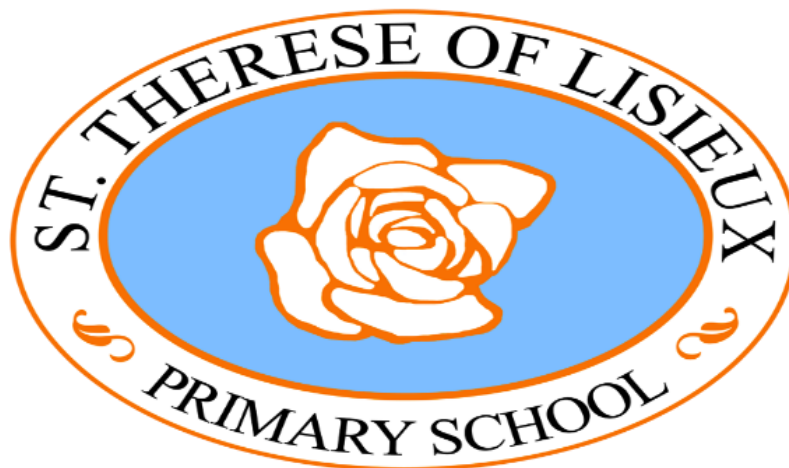


# **POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**



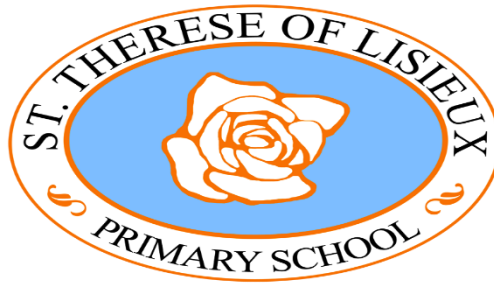
**Article 24**

***You have the right to the best health care possible.***

Policy Agreed: Term1 2018-2019

Policy Review: 2022 v

Policy Review: 2025



## POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

***This policy is in line with the guidance detailed in the Supporting Pupils with Medication Needs (2008) document published by the Department of Education N.I. and the Department of Health, Social Services and Public Safety.***

### INTRODUCTION

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will represent a short term medical need; perhaps finishing a course of medication, as a result of an accident or recovering from illness. Some other pupils may require medication on a long term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis and, if this is not properly managed, they could be prevented from reaching their full potential. Such pupils are regarded as having medical needs. Most children with medication needs are able to attend school regularly and, with some support from the school, can take part in the majority of school activities. A positive response by the school to a pupil's medication needs will not only benefit the pupil directly, but can also positively influence the attitude of others.

Medication needs can be grouped into three categories:

- 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.
- Pupils with a long term condition requiring regular medication; the two biggest categories within this group would be children with asthma and those with ADHD.
- Pupils who may very rarely 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.

Within each of these categories medication may be self-administered, supervised, or administered by a third party. The most challenging situations for schools are for the child on long term medication and the child requiring a drug in an emergency.

## **POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**

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

Ideally, the administration of medicine should be carried out by parents/carers. Where possible, it is the school's policy to comply with requests from parents to help administer medication to children with long term medical needs where these are of an essential long term nature (e.g. epilepsy, diabetes, asthma and anaphylaxis).

The Principal accepts 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.**

Staff may volunteer to administer medication to a pupil, however, they cannot be directed to do so. There is no legal duty that requires school staff to administer medication: this is a voluntary role. The administration of medication to children remains the responsibility of the parent/carer or those with parental responsibility.

Parents/carers 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/carer and a written agreement with an authorised member of staff.

Staff will generally not give a non-prescribed short term courses of medication (e.g. Calpol) to a child as these can be given at home either before or after school.

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

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed.**

**Each item of medication must be clearly labelled with the following information:**

<ul style="list-style-type: none"><li>• Pupil's Name</li><li>• Name of Medication</li><li>• Dosage</li><li>• Frequency of Administration</li></ul>	<ul style="list-style-type: none"><li>• Date of Dispensing</li><li>• Storage Requirements (if important)</li><li>• Expiry Date</li></ul>
--	--

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

Medication for long term medical needs will be kept safely in the classroom in clearly labelled Medical Bags/Containers supplied by the parents. Other medication to be administered in school may be stored securely in the school office.

The school will keep records of medicines administered.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents/carers 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/carers to notify the school in writing if the pupil's need for medication has ceased.

**It is the parents'/carers' 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 parental instructions.

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/SENCO/authorised person, 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/carers 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 (if required) 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.

St Therese of Lisieux Primary School

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Date \_\_\_\_\_ Review Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_ National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Contact Information**

**1 Family Contact 1**

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship \_\_\_\_\_

**2 Family Contact 2**

Name: \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship \_\_\_\_\_

**3 GP**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

**4 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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/carer*

**Distribution**

School Nurse \_\_\_\_\_ Parent \_\_\_\_\_

Other \_\_\_\_\_

**Parent-Staff Member Agreement**

**St Therese of Lisieux Primary School**

**Form AM2**

**REQUEST FOR A SCHOOL TO ADMINISTER PRESCRIBED MEDICATION**

The school will not give your child a prescribed medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Parents should note that there is no legal duty for a member of staff to administer medication in school, this is a voluntary role.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Class: \_\_\_\_\_

Condition or illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

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

\_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Full Directions for Use**

Dosage and method:

\_\_\_\_\_

\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_

Self-Administration Yes/No (delete as appropriate)



## Procedures to take in an Emergency

---

---

---

### Contact Details

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_ (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### Agreement of Principal

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or afternoon break).

This child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (name of staff member).

This arrangement will continue until \_\_\_\_\_ (either end date of course of medicine or until instructed by parents).

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The Principal/authorised member of staff)

Signed by member of staff who agrees to administer medication: \_\_\_\_\_

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

Name of School \_\_\_\_\_ Form AM3

**TEMPLATE FOR A REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

**I understand that it is my responsibility, as the parent, to discuss responsible usage of the medication with my child to ensure their safety and the safety of others.**

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship to child \_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary.**

Parent/Carer Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (either end date of course of medication or until instructed by parents).

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.

Name of School \_\_\_\_\_ Form AM4

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

Surname	
Forename (s)	
Date of Birth	____/____/____ M/F
Class	
Condition of illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry Date	____/____/____
Quantity Returned	
Dose and Frequency of Medicine	

**Checked by:**

Staff signature \_\_\_\_\_ Signature of parent \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time given					
Dose given					
Any reactions					
Name of member of staff					
Staff initials					

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time given					
Dose given					
Any reactions					
Name of member of staff					
Staff initials					

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time given					
Dose given					
Any reactions					
Name of member of staff					
Staff initials					

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time given					
Dose given					
Any reactions					
Name of member of staff					
Staff initials					

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Time given					
Dose given					
Any reactions					
Name of member of staff					
Staff initials					

**St Therese of Lisieux P.S. FORM AM5**

**Record of Medicines Administered to All Children**

Date	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Administering Staff Member	Print Name

**St Therese of Lisieux P.S. FORM AM6**

**Template for Recording Medical Training for Staff**

Name \_\_\_\_\_

Type of training received \_\_\_\_\_

Name(s) of condition/ \_\_\_\_\_

Medication involved \_\_\_\_\_

Date training completed \_\_\_\_\_

Training provided by \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to administer the medication described.

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have received the training detailed above

Trainee's signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Retraining Date \_\_\_\_\_

Refresher Training Completed: \_\_\_\_\_

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Trainee \_\_\_\_\_ Date \_\_\_\_\_