

# Collingtree Church of England Primary School

## Administering of Medicines Policy

### Faith to believe we can all achieve.

| <b>Date First Issued:</b><br>June 2018  | Date Last Reviewed:<br>March 2021 | Review Frequency: Bi-annually |  |  |  |  |  |
|---|-----------------------------------|-------------------------------|--|--|--|--|--|
| Written by:<br>Richard Albert/Suman Bed | i Approved by Governors           | y:                            |  |  |  |  |  |
| Committee Chair Signed/Date:            |                                   |                               |  |  |  |  |  |

### Scope

This document is applicable to the following:

| 1 | Parent/s & Carers           | ✓ | Staff     | ✓        | Community           |
|---|-----------------------------|---|-----------|----------|---------------------|
| 1 | Children                    | ✓ | Governors | <b>√</b> | Volunteers/Visitors |
| 1 | Contracted external support |   |           |          |                     |

### **Purpose**

The Staff and Governors of Collingtree Church of England Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Executive Headteacher / Head of School will accept responsibility in principle for members of the school staff giving or supervising pupils taking **prescribed** medication during the school day. Please note that parents should keep their children at home if they are acutely unwell or infectious.

### Medication

Parents are responsible for providing the School Office with comprehensive information regarding the pupil's condition and medication. Medication will not be accepted in school without a <u>current</u> prescription, complete written and signed instructions from the parent. <u>Staff will not give NON-PRESCRIBED medicine to a child.</u> Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). Each item of medication must be delivered to the School Office (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 cabinet.

The administering of medications is documented on a signed administering of medicines form.

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, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

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 <u>not</u> make changes to prescription 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.

If your child requires medication two times daily this should be administered at home morning and night. If your child requires medication 3 or 4 times per 24 hours (i.e. a further dose during the school day) then it is vital that you inform the school of the time your child would require medication and also informing the school of the time you last gave the medication. Please note that we will only administer <u>one</u> dosage of medicine per day.

It is also important to remind you that you should inform the school if you have given your child any medication before arrival to school on Health & Safety grounds. Antibiotics Medicines will only be administered if your child has been at home for the first 24 hours. Please be advised that medicine that has been prescribed for use two times a day should be given at home unless the family practitioner has prescribed particular times for it to be administered.

### **Long-term and Complex medical needs**

For each pupil with long-term or complex medication needs, the Executive Headteacher / Head of School will ensure that a Medication Plan and Protocol is drawn up, in conjunction with appropriate health professionals. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. 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 are made aware of the procedures to be followed in the event of an emergency. Please be advised that if your child requires long term medication then you will need to inform the school as soon as possible and you will be required to provide a letter from your GP to confirm this.

### **Asthmatic Inhaler**

Inhalers will be available to your child as directed by information given by yourselves and medication instructions. Please be aware that if you have more than one child in your family, each child will need their <u>own</u> separate spacer and medication device and these need to be clearly labelled. We understand the need for children with asthma to have access to their inhalers at all times. If a child needs his/her inhaler at any other time then this will be arranged. The adults in the school will always be able to locate it within minutes if necessary. Children are expected to have two inhalers, one in the school office and one that is kept in the classroom.

### <u>Calpol, Medicinal Paracetamol, Oral Suspensions</u>

Please be advised that Calpol or any Paracetamol oral suspensions will <u>only</u> be administered by staff after the child has been at home for the first 24 hours. Please be reminded that Calpol or Paediatric Paracetamol suspensions will only be given for the illness for which was originally prescribed. This will be confirmed by the issue date on the packaging medicine bottle. Whilst we are aware that Calpol and Paediatric Paracetamol Oral Suspensions have a long shelf life the school will not administer this medication if it is over two weeks of the prescribed date of your child's sickness and you would need to consult your GP.

### **Cough Medicine**

We are only able to give cough medicines that have been prescribed by your GP and again the school will not give medication if it is over two weeks of the prescribed date of your child's sickness.

### <u>Piriton/ Chlorphenamine Syrup</u>

These will only be administered after we receive a letter from your family practitioner (GP), hospital, clinic or nurse. Once medication has been prescribed the school will administer following instructions. Please be advised that medication will not be given to your child after a month period. You will need to return to your GP and complete in a new medication sheet.

### **Epi Pens**

Can only be administered by a trained member of staff. The school will store Epi pens centrally and all staff will be made aware of children who are in possession of one.

### Appendix A

### Parental Agreement for school to administer medicine

The school will not give your child medicine in line with the school policy unless you complete and sign this form:

| <u> </u>  |   |                                 |           |  |
|---|---|---------------------------------|-----------|--|
| Name of Child:  | Parent/Carer details  |                                 |           |  |
|   | Name:   |                                 |           |  |
| Date of Birth:  |   |                                 |           |  |
|   | Telephone Number (Day):   | Alternative Telephone Numb      | er:       |  |
| Class:  |   |                                 |           |  |
| Medical Condition or illness:   | Relationship to the child:  |                                 |           |  |
| Medical Condition of limess:  |   |                                 |           |  |
|   | Address:  |                                 |           |  |
|   |   |                                 |           |  |
| Name and strength of medicine (as described on the container):              |   |                                 |           |  |
| , ,   |   |                                 |           |  |
|   | I understand that I must deliver the m  | andicina parcapally to the scho | al office |  |
| Expiry Date:  | <ul> <li>I understand that I must deliver the medicine personally to the school office.</li> <li>I accept that this is a service that the school are not obliged to undertake.</li> </ul> |                                 |           |  |
|   | I understand that I must notify the school of any changes in writing.   |                                 |           |  |
| Dose (how much to give):  | Review Date:  |                                 |           |  |
|   | neview bate.  |                                 |           |  |
|   | Signature:  | Date: Time                      | 2:        |  |
| When to be given:   |   |                                 |           |  |
|   |   |                                 |           |  |
| Any other instructions:   | Medication Sign-Off details (once finished)   |                                 |           |  |
| Any other instructions.   |   | details (once finished)         |           |  |
|   | Name of child:  |                                 |           |  |
| Procedures to take in an emergency:   | Class:  | -                               |           |  |
|   | Class.  |                                 |           |  |
|   | Name of adult:  |                                 |           |  |
|   |   |                                 |           |  |
| NOTE:   | Signature:  | Date: Time                      | e:        |  |
| Medicines must be in their original container as dispensed by the pharmacy. |   |                                 |           |  |
|   |   |                                 |           |  |