

*"Learning Today, Leading Tomorrow"*



**Bishops Down Primary and Nursery School**

[www.bishopsdownprimary.org](http://www.bishopsdownprimary.org)

# Policy for the Administration of Medicines at School

Date Agreed: February 2021

Date for Review: February 2022

Reviewed and updated by: Resources Committee

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### **Single Equality Scheme**

This policy will be impact assessed. The following questions will be asked.

What have we found out?

What will we do about it?

### **Sections**

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of medicines
4. Children’s medical needs - Parental responsibilities
5. Parents’ written agreement
6. School policy - Supporting children with complex or long-term health needs
7. Policy on children taking and carrying their own medicines
8. Advice and Guidance to staff
9. Record keeping
10. Storing medicines
11. Emergency procedures
12. Risk assessment and arrangement procedures (care plans)
13. Head Injury procedure

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### **1. Managing medicines during the school day**

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber’s instructions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

#### ***a) Prescription***

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safe with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
  - Ritalin, a prescription drug known as a “controlled drug” needs to be kept in a secure environment e.g. in a locked cupboard attached to a structural wall.
  - Permission forms for staff to administer medicines must be completed by the parent/carer.

#### ***b) Non-prescription***

- The school staff will never give paracetamol, aspirin or ibuprofen unless prescribed by a Doctor and as part of a care plan
- Treatments for hay fever or travel sickness may be self-administered by children in Y4-Y6 but can usually be given at home, outside of school hours, but if required at school a permission form will need to be completed by the parent/carer.
- Any other over the counter medicines that have not been prescribed by a doctor may not routinely be administered by school staff.

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### **2. Managing medicines on trips and outings**

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

#### **PE / Sports**

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

### **3. Roles and responsibilities of staff managing or supervising the administration of medicines**

The school acknowledges the common law ‘duty of care’ to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer’s responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The SENDCo is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and

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- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

### **4. Children’s medical needs – parental responsibilities**

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents’ written agreement about sharing information on their children’s needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child’s condition and be part of the health care plan arrangements. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1).

### **5. Parents’ written agreement**

The attached form (Appendix 2) is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are ‘in date’. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

### **6. Supporting children with complex or long-term health needs**

The school will aim to minimise any disruption to the child’s education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals.

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

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### **7. Policy on children taking and carrying their own medicines**

If your child is in Year 4-6 and you consider them responsible enough to administer their own prescribed medicines this is possible if:

- You have given written permission and completed the necessary forms
- Classroom staff are made aware of where the medicine is stored in order to keep it safe.

Only one dose of the medicine should be brought to school each day, however where possible it is advisable to ask your doctor for medicines that can be taken in the morning and evening. Your child must also be made aware of how to take the medicine safely.

### **8 Advice and Guidance to Staff**

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children’s Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

### **9. Record keeping**

#### **Appendices**

- 1 Health Care / Emergency Plan (translate when taken abroad on school trips)
2. Parental agreement for the administration of medicines
3. Record of medicine administered
4. Asthma Appendix – sample letter to parents

### **10. Storing medicines**

The school will keep medicines in a secure place, with access only by staff.

### **11. Emergency procedures**

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law ‘duty of care’ should the need arise.

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### **12. Risk assessment and arrangement procedures (Care Plans)**

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed.

### **13 Head Injury Procedure**

Any child who has a blow to the head should be assessed by a member of staff who is a First Aider.

#### **Medical attention should be sought if any of the following apply to the child:**

- They are unconscious.
- They have been unconscious but have made a full recovery.
- There is danger of injury to the neck or spine.
- They are dazed or groggy afterwards.
- They suffer a fit, a turn or convulsion.
- They start vomiting.
- They are deaf in one ear or seeing double.
- Clear fluid is leaking from their ear or nose.
- Blood is seen in the white of the eye.

If the child appears well apply a cold compress to the bruised area for a few minutes. Observe for any signs of deterioration.

#### **Documentation**

- Record the injury as for any other accident in the green record book in the care suite.
- Telephone the parent/guardian to inform them that their child has had a bump to the head and the treatment they have received. Leave a message if you cannot speak directly to them.

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**Bishops Down Primary and Nursery School  
Policy for  
the Administration of Medicines in Schools  
Appendix 1  
Health Care / Emergency Plan**

**CONTACT DETAILS**

Child’s Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

GP Name and Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Hospital Contacts: \_\_\_\_\_  
\_\_\_\_\_

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**Description of Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Signs and Symptoms:**

\_\_\_\_\_  
\_\_\_\_\_

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**Daily treatment/medication needs in school**

\_\_\_\_\_



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### **Describe what is an emergency for the pupil**

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### **Describe actions should this emergency occur:**

**If: ..... shows the following signs and symptoms:**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**When this is an emergency then the following action should be taken:**

**For example:**

**If a) and b)                      Call an ambulance  
   Then call parents  
   Then call community nurse**

**Or c)                                Call parents / community nurse to assess**

### **Who is responsible in an emergency at school (state if different off-site):**

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Plan copied to:	Parents	Yes/No
	Headteacher/class teacher	Yes/No
	Community Nurse	Yes/No
	Other specialist nurse	Yes/No

### **Parent and School Agreement**

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for .....’s medical and emergency needs.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

School staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head teacher’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

(to confirm advice and training has been provided to school)

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Policy for  
the Administration of Medicines in Schools  
Appendix 2**

**Parental agreement for the administration of prescribed medicines**

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

Date: \_\_\_\_\_ Childs Name \_\_\_\_\_

School: \_\_\_\_\_

Age \_\_\_\_\_ Yr Group & Class \_\_\_\_\_ DOB \_\_\_\_\_

Condition / Illness \_\_\_\_\_

Name and Strength of Medicine  
\_\_\_\_\_

Where Medicine Kept :  
\_\_\_\_\_

Side Effects: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much (dose) to give: \_\_\_\_\_ Date of Provision \_\_\_\_\_

When to give it  
\_\_\_\_\_

Number of tablets given to school  
\_\_\_\_\_

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE  
PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER**

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Daytime contact number of parent or adult contact

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Name and contact number of GP

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Agreed review date

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This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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.

Parent/Guardian signature \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_

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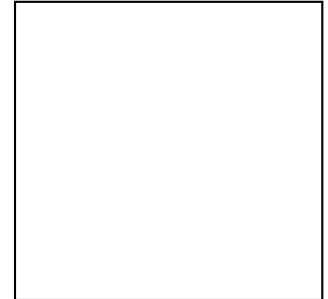
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Policy for  
the Administration of Medicines in Schools  
Appendix 3**

**Record of prescribed medicines administered to an individual child**

To ensure:

- The right medicine  
For
- The right child  
At
- The right time  
At
- The right dose



Name of Child: \_\_\_\_\_

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

Name of school \_\_\_\_\_

Class \_\_\_\_\_

Name and Strength of medicine \_\_\_\_\_

Date Medicine provided by Parent \_\_\_\_\_ Quantity Received \_\_\_\_\_

Dose and frequency of medicine \_\_\_\_\_

Staff Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

<b>Date</b>	____/____/____	____/____/____	____/____/____
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member</b>			
<b>Staff Initials</b>			

<b>Date</b>	____/____/____	____/____/____	____/____/____
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member</b>			
<b>Staff Initials</b>			

<b>Date</b>	____/____/____	____/____/____	____/____/____
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member</b>			
<b>Staff Initials</b>			

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**Bishops Down Primary and Nursery School  
Policy for  
the Administration of Medicines in Schools  
Appendix 4**

**Asthma Pumps in Primary Schools**

Dear

**Asthma Pumps**

I am writing to inform you of the School’s guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in the child’s classroom.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a member of staff for safekeeping.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

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**Form 9**

**Asthma Pumps**

Please tick as appropriate

I agree and accept the above guidelines regarding asthma pumps in school

Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_ Child’s name \_\_\_\_\_