

# Harrow Lodge Primary School



## MEDICAL POLICY ADMINISTRATION OF MEDICINES

**APPROVED BY GOVERNORS ON**

**Autumn 2022**

**DUE FOR REVIEW:**

**Summer 2024**

**RESPONSIBLE PERSON(S)**

**MRS S BOYES**

**SIGNED BY CHAIR OF GOVERNORS**

A handwritten signature in black ink, appearing to read 'S. Boyes', is written over a solid horizontal line.

**This policy is to be read in conjunction with the school's Health, Safety and Welfare policy.**

## **1. INTRODUCTION**

- 1.1 At Harrow Lodge Primary School we believe that pupils with medical needs have the same rights of admission to our school as other children. Most children will, at some time, have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

## **2 AIMS OF THE POLICY**

- 2.1 The aims of the policy are to ensure that:
- Pupils, staff and parents understand how our school will support pupils with medical conditions
  - Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
  - Pupils, staff and parents understand the roles and responsibilities for the administration of medicines

## **3. LEGAL REQUIREMENT**

- 3.1 This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting Pupils at school with medical conditions](#).

## **4. MANAGING MEDICINES**

- 4.1 Medicines will only be administered at school if it would be detrimental to the pupil's health or school attendance not to do so
- 4.2 Medicines will only be administered where we have parents' written consent (the only exception to this is where the medicine has been prescribed to the pupils without the knowledge of the parents)
- 4.3 Pupils will not be given medicine containing aspirin unless prescribed by a doctor.
- 4.4 Medicines will only be accepted where they are in-date, labelled, in the original container and accompanied by instructions
- 4.5 The school will only accept prescribed medicines that are:
- In-date
  - Labelled
  - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

## **4.6 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer prescribed medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **5. EXCEPTIONS**

- 5.1 Prescribed medicine will not be given:
- Where the timing of the dose is vital and where mistakes could lead to serious consequences.
  - Where medical or technical expertise is required.
  - Where intimate contact would be necessary.

## **6. CHILDREN WITH ASTHMA**

- 6.1 Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This must be near the classroom door for ease of access during a fire alarm.
- 6.2 Depending on the severity of the condition, some children will require two inhalers, one to be kept in the school office and the other in the classroom, to enable quick and easy access.  
Parents are responsible for notifying the school about this and will ensure the child is provided with two inhalers.

- 6.3 Depending on the needs of the individual, inhalers should be taken to all physical activities.
- 6.4 Inhalers must be labelled and include guidelines on administration.
- 6.5 It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

## **7. STORAGE OF MEDICINES**

- 7.1 All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines.
- 7.2 All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office and would not be kept in classrooms, with the exception of adrenaline pens and inhalers.
- 7.3 All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.
- 7.4 All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom. Children may carry their own inhalers, when appropriate.

## **8. DISPOSAL OF MEDICINES**

- 8.1 Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

## **9. TRIPS AND OUTINGS**

- 9.1 Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children.
- 9.2 The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication.

## **10. ROLES AND RESPONSIBILITIES**

### **PARENTS & CARERS**

- 10.1 Parents/Carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. It is their responsibility to ensure that the medication is within its expiry date and should remove any out of date medication.

## 10.2 Parent/Carer:

- Should give sufficient information about their child's medical needs if treatment or special care is required. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens.
- Will be asked to administer unprescribed medicine

## 10.3 THE SCHOOL INCLUSION MANAGER

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receive support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

## 10.4 SCHOOL OFFICE STAFF

- On receipt of medicines, the child's name, prescribed dose, expiry date and any written instructions provided by the prescriber should be checked.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Ensure that a second member of staff is present when medicines are administered.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

## 11 REFUSAL OF MEDICINES

- 11.1 If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as **is reasonably possible**.

## 12. RECORD KEEPING

- 12.1 A parental agreement form (see appendix) must be completed and signed by the parent/carer, before medicines can be administered. At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult.
- 12.2 Parents will be notified if their child has had medication during the day via a Record of Medicine Administration Form at the end of the day (see appendix 2)

### **13. CHILDREN WITH LONG TERM MEDICAL NEEDS**

- 13.1 It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

### **14. CONFIDENTIALITY**

- 14.1 The head and staff should always treat medical information confidentially. The Inclusion Manager should agree with the child/parent who else should have access to records and other information about a child.

### **15. STAFF TRAINING**

- 15.1 Training opportunities are identified for staff with responsibilities for administering medicines.
- 15.2 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This includes:
- Use of Epi-pens
  - Guidance on Anaphylaxis
  - Guidance on Asthma
  - Guidance of Eczema
  - Guidance on Epilepsy
  - Guidance on Diabetes
  - Guidance on Attention Deficit hyperactivity Disorder (ADHD)

### **16. MONITORING AND REVIEW**

- 16.1 This policy will be monitored by the Inclusion Manager.
- 16.2 This policy will be reviewed in July 2022 or earlier, in accordance with national guidance, if necessary.

*\*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.*

**APPENDIX 1**

**Parental Agreement/Consent Form**

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 or setting has a policy that staff can administer medicine.

Name of School/Setting                      Harrow Lodge Primary School

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

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

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

Name/Type of Medicine  
(as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

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

Agreed review date to be initiated  
by [include name of staff member]: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

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 an Emergency: \_\_\_\_\_  
Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_



**Appendix 2**

**Record of Medicine Administration**

Date: \_\_\_\_\_

Time of dosage: \_\_\_\_\_

Name of Pupil : \_\_\_\_\_

Medicine taken: \_\_\_\_\_

Dosage : \_\_\_\_\_

Signature of supervising adult: \_\_\_\_\_