

Tas Valley Church Schools Federation

Administration of Medication Policy



Formally adopted by the Governing Board of:-	Tas Valley Federation
On:-	
Chair of Governors:-	Diane Perry-Yates
Last updated:-	

Administration of Medication Policy

Name of school:	Tas Valley Church Schools Federation
Date of Policy:	Summer 2022
Next Review:	Summer 2025
Members of staff Responsible:	Senior Leadership Team

1 Introduction

- 1.1 The administration of medication to children is the responsibility of parents, and there is no requirement for the Headteacher or school staff to undertake these responsibilities. However, this statement has been prepared to clarify our school's policy should a request for the administration of medication be received from parents.
- 1.2 There are two main sets of circumstances in which requests may be made to school staff to administer prescribed medication to children at school:
 - a) where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as an antibiotic;
 - b) cases of chronic illness or long-term complaints such as asthma, diabetes or epilepsy.
- 1.3 Following a period of illness, medical professionals are best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain advice as is necessary.
- 1.4 The Federation will only administer prescribed medication if the required dosage is three times (or more) during the course of the day. Any less than this can be administered by parents at home, for example before school, after school and before the child's bedtime.
- 1.5 If parents/carers would like to request for non-prescribed medication to be administered, they will need to discuss this request with the Headteacher. If there are exceptional circumstances, the school may be willing to administer non-prescribed medication, but this is ultimately at the Headteacher's discretion, and dependent upon the individual circumstances.
- 1.6 The school recognises that a child should not be deprived of a period of schooling solely because they have been prescribed medication. The school will liaise with the School Nursing team, the GP and any other medical professionals so that medication will not become a barrier to the child attending school.

2 The Headteacher's Responsibilities

- 2.1 The Headteacher and school staff must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.
- 2.2 When a parent requests that medication be administered to their child at school, the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all circumstances of the case and have regard to the best interests of the pupils and the implications for staff.
- 2.3 The Headteacher will ensure all staff are aware of the school's procedures regarding the

administration of medication. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

2.4 At Preston, inhalers will be stored in the school office along with the record book. At Saxlingham, we keep inhalers in classrooms along with the record book.

2.5 Where medicines are to be administered at school, the Headteacher will ensure that a member of staff is responsible for this task. These members of staff will be provided with sufficient training and support to undertake the responsibility.

3. Parental Responsibilities

3.1 Wherever possible parents, should administer or supervise the self- administration of medication to their children. This may be affected by the child going home during the lunch break or the parent visiting the school. However, where this is not practicable parents may make a request for the medication to be administered to the child by the school.

3.2 Where parents make such a request, it should be by completion of the form 'Parental Agreement for Setting to Administer Medication' (see Appendix A).

3.3 If a parent refuses to complete and sign the form, the Headteacher will make it clear to the parent (in writing) that the school is not prepared to administer medication.

3.4 The medicine, in the original container, should be delivered to school, wherever possible by a parent, and should be handed to a member of Office Staff or the Headteacher.

3.5 Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, child's name, and dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions.

3.6 In cases where children require prescribed medication over long periods of time, any change in the dosage or other arrangements must be notified by the parents, in writing, to the Headteacher.

3.7 The school makes termly checks of the expiry dates of medication. If the school deems that the medication may no longer be necessary, the school will contact the parent/carer to discuss the matter and confirm whether the parent/carer wishes for the school to continue to hold the medication. Medicines no longer required or medications past its expiry date are the responsibility of the parent. They cannot be allowed to accumulate at the school and will be returned to the parent in person for disposal.

4 School Procedures

4.1 Medicines will be kept in a secure place in the school office. If the medication requires to be kept refrigerated, arrangements will be made to ensure it is both secure and available whenever required.

4.2 A written record will be kept of the administration of all prescribed medication to pupils. This documentation will be kept together with the instructions given on the 'Parental

Agreement for Setting to Administer Medication' form, checked on every occasion (and witnessed) and completed by the member of staff administering the medicine.

- 4.3 Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from the Health Authority.
- 4.5 In no circumstances will school staff administer prescribed medication on their own initiative.

5 Administration of Medication to Pupils

- 5.1 The only medicine we administer is prescribed medication. We will not provide mild analgesic (e.g. paracetamol) to pupils.
- 5.2 In order to avoid the risk of improper use, pupils should not bring their own supplies of analgesics to school.
- 5.3 Analgesics will only be given to pupils when parents/ carers have given prior written permission. Circumstances for which it might be appropriate for the Headteacher to seek such permission would include residential visits and day trips organised by the school.
- 5.4 In such cases, specified members of staff will be authorised to issue tablets and a formal record kept.
- 5.5 Tablets, which will be preparations of paracetamol designed specifically for children under 12, will be kept in a secure place during residential visits and not in First Aid boxes.
- 5.7 On no account will aspirin, or preparations containing aspirin, be given to pupils.

6 Children with Complex Health Needs

- 6.1 The term Complex Health Needs include those children:
- whose clinical wellbeing changes significantly from day to day
 - who need many hours of care each day
 - for whom there is a daily risk of a life-threatening event
- Such children will be identified by healthcare professionals.
- 6.2 Procedures associated with the above include:
- invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
 - regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
 - oxygen supplementation
 - management of emergencies likely to require hospital admission
- 6.3 Individual Healthcare Plans, initiated by the responsible healthcare professional, must be maintained for every child with Complex Health Needs.
- 6.4 Plans should be agreed by the responsible healthcare professional, the Headteacher and parents/ persons with parental responsibility, prior to the admission of a pupil to a school or whenever a change is made to an existing plan. Healthcare Plans should be signed to

indicate acceptance by all parties.

- 6.5 Headteachers must ensure appropriate training, needed to support Healthcare Plans, is given prior to the admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced.
- 6.6 The School will liaise with appropriate healthcare professionals for advice regarding healthcare plans for those with complex and significant healthcare needs.
- 6.7 Only those members of staff who are both willing and appropriately trained will administer such treatment. No staff will be required to administer medicines or undertake invasive procedures if it is not in their existing contract. Such duties will be voluntary although the Headteacher may appoint staff specifically for this purpose.
- 6.8 Where practicable, the Headteacher should allow young people to be offered a carer of their own gender for all intimate special care. For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection, for example disposable gloves will be worn.
- 6.9 Injections may only be administered by a qualified nurse or Doctor or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.
- 6.10 Pupils who may experience an extreme reaction to, for example food stuffs or wasp stings will require an individual care plan. This will include immediate contact with the Emergency Services and/or the local medical practice.
- 6.11 Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Headteacher, or designated member of staff, who will take appropriate action. This action should be recorded on the pupil's medical file.

7 Insurance

- 7.1 All staff are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

8 Review

- 8.1 This Policy Statement will be kept under review and may be modified from time to time, after appropriate consultation.
- 8.2 The policy will be reviewed every three years.

Appendix A

Parental agreement for 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 the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____