



Date Adopted:
Review Date: Annually

Little Snoring Primary School Administration of Medicines Policy

This policy provides a basis for ensuring that children with medical needs receive proper care and support at Little Snoring Primary School. Formal systems and procedures for administering medicines, developed in partnership with parents and staff, support the policy.

The key aims of the policy are to;

- Provide procedures for managing prescription medicines which need to be taken during the school 'day'
- Provide procedures for managing prescription medicines on trips
- Provide a clear statement on the roles and responsibilities of staff managing administration of medicines and for administering or supervising the administration of medicines
- Provide a clear statement on parental responsibilities in respect of their child's needs
- Establish school policy on assisting children with long term or complex medical needs

Prescribed Medicines

Medicines should only be taken to school/settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

Little Snoring Primary School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Little Snoring Primary School will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Little Snoring Primary School will keep controlled drugs in a locked non-portable container and only staff will have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Non-Prescription Medicines

Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Non-prescription medicines will not be administered.

Where a non-prescribed medicine is administered to a child it must be recorded on the **Record of Medicine** and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

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

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school/setting where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Little Snoring Primary School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

A written health care plan for such children involving the parents and relevant health professionals will be developed. This should include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check: the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Staff will complete and sign the **Record of Medicine** time they give medicine to a child.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. Staff will support the decision made by Health professionals with parents and children, as to when the appropriate time to make this transfer of responsibility to a child. If children can take their medicines themselves, staff will only supervise.

Children should not carry their own medicines with them, unless previous agreement between parent, Head teacher and Health Professionals has been obtained. A parental consent form should be used in these circumstances.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform parents immediately or on the same day as agreed with the parents. If the child has a health care plan then the agreed procedures should be followed.

Record Keeping

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.

Parents should be given [Parental/Headteacher Agreement for School to Administer Medicine](#) [F624b] to record details of medicines. This form confirms, with the parents, that a member of staff will administer medicine to their child. This will offer protection to staff and proof that they have followed agreed procedures. [Record of Medicine Administered to an Individual Child](#) [F624c] must be used.

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Little Snoring Primary School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP. Refer to [Educational Visits and Journeys Guidance on young people with special educational needs](#).

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

Little Snoring Primary School will make every effort to provide health care plans and other relevant information to the PTU so that risks to pupils are minimised during home to school transport.