

## St Wilfrid's RC Primary School

### Policy for Medical Conditions and Medicines

#### Introduction

This policy has been produced in accordance with the guidance document 'Medicine Safety and other health related topics' produced by LCC.

It is the general view of St Wilfrid's RC Primary School that children's medicines and drugs should be taken at home under the supervision of parents wherever possible. However, the school recognises that some pupils may require medication throughout the day and this may place an unreasonable burden on parents if they were required to come and administer it on a daily basis or on demand if necessary. The school may allow parental access to administer medicine at the discretion of the Lead Person or Headteacher, provided undue disruption to normal school routines/procedures or to any pupil(s) does not occur.

This procedure is to formally establish an understanding for all staff and parents concerning the school's active involvement in administering medicine and drugs to its pupils. It is important to note that, whilst all staff have a duty to take reasonable care for the health and safety of pupils, there is no contractual requirement for any employee of the school to administer medicines and therefore any such role **is voluntary on their part and done through goodwill.**

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known.

If a member of staff administers medicine to a pupil and as a result any expenses, liability, loss, claim or proceedings arise, Lancashire County Council, will indemnify the member of staff providing he/she is an employee of the school, engaged in the normal course of employment, following the procedure outline below and providing that expenses, liability or loss do not arise from fraud, dishonesty or criminal offence.

Most children and young people will have, at some time, a medical condition which could affect their attendance or participation in activities. This may be short-term, for instance, completing a course of medication, or a more long-term condition, which, if not properly managed, could limit their access to school and the activities that are on offer.

Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might include in exceptional circumstances, administering medicine and/or taking action in an emergency). Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations.

## Procedure

1. Necessary routine medication and drugs for any pupil at St Wilfrid's will be administered or supervised in the school office by the Lead Person **Mrs J Pye**. In case of absence, this role will be filled by **Mr J McHugh** or **Mrs E Allonby**. In an emergency situation such as the need to use an epipen, any trained member of staff may administer the medication.
2. It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

As a general rule at St Wilfrid's, medicines will be administered by the staff member to all FS and KS1 pupils. If possible KS2 pupils will be expected to self administer under the supervision of the named personnel above.

School will assist as directed by care plans in circumstances where young people need assistance with long-term or complex medical needs.

3. The school will administer the following medicine -

- Asthma inhalers to FS/KS1 pupils. KS2 pupils will be responsible for their own medication where possible
- Any prescribed drugs when they are accompanied by the pharmacist's label showing details of dosage and frequency of dosage which indicates necessity for dosage to be administered at school. Where possible when dosage is three times daily school will expect the three dosages to be given at home
- Medicines or drugs detailed in care plans eg Epipens for pupils with anaphylaxis only for the purpose of saving life in an emergency
- In exceptional circumstances other original labelled medicines such as travel sickness pills etc. Note LCC policy is that of not accepting non-prescription medication but the Lead Person will make a judgement based on an individual basis.

**Please note pupils are not allowed to bring in any items to administer themselves including cough syrups and lozenges.**

4. If a parent requests that the school administer any medication to their child, they will need to complete the appropriate pro-forma (Appendix Form 3), sign this and bring it to Lead Person.

This will provide documentary evidence of ;

- name of child
- name of medicine
- dosage
- frequency of dosage
- date dispensed by pharmacist

- expiry date (completion of course)
- storage requirements or special precautions
- any side effects (eg drowsiness)

5. These proformas will be kept in a file accompanying the medication. They will be checked at the end of each term to see whether they still remain appropriate.

6. All medicines must be delivered to school, in a secure and labelled container by parents and handed to the Lead Person or the Headteacher with the relevant proforma.

7. The medicines will be kept locked away in the filing cabinet in the school office. This cabinet is clearly marked and kept at a height making it generally inaccessible to pupils. Where possible all medications will be dispensed in this room. If medicine, such as antibiotics, requires refrigeration, this will be kept at an appropriate temperature in the staffroom fridge.

9. After first receipt of medicines at school, additional medication may continue to be accepted without further notice, but any change will require the completion of a new proforma which must be handed in person to the Lead Person.

10. In the case of school trips and extra-curricular sporting activities, the teacher in charge of planning and taking the trip will ensure any medicines, including asthma inhalers and those indicated in care plans such as epipens, are recorded on the educational visits planning and approval form and taken on the trip. Medicines which parents have supplied and signed for will be taken and administered on school trips only if the teacher in charge is happy to keep and administer the medicine on a voluntary basis. The teacher in charge will keep all medicines on their person during the duration of the trip, except in the case of asthma inhalers or care plans where it is usual practice for the pupil to self administer.

11. If medicines are needed on any residential trips, normal consent forms will still need to be filled in. In these instances the accompanying staff member will keep and administer the medicine on a voluntary basis. Any additional medical information, such as GP details and allergies, which may be required on residential trips, will be kept by the accompanying staff member on the trip and back at school by the base contact.

### Conclusion

This procedure supports the school's wish that, as a general rule, medicine should be administered at home and not brought to school.

## **Appendix**

St Wilfrid's RC Primary School will use the following LCC recommended forms;

FORM 3 - Parental agreement for setting to administer prescribed medicine

FORM 5 - Record of medicine administered to an individual child

FORM 8 - Staff training record - administration of medicines as required.

A copy of the layout of these forms is included in the Appendix.

### FORM 3 - Parental agreement for setting to administer prescribed medicine

The setting will not give your child medicine unless you complete and sign this form, and the setting has a policy that staff can administer medicine

Name of Setting: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

—

Group/Class/Form: \_\_\_\_\_

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Medical condition/illness: \_\_\_\_\_

#### Medicine

Name the medicine is prescribed to on the container: \_\_\_\_\_

\_\_\_\_\_

Name /Type of Medicine (as described on the container): \_\_\_\_\_

\_\_\_\_\_

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

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by: \_\_\_\_\_  
*[name of member of staff]:*

Dosage and method eg Oral, inhaled: \_\_\_\_\_

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

Special Precautions: \_\_\_\_\_

Are there any side effects that the setting needs to know about? \_\_\_\_\_

Self Administration (self administration YES/NO *(delete as appropriate)*  
form to be completed if yes):

Procedures to take in an Emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contact Details

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

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

Relationship to Child: \_\_\_\_\_

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the setting staff administering medicine in accordance with the setting policy. I will inform the setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to Mrs P. Farmer and accept that this is a service that the setting is not obliged to undertake.

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

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

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

**If more than one medicine is to be given a separate form should be completed for each one**



## FORM 5 - Record of medicine administered to an individual child

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

## FORM 8 - Staff training record - administration of medicines

Name of Setting: \_\_\_\_\_  
—

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

Type of training received: \_\_\_\_\_

Date of training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_  
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\_\_\_\_\_  
—

I confirm that \_\_\_\_\_ *[name of member of staff]* has received the training detailed above and is competent within the area of training given on this occasion. I recommend that the training is updated (please state how often).

Trainer's signature: \_\_\_\_\_

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

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

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

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

