

ADMINISTRATION OF MEDICINES POLICY

This policy covers all pupils including the Early Years Foundation Stage (EYFS)

Policy statement

Regular school attendance is vital for every pupil and St David's School does all that it can to maintain high attendance figures. Nevertheless, from time to time every pupil will become ill and may require some time out of school to recover. Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. **Parents are informed that they need to keep their children at home if acutely unwell or infectious.**

In general, where a pupil requires medication (or treatment) they should be kept at home until the course of treatment is complete or dose frequencies arranged for them to be given out of school hours. There are, however, a few exceptions such as:

- when a pupil has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- where a pupil suffers from asthma or allergies (or any other occasional ailment) and may need to use appropriate medication such as an inhaler or epipen.

The Board of Governors and staff of St David's school wish to ensure that pupils with medication needs receive appropriate care and support at school. Therefore the school require parents to provide all necessary information about their child's medical needs (see Parental Consent and Record Keeping below).

The Head Teacher 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** (see Legal Aspects below).

This policy refers to the administration of medicines to pupils while they are at school, on school trips (both residential and non-residential) and taking part in sports fixtures.

Legal Aspects

School staff have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the pupil's medical needs.

Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the pupil.
- There are potentially serious consequences if medication or treatment is missed.
- A degree of technical or medical knowledge is needed.

Under no circumstances must any medication be administered without signed parental approval.

Obtaining written permission from the child's parent/guardian allowing the school to administer the medication does not relieve the school of possible negligence in the unfortunate event of a child's death or injury.

Parental Consent and Record Keeping

When a child starts at St David's' the parents complete and sign a 'Medical Information and Consent Form' (see Appendix A).

For each pupil with long-term or complex medication needs, the Head Teacher ensures that a Healthcare Plan is completed, in conjunction with the parents and appropriate health professionals. This is available from the School Office (see Appendix B).

Should a pupil require any prescribed medication in the short term that the school needs to administer, the parents complete a 'Medication Consent Form'. This is available from the School Office (See Appendix C).

Should a pupil require medication in the short term that can be self-administered, the parents complete a 'Pupil Self-Medication Request' Form. This is available from the School Office (see Appendix D).

On all of the above forms, the following information must be provided by the parent:

- Name and date of birth of the pupil
- Name of parents/guardian, contact address and telephone number
- Name, address and telephone number of GP
- Name of medicines
- Details of prescribed dosage
- Method of administration
- Any side effects
- Date and time of last dosage given
- Consent given by the parents/guardian for staff to administer these medicines
- Expiry dates of the medicines
- Storage details

NB: New medicines should not be administered by the school for the first time in case the pupil suffers an allergic/adverse reaction. A pupil must have taken at least one dose of a newly prescribed medicine at home at least 2 hours before coming into school and before it is later administered by the school.

The appropriate forms providing all the information above are retained in a central file as a record for future reference and copies involving EYFS children are given to EYFS staff.

Every time a medicine is given to a pupil, the member of staff must fill in the appropriate form ensuring that all records are properly completed, legible and current and be available for inspection at all times. All records should provide a complete audit trail of medication/intervention.

Prescribed Medication

Prescribed medication is not accepted in school without complete written and signed instructions from the parent (see above).

Each item of medication must be delivered to the School Office 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.

Non-Prescribed Medication

Staff should never give a non-prescribed medicine to a pupil unless there is a specific prior written permission from the parents.

A pupil under 16 should never be given aspirin unless prescribed by the doctor.

Specific Conditions/Treatments

The most common conditions that cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). In these cases it is important that:

1. Parents make the school aware of their child's condition.
2. The school is advised of the child's typical symptoms and what action the parents expect the school to take.
3. Actions and /or emergency treatments where necessary are agreed with parents, recorded and made known to relevant staff.
4. Medicines and/or emergency treatment are supplied by the parents with a dosage supplied by the child's GP.
5. The medicines required are kept in a place known to staff (i.e. in the classroom, Staffroom cupboard or Medical room/School Office).
6. Some medicines (such as asthma inhalers) are readily available to pupils.
7. Photographs and any relevant information about children who could have severe allergic reactions are displayed in the Staff Room, Hall, School Office and Kitchen.
8. Intrusive emergency treatment e.g. injections must be carried out by staff who have been trained by a qualified nurse or doctor. At least two willing members of staff should be trained.
9. When action is required, a record is kept of the date/time, action taken by whom and the method used to contact the parents.

Safe storage and disposal of medicines

When medicines are used staff need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/ Pharmacist or from parents.

All medicines should be stored in the original container, be properly labelled (with the pupil's name and dosage details), and kept in a secure place, out of reach of children. This is usually in the Medical Room, in the refrigerator in the School Office or in the cupboard in the Staffroom. Medicine is kept separate from any foodstuff.

Ideally medicine should be bought to school on a daily basis, but this is not always possible.

Medicines should only be kept while the pupil is in attendance.

Any unused or outdated medication is to be returned to the parent for safe disposal.

Instruction and Training

Specific instructions and training should be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should not be undertaken.

Such safeguards are necessary both for the staff involved and to ensure the well-being of the pupil. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Administration of Medicines

Staff administering medication are required to check the pupil's name, name of medication, prescribed dose, expiry date, method of administration, time/frequency of medication, any side effects and any written instructions on the container before administering medicine to the pupil.

If staff are in any doubt of the procedure to be followed, parents are to be contacted before action is taken.

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack.

The member of staff who actually administers the medicine is required to sign the individual treatment sheet each time a medication is administered.

Parents are to be informed every time a child with a Healthcare Plan receives medication detailed on it.

Safety checklist to be used when administering medicines

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
 - Will medication be stored in the same place and at a suitable temperature?
 - Staff must be aware of the guidelines on infectious diseases

Refusing Medicines

If a pupil refuses to take medicine, staff should not force them to do so, but should note this in the records and inform the parents of the refusal immediately. If a refusal to take medication results in an emergency, the emergency procedures outlined in the First Aid Policy will be followed.

Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible. However, the position should not normally arise as any pupil requiring vital medication or treatment would not normally be in school.

Educational Visits

St David's school will consider what reasonable adjustments might be made to enable children with significant medical needs to participate fully and safely on visits. A risk assessment for such children will be made.

Sometimes additional safety measures may need to be taken for outside visits. For example, it might be that an additional adult might be required to accompany a particular pupil. Arrangements for taking any necessary medicines will be taken and staff will be aware of any medical needs and relevant emergency procedures prior to leaving the school premises.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse and /or local health authorities. Please see Guidelines on Infection Control.

This policy is in compliance with the current version of 'Keeping Children Safe in Education' (DFE) and is to be read in conjunction with the following related policies:

Child Protection & Safeguarding
First Aid
Guidelines on Infection Control
Offsite Educational Visits

Policy reviewed by	A Munt/B Rogers	November 2022
Reviewed and approved by	SLT	November 2022
Reviewed and approved by	St David's Sub Committee	March 2023
Next Review by B Lee/ B Rogers (every 2 years)		March 2025

APPENDIX A



MEDICAL INFORMATION AND CONSENT FORM

The School requires you to complete all sections of this form as fully as possible. The information provided by you in this form will help us to care for your child while he / she is a pupil at the School. All information received on this form will be treated in confidence.

For more information about how the School may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice which are published on the School website.

Child's full name:	
Date of birth:	

Child's doctor's details

Name of child's doctor:	
Address of child's doctor:	
Telephone number for child's doctor:	

Eyesight and hearing

Does your child have an eyesight condition? (please tick one box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a hearing condition? (please tick one box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered Yes to either question above, please provide details below:

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If your child takes any medication for an eyesight or hearing condition, please provide details on a Healthcare Plan which is available from the School Office.

Infectious conditions

Has your child had any of the following infectious conditions?

(Please indicate by ticking either Yes or No for each condition)

Condition:	Yes	No	Approximate date of infection
Mumps			
Rubella			
Chicken pox			
Measles			
Glandular fever			
Rheumatic fever			

If you have answered Yes to any of the above, please provide details below:

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Allergies

Does your child have any allergies?

Hay fever	Yes		No	
Medicine (if Yes, please provide details in the box below regarding the nature of their allergic reaction and appropriate treatment)	Yes		No	

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Animals (if Yes, please provide details in the box below regarding the nature of their allergic reaction and appropriate treatment)	Yes		No	
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Foods (if Yes, please provide details in the box below regarding the nature of their allergic reaction and appropriate treatment)	Yes		No	
Other allergies (if Yes, please provide details in the box below regarding the nature of their allergic reaction and appropriate treatment)	Yes		No	
<p>If your child takes any medication for an allergy, or carries an Epi-pen or other auto-injector, please provide details on a Healthcare Plan which is available from the School Office.</p>				

Other conditions

Does your child have any of the following conditions?				
Asthma	Yes		No	
Diabetes - type 1	Yes		No	
Diabetes - type 2	Yes		No	
Epilepsy	Yes		No	
Mental health condition(s) (if Yes, please provide details in the box below)	Yes		No	
Other condition(s) (if Yes, please provide details in the box below)	Yes		No	
<p>If your child takes any medication or receives treatment for an above named condition, please provide details on a Healthcare Plan which is available from the School Office.</p>				

Immunisation

The table below lists the routine and optional vaccinations (including travel vaccinations) available for children in the United Kingdom.

Please provide date(s) of immunisation of your child where indicated or, if immunisation not carried out, please state.

Immunisation	Date(s) of Immunisation
Routine vaccinations	
6 in 1 vaccine (Diphtheria, Tetanus, whooping cough, polio, Hib, Hepatitis B)	
Pneumococcal (PCV) vaccine	
Rotavirus vaccine	
Men B (Meningococcal type B) vaccine	
Hib / Men C	
MMR (Measles, Mumps, Rubella)	
Children's flu vaccine	
4 in 1 Pre-school booster (Diphtheria, Tetanus, whooping cough, polio)	
Optional vaccinations	
Chickenpox	
BCG (Tuberculosis)	
Travel vaccinations	
Typhoid	
Cholera	
Yellow Fever	
Meningitis (Meningococcal types A and C)	
Hepatitis A	
Hepatitis B	
Japanese encephalitis	
Tick-borne encephalitis	
Rabies	

Other (please provide details in the box below)

Please provide details below of any condition which may prevent your child from taking a full part in the School's academic and games or sports curriculum, and outdoor activities.

Medical Information

1. I / We have provided full and complete information about my / our child in this Medical Information and Consent Form.
2. I / We agree to inform the School in the event that my / our child's health or needs change.
3. I / We also agree to inform the School of any medication or treatment my child is receiving as I understand that appropriately qualified School staff may administer medication.

Medical Consent

1. **First Aid:** I / We consent to appropriately trained and qualified members of the School staff to administer first aid to my / our child where appropriate.
2. **Emergency Medical Treatment:** I / We give my / our consent for a member of St David's staff to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I / We cannot be contacted in time.
3. **Administration of Medicines:** In the event of my child requiring either prescription or non-prescription medication, I will complete the appropriate form provided by the School Office and indicate my consent for the medication to be administered.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		

APPENDIX B



**HEALTHCARE PLAN
(For pupils with medical conditions)**

PUPIL INFORMATION

Name of pupil: Form:

Date of birth: Male Female

CONTACT INFORMATION

Pupil's address (including post code):

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Family contact 1

Name: Tel No (day):

Phone (evening): Mobile:

Relationship with child:

Family contact 2

Name: Tel No (day):

Phone (evening): Mobile:

Relationship with child:

Doctor/GP

Name: Tel No:

Address:

Specialist contact (if appropriate)

Name: Tel No:

MEDICAL CONDITION INFORMATION

Details of pupil's medical conditions

Signs and symptoms of the pupil's condition:

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.....

Triggers or things that make the pupil's condition/s worse:

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.....

.....

ROUTINE HEALTHCARE REQUIREMENTS (e.g. dietary, therapy, nursing needs, physical activity)

During school hours:

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Outside school hours:

.....

WHAT TO DO IN AN EMERGENCY

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REGULAR MEDICATION TAKEN DURING SCHOOL HOURS

Medication 1

Name/type of medication (as described on the container):

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Storage:

Medication expiry date:

Dose and method of administration (the amount taken and how the medication is taken, eg. tablets, inhaler, injection):

.....

Time to be taken:

Are there any side effects that could affect this pupil at school? Yes No (Please tick)
If yes, please give details:

Are there any contraindications (signs when this medication should NOT be given)? Yes No (Please tick)
If yes, please give details:

Self-administration: can the pupil administer the medication themselves? Please tick one box only.

No Yes by themselves Yes with supervision by:

Medication 2

Name/type of medication (as described on the container):

Storage:

Medication expiry date:

Dose and method of administration (the amount taken and how the medication is taken, eg. Tablets, inhaler, injection):

Time to be taken:

Are there any side effects that could affect this pupil at school? Yes No (Please tick)
If yes, please give details:

Are there any contraindications (signs when this medication should NOT be given)? Yes No (Please tick)
If yes, please give details:

Self-administration: can the pupil administer the medication themselves? Please tick one box only.

No Yes by themselves Yes with supervision by:

MEMBERS OF STAFF TRAINED TO ADMINISTER MEDICATIONS FOR THIS PUPIL IF APPLICABLE

Medication: Person trained:

Medication: Person trained:

SPECIALIST EDUCATION ARRANGEMENTS REQUIRED (e.g. activities to be avoided)

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.....
Any specialist arrangements required for off-site activities:
.....
.....

ANY OTHER INFORMATION RELATING TO THE PUPIL'S HEALTHCARE IN SCHOOL

ST DAVID'S SCHOOL – PARENTAL AND SCHOOL AGREEMENT

Parent agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services).

I understand that I must notify the school of any changes in writing.

I understand that it is my responsibility to ensure all medicines kept at the school are in date.

Permission for emergency medication:

I give my consent for appropriately qualified members of the school staff to administer medication listed above (please tick)

I agree that my child **cannot** keep their medication with them and the school will make the necessary storage arrangements for the medication (please tick)

If my child has an inhaler and/or epipen in school, which for some reason cannot be used (i.e. expired, run out), I give my consent for the school's generic inhaler/epipen to be administered to my child (please tick)

Signed: Date:
(parent/guardian)

Print name: Relationship with child:

Head Teacher agreement

It is agreed that (name of child) will receive the above mentioned medications when necessary by a trained member of staff.

Signature: Date:

Miss Cressida Mardell – Head Teacher

For more information about how the School may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice which are published on the School website.

**ST DAVID'S SCHOOL
HEALTHCARE PLAN - RECORD OF MEDICINES ADMINISTERED**

Child's Name: **Form:**

Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Method parent contacted						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Method parent contacted						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Method parent contacted						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Method parent contacted						

APPENDIX C



MEDICATION CONSENT FORM
(Record of Permission and Administration of Short-term Medication)

Please note: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly, and to note that the school will not administer the first dosage in a course of medicine.

Name of child: Form:

Home Address:

Date of birth: Condition or Illness:

Name of medicine: Expiry Date:

Dosage/dose frequency/times:

Method of administration: Storage:

Start of course: Completion date of course:

Side effects of medication:

Any special guidance/allergies etc:

Consequences if medication missed:

Has your child had this medication before? Yes No (Please tick)

Is your child allergic to any medication? Yes No (Please tick)

If yes, please detail below:

Name of Doctor/GP: Tel No:

Address:

PARENTAL CONSENT:

I give my consent for appropriately qualified members of the school staff to administer the above named medication to my child. I understand that this task is being undertaken **voluntarily** and in a spirit of general care and concern. I understand the school will make every effort to administer this medication on time and as required, however there are NO guarantees.

Name of parent: Signature of parent:

Emergency parent contact number: Date:

Staff member signature: Name:

For more information about how the School may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice which are published on the School website.

ST DAVID'S SCHOOL
RECORD OF ADMINISTRATION OF SHORT-TERM MEDICATION

Child's Name: **Form:**

Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						

APPENDIX D



**PUPIL SELF-MEDICATION REQUEST
(Short-term medication)**

Please note: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly, and to note that the school will not supervise the first dosage in a course of medicine.

Name of child: Form:

Home Address:

Date of birth: Condition or Illness:

Name of medicine: Expiry Date:

Dosage/dose frequency/times:

Method of administration: Storage:

Start of course: Completion date of course:

Side effects of medication:

Any special guidance/allergies etc:

Consequences if medication missed:

Has your child had this medication before? Yes No (Please tick)

Is your child allergic to any medication? Yes No (Please tick)

If yes, please detail below:

Name of Doctor/GP: Tel No:

Address:

I consent to my child being responsible for the self-administration of medicines as directed above. I understand the school will make every effort to ensure my child receives the medication on time and as required, however there are NO guarantees.

Name of parent: Signature of parent:

Emergency parent contact number: Date:

Staff member signature: Name:

For more information about how the School may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice which are published on the School website.

**ST DAVID'S SCHOOL
RECORD OF PUPIL'S SELF-MEDICATION**

Child's Name: **Form:**

Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						
Date administered	/	/	/	/	/	/
Name of medicine						
Time given						
Dose given						
Name of member of staff						