


# Ysgol Maesydderwen



## Administration of Medicines Policy

*Gweinyddu polisi meddyginiaethau*

Type: Statutory Policy

Adopted / Reviewed On:	Signed	Next Review
07/07/2021	 	Summer Term 2023

## **ADMINISTRATION OF MEDICINES IN SCHOOL \***

**(See Section 11 of the Powys Health and safety Handbook)**

### **1. Introduction:**

*The governing body recognises that many pupils will at some time need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.*

### **2. Responsibilities:**

2.1 The governing body takes responsibility for the administration of medicines during school time in accordance with the government's and LEA's policies and guidelines.

2.2 The Head will implement this policy and report as required to the governing body.

2.3 Medication will normally be administered by specially trained staff or the school nurse.

2.4 Every member of staff is expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication.

2.5 However, some specified staff (eg PE and games staff, or staff taking educational visits) who volunteer their services, will be given training to administer first aid and/or medication to pupils.

### **3. Staff Indemnity**

3.1 The LA fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

3.2 The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The LA will meet any claims in these circumstances.

### **4. Action**

#### **4.1 Pupil Admissions**

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions
- allergies

- regular medication
- emergency contact numbers
- name of family doctor/consultants
- special requirements (eg dietary)

At the beginning of each academic year all parents will be required to up-date the medical form.

#### **4.2 Administration of the Medication**

The school expects that normally parents will administer medication to their children. Any requests for medicine to be administered must come from a parent in writing on the school's Request to Administer Medication Form', and each request will be considered on an individual basis.

The Form will include

- name of parent and contact number
- name of child and class
- name of medicine
- name of doctor who prescribed it, and contact details
- how much to give
- how it should be kept and stored
- how it is to be administered
- when to be given
- any other instructions

The Form will end with the following consent statement:

*' The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information'.* It will be signed and dated by a parent or someone with parental control.

A separate form must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the Head and the school nurse what can be done in the school, before the Head makes a decision.

The Head (or person authorised by the Head) will decide whether any medication will be administered in school, and by whom. In appropriate cases the Head and parents in consultation with the school nurse (and anyone else the Head deems necessary) will draw up a healthcare plan.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents.

If the pupil is required and able to administer his/her own medicine (eg inhaler for asthma) the designated member of staff or the school nurse will check that the pupil fully understands what has to be done, and will supervise the administration.

Normally medication will be kept under the control of the school nurse unless other arrangements are made with the parent.

Normally the administration of medication will only be done in school at the following times:

- immediately before school
- breaks and lunchtime
- exceptionally, immediately after the end of the school day

The school will not allow in any circumstances the administration of non-prescription medicines in school. This includes cough sweets and lozenges, and painkillers.

#### **4.3 Intimate or Invasive Treatment**

The school will not normally allow these to take place in school, but in exceptional circumstances the head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

#### **4.4 Long-term Medical Needs**

The governing body and Head will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The governing body also reserves the right to discuss the matter with the LA's (school's) medical adviser.

### **5. Records**

The school form 'Administration of Medication Record' must be completed in every instance. It will be kept in the school office.

The form will record:

- name of the pupil
- date and time of the administration
- who supervised the administration
- which medication
- how much was given
- a note of any side-effects.

The school will ensure that the medical record form is filled in and checked regularly.

## **6. Training**

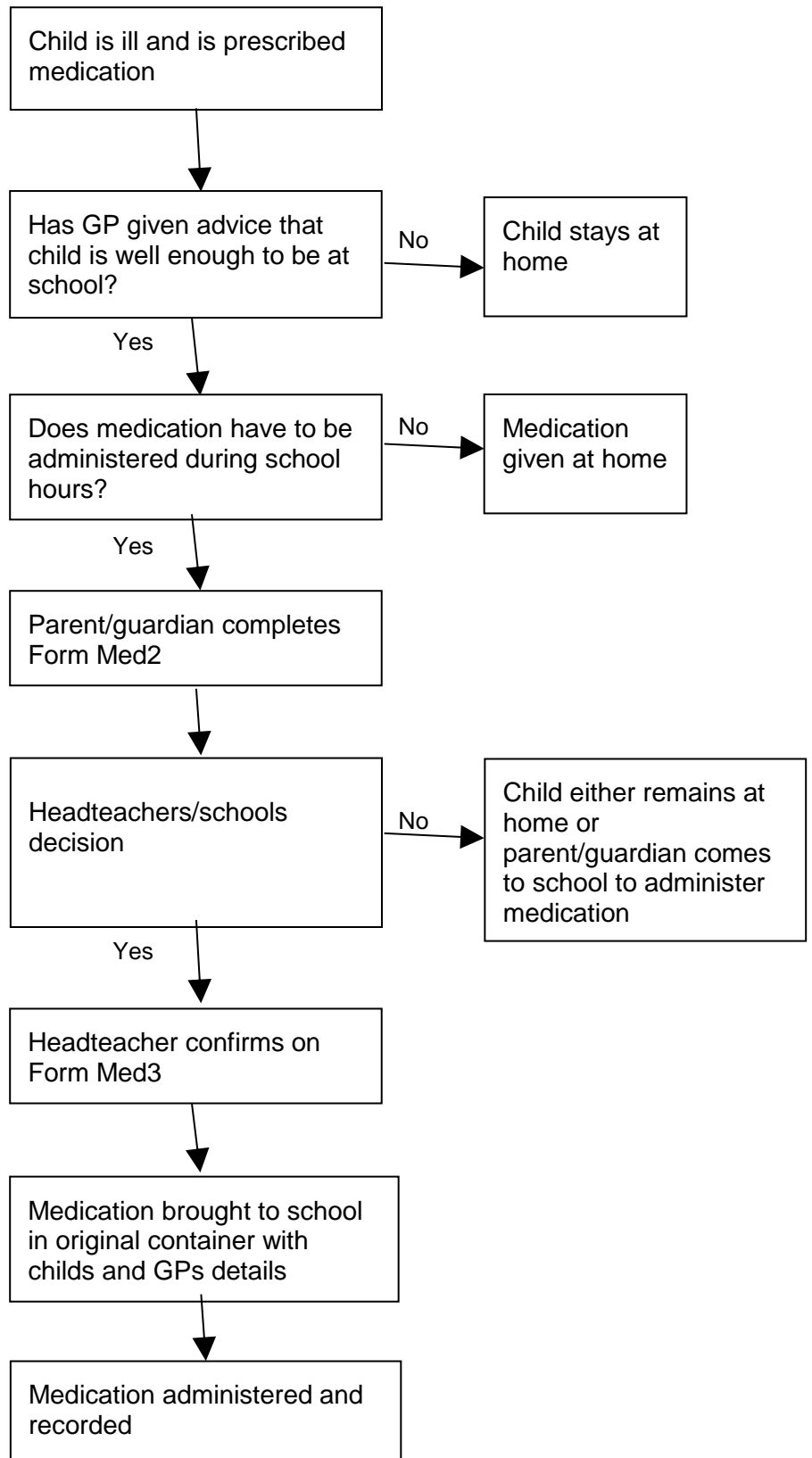
The governing body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

## **7. Monitoring and Review**

The Head will be responsible for monitoring the implementation of the policy, and reporting annually to the Pupil Wellbeing and Inclusion Committee of the governing body. Where necessary, amendments will be made as a result of this process.

Annexe 1

Flow Chart for the Administration of Medication



**(Powys Health and Safety Manual)**

**Annexe 2**

The following links will take you to the Welsh Assembly Government document for medication in schools

**Welsh Version**

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?skip=1&lang=cy>

**English Version**

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang=en>

## Forms

To assist schools with the administration for their support of children with medical needs the WAG has prepared a number of examples of forms which are set out on the following pages. Schools and settings may wish to use or adapt these according to their particular policies on administering medicines.

Form 1	Contacting Emergency Services
Form 2	Health Care Plan
Form 3A	Parental agreement for school/setting to administer medicine
Form 3B	Parental agreement for school/setting to administer medicine
Form 4	Headteacher/Head of setting agreement to administer medicine
Form 5	Record of medicine administered to an individual child
Form 6	Record of medicines administered to all children
Form 7	Request for child to carry his/her own medicine
Form 8	Staff training record - administration of medicines
Form 9	Authorisation for the administration of rectal diazepam



## Contacting Emergency Services

### Request for an Ambulance:

Dial 999<sup>1</sup>, ask for ambulance and be ready with the following information

- 1 Your telephone number
- 2 Give your location as follows (*insert school/setting address*)
- 3 State that the postcode is
- 4 Give exact location in the school/setting (*insert brief description*)
- 5 Give your name
- 6 Give name of child and a brief description of child 's symptoms
- 7 Inform Ambulance Control of the best entrance and state that the crew will be met and taken to
- 8 Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by all the telephones in the school

<sup>1</sup> Remember, you may need to dial 9 for an outside line

## **Health Care Plan**

The health plan should specify:

- The child or young person's view where possible.
- Parental wishes for the child.
- The care co-ordinator/key worker for the child.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The request of parents and the permission of the headteacher for the administration of medicines by staff or self administration by the child or young person (Forms 3a, 3b or 7 and Form 4).
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc. The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.

- Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
- The importance of very clear procedures for emergency treatment for all children and young people with complex health needs.
- The plan should also be made available to all staff coming into contact with the child or young person.
- Copies of any relevant forms should form part of the healthcare plan.

## Healthcare Plan

Name of School

Child's Name

Group/Class/Form

Date of Birth

Child's Address

Medical Diagnosis or Condition

Date

Review Date

Contact Member of Staff

**Family Contact Information**

Name

Phone No. (Work)

Phone No. (Home)

Phone No. (Mobile)

Name

Phone No. (Work)

Phone No. (Home)

Phone No. (Mobile)

**Clinic/Hospital Contact**

Name

Phone No.

**G.P.**

Name

Phone No.

Describe medical needs and give details of child's symptoms

Daily care requirements, e.g. before sport, at lunchtime, home, school trips

Describe what constitutes an emergency for the child, and the action to take if this occurs

Who is responsible in an emergency? State if different for off-site activities

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Form copied to

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## Parental Agreement for School 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

Name of Child

Date of birth

Group/Class/Form

Medical condition or illness

### Medicine

Name/type of medicine  
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by *[name of member of staff]*

Dosage and method

Timing

Special precautions

Are there any side effects that the school/setting needs to know about?

Self administration (delete as appropriate)

**Yes / No**

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 *[agreed member of staff]*

I 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.

Signed

Date



### Parental Agreement for School 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

Date

Child's Name

Group/Class/Form

Name and Strength of Medicine

Expiry Date

How much to give, i.e. dose to be given

When to be given

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

Agreed review date to be initiated by *[name of member of staff]*

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Print name

Parent's signature

Date

If more than one medicine is to be given, a separate form should be completed for each one.

**Headteacher Agreement to Administer Medicine**

Name of School

It is agreed that *[name of child]*

Will receive  
*[Quantity and name of medicine]*

every day at  
*time medicine to be administered,*  
*eg lunchtime or time*

Child's Name

will be given/supervised whilst he/she takes their medication by *[name of member of staff]*

This arrangement will continue  
until *[either end date of course of*  
*medicine or until instructed by*  
*parents]*

Headteachers signature

Date

**FORM 5**

**Record of Medicine Administered to an Individual Child**

Name of School

Name of Child

Date Medicine Provided by Parent

Group / Class / Form

Quantity Received

Name and Strength of Medicine

Expiry Date

Quantity Returned

Dose and Frequency of Medicine

Staff Signature

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Signature of Parent

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Date

Time Given

Dose Give

Name of Member of Staff

Staff Initials

Date

Time Given

Dose Give

Name of Member of Staff

Staff Initials

Date

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Staff Initials





**Request for Child to Carry His / Her Own Medicine**

*This form must be completed by parents/guardian*

**If staff have any concerns discuss this request with healthcare professionals**

Name of School

Child's Name

Group / Class / Form

Address

Name of Medicine

Procedures to be Taken in an  
Emergency

**Contact Information**

Name

Daytime Phone No.

Relationship to Child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Date

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**Staff Training Record - Administration of Medicines**

Name of School

\_\_\_\_\_

Name

\_\_\_\_\_

Type of Training Received

\_\_\_\_\_

Date of Training Completed

\_\_\_\_\_

Training Provided By

\_\_\_\_\_

Profession and Title

\_\_\_\_\_

I confirm that *[name of member of staff]*

\_\_\_\_\_

has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated *[please state how often]*

\_\_\_\_\_

Trainer's  
signature

\_\_\_\_\_

Date

\_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature

\_\_\_\_\_

Date

\_\_\_\_\_

**FORM 9**

**Authorisation for the Administration of Rectal Diazepam**

Name of School

Child's Name

Date of Birth

Home Address

G.P.

Hospital Consultant

\_\_\_\_\_ should be given Rectal Diazepam \_\_\_\_\_ mg

\_\_\_\_\_ If he/she has a \*prolonged epileptic seizure lasting over minutes

**OR**

\*serial seizures lasting \_\_\_\_\_ minutes  
over \_\_\_\_\_

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \_\_\_\_\_ minutes (\*please delete as appropriate)  
\*after \_\_\_\_\_

Doctor's signature

Date

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Parent's signature

Date

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**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately. The Authorisation should clearly state:

- When the diazepam is to be given eg after 5 minutes; and
- How much medicine should be given

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar.**