

Administration of Medicines Policy

Category: Non-Statutory	Approved by: Full Governing Body
Approved: June 2022	Next Approval due: June 2025
Initial Review by: Head Teacher	Formal Review by: Teaching Learning & Care
	Committee
Linked Policies: Curriculum Policy	

This policy is in line with DfE (Department for Education) recommendations

Our Christian vision:

Built on the rock of Christian faith, we work as a community to create an environment which enables all to flourish. Jesus welcomed all and we embrace diversity, celebrating our different gifts and successes. Like St Peter, we are motivated by our values, learn from our mistakes and strive for the best outcome for everyone.

Introduction

This policy has been written with due regard to the DfE statutory guidance – 'Supporting Pupils at School with Medical Conditions', December 2015. This guidance is issued under section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions All staff have a duty of care to follow and co-operate with the requirements of this policy.

Responsibility for all administration of medicines at Woolhampton CE Primary School is overseen by the Headteacher who is the Responsible Manager. It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff.

In general school staff cannot legally be required to administer medication or supervise a pupil taking it.

However, all staff in school have a duty to act as any reasonable prudent parent would, to make sure that pupils in their care are healthy and safe and this might extend to administering medicine or taking action in an emergency.

1. We will:

- Administer prescription medicines during the school day if absolutely necessary (i.e in cases where it would be detrimental to the child's health if it were not administered during the school day). The medicine must be in the original container as dispensed by a pharmacist and include the instructions for administration and dosage.
- Require parents to complete a Medication Consent Form detailing doses and times.
- Devise Individual Medical Care Plans, with parents and medical professionals, for managing long-term medical needs.
- Appoint a 'named person' for the administration of medication that requires speciality training (e.g Epipens).
- Keep named inhalers in the classrooms so they are always accessible.
- Supervise the administration of inhalers. (Children should be trained to self administer).
- Store prescribed medication safely.
- Document administration of medicines.
- Supervise older children who can self administer medicine. However, the Self Medication Form must be completed by the parent and the medicine handed in to the office until required.

2. We will not:

- Administer non-prescription medication. (Unless on a residential visit or travel sickness tablets on a day visit)
- Administer inhalers once children have been taught to self-administer.
- Accept medicines that have been taken out of the container, nor make changes to dosages on parental instructions.
- Dispose of medicines. All containers will be returned to the parents.

3. Medication and Off-site Activities

- Office staff has responsibility for management of general medication. They must be given all the relevant information in writing by the parents.
- Children on individual care plans are allocated a named member of staff.
- Generally, Key Stage 1 children would not be required to carry their own inhalers, but refer to the responsible adult if self-administration is required. Parents wishing their children to take full responsibility for their own inhalers must agree this with the Headteacher or the named member of staff.
- Key Stage 2 children carry their own inhalers for self-administration under supervision.
- During residential visits, school staff can administer or observe children self administer medication (prescribed and non-prescribed) including Calpol, travel sickness tablets, CALMs type tablets, tablets for hayfever). Parents must complete the medication consent form (appendix 1). Parents are responsible for ensuring the non-prescribed medication is appropriate for their child. School does not accept responsibility for this.

4. We ask parents to help by:

- Administering medicines out of school hours wherever possible. Medicines that need to be taken three times a day can usually be taken out of school hours.
- Offering to administer medication during the school day themselves.
- 'Training' inhaler users to self-administer.
- Ensuring that medicines are 'in date' and collecting medication no longer required.
- Ensuring that current and accurate medical information is passed to the office.

5. Monitoring and review

The designated Committee of the Governing Body monitors this policy every three years. This Committee reports its findings and recommendations to the Full Governing Body, as necessary, if the Policy needs modification.



Appendix 1: Medication Consent Form

MEDICATION CONSENT FORM (Front)

Parental request for the School to administer medicine

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

Name of School	Woolhampton Church of England Primary School
Date	
Child's Name	
Child will self medicate. Parental request for child to self administer medicine (Yes or No) An adult will witness the child taking the medicine and will record on the form overleaf)	
Class	
Name and strength of medicine	
Expiry date	
How much to give/take (i.e. dose to be given/taken)	
When to be given/taken	
Any other instructions	
Number of tablets/quantity to be given to school	

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

Daytime phone no. of parent or adult contact			
Name and phone no. of GP			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school

policy. I will inform the school 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.

Please see over for record of medicine administered.

MEDICATION CONSENT FORM (Back)

Office Use Only

Date	Time	Dose Given	Supervised/ Administered By	Signed	Witnessed By	Signed