

# Glynwood Community Primary School



## Administration of Medication Policy

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# Introduction

The headteacher, governing body and employees at *Glynwood Primary School* wish to ensure that pupils with medical needs receive appropriate care and support at school and during school activities. This policy has been produced to ensure the safe administration of medication or medical procedures. It is supported by the Gateshead Council Education Policy '*Administration of Medication and Management of Health Needs*'.

## School Policy

At **Glynwood Primary School** employees are not legally required to administer medicine or supervise a child taking it. The prime responsibility for a pupil's health rests with the parents; ***(The term 'parents' in this policy includes guardians and carers)*** they are responsible for making sure their children are well enough to attend school.

It is generally accepted that school staff may support pupils with administration of prescribed medication or support a medical need whilst acting *in loco parentis*. However, this does not imply a duty upon school staff.

Each request to support a pupil with a medical need will be considered on an individual basis. Parents should liaise with the school to reach an agreement on the school's role in supporting their child's medical needs.

**No medication will be administered without prior written permission from the parents.**

Children should remain at home when they are unwell. Medicines will only be administered when it would be detrimental to a child's health if the medicine is not administered during the school day.

Under no circumstances will aspirin or other preparations containing aspirin be given to children under the age of 16.

### **Procedures to be followed**

Parents must complete and sign form EDU-15 *Parent Permission and Medication Record Individual Pupil* giving the dose, method of administration, the time and frequency of administration, other treatment, and any special requirements.

All essential medication should be brought to school by the parent. It should be delivered personally to the head teacher or a member of the school office staff or the designated member of staff.

All medication taken in school must be as originally dispensed.

Only in exceptional cases will employees administer non-prescribed medicine to a child and only when there is specific written consent from the parent.

Where appropriate, information, instruction and training will need to be provided by health professionals for employees who volunteer or are contractually involved in the administration of medicines, or supporting pupils with medical needs.

Where practicable, the school will ensure that alternative arrangements are in place for those occasions when employees who provide support for pupils with medical needs are absent or unavailable

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.

A record will be completed each time medication is given or medical procedures are carried out.

## Responsibility of Parents

Parents must provide the school with detailed information about their child's medical condition, whether this is **before** the child starts school or if a **condition develops** whilst the child is attending school.

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

All medication must be delivered to the school office by a 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
- Expiry date

**The school will not accept medication that has been removed from the original container.**

**Parents should: -**

- Request that the prescriber where clinically appropriate, prescribes in dose frequencies which enable the medicine to be taken outside school hours

- Provide the school with comprehensive information regarding their child's condition or medical need and about the medication or support their child needs whilst in school
- Inform the school in writing of any changes to the prescription, the administration regime or the support required. This should be provided in conjunction with the GP or other medical professional as appropriate.
- For pupils on long-term medication, the request form should be renewed following any changes or at the beginning of each new school year.
- Collect and dispose of any unused or expired medicine at the end of each school year
- Ensure that medicines have not passed the expiry date
- Where appropriate provide written permission for their child to self-administer medicine
- Renew the medication when supplies are running low and ensure that the medication supplied is within expiry date

## **Refusal of medication or medical procedure**

If a child refuses to take their medication, staff will not force them to do so. Parents will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet.

## **Health Care Plan**

Where appropriate, a personal Health Care Plan (HCP) will be drawn up in consultation with the school, parents and health professionals. The HCP will outline the child's needs and the level of support required in school.

## **Educational Visits**

To ensure that as far as possible, all children have access to all activities and areas of school life, this school will make every effort to continue the administration of medication to children whilst on educational outings or residential visits. This is however something that will be discussed with parents on an individual basis. A risk assessment will be undertaken to ensure the safety of all children and staff.

## **Storage**

Medication will be kept in a secure place, out of reach of pupils, including if necessary within a fridge.

# Emergency Procedures

The head teacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical emergency.

**Signed by** ..... **Position**.....

**Date**.....