



**OAKWORTH PRIMARY SCHOOL**  
“committed to the safety and welfare of its pupils”

## **Administering Medicines Policy**

### **Statement of Intent**

Oakworth Primary School wishes to ensure that pupils with medication needs receive appropriate care and support at school.

### **Key roles and responsibilities**

1. The Governing Body has overall responsibility for the implementation of the Administering Medication Policy and procedures of Oakworth School.
2. The Governing Body has overall responsibility for ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
3. The Governing Body has responsibility for handling complaints regarding this policy as outlined in the school’s Complaints Policy.
4. The Governing Body has responsibility for ensuring the correct level of insurance is in place for the administration of medication.
5. The Headteacher will be responsible for the day-to-day implementation and management of the Administering Medication Policy and procedures of Oakworth School
6. Class Support is responsible for overseeing insulin injections for diabetic pupils (currently Year 5 child)
7. Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for also ensuring pupils do so also.
8. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.
9. Parents and carers will be expected to keep the school informed about any changes to their child/children’s health.
10. Parents and carers will be expected to complete a medication administration form prior to bringing medication into school.
11. Parents and carers will be expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

### **Definitions**

1. Oakworth School defines “medication” as any prescribed or over the counter medicine.
2. Oakworth School defines “prescription medication” as any drug or device prescribed by a doctor.
3. Oakworth School defines a “staff member” as any member of staff employed at Oakworth, including teachers.



## Training of staff

1. Teachers and support staff will receive training on the Administering Medication Policy as part of their induction.
2. Teachers and support staff will receive regular and ongoing training as part of their development.

## Guidelines

1. Prior to staff administering any medication, the parents / carers of the child must complete and sign a medication administration form.
2. No child will be given medicines without written parental consent, or aspirin unless prescribed by a doctor.
3. Medicines MUST be **in date, labelled**, and provided in the **original container** with dosage instructions. Medicines which do not meet these criteria will not be administered.
4. A maximum of four weeks supply of the medication may be provided to the school.
5. For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHCP) will be developed in liaison with the pupil, parents/carers, Headteacher, SENDCO and medical professionals.
6. Medications will only be administered at school if it would be detrimental to the child not to do so.
7. Medications will be stored securely in the main reception office or office fridge if required.
8. Only qualified staff may administer a controlled drug.
9. There is no contractual obligation for teachers to administer medication.
10. Staff may refuse to administer medication. If a class teacher refuses to administer medication, the Headteacher may delegate the responsibility to another staff member.
11. Any medications left over at the end of the course will be returned to the child's parents.
12. Written records will be kept of any medication administered to children.
13. Pupils will never be prevented from accessing their medication.
14. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
15. Oakworth School cannot be held responsible for side effects which occur when medication is taken correctly.

## Equality

All staff at Oakworth Primary School promote equality and good community relations and avoid discrimination against anyone for reasons of race, colour, nationality, ethnic or national origins, gender, disability, religion or belief, sexual orientation, or socio-economic circumstances.



## Monitoring of Policy

This policy will be monitored by the Senior Leadership Team and through staff meetings and will be reviewed annually.

A handwritten signature in black ink, appearing to be 'A. H. Jones', written over a horizontal line.

Signed: ..... Dated: 10 December 2018  
Chair of Governors



## Oakworth Primary School

### Individual Healthcare Plan

<b>Pupil Information</b>	
Name of Child:	
Date of Birth:	
Class / Class Teacher:	
Address:	
Medical Condition	
Date Plan Drawn Up:	
Review Date:	
<b>Contact Information</b>	
<b><i>Family Contact 1:</i></b>	
Name:	
Address:	
Phone No:	Mobile: Home: <span style="float: right;">Work:</span>
Relationship:	
<b><i>Family Contact 2:</i></b>	
Name:	
Address:	
Phone No:	Mobile: Home: <span style="float: right;">Work:</span>
Relationship:	

GP Name:	
Surgery Address:	
Phone Number:	
Clinic/Hospital Contact:	
Phone Number:	
<b>Medical Information</b>	
Describe medical condition, including details of pupil's individual symptoms:	
Daily care requirements (eg before sport/at lunchtime etc)	
Describe what constitutes an emergency for the pupil:	
Describe action to be taken if emergency occurs:	
Follow up care:	
Who is responsible in an emergency:	
Who is responsible in an emergency on off-site activities:	
<b>Signed by the following:</b>	
Parent/Carer:	Date:
Pupil: (where appropriate)	Date:
Headteacher	Date:
SENCO	Date:
GP:	Date:



## Oakworth Primary School

### Medication Administration Form

**Oakworth School will not give your child medicine unless you complete and sign this form. If your child refuses their medication then you will be notified.**

**By signing this form you agree that you are personally responsible for providing the school with the correct medication on the correct day.**

Name of Child:	
Date of Birth:	
Class:	
Medical condition/illness:	
Medicine/s:	
Name/Type of Medicine (as described on the container):	
Date dispensed:	Expiry date:
Agreed review date:	
Dosage, method and timing:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self-Administration: Yes/No (delete as appropriate)	
Signed: _____ Parent/Guardian	