



Medication Policy Christ Church CE (C) Primary School

Introduction

This policy describes the provision made for administering medicines to pupils.

This is taken from guidance provided to schools from Medical Needs.

There is no legal duty that requires school staff to administer medication; this is a voluntary role.

If a complaint is made against a person who has delivered a medicine, all members of the Resources committee will offer their full support for this person. The link governor for medication is Bev Aston.

Policy Statement

- We would ask parents to request that their doctor, whenever possible, prescribe medication, which can be taken **outside the school day**.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day. If your child has to take **4 or more** doses of the medication in a day, we are happy to administer the medication.
- We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy.

School will only administer PRESCRIBED medication.

1. Management and organisation

1.1 When medicines are to be administered in school, it is essential that safe procedures are established which are appropriate and agreed to by the school.

1.2 It is essential that clear written instructions are supplied by parents when requesting that medicine is administered to their child (see appendix 1).

1.3 Parents **MUST** complete a medicine consent (appendix 1) form (available from the school office), giving clear information about the administration:

1.4 Medicines that are not part of a care plan (one off course) must be brought in each day and handed over to the office staff along with the completed medicine consent form. Medicine will need to be collected by the parent/carer at the end of the day.



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1.5 Medication must be in the original packaging with the doctors instructions attached.

1.6 The medicine consent form must be completed and signed by the parent/carer and retained in the school office and a copy will be handed back to the parent/carer at the end of the day.

1.7 By signing the form, the parents/carers are doing so with the understanding that although the person administering the medicine is a trained first-aider, they are still a volunteer. They have the right to refuse to administer medicine and this will be discussed with the parent/carer if applicable.

1.8 All medication administered will be recorded and witnessed by another member of staff.

1.9 A child should never be forced to accept a medication. "Wasted doses" (e.g. tablet dropped on floor) should also be recorded.

1.10 If for any reason the medicine should not be administered, once it has been handed over and a consent form has been completed, the school must be notified immediately by telephone and the instruction confirmed in writing

1.11 Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check the child's technique before accepting full responsibility.

1.12 All staff should be familiar with the normal precautions for avoiding infections and must follow basic hygiene procedures. Staff should have access to disposable gloves and facilities for washing hands.

2. Storage & Disposal of Medication

2.1 All medication with the exception of Emergency Medication will be kept in a safe and secure place (in a fridge if necessary).

3. Administering Medication on Educational Visits

3.1 Staff supervising excursions must consult with a paediatric trained person or the Head Teacher to be aware of any medical needs and any relevant emergency procedures. Arrangements for taking any necessary medication will need to be taken into consideration.

4. Monitoring and Evaluation



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4.1 The above policy and practices will be reviewed regularly by the Resources Governors committee on a yearly basis

4.2 It is the Governor's responsibility to make sure that correct procedures are followed.

4.3 The Governing Body is responsible under the Health and Safety at Work etc. Act 1974, for maintaining and reviewing the schools Health and Safety policy. This Medication Policy along with the Health and Safety Policy ensures procedures are in place to support pupils with medical needs, including the management of medication. The Governing Body is also responsible for making sure that willing staff have appropriate training to support pupils with medical needs. This will be arranged in conjunction with the Health Authority or other health professionals.

4.4 The Head Teacher is responsible for implementing the Governing Body's policy and for developing detailed procedures. When teachers volunteer to give pupils help with their medical needs, the Head Teacher may agree to their doing this, but must ensure that teachers receive proper support and training where necessary.

4.5 She will also make sure that all parents are aware of the school's policy and procedures for dealing with medical needs.

5. Health Care Plans

5.1 Individual health care plans are created for pupils with **ongoing** medical needs, who may need to take medication on a regular basis during the school day.

5.2 The plan identifies the level of support that is needed for the pupil at school.

5.3 A written agreement with parents/carers, clarifies the help that the school can provide.

5.4 The school will agree with parents how often they should jointly review the health care plan on an annual basis.

5.5 Each plan will contain different levels of detail according to the needs of the individual pupil.

5.6 Parents will be asked to collect any medicines held on site, which support Health Care Plans, which have expired or are not clearly labelled. Any uncollected medicines will be taken to the local pharmacy for disposal

6. After School and Breakfast Club



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6.1 If medication is required to be administered during either of these Clubs, please talk to the School Office. Any such requests will be considered on an individual basis.

7. Long Term Medical Conditions

7.1 Asthma medication and control

Most pupils with asthma will relieve their symptoms with medication using an inhaler. The child's individual medication will be readily available in the school office.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which help will be given if needed.

Each pupil's needs and the amount of assistance they require will differ.

Children with asthma will have immediate access to their reliever inhalers when they need them. Inhalers will also be available during physical education, sports activities and school trips.

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

7.2 Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication.

When drawing up health plans, parents will be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

7.3 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

7.4 Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.



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In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline.

Responsibility for giving the injection is on a purely voluntary basis and training has been given to all staff.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.



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Appendix 1

Medicine Consent Form

I, the parent/carer of(child's name) in classgive permission for the administration of prescribed medication by staff and agree to the following disclaimer

By signing this form I agree to a member of staff administering medication to my child.

I understand that the person administering the medicine is a trained first-aider. **However, they are still a volunteer. They have the right to refuse to administer any medicine.**

I acknowledge that the member of staff administering the medicine cannot be held responsible for any mis-administration or adverse reaction to the said medicine below.

I will ensure that the medicine held by the school has not exceeded its expiry date.

I understand that administrating medicines at school should be avoided and are only a last resort.

Print name.....(Parent/carer) Signed..... Date..... Contact number.....

Print name.....(Staff member) Signed..... Date.....

When was medication last administered..... Dosage..... Expiry date



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Time and date of the last does required: Time..... Date.....

Medication	Date	Dosage	When (AM/Lunch/PM)	Administered by (signature)	Witnessed by (signature)	Parent/carer signature



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