



**Leicester
Partnership
School**

Administration of Medication Policy

Schedule for Development, Monitoring and Review	
Approved by governors on:	October 2019
Implementation monitored by:	Julie Aquilina
Review arrangements:	Annually All policies will be reviewed if there are any significant developments or changes to legislation
Reviewed:	October 2020 October 2021
The next review of this policy:	October 2022

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POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Management Committee and staff of Leicester Partnership School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher 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.**

1 GENERAL

1.1 Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible a general care plan for in school administration of medicines should be instigated in accordance with this guidance (see appendix 1 for forms).

1.2 **Leicester Partnership School will not accept items of medication in unlabelled containers. No medicine will be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and Leicester Partnership School on behalf of the Management Committee (LPS) has indicated that it is able to do so. See Appendix A. [Part 1]** LPS will offer support in the completion of this form where parents have literacy problems or where English is not their first language.

1.3 LPS will ensure that all medicines are clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication. If this is not the case the previous instructions must be followed.

1.4 **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Sometimes pupils may ask for pain relief (analgesics) at school e.g. paracetamol. Generally, LPS staff should not give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with other medication being taken. However, LPS has decided to allow the administration of pain relievers Appendix A [Part 1 & 2] should be completed.

1.5 LPS recognise that as children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, seek complete responsibility under the supervision of their parents. Which children have the ability to take responsibility for their own medicines varies. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where it is agreed by the parents and teachers some medications or related products e.g. inhalers or Creon will be carried by the child for self-administration. These may be carried in "bum bags" or swimming pouches.

All other medicines, except emergency medication, should be kept securely.

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If children can take their medicines themselves, staff may only need to supervise.

- 1.6 The Head Teacher is responsible for making sure that medicines are stored safely. **All emergency medicines such as asthma reliever inhalers/adrenaline autoinjectors will be readily available to children and will not be locked away.**

All other medicines except emergency medications and inhalers should be kept securely. Large volumes of medicines should not be stored. Oral medication should be in a childproof container. Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with icepacks, provided by the parent/guardian. If stored in a cool box with ice packs do not store medicine in direct contact with ice packs as efficacy may be hindered. All medication should be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody. Children could access them for self-medication if it is agreed that it is appropriate.

SCHOOL STAFF GIVING MEDICINES

Any member of staff who agrees to accept responsibility for administering the prescribed medicines to a child should have the appropriate training and guidance. The type of training necessary will depend on the individual case.

Medicines will be administered by a named individual member of staff at each centre with specific responsibility for the task in order to prevent any errors occurring. Where practicable a witness will be present who will also sign the appropriate box on **Appendix A [Part 2]** All children who require medication to be given during school hours will have clear instructions where and to whom they report. LPS staff will only store, supervise and administer medicine that has been prescribed for an individual child.

- 1.8 **Emergency medication and reliever inhalers will follow the child at all times.** Inhalers and emergency treatment medication will follow the child to the sports field, swimming pool etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. The school may hold spare emergency medication if it is provided by the parents or guardians in the event that the child loses their medication. In these circumstances the spare medication should be kept securely in accordance with the instructions above. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.
- 1.9 Advice for LPS staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse on the request at the outset of the LPS's consideration of the need for medication. Similarly any difficulties in understanding about medication usage should be referred to the School Nurse for further advice.

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- 1.10 If a child refuses to take medicine, LPS staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed, which is likely to be calling an ambulance to get the child to hospital.

2 RECORD KEEPING

- 2.1 LPS will keep written records of all medicines administered to children. A copy of the record slip or similar written record will be sent to parents recording medicines administered that day.
- 2.2 Incorrect Administration of Dosage - individual protocols/health plans will contain emergency actions in respect of this happening. The incident must be notified to the department using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

APPENDIX A - Administration of Medicines Request & Recording Form

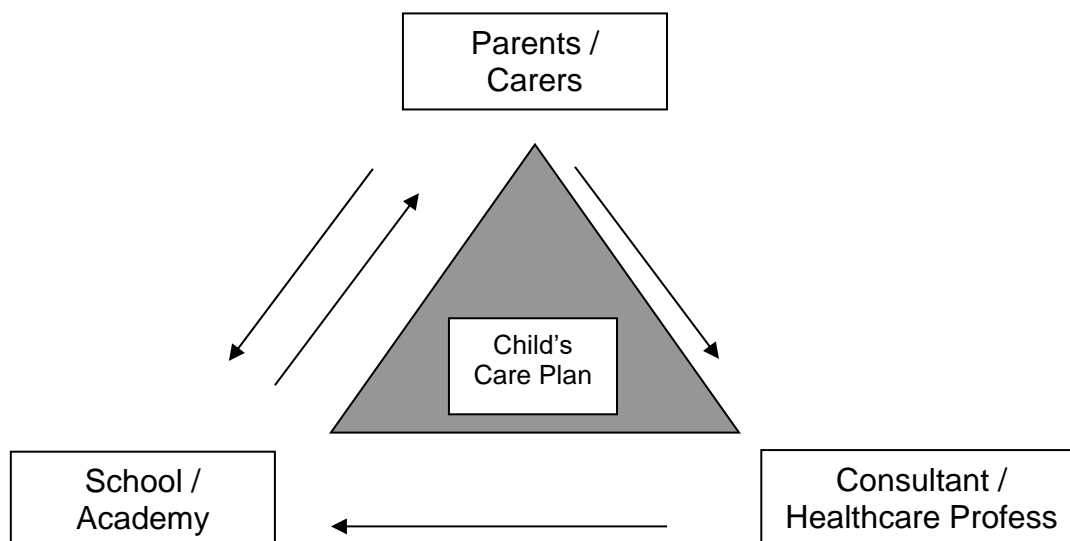
PART 1 – REQUEST FOR ADMINISTRATION OF MEDICATION		
Name of Parent		
Name of Child		
Date medicine provided by parent		
Group / Class / Form		
Name of medicine		
Quantity received		
End date / Expiry date		
To be administered by [*Tick as required]	Staff*	Student*
Dose & frequency of medicine	Dose:	Frequency:
Parent Name [Print]	Parent Signature	Date
Staff Name [Print]	Staff Signature	Date
Headteacher Authorisation	Signature	Date

ONCE COMPLETED PLEASE PLACE THIS FORM IN THE ADMINISTRATION OF MEDICINES FOLDER AND COMPLETE THE RECORD BELOW EACH TIME MEDICATION IS ADMINISTERED TO THE CHILD

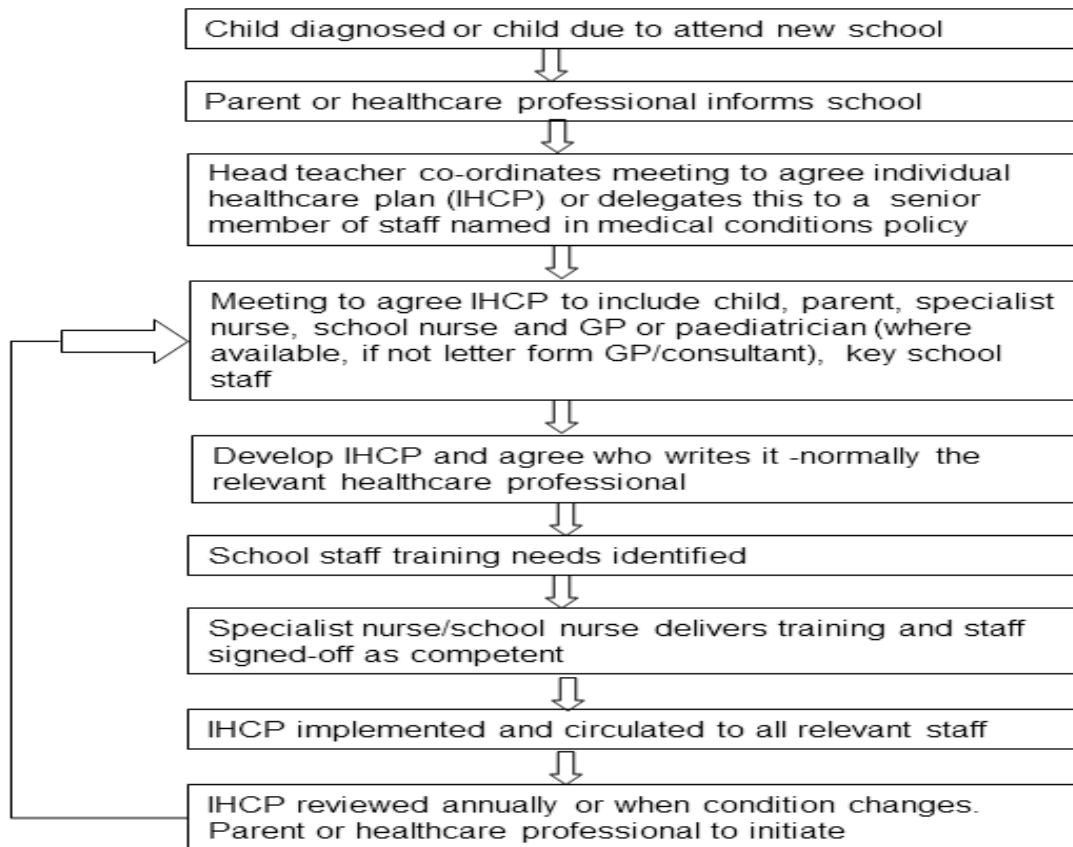
PART 2 – RECORD OF MEDICINE ADMINISTERED TO CHILD					
RECORD	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Date					
Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness [Initials]					
RECORD	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Date					
Time given					
Dose given					
Name of member of staff					
Staff Initials					
Witness [Initials]					

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Individual Health Care Plan (IHCP) = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Headteacher and parents. THIS MUST BE FORMALLY RECORDED AND REVIEWED AT REGULAR INTERVALS.



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