

BRIZE NORTON PRIMARY SCHOOL

ADMINISTRATION OF MEDICINES POLICY

Introduction

Children 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.

Aims of this policy

- to explain our procedures for managing prescription medicines which may need to be taken during the school day
- to explain our procedures for managing prescription medicines on school trips
- to outline the roles and responsibilities for the administration of prescription medicines

PRESCRIBED MEDICINES

Staff at Brize Norton Primary School, are only allowed to administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We are unable to accept medicines that have been taken out of their original container or make changes to dosages on parental instructions.

NON-PRESCRIPTION MEDICINES

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor.

STORAGE OF MEDICINES

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.

All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office or staffroom fridge and should not be kept in classrooms, with the exception of adrenaline pens and inhalers. 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.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and kept in an agreed place in the classroom. Children may carry their own inhalers, when appropriate.

DISPOSAL OF MEDICINES

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.

TRIPS AND OUTINGS

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.

Arrangements for taking any medicines on trips must be made. A copy of any health care plans should be taken on visits.

ROLES AND RESPONSIBILITIES

Parent/Carer

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- 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.

Headteacher

- To ensure that the school's policy on the administration of medicines is implemented.
- 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.
- Consult with other professionals as necessary e.g. the school nurse.
- Ensure that medicines are stored correctly.

Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and 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.
- **Ensure that before medication is given that the child is asked their name and that this is checked against the records.**
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

REFUSAL OF MEDICINES

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.

RECORD KEEPING

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration

- any side effects
- expiry date

A parental agreement form must be completed and signed by the parent, 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.

CHILDREN WITH LONG TERM MEDICAL NEEDS

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.

CONFIDENTIALITY

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

STAFF TRAINING

Training opportunities are identified for staff with responsibilities for administering medicines.

RELATED POLICIES

For more information see the health and safety policy and the schools first procedures.

MONITORING

This policy should be reviewed annually in accordance with national guidance.

January 2008

Reviewed January 2009

Reviewed November 2010 (inclusion of statement about asking the child their name before medication is given)