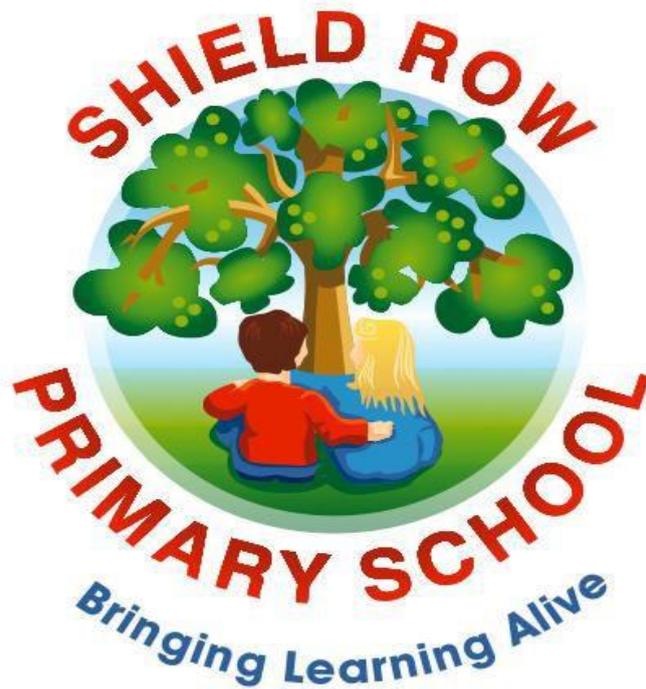


# Shield Row Primary School



## Administering Medicines 2023/24

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication.

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided before any member of the school personnel who has volunteered and accepted this role to be familiar with all administration of medication procedures.

Medicines will only be administered that have been prescribed by a doctor or some other authorised person and where it would be detrimental to a child's health if the medicine were not administered during the day. Non-prescription medicines will not be administered by staff but parents/carers can make arrangements at lunch time to administer the medication to their child.

We wish to work closely with the School Council and to hear their views and opinions as we acknowledge and support Article 12 of the United Nations Convention on the Rights of the Child that children should be encouraged to form and to express their views.

We as a school community have a commitment to promote equality. Therefore, an equality impact assessment has been undertaken and we believe this policy is in line with the Equality Act 2010.

### **Aims**

- To outline the procedures for administering prescribed medicines to pupils.
- To ensure that medicines given at school are stored and administered safely.
- To support individual children with medical needs to achieve regular attendance.
- To reduce cross-infection risk between children, to improve whole school attendance.
- To work with other schools to share good practice in order to improve this policy.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

### **Non-prescribed medicines**

The school can administer non prescribed medicine (eg; paracetamol, Calpol, piriton for a period of up to 3 consecutive days. After this you will have to seek medical advice and get any further medication prescribed. 'Administering Medication Form' will still have to be completed.

### **Prescribed medicines**

For school to administer prescribed medicines an 'Administering Medication Form' will need to be completed and signed by parents/carers. Medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration

The instruction leaflet with prescribed medicines should show:

- Any side effects
- Expiry date.

Please consider whether your child is well enough to be at school if they require medicine to be administered 3/4 times a day.

### **Procedure for Administering Medicines**

1. Medicines to be received, stored, administered and recorded by the same member of the first aid team, usually the Office Manager
2. Parents to complete the necessary pro forma and to personally hand the form and the medicine to the Office Manager or other staff member nominated by the Headteacher.
3. Medicines to be stored in a secure, locked cupboard or fridge as appropriate.
4. Medicines to be administered at breaktime 10:45 – 11:00 or during lunchtime 12:00 – 1:15 pm.. Where this does not meet the requirements of the prescription, parents will need to make alternative arrangements.
5. Children who are to receive medicines will be collected by the Office Manager or other staff member nominated by the Headteacher.
6. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
7. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
8. A record will be made to certify that the name/visual check has been made (see point 6) and that the dosage has been checked. A record will also be made of the date and time of the administration.
9. In the event that the Office Manager is absent from work the above duties will be undertaken by a member of staff appointed by the Headteacher.

### **Longer term needs**

Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

### **Self-Management**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

## **Refusing Medicine**

When a child refuses medicine the parent or carer will be informed the same day.

## **Storage and Disposal of Medicine**

The school will store medicine in a locked cabinet, or locked fridge, as necessary. Medicines that have not been collected by parents at the end of each term will be safely disposed of.

## **Emergency treatment and medicine administration**

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

## **Responsibility for the Policy and Procedure**

### **Role of the Governing Body**

The Governing Body has:

- appointed a member of staff to be responsible for Health and Safety;
- delegated powers and responsibilities to the Headteacher to ensure all school personnel and stakeholders are aware of and comply with this policy;
- responsibility for ensuring that the school complies with all equalities legislation;
- nominated a designated Equalities governor to ensure that appropriate action will be taken to deal with all prejudice related incidents or incidents which are a breach of this policy;
- responsibility for ensuring funding is in place to support this policy;
- responsibility for ensuring this policy and all policies are maintained and updated regularly;
- responsibility for ensuring all policies are made available to parents;
- the responsibility of involving the School Council in the development, approval, implementation and review of this policy;
- nominated a link governor to visit the school regularly, to liaise with the Headteacher and the coordinator and to report back to the Governing Body;
- responsibility for the effective implementation, monitoring and evaluation of this policy

### **Role of the Headteacher**

The Headteacher will:

- ensure all school personnel, pupils and parents are aware of and comply with this policy;
- ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice;
- work closely with the link governor and coordinator;
- provide leadership and vision in respect of equality;
- provide guidance, support and training to all staff;
- monitor the effectiveness of this policy;
- annually report to the Governing Body on the success and development of this policy

### **Role of the Designated Person/s**

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- undertake appropriate training;
- be up to date with the Individual Health Care Plans for those pupils with specific medical needs or emergency medication such as asthma inhalers or epipens;
- be aware of Individual Health Care Plans and of symptoms which may require emergency action;
- read and check the Medical Consent Forms before administering or supervising the taking of medicines;
- check that the medication belongs to the named pupil;
- check that the medication is within the expiry date;
- inform the parent if the medication has reached its expiry date;
- confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage;
- record on the medication record all relevant details of when medication was given;
- return medications to the secure cabinet for storage;
- always take appropriate hygiene precautions;
- record when a child refuses to take medication;
- immediately inform the parent/carer of this refusal

### **Role of the Coordinator**

The coordinator will:

- lead the development of this policy throughout the school;
- work closely with the Headteacher, designated persons and the nominated governor;
- ensure the following information is supplied by the parent/carer:
  - Name and date of birth of the child
  - Name and contact details of the parent/carer
  - Name and contact details of GP
  - Name of medicines
  - Details of prescribed dosage
  - Date and time of last dosage given
  - Consent given by parent/carer for staff to administer medication
  - Expiry date of medication
  - Storage details
- ensure all medications are kept in a secure place and accessible only to the designated persons;
- ensure all medications are kept cool in a small secure fridge;
- provide guidance and support to all staff;
- ensure a designated person will attend all educational visits in order to administer medications;
- ensure pupils have immediate access to asthma inhalers during sporting activities in the school day and during extra-curricular clubs;
- provide training for all staff on induction and when the need arises;
- keep up to date with new developments and resources;
- review and monitor;
- annually report to the Governing Body on the success and development of this policy

### **Role of the Nominated Governor**

The Nominated Governor will:

- work closely with the Headteacher and the coordinator;
- ensure this policy and other linked policies are up to date;
- ensure that everyone connected with the school is aware of this policy;
- annually report to the Governing Body on the success and development of this policy

### **Role of School Personnel**

School personnel will:

- comply with all aspects of this policy;
- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- attend appropriate training sessions on equality;
- report any concerns they have on any aspect of the school community

### **Role of Pupils**

Pupils will:

- be aware of and comply with this policy;
- listen carefully to all instructions given by the teacher;
- ask for further help if they do not understand;
- support the school Code of Conduct and guidance necessary to ensure the smooth running of the school;
- liaise with the school council;
- take part in questionnaires and surveys

### **Role of Parents/Carers**

Parents/carers must provide:

- written permission by completing the Medication Consent Form;
- sufficient medical information on their child's medical condition;
- the medication in its original container;
- sufficient medicine for the dosage to be given in school

### **Training**

We ensure all school personnel have equal chances of training, career development and promotion.

Periodic training will be organised for all school personnel so that they are kept up to date with new information and guide lines concerning equal opportunities.

### **Equality Impact Assessment**

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

### **Monitoring the Effectiveness of this Policy**

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Headteacher and the nominated governor.

A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement.

## School illness exclusion guidelines – Appendix

**Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross- infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.**

|                                |  |
|--------------------------------|--|
| Chickenpox                     | Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash   |
| Conjunctivitis                 | Parents/carers expected to administer relevant creams. Stay off school if unwell   |
| Nausea Nausea without vomiting | Return to school 24 hours after last felt nauseous.  |
| Diarrhoea and/or vomiting      | Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks. |
| German measles/rubella         | .Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed.   |
| Hand, foot and mouth disease   | Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.  |
| Head lice                      | No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice  |
| Cold sores                     | Only exclude if unwell. Encourage hand-washing to reduce viral spread Impetigo Until treated for 2 days and sores have crusted over.   |
| Measles                        | For 5 days after rash appears.   |
| Mumps                          | For 5 days after swelling appears.   |
| Ringworm                       | Until treatment has commenced Scabies Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.   |
| Scarletina                     | For 5 days until rash has disappeared or 5 days of antibiotic course has been completed.   |
| Slapped cheek                  | No exclusion (infectious before rash) Threadworms No exclusion. Encourage handwashing including nail scrubbing.  |

|                  |  |
|------------------|--|
| Whooping cough   | Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days. |
| Antibiotics      | First dose must be given at home, and first 24 hour doses must be given by parent or carer.        |
| Viral infections | Exclude until child is well and temperature is normal (37 degrees).                                |

Headteacher: Miss J Cooke  
Chair of Governors: Mr W Thompson

Date of review: September 2023  
To be reviewed: September 2024