
Administration of Medication in School Policy



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ADMINISTRATION OF MEDICATION IN SCHOOL

I. PREFACE

- 1.1 The following statements are taken directly from the joint policy document “Supporting Pupils with Medical needs” published by the Department of Education and the Department of Health, Social Services and Public Safety (February 2008) which can be found in full at the following link on the Department of Education’s Website:
www.deni.gov.uk

http://www.deni.gov.uk/support_with_medical_needs.pdf

- 1.2 “An inclusive education policy means that children with special educational needs, disabilities or medical needs will be educated in a variety of school settings, ranging from classes and units/learning support centres in local mainstream nursery, primary and post primary schools through to special schools. This may include children with complex medical needs, where a number of specific procedures may be required in relation to their physical health.
- 1.3 The school’s ‘duty of care’ to pupils requires that all staff act in ‘loco parentis’ to pupils entrusted to the school and any associated school related activities. For staff who do provide support for pupils with medication needs they will be provided with appropriate training and legally indemnified.
- 1.4 There is no legal duty that requires school staff to administer medication; this is a voluntary role and this Guidance does not intend to alter in any way the right of staff not to volunteer.**

2 THEREFORE IT IS IMPORTANT TO NOTE:

- 2.1 There may be occasions where school staff may be asked to administer medication, but they cannot be directed to do so.
- 2.2 The administration of medication to children remains the responsibility of the parent or those with parental responsibility.**
- 2.3 Medication should only be taken to school when absolutely essential and with the agreement of the Principal.
- 2.4 Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours e.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- 2.5 Schools should be alerted to the particular risks for young persons in taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance.

POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Board of Governors and staff of Bloomfield Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility *in principle* for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Roles and Responsibilities:

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- . Pupil's Name.
- . Name of medication.
- . Dosage.
- . Frequency of administration.
- . Date of dispensing.
- . Storage requirements (if important).
- . Expiry date.

The school will not accept items of medication in unlabelled containers.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

The school will keep records, which they will have available for parents.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Appendix for Staff Only

If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings arise, the employer ie the EA will indemnify the member of staff provided all of the following conditions apply:

- a. The member of staff is a direct employee.
- b. The medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment.
- c. The member of staff follows:
 - the procedures set out in this guidance;
 - the school's policy;
 - the procedures outlined in the individual pupil's Medication Plan, or written permission from parents and directions received through training in the appropriate procedures.
- d. Except as set out in the Note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

Note: Condition d. does not apply in the case of a criminal offence under Health and Safety legislation.



**Request by Parent for
School to Administer Medication**

Pupil Details:

Full Name: _____

Date of Birth: _____ National Health number: _____

M/F: _____ Class: _____

Condition/Illness: _____

Describe condition and give details of pupil's individual symptoms: _____

Medication:

Name of Medication: _____

Treatment start date: _____

End date: _____

Time of day to be administered: _____

Directions for Use/
Dosage and Method: _____

Precautions/Side Effects: _____

To be self Administered yes/no: _____

Emergency Procedures: _____

Follow up care: _____

Contact Details:

Priority 1

Name: _____

Telephone Nos: _____

Relationship to pupil: _____

Priority 2

Name: _____

Telephone Nos: _____

Relationship to pupil: _____

I understand that I must deliver all medicine and equipment personally to the Principal and class teacher of the school. I accept that this is a service which the school is not obliged to undertake.



**Request by Parent for
School to Administer Medication**

Parents/carers are responsible for:

- Reaching an agreement with the Principal and class teacher on the schools role in helping with the child's medication.
- Indicating whether your child can self- medicate.
- Ensure any changes in medication are notified promptly in writing and accompanied by doctor's note.
- Providing sufficient medication and labelled equipment.
- Disposing of their child's used and expired medication.
- Providing the Principal with the original written medical evidence about their child's medical condition and treatment.
- Providing the Principal with written instructions and making a written agreement giving details of the dose and when the medication is to be administered by completing the form overleaf.

Signed: _____ (Parent/guardian)

Date : _____

School's agreement to administer medication

I agree that _____

**will receive medication as instructed per request by Parent / Guardian for
School to Administer Medication. He/she will be fully supervised during
the administration / self administration of the medication.**

This arrangement will continue until the date specified by the parent / guardian.

Signed: _____ (Principal)

Date: _____



**Record of medicine administered
to an individual child**

Surname	
Forename (s)	
Date of Birth	___/___/___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___/___/___
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____ **Signature of parent** _____

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name(s) of staff member(s)			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			

Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Record Of Medical Training of Staff

Name _____

Type of training received _____

**Name(s) of condition/
medication involved** _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to administer the medication described.

Trainer's signature: _____ **Date** _____

(Or See accompanying Certificate)

I confirm that I have received the training detailed above

Trainee's signature _____ **Date** _____

Proposed Retraining Date: