

**St John and St Francis Church School.
Administration of Medicines Policy**

Date of issue: November 2016

Date for review: September 2016

Approved by Local Governing Body: 22.November 2016

Signed: *Yvonne L. Rouffev* Chair of Governors

Date: 5.12.2016

Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

DfE April 2014 – Supporting Pupils At School With Medical Conditions, Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.

Staff Duties

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a school, we train specific named staff for the purpose of the administration of medicines.

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

Process for the Administration of Medicines in School – short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered 3 times a day or more.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

(For use of inhalers see Asthma Policy)

The school will not accept or administer:

- Medicines that are to be administered 2 times per day (unless the child is attending after school club and will not return home immediately after 3:15pm, or attending a residential visit)

- Piriton
- Paracetamol eg Calpol, or aspirin.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person.

The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

When administering, the named adult must complete a record (appendix a) showing the date and time and details/dosage of the medication. This must be counter-signed by another adult.

In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

Under no circumstances should a parent send a child to school with any medicines, eg throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer, for reasons given above.

Process for the Administration of Medicines in School – long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the school nurse and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.

It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned.

There will also be regular/annual training for all staff on more generalised needs eg asthma awareness and epi-pen training, diabetes and epilepsy. The school is well supported by the School Nurse who provides staff with advice and any relevant training on request.

Process for the Administration of Medicines during residential visits– all medical needs.

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

In the case of higher levels of care eg intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.