



Administering
Medicines
Procedure &
Policy

September

2019

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Promoting health and hygiene

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1 Administering medicines

1.1 Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. E.g. they may be on short-term medication to recover from an illness or long-term medication as they have special medical needs. There is no legal or contractual duty on teachers to administer medicines or supervise taking medicines; nevertheless we would wish to support our pupils where we can. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical ground. However, teachers and other school staff do have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities off site.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.

A trained first aider is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

1.2 Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition. Labels with no logos should not be accepted. Check the label has the patient's information, the dosage, the pharmacist's details and the pharmacy logo. If in doubt refuse to take the medicine and/ or contact the pharmacy. Variations in dosage cannot be made on parental instruction alone and must be corroborated by the label or written instructions from the prescriber.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth; name of medication and strength; who prescribed it;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. The medication record book records
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method;
 - signature of the key person.

2. Storage of medicines

All medication is stored safely in a locked cupboard or refrigerated. The locked cupboard must be secured to a wall. Medication should never be kept with First Aid equipment. The first aider is responsible for ensuring medicine is handed back at the end of the day to the parent.

Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent.

A record of medicine is kept in the unit – this shows which children suffer from which conditions. All staff are also given a copy of the medical list.

3. Medical List

Staff are informed of the medical list annually and any updates of new pupils or conditions. They also have a copy of any medical plans of pupils in their class.

4. Food allergies

Kitchen holds information on pupils with food allergies, together with a photo to identify the pupil if supply staff are working in the kitchen.

5. Long term conditions & allergies

Medicines held in school for long term conditions such as allergies are kept in the locked cupboard in the main office and staff trained how to administer them. They also have updated medical plans which are kept with the medicines, available in the office and copies given to the class teachers.

6. Ritolin

Please note that ritolin must also be kept in the locked medicine cupboard in the main office; only adults should bring ritolin into school and the school's forms for recording amounts brought in and given daily must strictly be adhered to.

7. Asthma & inhalers

Asthma medication is kept in the pupil's classroom. Older pupils often carry their own inhaler if parents wish them to.

Medication and inhalers are taken out of school on educational visits.

8. Medical knowledge & training

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional e.g. Epipen, asthma training, diabetes etc.

9. Rectal Diazepam

If rectal diazepam is given another member of staff must be present and co-signs the record book.

10. Request for medication made by children

Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

11. Recording errors

When recording if an error is made do not alter the mistake in any way – the error should be identified with an asterisk and on the next line write: *ENTERED IN ERROR, SHOULD READ...then insert the correct entry and sign.

12. Children who have long term medical conditions and who may require ongoing medication

A medical plan is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Headteacher alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.

Parents will also contribute to a medical plan (risk assessment). They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child. Where possible parents will be encouraged to co-operate in training children to self-administer medication if this is practicable.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the medical plan.

The risk assessment / medical plan include arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.

A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.

The health care plan should include the measures to be taken in an emergency. (Consult Durham LEA's Guidelines for more detailed information)

The health care plan is reviewed annually or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

13. Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

As a precaution, children should not eat when travelling in vehicles. This procedure is read alongside the outings procedure.

14. Legal Framework

Medicines Act (1968)

15. Monitor and review

Reviewed September 2019

Next Review September 2020.

Appendices

1. Format of care plan
2. Contacting Emergency Services
3. Parental agreement for schools / setting to administer medicine (Office)
4. Head teacher setting agreement to administer medicine (Office)
5. Request for child to carry own medicine (e.g. inhaler)
6. Record of receiving and giving medication (Office)

Car plans – format

See Durham LEA Guidelines for sample format

Contacting Emergency Services

Dial 999, ask for ambulance and be ready with the following information:

Location

Post code

Telephone no:

Greenland Community Primary School South Moor Road
South Moor
Stanley

Co Durham DH9 7EZ 01207 232147

You may be required to provide the following information:

Your exact location in the school

Your name

The name of the child and a brief description of their symptoms

Ensure you inform Ambulance Control if the best entrance and state that the crew will be met at the Main Reception

ALWAYS SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED.



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