action. Staff members should not in the first instance transport a child in their car to the hospital. Such decisions should be made by the staff member in charge of the school at the time.

Should a staff member take suddenly ill or have some seizure the same procedure as above should be followed.

23.2 Emergency Procedures where medical condition is UNKNOWN

Where the pupil has not previously been known to have a medical condition and the medical emergency arises 'out of the blue' Emergency Services will be called, parents will be contacted and Principal will be notified.

24. Contact with Parents/ Carers

It is paramount that parents make sure they have supplied the school with up-to-date contact telephone numbers. Parents need to be contacted fast in an emergency and the schools ability to do so will depend on readily available up-to-date phone numbers. The risk to the child is heightened when a parent cannot be contacted and the responsibility lies with the parent to make sure that he/she can be easily contacted.

This policy will be reviewed biannually.

It was presented to and ratified by the BOG on 6th July 2016

Review date- June 2018



CHAPEL ROAD PS

MEDICATION PLAN FOR A PUPIL WITH LONG TERM MEDICAL NEEDS

FORM A1

Complete where applicable

Name of Pupil _____ Date of Birth: _____ Class: _____

Medical Diagnosis: _____

Contact Information

Family contact 1: Name: _____

Phone No: (home/mobile): _____

(work): _____

Relationship: _____

Family contact 2: Name: _____

Phone No: (home/mobile): _____

(work): _____

Relationship: _____

GP: Name: _____

Phone No: _____

Clinic/Hospital Contact

Name: _____

Phone No: _____

Plan prepared by:

Name: _____ Designation: _____ Date: _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child (state if different for off-site activities)

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

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of the above child

Signed : _____ (Parent/Carer) Date: _____



**CHAPEL ROAD PS RECORD OF ADMINISTRATION OF MEDICATION TO
INDIVIDUAL CHILD**

To be completed by the parent	
Child's Name	
Date of Birth	
Class	
Condition or illness	
Name of Medicine	
Date medicine provided by the parent	
Quantity of medicine to be administered	
Time(s) to be administered	
Name/Address of Child's doctor	

Medicine cannot be accepted if they do not have a label stating the following:		
Details required	Please tick to clarify	Checked by
Child's Name		
DOB		
Dose/Quantity		
Frequency		
Date on label not expired		

Painkillers cannot be administered in school without the same above information.

Parental Declaration-I can confirm that the above information is accurate and correct

Signed _____ (parent/guardian) Date _____

Staff Member _____ Date _____

Record/Details of Medicine (as stated above) administered to _____

Date			
Time administered			
Dose administered			
Any reactions noted			
Name of staff member			
Name of staff witness			
Signature of staff member			
Signature of staff witness			

Record/Details of Medicine administered to _____ Class _____

Date			
Time administered			
Dose administered			
Any reactions noted			
Name of staff member			
Name of staff witness			
Signature of staff member			
Signature of staff witness			

Date			
Time administered			
Dose administered			
Any reactions noted			
Name of staff member			
Name of staff witness			
Signature of staff member			
Signature of staff witness			

Date			
Time administered			
Dose administered			
Any reactions noted			
Name of staff member			
Name of staff witness			
Signature of staff member			
Signature of staff witness			

