



**The Kassia Academy**

Part of KINGS ACADEMY TRUST

# **ADMINISTRATION OF MEDICINE POLICY**

Last reviewed:

Sept 2024

Next review due by:

Sept 2025

*We do things differently.....*

# **H. E. R. E**

**HIGH STANDARDS    EMPATHY    RESILIENCE    EMOTIONAL RESPONSE**

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### Guidelines on Medication

#### Prescribed medications

Parents/Carers have the prime responsibility for their child's health & should provide school with information about their child's medical condition. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

#### Administration of medicine

Staff should:

- Only administer medication to one pupil at a time
- Check medicine dose, time & expiry date
- Provide water, to be taken with tablets/capsules
- Give medication to a pupil and observe that it is swallowed
- Record in Medication Record folder that the medicine has been taken by the pupil
- Only give medication to the pupil for whom it is prescribed

#### Educational visits

An appropriate named member of staff will administer the prescribed medication when on an educational visit. Medication will be kept in a secure location until it is given.

## Roles and responsibilities of staff

All members of staff should follow the procedures for the administration of medication. Parents should be informed if their child refuses to take medication. If a pupil refuses to take medicine, staff should not force them to do so. If staff has any other concerns related to administering medicine to a particular pupil, the issue should be discussed with a parent. Sharps boxes should always be used for the disposal of needles.

## Parental responsibilities

Parents should:

- Sign the consent form to allow medication to be given (Form 1) & hand in both form & medication at reception clearly labelled.
- Ensure medicines are in date.
- Arrange for the safe collection and/or disposal of all medicines.
- Provide medicine in the original container as dispensed by the pharmacist with the original prescriber's instructions for administration.
- Inform staff of any side effects likely to occur which may affect a pupil's ability to participate fully in normal school activity.

## Non- prescription medicine

Staff should never give non-prescribed medicine to a pupil unless there is specific prior written permission from parents (Form 1).

## Self-management

Pupils should be discouraged from carrying medicine in school; however, pupils can self-administer non-prescription drugs provided these are brought into school by the pupil with parental permission.

## Training

All staff are to be made aware of school policies & procedures. Appropriate staff should be trained to manage the administration of medicines to any children with special medical needs i.e. anaphylaxis, diabetes etc. Annual update training should be arranged through the Primary Care Trust. A training register is to be kept & administered by the Administration Team.

## Record of medication

The member of staff who gives the medication should sign & print their name on the medication record (see Form 2) when the medication is given. The name of the medication, dose given and time is recorded on this sheet. Each pupil is to have a separate medication record sheet.

## Storage of medication

Medication sent from home, must immediately be transferred into secure storage. Medicines should be stored strictly in accordance with product instructions. If medication requires being stored in a fridge this should be in an airtight container and clearly labelled. If there is a change of medication and of dose, a new record sheet must be filled out.

Parental agreement for school to administer medicine.

The school will not give your child medicine unless you complete and sign this form.

Child's name	<input type="text"/>
Class	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text"/>
How much to give (i.e. dose to be given)	<input type="text"/>
When to be given	<input type="text"/>
Any other instructions	<input type="text"/>

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact	<input type="text"/>
Name and phone no. of GP	<input type="text"/>

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

Parent/Carer signature: Print	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>

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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Infectious disease control

To prevent the spread of infectious diseases please would parents observe the following periods of absence from school when their pupil has an illness. Not all illnesses are listed. Full details are available from the Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk) or from the school.

Illness	Recommended period of absence	Comments
Diarrhea and/or vomiting	48 hours from last episode	
Whooping cough	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccine. After treatment, non-infectious coughing may continue for many weeks.
Athletes foot	None	Treatment recommended
Chicken Pox	5 days from onset of rash	<i>See below</i>
Cold Sores	None	Avoid contact with sores
German Measles (Rubella)	5 days from onset of rash	Preventable by vaccine. <i>See below</i>
Impetigo	Until lesions healed	Antibiotics
Measles	5 days from onset of rash	Preventable by vaccine <i>See below</i>
Shingles	Only if rash is weeping and cannot be covered	Can cause chicken pox, spread by close contact and touch. <i>See below</i>
Warts and Verrucae	None	Verrucae should be covered
Glandular fever	None	About 50% of pupils get this before they are five, many adults acquire disease without being aware of it
Head lice	None	Treatment with solution. Regular checking.
Mumps	Five days from onset of swollen glands	Prevention by vaccination

## Vulnerable pupils

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most pupils; these include those being treated for leukemia or other cancers, on high doses of steroids by mouth and with conditions, which reduce immunity. They are particularly vulnerable to chicken pox or measles and if exposed to either of these the parent should be informed promptly and further medical advice sought. N.B Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection.

## Pregnant women

Chicken Pox, German measles and Measles can affect the pregnancy. Medical attention should be sought.

## Immunisations

Immunisation status should be checked at school entry. For up to date advice check on: [www.nhs.uk/conditions/vaccinations/](http://www.nhs.uk/conditions/vaccinations/)