

# **RFPS Administering Medication Policy**

Name of Policy	ADMINISTERING MEDICATION POLICY				
Policy Level (Trust/School)	School				
Document control	I				
Date	Revision Amendment Details	By whom			
November 2023	Review and update	Operations Manager			
March 2024	Approval	Trustees (ARC)			
January 2026	Recommended date for next review	Operations Manager			

# www.rugbyfreeprimary.co.uk



## **Table of Contents**

1. Aims and Rationale	.3
2. Children with Medical Needs	.3
3. Support for Children with Medical Needs	.3
4. Short-Term Medical Needs	.3
5. Long-Term Medical Needs	. 4
6. Prescribed Medication	. 4
7. Controlled Drugs	. 5
8. Non-Prescription Medication	. 5
9. Administering Medication	. 5
10. Sporting Activities	.6
11. Educational Visits	.6
12. Storage of Medication	.6
Appendix A	.7



#### 1. Aims and Rationale

Our fundamental aim at Rugby Free Primary School is to provide the best possible education for all our pupils. It is the aim of the school to place a high value on diversity, treating every member of the school as an individual and meeting the needs of all. In doing this, we aim to raise the achievement of all children in the school. At Rugby Free Primary School, we recognise that the safe practice with medication is an important issue.

#### 2. Children with Medical Needs

Children with medical needs have the same rights of admission to school as other children. Most children will have at some time short-term medical needs, perhaps entailing finishing a course of medication such as antibiotics. Some children have longer term medical needs and may require medication on a long-term basis to keep them well.

Others may require medication in particular circumstances, such as children with severe allergies who may need an adrenaline injection (Epipen). Children with severe Asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Where appropriate, individual health care (IHC) plans can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

#### 3. Support for Children with Medical Needs

Parents have the responsibility for their child's health and should provide the school with information about their child's medical condition. The school nursing team and specialist voluntary bodies may also be able to provide additional background information for staff.

There is no legal duty that requires school staff to administer medication. At our school, lots of our staff are basic First Aid trained and may **under special circumstances** administer medicines to children. This is always and only upon receipt of written permission and instruction from the parent (via the Parent's Consent for Administering Medication to child form – Appendix A) and with the prior consent of the Headteacher/Deputy Headteacher. The priority for the decision to administer medicine is that it facilitates regular attendance of the child concerned.

#### 4. Short-Term Medical Needs

Many children during their time in schoolwill need to take medication. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

3



Administering medication during the school day will minimise the time that children need to be absent from school. However, medication should only be administered in school when it is not possible to administer them at home before / after school hours. Medicication should only be administered in school hours if it would be detrimental to a child's health not to do so.

#### 5. Long-Term Medical Needs

As a school, we need to know about any particular needs before a child is admitted, or when a child first develops a medical need. In these cases, a written health care plan is developed through consultation between the school, parents and relevant health professionals. A start date may be delayed if school requires further information or training regarding the medical condition. This is to keep the child safe in school.

#### 6. Prescribed Medication

Medication should only be brought into and administered in school when essential; where it would be detrimental to a child's health if the medication were not administered during the school day. In most circumstances, this means that a child who is taking a course of antibiotics will be able to have managed doses which can avoid administration during the school day e.g. three times a day can be given outside of school hours.

All medication needs to be brought by a parent to school and handed into the main office, not via the class teacher or with the child. This is so any medication can be carefully and safely managed and stored. The admin teamwill ask parents to complete a written form providing detailed instructions for the administering of any medication.

We will not accept medication that have been taken out of the container as originally dispensed, nor will we make any changes to the dosage instructions made by the prescriber – this includes any informal instruction given by the parent.

Parents are responsible for ensuring their child's medication in school are in date and for providing new medication before the old one runs out. Any child who does not have medication in school who requires it e.g. Epipen or Inhaler, will not be able to attend school until a new one is brought in. Any parent who fails to provide school with the correct, in date medication, may be referred to social care as this could be considered a safety issue.



#### 7. Controlled Drugs

The supply, possession and administration of some medicication are controlled by the Misuse of Drugs Act (1971) and its associated regulations. Some may be prescribed as medication for children. In the event of these being prescribed, staff will follow the same procedure for administration as for 'Prescribed Mediciation' above.

Controlled drugs will be kept in a locked medication cupboard in the First Aid Room and a record will be kept for audit and safety purposes.

#### 8. Non-Prescription Medication

Non-prescription medication should not normally be administered. In exceptional circumstances, a non-prescribed medication may be given with the prior permission of the Headteacher/Deputy Headteacher and with written permission and instructions from the parents. However, this is very unusual and would normally not be authorised as school staff are not medically trained to assess when it is necessary to give.

#### 9. Administering Medication

When administering medication, the following will be checked:

- The child's name
- Name of medication
- Prescribed dose
- Method of administration
- Time/frequency of administration
- Expiry date
- Written instructions provided by the prescriber on the label or container

Medication should always be in the original container as dispensed by the pharmacist and include the prescriber's instructions.

If staff are in any doubt at all about any of the above or any other matter concerning the medication, it will not be given and we will make every effort to contact the parents to advise them of this. If there are any other concerns related to the administering of medication to a particular child, the issue will be discussed with the parent if appropriate, or with a health professional attached to the school.

Records are kept of all medication given and two members of staff will be present when it is given. Medication should be given in a quiet space where if the medicine or table was to spill, it can be cleared up away from other pupils.

If a child refuses to take medication, he/she will not be forced to do so. A note will be made and parents informed.



Every effort will be made to give your child their medication on time, however, school can be very busy and on very rare occasions, medication doses can be missed by school staff. We will inform parents as soon as possible if this is the case and await their instructions of how best to proceed.

#### **10. Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE are recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may need to be allowed immediate access to their medication. Inhalers are easily accessible from the playgrounds.

#### **11. Educational Visits**

The administration of medication should not be a barrier for a child's participation on an educational visit. Prior to any visit made by the child, a care plan for the day will be drawn up to ensure that a member of staff has responsibility for the administration of the medication with all the necessary permission, instruction and procedure as outlined above.

#### 12. Storage of Medication

Unless needing refrigeration, short term medication are to be kept in a locked cupboard in the First Aid Room during the school day and are to be taken home each night by the child's parent so they can be administered at home. Longer term medication can be kept in school as children will also have medication at home (eg, two inhalers).

If refrigeration is needed, medication is kept in the First Aid Room fridge. The First Aid room is locked for safety reasons however this is using a key pad lock and so it is accessible to staff at all times.

# All inhalers should be kept in the First Aid Room, in the cupboard, in an identified storage container with photographic ID of the child.

Parents are responsible for the collection of the medication at the end of the school day.

Parents are responsible for the safe disposal of all medication.



### **Appendix A**

# Parental agreement for school to administer medication

The school will not give your child medication unless you fully complete and sign this form, the medicication is correctly labelled with the child's name and dose on the box/bottle and school is provided with appropriate equipment e.g. syringe/spoon.

Name of School:

Date:

Child's Name:

Class:

Name and strength of medication:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

Any other instructions:

Number of tablets/quantity to be given to school:

## Note: Medication must be the original container as dispensed by a pharmacy

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

Parent's signature:

Print Name:

Member of staff signaturePrint Name:N.B. If more than one medication is to be given, a separate form should be completed for each one.



<b>Record of Administering Medication</b>			
Child's name	Date_		Time
Medication and dosage given			
Signature 1	Signature 2		
Child's name	Date_		Time
Medication and dosage given			
Signature 1		Signature 2_	
Child's name	Date_		Time
Medication and dosage given			
Signature 1		Signature 2_	
Child's name	Date_		Time
Medication and dosage given			
Signature 1		Signature 2_	
Child's name		Date	Time
Medication and dosage given			
Signature 1	_	Signature 2_	