



# Dovecot Primary School

## VISION STATEMENT

*Learning together, growing together*

## Administering Medication Policy



<b>Date of review</b>	<b>October 2024</b>
<b>Next review date</b>	<b>October 2025</b>

### Introduction

To be read in reference to the DFE documentation 'Supporting pupils at school with medical conditions' (2015).

Legal advice states that it is a matter for the Headteacher's discretion whether or not to administer medicines to pupils. We are a caring staff and recognise that from time to time pupils do have additional medical needs. We also acknowledge that pupils may need to take long term medication during the school day. Some children with medical needs are protected from discrimination under the Equality Act 2010.

## Aim

Under the DFE guidance 'Supporting pupils at school with medical conditions' (2015) school procedures for managing medicines on school premises will reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in an emergency
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

## **Objectives**

The DFE documentation 'Supporting pupils at school with medical conditions' (2015) states that where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. If this cannot be arranged and medication must be provided during the school day, staff will administer medication approved by the Headteacher. Staff can administer most types of short-term medications that have been prescribed by a doctor, for example antibiotics, provided the parent has completed the **Administering Medication Form** to request us to do so on their behalf. This form is available from the school office.

Pain relief that has not been prescribed by a doctor e.g. Paracetamol (including Calpol) or Ibuprofen can be administered at the head teacher's discretion for the following circumstances:

- Broken limb
- Following an operation
- If getting over an illness but feel well enough to be in school if taking appropriate medication

### **Staff will not be able to administer the following:**

- Injections; any 'timed' medication or specialist treatment which would result in serious consequences to a pupil if staff were to forget to administer the dose at a precise time of day.
- Packets of medicated sweets are unsuitable for pupils to have at school as we are unable to monitor if these are being eaten at the correct time intervals.

## **Long term medication**

Pupils who need to take long term medication for example inhalers to relieve asthma will be supervised by staff provided the parent has completed the **Administering Medication Form** to request this. Medication for other medical conditions may be administered by school staff after discussion with parents. We may need to seek advice from outside agencies for example school nursing and will need to be trained in how to appropriately administer certain medications for example the use of an EpiPen for pupils who have severe allergic reaction to certain triggers. The schools 'supporting pupils with medical conditions' policy provides a clear process for developing individual healthcare plans.

**Parents are welcome to come to school to administer medication to their child if they would prefer to do so.**

### **Individual healthcare plans**

Some pupils may require their own individual healthcare plan. This will be written by the school alongside external agencies such as school nursing to support pupils with long term, complex medical conditions whilst at school.

### **Medication needed at school**

Towards the end of an illness, a child may be well enough to return to school but may still have to take the remaining course of treatment e.g. finish their antibiotic medicine. If the dose has to be taken during school hours, we must follow school guidelines for administering medication.

### **Asthma**

Pupils who need to use an inhaler must have a spare one that they can keep at school at all times. This is to avoid confusion or forgetting to bring it to school. Pupils will administer their own medication whenever possible. A member of staff will supervise them and record this in their asthma care book. Parents of pupils with asthma will be required to complete the school administering medication form. An emergency salbutamol inhaler will be only used without a prescription for use in emergencies. Where an emergency inhaler has been used (in guidance with the DOH Use of emergency salbutamol inhalers in schools, 2015) this will be recorded and parents/ carers will be informed.

### **Returning to school**

When children are at home recovering from illness, they appear to be fit and ready to come back. Parents are asked to remember that the school day is very long for children who are not fully recovered so not to send their child back to school too soon. The school has a 24 hour policy in place for illness such as sickness and diarrhoea to prevent spread and infection.