

YSGOL CEFN MAWR
ADMINISTERING MEDICINES POLICY
Learning Enjoying Achieving

1. AIMS OF THIS POLICY STATEMENT

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.

Where children are unwell and not fit for school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);
- All medicines should be taken directly to the school office by a responsible adult;
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
- The medicine should be clearly marked with the child's name and class;
- The appropriate dosage spoon should be included with all medicines sent to school;
- Any medicine administered will be recorded by the staff member in the Medication Book in the School Office;
- Medicines will only be accepted for administration in school on completion of the appropriate form by the parent or carer.

3. NON-PRESCRIPTION MEDICINES

- We will also administer non-prescription medicines if necessary. They must also be handed in at the office by a responsible adult and they will not be given to children without prior written permission from parents as above;
- They should be clearly marked with the child's name and class.

- Children must not carry medicines themselves for self administration during the day. The medicine must be collected from the office and taken under the supervision of an adult;
- Any non-prescription medicine administered will also be recorded in the Medication Book in the School Office by a member of staff;

4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- Staff at Ysgol Cefn Mawr are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so;
- Medicines are kept in the Head Teacher's Office or staffroom fridge if applicable;
- Asthma reliever inhalers are kept in the child's classroom in an allocated place. An emergency spare inhaler is kept in the Head Teacher's Office;
- Staff must complete the 'Medication Book' kept in the office each time medicine is administered within school time, i.e. class teacher or TA; When reliever inhalers are used staff complete a slip to notify parents.
- Relevant staff will be trained on how to administer Epi pens each year.

5. PARENTS' RESPONSIBILITY

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about medication, its usage and administration. Parents must complete the parental agreement form kept in the office before a medicine can be administered by staff.
- Primary school children may be able to manage their own medication, under adult supervision, but again only with parental agreement given through the appropriate paperwork as above;
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epi pens, are kept up to date;
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

6. LONG-TERM COMPLEX NEEDS

Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan may be put in place involving the parents and relevant health care professionals.

7. SAFE STORAGE OF MEDICINES

The school is responsible for ensuring that all medicines are stored safely;

- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of medicine;
- Medicines are stored in the Head Teacher's Office;
- Where medicines need to be refrigerated they will be kept in the staffroom fridge.

8. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the teacher is responsible for taking the class medicine chest e.g. asthma pump, Epi pen, enzymes, eczema cream, eye drops, with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure.

This policy was reviewed by Andrea Green and adopted by the Teaching and Learning Committee on 5 June 2018.

Signed _____ Headteacher

Signed _____ Chair of Teaching and Learning Committee

Review date: June 2019

Parental agreement for school/setting to administer medicine

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

Name of School/Setting: Ysgol Cefn Mawr

Name of child: _____

Date of birth: _____

Class: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine
(as described on container) _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
[name of member of staff] _____

Dosage and method: _____

Timing: _____

Period to be administered _____

Special precautions: _____

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in case of Emergency: _____

FORM 3B

Parental agreement for school/setting to administer asthma inhaler.

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

Name of School/Setting: Ysgol Cefn Mawr

Name of child: _____

Date of birth: _____

Class: _____

Inhaler

Name
(as described on container) _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
[name of member of staff] _____

Dosage and method: _____

Timing: _____

Period to be
Administered _____

Special precautions: _____

Self Administration: Yes/No (delete as appropriate)

Procedures to take in case of Emergency: _____

FORM 3C

Parental agreement for school/setting to administer medicine.

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

Name of School/Setting: Ysgol Cefn Mawr

Name of child: _____

Date of birth: _____

Class: _____

Name and strength of medicine: _____

Expiry date: _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be Given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy.

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by [name of member of staff] _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering 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's signature: _____ Print name: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Confirmation of the Head's agreement to administer medicine

Name of School/setting YSGOL CEFN MAWR

It is agreed that _____ [*name of child*] will receive

_____ [*quantity and name of medicine*] every day at
_____ [*time medicine to be administered e.g. Lunchtime or afternoon break*].

_____ [*name of child*] will be given/supervised whilst he/she takes their
medication by _____ [*name of member of staff*].

This agreement will continue until _____ [*either end date of course
of medicine or until instructed by parents*].

Date: _____

Signed: _____

[*The Headteacher/Head of setting/Named Member of Staff*]

Record of medicines administered in school/setting to all children

Name of School/Setting: YSGOL CEFN MAWR

Date	Child's Name	Time	Name of Medication	Dose given	Any Reactions	Signature of Staff	Print Name

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: YSGOL CEFN MAWR

Name of Child _____

Class _____

Address _____

Name of medicine _____

Procedures to be taken
In an emergency _____

Contact Information

Name _____

Daytime Phone no. _____

Relationship to child _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____ Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8

Staff training record - administration of medicines

Name of School/Setting: YSGOL CEFN MAWR

Name _____

Type of training received _____

Date of training completed _____

Training provided by _____

Profession and title _____

I confirm that _____ [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often).

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested Review Date _____

Notification of administration of medication

Name _____ Date _____

Dosage _____ Time _____

Signature of staff member _____

Notification of administration of medication

Name _____ Date _____

Dosage _____ Time _____

Signature of staff member _____

Notification of administration of medication

Name _____ Date _____

Dosage _____ Time _____

Signature of staff member _____

Notification of administration of medication

Name _____ Date _____

Dosage _____ Time _____

Signature of staff member _____