**DRUMAHOE PRIMARY SCHOOL**



**Administration of Medication Policy**



**Created by: Emma Walker**

**Date: May 2022**

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| **Date:** | **Policy reviewed:** | **Policy amended:** |
| May 2022 | **** | **** |
| May 2025 |  |  |
| May 2028 |  |  |



Administering Medication

Introduction

In most schools there are pupils who may need to take medication during school hours for long or short term medical needs, or in emergency situations.

The most common ailments suffered by pupils are asthma, epilepsy and diabetes. Anaphylaxis and extreme allergic reactions to certain foods, such as nuts, fish and dairy products, is on the increase. 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.

Medical Register

At the start of every school year parents will be required to update medical information for their child/ children attending Drumahoe Primary School. This information will be collated to form a medical register. This register will be shared with all members of staff, including teachers, classroom assistants, canteen staff and lunchtime supervisors to ensure that all staff are fully aware of any additional needs the children may have.

It is the responsibility of the parent to inform the school if any of the medical information changes throughout the school year.

School staff will review the register three times each year, once per term.

Who is responsible for administering Medication

**The prime responsibility for a pupil’s health rests with the parent/guardian,** however, to enable pupils requiring medication to participate as fully as possible in school activities the school may agree to assist a child with medical needs.

The school will ensure that all staff acting within the scope of the Pupil’s Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

The responsibility of 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 covers the school’s approach to taking medication.

Short term medication

There are times when pupils request painkillers at school including aspirin and paracetamol. School staff **will not** give non prescribed medication without **prior written approval (Form AM2)** 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 in writing **(Form AM4)**on the day the painkillers are taken.

If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise**(Form AM2)** and supply the appropriate painkillers.

**No pupil under 16 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. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed, i.e. ***-* Form AM1 Pupil’s Health Care Plan.**

Asthma Register

Information provided by parents at the start of the school year will be collated to highlight any children who need to be placed on the school’s asthma register.

School staff will review the register three times each year, once per term.

Children on the asthma register will be sent home a consent form (**AM 2/3**) which allows the school to administer an inhaler or oversee the administration of an inhaler. A diagnosis of asthma, gives permission for the child to use their inhaler if and when required.

If a child requires the use of their inhaler **AM4** will be sent home to parents, on the day of use.

Inhalers will be stored in a secure cupboard in the classroom, out of the reach of children, but not locked away.

Pupil’s Health Care Plan

When a parent requests medication to be administered to a pupil at school, the school should discuss the pupil’s condition with the parent and implications of the pupil’s medical condition with the appropriate staff and where necessary draw up a Health Care Plan, i.e.: **Form AM1**

■ A written request together with a statement of the pupils condition and requirements must be made available to the school **(Form AM2 Request by Parent for School to Administer Medication)**;

■ The school must decide on the way in which the school will meet the pupils requirements

 **(Form AM3 School’s Agreement to Administer Medication)**;

■ Ensure appropriate training is available from medically qualified persons, i.e. Pupil’s GP, Specialised Nurse, School Clinical Medical Officer;

■ The school must ensure that a sufficient number of staff are trained in order to cover absences **(Form AM6 Staff Training Record)**;

■ Two members of staff are always present when administering medication which could expose staff to allegations of assault or sexual abuse, e.g. administering rectal Diazepam - **Form AM7;**

■ Train staff on how to call emergency services.

Emergency Procedures

■ All staff should know how to call the emergency services.

■ All staff should also know who is responsible for carrying out emergency procedures.

■ Guidance on calling an ambulance **(Form AM8 Emergency Plan**

Storage of Medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine it has a duty to ensure that the risks to the health of others are properly controlled.

Schools must ensure that:

■ The medicine container is labelled with the name of the pupil, dose and frequency of administration and any expiry date;

■ Where a pupil requires two or more medicines, these should be kept in their original container and never transferred to another container;

■ Medicines are kept in a secure cupboard;

■ The trained staff and the pupil know where the medicines are stored and who holds the key;

■ A record is kept of all medication administered – **Forms AM4 & AM 5**

■ A regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

School Trips

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. (See Guidance Booklet - Educational Visits - Policy Practice and Procedures).

School Transport

The Employer must make sure that pupils are safe during home to school transport journeys. Most pupils with medical needs do not require supervision on school transport, but the Employer should provide appropriately trained supervisors if they consider them necessary.

**Further information, useful contacts and helplines can be found in the Department of Education and Skills booklet “Supporting Pupils with Medical Needs” W**[**ebsite:http//www**](http://www.dfes.gov.uk)**.dfes.gov.uk**

#### Communication and Dissemination of Policy

Parents are at liberty to request a full copy of it at any time. The full policy is available from the school office.

The policy will be reviewed and updated as required but at least every three years.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Date \_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chairperson of the Board of Governors

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRUMAHOE PRIMARY SCHOOL**



**ADMINISTERING MEDICATION**

**FORMS**

**AM1 – AM**

**FORM AM1**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

**Date Review Date**

Name of Pupil

Date of Birth / /

Class

National Health Number

Medical Diagnosis

**Contact Information**

**1 Family contact 1**

Name

Phone No: (home/mobile)

 (work)

Relationship

**2 Family contact 2**

Name

Phone No: (home/mobile)

(work)

Relationship

**3 GP**

Name

Phone No

**4 Clinic/Hospital Contact**

Name

Phone No:

**Plan prepared by:**

Name

Designation Date

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

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child

(state if different for off‑site activities)

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

Follow up care

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of**

**Signed Date**

Parent/carer

**Distribution**

School Doctor School Nurse

Parent Other

**FORM AM2 (a)**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**REQUEST FOR A 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 medicine

**Details of Pupil**

Surname Forename(s)

Address

Date of Birth / / M F

Class

Condition or illness

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

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

Date dispensed

Expiry Date

**Full Directions for use:** Dosage and method

**NB Dosage can only be changed on a Doctor’s instructions**

Timing

Special precaution

Are there any side effects that theSchool needs to know about?

Self‑Administration Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

**Contact Details**

Name

Phone No: (home/mobile)

(work)

Relationship to Pupil

Address

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

**Signature(s) Date**

**Agreement of Principal**

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

This child will be given/supervised whilst he/she takes their medication by

(name of staff member)

This arrangement will continue until (either end date of course of medicine or until instructed by parents)

**Signed** **Date**

(**The Principal/authorised member of staff)**

**The original should be retained on the school file and a copy sent to the parents to confirm the school’s agreement to administer medication to the named pupil.**

**FORM AM2(b)**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**School’s agreement to administer medication**

Official Form for the school to complete and send to parent if they agree to administer medication to a named child

I agree that *[name of child]* will receive *[quantity and name of medicine]* every day at *[time medicine to be administered eg. lunchtime or afternoon break]. [Name of child]* will be given/supervised whilst he/she takes 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/Member of Staff)

**FORM AM3**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers

## Details of Pupil

Surname Forenames(s)

Address

Date of Birth / /

Class

Condition or illness

## *Medication*

***Parents must ensure that in date properly labelled medication is supplied.***

Name of Medicine

Procedures to be taken in an emergency

Contact Details

Name

Phone No: (home/mobile)

(work)

Relationship to child

**I would like my child to keep his/her medication on him/her for use as necessary**

**Signed Date**

**Relationship to child**

**Agreement of Principal**

I agree that (name of child) will be allowed to carry and self‑administer his/her medication whilst in school and that this arrangement will continue until (either end date of course of medication or until instructed by parents)

**Signed Date**

**The Principal/authorised member of staff.**

**The original should be retained on the school file and a copy sent to the parents to confirm the school’s agreement to the named pupil carrying his/her own medication**

**FORM AM4**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**Record of medicine administered**

**to an individual child**

|  |  |
| --- | --- |
| Surname  |  |
| Forename (s) |  |
| Date of Birth  |  \_\_\_ /\_\_\_\_ / \_\_\_ M F  |
| Class |  |
| Condition or illness |  |
| Date medicine provided by parent |  |
| Name and strength of medicine |  |
| Quantity received |  |
| Expiry date | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| Quantity returned |  |
| Dose and frequency of medicine |  |

Checked by:

**Staff signature Signature of Parent**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ |
| Time given |  |  |  |
| Dose given |  |  |  |
| Any reactions |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |

 **FORM AM4(Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ |
| Time given |  |  |  |
| Dose given |  |  |  |
| Any reactions |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ |
| Time given |  |  |  |
| Dose given |  |  |  |
| Any reactions |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ |
| Time given |  |  |  |
| Dose given |  |  |  |
| Any reactions |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ |
| Time given |  |  |  |
| Dose given |  |  |  |
| Any reactions |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |

**NAME OF SCHOOL: DRUMAHOE P.S. FORM AM5**

**RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **Child’s Name** | **Time** | **Name of Medicine** | **Dose Given** | **Any Reactions** | **Signature of Staff** | **Print Name** |
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**FORM AM6**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**RECORD OF MEDICAL TRAINING FOR STAFF**

Name

Type of training received

Name(s) of condition/

Medication involved

Date training completed

Training provided by

I confirm that has received the training detailed

above and is competent to administer the medication described.

**Trainer’s signature Date**

I confirm that I have received the training detailed above

**Trainee’s signature Date**

Proposed Retraining Date

Refresher Training Completed –

Trainer Date

Trainee Date

**FORM AM7**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**AUTHORISATION FOR THE**

**ADMINISTRATION OF RECTAL DIAZEPAM**

Child’s name

Date of birth \_\_\_ / \_\_\_ / \_\_\_

Class

GP

Hospital consultant

 should be given Rectal Diazepam mg.

If he/she has a \*prolonged epileptic seizure lasting over minutes

**OR**

\*serial seizures lasting over minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after minutes.

(\*please delete as appropriate)

Doctor’s signature Parent’s signature

Date / /

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child’s GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state: when the diazepam is to be given eg after 5 minutes; how much medicine should be given; if a second dose of Rectal Diazepam can be given; and how the child presents before, during and after a seizure.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**This form should be completed in conjunction with Form AM1.**

**Records of administration should be maintained using Form AM4**

**FORM AM8**

**NAME OF SCHOOL: DRUMAHOE P.S.**

**Emergency Planning**

**Request for an Ambulance to:**

Dial 999, ask for ambulance and be ready with the following information.

**1.** School telephone number **– 028 71302284**

1. School name, address and postcode:

**Drumahoe Primary School,**

**31 Drumahoe Road,**

**LONDONDERRY,**

**BT47 3SD**

1. Give exact location in the school (insert brief description)

**The school is on the Drumahoe Road which is the road just before/after (choose appropriate) the main traffic lights in the middle of the village.The village lies either side of the A6 Glenshane Road approx. 2 miles south of the Main Entrance to Altnagelvin Hospital.**

**What 3 words**

 ///seagulls.triathlon.toggle

**3 words**

**4.** Give your name………………………….

**5.** Give brief description of pupil’s symptoms…………………………..

**6.** Inform Ambulance Control of the best entrance and state that the crew will be met and taken to…………………..

**CONTACT FORM - DRUMAHOE P.S.**

**SUPPORTING PUPILS WITH MEDICAL AND ASSOCIATED NEEDS**

**LOCAL CONTACT NUMBERS:**

**School -** Drumahoe P.S.

**Principal** – Emma Walker -= 028 71302284

**Authorised First-Aiders** – Julie Bryson & Elaine Semple

**S.E.N.C.O.(S)** – Alison Johnston

**School Nurse** – Diane Hibbert - 028 – 71 865104

**Education Authority**

**S.E.N. Section** – Claire Sweeny 028 82 411270

**Educational Psychology** –Lorraine Moore 028 71 864780

**Health and Safety** – Margaret Sludden 028 82 411377

**Western Health and Social Care Trust**

**School Doctor** - Dr. Porter & Dr Dale – Waterside Health Centre, Spencer Road, Londonderry, BT47 6AQ, Tel: 028 71314950

**School Nurse** Diane Hibbert Tel: (028) 71 865104

**Local Hospital** Altnagelvin Hospital Tel: (028) 7134 5171

**Community Paediatrician** Dr. Porter & Dr Dale – Waterside Health Centre, Spencer Road, Londonderry, BT47 6AQ, Tel: 028 71314950

**School Health Service** Bridgeview House, Gransha Park, LONDONDERRY, BT47 6TG Tel: 028 71 865104