

Administering Medicine Policy



**YSGOL CAPELULO
2022**

YSGOL CAPELULO

ADMINISTERING MEDICINES POLICY

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 to be in 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. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics.

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 number;
- 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 File in the School Staffroom;
- Medicines will only be accepted for administration in school on completion of the appropriate form by a parent or carer. (Appendix 1)

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 number;
- 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; although, there may be some medicines which older pupils may administer themselves ONLY if deemed appropriate following discussion with the Headteacher;
- Any non-prescription medicine administered will also be recorded in the Medication File in the School Staffroom;
- We will not give paracetamol or ibuprofen routinely as their primary use is to control raised temperature for which a child should be at home;
- We allow cough sweets in school under the direct supervision of the Headteacher and permission should be sought prior to the child requiring them. (Appendix 3)

4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- Staff at Ysgol Capelulo 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;
- At Ysgol Capelulo, the Headteacher, the Deputy Headteacher and First Aiders will be responsible for administering medicines;

- All medicines should be stored securely in the office/staffroom/first aid cupboard with access only for staff;
- Asthma reliever inhalers are kept in the First Aid cabinet in the ladies' toilet near the School Office or in the First Aid Cabinets at the end of each classroom corridor. Epipens are kept in the First Aid Cabinet;
- Staff must complete the '**Medicines Administered File**' kept in the staffroom/ First Aid cabinets each time medicine is administered within school time;
- Relevant staff will be trained on how to administer Epipens each year as well as attend other relevant training. (Appendix 4)

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 the medication, its usage and administration. Parents must complete the parental agreement form kept in the office/staffroom 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, Epipens, 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 AND 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. (Appendix 2)

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 administration;
- Medicines are stored in the school office or in the staffroom fridge under adult supervision or in the First Aid cabinet in the case of asthma inhalers;
- No medicine is kept in a locked cupboard to ensure swift and easy access;
- 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 bag' e.g. asthma pump, Epipen, enzymes, eczema cream with them. They may agree (if not, then the First Aider shall assume responsibility) to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure.

Date policy adopted: January 2013; Reviewed: January 2016; Reviewed 2019; Reviewed 2022

Signed by Headteacher: _____

Signed on Behalf of the Governing Body: _____

Review date: January 2024

Appendix 1



YSGOL CAPELULO

REQUEST FOR ADMINISTRATION OF MEDICINES

To: Headteacher of Ysgol Capelulo

From: Parent/Carer of _____ (full name of child)

Date of birth: _____

My child has been diagnosed as suffering from:

_____ (name of illness)

He/she is considered fit for school but requires the following prescribed medicine to be administered during school hours _____ (name of medicine)

Could you please therefore administer _____ (dosage) at _____ time and _____ time (by spoon/syringe/capsule/tablet/other (please specify) _____)

With effect from: _____ (date) to* _____ (date)

The medicine should be administered by mouth**/in the ear**/nasally**/other (please specify)

(* delete if long term medication/** delete as appropriate)

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in - date supply of the medication.

Signed: _____ Date: _____

Name of Parent/Carer: _____ (please print)

Name of Child: _____ (please print)

Contact details Tel no: _____ Home

_____ Work

PLEASE ENSURE THAT EACH SECTION IS READ AND COMPLETE EACH SECTION.

THANK YOU FOR YOUR CO-OPERATION



YSGOL CAPELULO HEALTH CARE PLAN

Child's name:
Date of Birth:
Class:
Child's address:
Medical diagnosis/ condition:
Date:
Review date:

Family Contact Information

Name:
Phone No (home):
Mobile:
Work:
Name:
Phone No (home):
Mobile:
Work:

Clinic/Hospital Contact:
Name:
Phone no:
G.P.
Name:
Phone No:

Describe medical needs and give details of child's symptoms:

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Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the child and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency (state if different for off site activities):

Signed by parent:

Signed on behalf of the school:

Date:

Form copied to:

YSGOL CAPELULO HEALTH CARE PLAN
MEDICINE AGREEMENT FORM

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

Name of child:
Date of Birth:
Class
Medical condition/illness:

MEDICINE

Name/ type of medicine:

Date dispensed:
Expiry date:
Agreed review date:
Dosage and method:
Timing:
Special precautions:
Are there any side effects that the school needs to know about?
Self administration:
Procedures to take in an emergency:

CONTACT DETAILS

Name:
Daytime telephone no:
Relationship to child:
Address:
I understand that I must deliver the medicine personally to:

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date: _____ Signature/s: _____

YSGOL CAPELULO
REQUEST FOR CHILD TO CARRY HIS/HER MEDICINE

This form must be completed by parents/guardian

If staff have any concerns, discuss this request with healthcare professionals

Child's name:
Class:
Address:
Name of medicine:
Procedures taken in emergency:

Contact information

Name:
Daytime phone no:
Relationship to child:

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

Signed: _____

Date: _____

Appendix 4

YSGOL CAPELULO STAFF TRAINING RECORD -
ADMINISTRATION OF MEDICINES

Name:
Type of training received:
Date of training completed:
Training provided by:
Profession and Title:

I confirm that:

has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated.

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above:

Staff signature: _____

Date: _____

Suggested review date: _____