

# **St Mary's Primary School Derrymore**



## **Administering Medication Policy**

## Introduction

In St. Mary's Primary School, we recognise that we will have pupils who may need to take medication during school hours. These requests fall into three categories: -

- short term medical need e.g. for children who are suffering from casual ailments (coughs, colds etc...) –
- long term medical need e.g. for children who require medication on a long term basis because of the chronic nature of their illness (eg. Cystic fibrosis etc...) –
- emergency medication (e.g. adrenaline auto-injectors for anaphylaxis, salbutamol inhalers for asthma or emergency epilepsy medication). Staff are therefore being increasingly called to administer medication to pupils.

Although staffs' conditions of employment do not include giving medication or supervising a pupil taking it, staff may volunteer to do this.

## Who is responsible for administering medication?

The prime responsibility for a pupil's health rests with the parent/guardian, however, to enable our pupils requiring medication to participate as fully as possible in school activities some members of staff have agreed to assist a child with medical needs.

It is the responsibility of the Principal, Mrs Caitriona McAtarsney and the Board of Governors is to make sure that safety measures, which cover the needs of the pupil and staff, are outlined in the school's health and safety policy.

This may mean special arrangements for particular pupils in managing and administering medication. This policy for the Administering Medication is written in conjunction with the Health and Safety Policy.

## Short term medication

There are rare occasions when pupils request pain relief at school including paracetamol and ibuprofen. School staff should not give non prescribed medication without prior **written approval** from the parent/guardian as staff

may not be aware of any previous dose taken or whether the medication will react with other medication.

A member of staff should supervise the taking of the medication and notify the parent on the day the painkillers are taken. If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise and supply the appropriate painkillers. No pupil should be given medicine without the parent/guardian's written consent.

### **Prescribed medication - long term medical needs**

Some pupils may have medical conditions which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.

In some cases, pupils with medical needs may be more at risk than their classmates. We accept that when necessary, we will take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed (see form: Pupil's Health Care Plan). In the specific case of asthma, we are only willing to deliver the blue reliever inhaler, brown inhalers will be sent home again.

You must request and complete a school asthma form, and return it to school. By doing so you will be asked to agree to keep and maintain a spare reliever inhaler and spacer in school at all times, and give us consent to use the emergency salbutamol inhalers if their own inhaler is missing for any reason.

### **Administering medication at St Mary's Primary School**

When a parent requests medication to be administered to a pupil at school, the pupil's condition will be discussed with the parent and with the appropriate staff. The parent will be required to submit a written request together with a statement of the pupil's condition and requirements (see form: 'Request by Parent for School to Administer Medication'). Where a request for administering medication has been approved, the Principal will endorse the form 'School's Agreement to Administer Medication' highlighting dosage, frequency and naming the member of staff who will administer.

Two members of staff should be present when administering medication. Where necessary, training for staff will be facilitated by the Principal and all training records will be completed and filed, including re-training dates (see form: Staff training record- administration of medical treatment)

### **Emergency procedures**

All staff know how to call the emergency services, including necessary information to relay. All staff also know who is responsible for carrying out emergency procedures in the event of need.

### **Storage of medication**

Some medicines may be harmful to anyone for whom they are not prescribed. We recognise it is our duty to ensure that the risks to the health of others are properly controlled. The medicines must be brought into school in a properly labelled sturdy container (we suggest plastic containers around the size of a take away container) which states:

- The name of the child, beside a recent (within 1 year) photograph. This must be updated yearly.
- The name of the medicine
- The expiry date
- The dosage
- The times of/ conditions when to administer.

### **Schools must ensure that:**

- medicines are kept in a secure cupboard
- the trained staff and the pupil know where the medicines are stored
- a record is kept of all medication administered
- a regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

## **School Trips**

We recognise the need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also be taken into consideration. Staff supervising excursions will be informed of any medical needs and relevant emergency procedures. Where necessary, an additional supervisor or parent might accompany a particular pupil.

Please refer to the Department of Education guidance booklet “Educational Visits, Policy, Practice and Procedures”.

[http://www.deni.gov.uk/educational\\_visits\\_2009.pdf](http://www.deni.gov.uk/educational_visits_2009.pdf)

## **Entering and exiting school site**

We recognise that the additional medical needs of some pupils require flexibility in terms of their physical limitations. The additional requirements for these pupils and for those providing their transport to and from school will therefore be judged on an individual case-by-case basis. Further information, useful contacts and helplines can be found in the DENI booklet “Supporting Pupils with Medication Needs” Website:

[http://www.deni.gov.uk/support\\_with\\_medical\\_needs.pdf](http://www.deni.gov.uk/support_with_medical_needs.pdf)

## **Monitoring and evaluation The DTCP in St Mary’s Primary School**

We will update this policy and related procedures in the light of any further guidance and legislation as necessary and review it annually. The Board of Governors will also monitor the implementation of this policy through the provision of reports from the Designated Teacher and through the BOG link governor for Child protection.

On-going evaluation will ensure the effectiveness of the Policy.

## **Communication and dissemination of this policy**

The policy will be available on the school website available to parents and any parent requiring a paper copy of should contact the school office.

## St. Mary's P.S. Healthcare Plan for a Pupil with Medical Needs



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

### Contact Information Family

**Contact 1 Name** \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Family

**Contact 2 Name** \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Clinic/Hospital Contact Name**

\_\_\_\_\_

Phone No. \_\_\_\_\_

**G.P. surgery** \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements, (e.g. before sport/at lunchtime):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up care:

\_\_\_\_\_  
\_\_\_\_\_

Who is responsible in an emergency: (State if different on off-site activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form copied to: \_\_\_\_\_

St. Mary's Primary School Derrymore

## Request by Parent for School to Administer Medication



The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

Details of Pupil Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Condition or illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Name/ Type of medication (as described on the container)

\_\_\_\_\_  
\_\_\_\_\_

For how long will your child take this medication:

\_\_\_\_\_  
\_\_\_\_\_

Date dispensed: \_\_\_\_\_

Full direction for use:

\_\_\_\_\_  
\_\_\_\_\_



Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration: (Yes/No) \_\_\_\_\_

Procedures to take in an Emergency:

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Contact Details Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

## St. Mary's P.S. School's Agreement to Administer Medication



The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication.

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time medicine to be administered e.g. lunchtime or afternoon  
break).

The named child will be given/ supervised whilst he/she take 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) \_\_\_\_\_.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member  
of Staff)