

# Clarendon Primary School & Family Centre

# **Administration of Medication in School Policy**

#### Introduction

The Governors and staff of Clarendon Primary School wish to ensure that pupils with medical needs receive proper care and support at school. Therefore, the Headteacher will accept responsibility in principle for members of school staff giving medication to pupils or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. (*N.B – No member of staff is obliged to administer medicine to a child and should only do so after seeking advice from a senior member of staff who will ensure appropriate parental consent is in place and appropriate dosage / drug information is available.)* 

## Provision and administration of medicines

Medication should only be administered in school when considered essential; that is, where it would be detrimental to a child's health if the medicine were not to be administered during the timing of the school day. This would not include, for example, any medication that has been prescribed 3 times daily as this can be taken outside of school hours. Medication for an on-going, chronic medical condition will only be accepted in school if it has been prescribed by an authorised prescriber.

Where parents wish their child to receive a dose of medication, the school will allow authorised staff, in non-urgent cases, to administer this provided that parents have completed and signed written instructions for its administration. This medication should be provided in their original packaging that is clearly labelled and in date. Medication will not be accepted in school without complete written and signed instructions from the parent or if it has passed its expiry date. (*N.B – Whilst the office will monitor the expiry date of medicines kept in school, it is the parent's responsibility to ensure medications are in date and replaced when necessary.*)

Any medication administered in school must be clearly labelled as follows and include a copy of the medicine's instructions:

- Name of child
- Name of medication
- Instructions for administration
- Dosage
- Frequency of dosage
- Expiry date
- Storage requirements (if any)

Each item of medication must be delivered in its original container and handed directly to a member of staff in the Office. This includes 'over the counter' medicines such as mild painkillers or antihistamines\*\*, as well as those dispensed by a pharmacist. The school will not accept items of medication which are in unlabelled containers.

## Medicine will only be administered in accordance with the prescriber's instructions.

\*\* In the context of this policy, lip balms, sun creams and antibacterial gel are also considered to be medicines. The school will not accept responsibility for administering, accepting or storing these items if they have not been prescribed and ask that they are not brought into school, unless requested for specific events, to avoid children sharing items which may contain allergens. It is the responsibility of parents to ensure that, prior to leaving for school, they apply sufficient sun cream to their child's skin to last for the duration of the school day.

On occasions where a child might travel to school on transport provided by Surrey Children's Services, parents / carers should ensure the escort is informed of any medication sent with their child, including medication for administration during respite care.

Staff who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service.

## Storage and Record-Keeping

Once medication has been accepted by the school, all medication to be administered during the day will be kept in a locked medical cabinet. The only exceptions to this are asthma inhalers, which will be stored in the school office, and epi-pens, which should be readily accessible in the child's classroom. Furthermore, epi-pens and inhalers, for children who are severely asthmatic, should be carried by the class teacher or another adult during lessons that take place outside the classroom or offsite. (N.B – All medicines will be stored in accordance with the manufacturer's storage recommendations.)

Medicines that require refrigeration will be stored in a dedicated locked medicine refrigerator or a locked box in the office refrigerator. (Refrigerators should be between 2 and 8 degrees C, with temperatures routinely monitored.)

Prescribed medicines must be kept in the container or box supplied and labelled by the pharmacist stating:

Name of the child/young person	
Name of the medicine	
Strength	
Formulation	
Dose/frequency of administration	This is normal pharmacy
Instructions for administration	procedure when issuing all
Date of dispensing	medicines.
Cautionary advice	
Quantity of the medicine	
Expiry date (if short dated	

The school will keep appropriate records of when medication is required and what medication has been administered to a child. These records include:

- Individual healthcare plan (as appropriate)
- Parental agreement
- · Records of medicines received, administered, returned/disposed of
- Staff training record

Examples of medication records and parental consent forms are attached to this document as appendices 1-3.

Where it is appropriate to do so, children will be encouraged to administer their own medication, under staff supervision. It is the responsibility of parents / carers to:

- Notify the school if there is a change in medication, a change in dosage requirements or the discontinuation of the pupil's need for medication.
- Ensure that medicines do not exceed their expiry date.
- Supply any equipment required to administer the medicine; e.g. spoons, oral syringes, syringes for injections or sharps containers.

A new consent form will need to be completed if a new medicine is to be administered, or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

Furthermore, Nursery must also keep written records of all medicines administered to children and make sure that parents sign the record book when collecting the child to acknowledge any entry.

# Non-prescribed medicines

Whilst non-prescription medicines are not administered to pupil's as a matter of course, there may be specific circumstances when the school agrees with parents that it is appropriate to do so; however, this would never include medicines containing aspirin or ibuprofen unless prescribed by a doctor.

Before administering any non-prescription medicine to a child, consent must be obtained from the parent, with appropriate doses, (as identified by guideline instructions and agreed with parents) confirmed. Furthermore, before administering any medication, written instructions about when the child should take it should be obtained. This should also include information about when the child received their last dose and confirmation that they have not already had the maximum number of does allowed in a 24-hour period; e.g. Paracetamol should not be administered if taken within the last 4 hours and no more than 4 doses in a 24 hour period.

As with the administration of prescription medication, when administering non-prescribed medicines staff must ensure the manufacturer's instructions and warnings are followed and adhered to. A member of staff will supervise the child taking the medication, notify their parents on the day it was taken/administered and record this on the appropriate form.

**N.B** – Non prescribed medicines must be kept in the manufacturer's original container / packaging, which contains the manufacturer's instructions for use and any warnings to adhere to / monitor for.

## Protocol for keeping, storing and managing non-prescription medicines

The administration of non-prescription medication will be given following the school's guidance protocol set out in attached appendices.

#### **Children with long-term health conditions**

Where a child has a known medical need, it is important that the parent completes a Healthcare Plan before a medical emergency arises. This Healthcare Plan should be completed and agreed between the relevant medical experts, the school and the parents. It will include information about all medications prescribed and details of what to do in an emergency.

#### Administering medicine on school journeys - day visits and school residentials

It is part of the school's equal opportunities policy that no child should miss out on day or residential visits because of conditions such as diabetes, epilepsy or an allergy etc. As a result, the school will make every effort to continue the administration of medication to a child whilst away from the school premises, even if additional arrangements might be required. However, teachers are not obliged to administer any medicine to a child and should only do so after seeking advice from a senior member of staff who will ensure appropriate consent is in place and appropriate dosage / drug information is available.

When planning for the continued administering of medicines, when away from school, the following should be considered:

- During a day visit or residential, medication should be admitted in line with the written instructions provided by parents or in line with the child's existing School Health Care Plan.
   N.B For more complex medicine regimes, in advance of a residential visit, a meeting should be appropriately with the child's parent / parent
  - convened with the child's parent / carer in order to review and draw up a specific care plan and discuss any medical advice provided by supporting medical professionals, e.g. in the event of a child with diabetes, their diabetic nurse.
- If the parent feels a child will need travel sickness pills, hay fever medication or painkillers of any sort these should be provided in the original packaging, clearly marked with their child's name,

- dosage and administering instructions as well as written permission to administer. (**N.B** It is the parent's responsibility to ensure these medications have not passed their expiry date.)
- During the visit, any medicines should be kept on the teacher's person or in a locked box when on a residential visit.

#### **Disposal of medicines**

School staff should not normally dispose of medicines, including controlled drugs when no longer needed or become out of date. These should be returned to a child's parents, who are then responsible for their safe and appropriate disposal. However, where this may not be possible or where parents fail to do so, the school will dispose of them in a safe and appropriate manner. (When this occurs a record of when, where and what taken will be made.)

#### Use of medic alert - bracelets/necklaces

As medic alert bracelets/necklaces are worn to alert others of a specific medical condition in case of an emergency, these are allowed to be warn in school; however, as these items can be a source of potential injury in games or practical activities, consideration will be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. (This will be done in consultation with the child's parents and other professionals supporting the child.) In such cases staff will to be alerted to the significance of these bracelets/necklaces and made clear whom they belong to when taking charge of them.

#### **Complaints**

If a parent or carer has a complaint regarding the support provided to their child, they should follow the process outlined in the school's Complaints Policy.

#### **Related Policies**

This policy should be read in relation to the following documentation and policies:

- Children with Medical Needs Policy
- SEN Policy
- Equality policy
- Equality and Single Equality Scheme
- Accessibility Plan
- Complaints Policy
- Educational Visits Policy
- Child Protection policy

#### **Review of this policy**

If no prior amendments are required to be made, this policy will be formally reviewed again in the spring term 2023.

#### **Policy Review:**

Date reviewed: Spring term 2023 Review date: Spring term 2026



# Clarendon Primary School, Nursery & Family Centre APPENDIX 1

# **PUPIL MEDICATION REQUEST – For Short Term medication**

Clarendon Primary School	, Knapp Roa	d, Ashford, Middlesex	. TW15 2HZ	
Child Name:		C	lass:	
Parents Surname if Differe	ent:			
Home Address:				
Condition or Illness:				
Parents Contact Number:_				
GP Name & Surgery:		P	hone:	
Please Tick the appropriat	e box			
☐ My child will be res	ponsible for	the self-administration	of medicines as dire	cted below
I agree to members below.	of staff adm	inistering medicines/p	roviding treatment to	my child as directed
I agree to update information will be verified			eeds held by the s	chool and that this
Medicines must be in the	e original co	ntainer as dispensed	I by the pharmacy	
I will ensure that the medi medication being disposed				
I will be responsible for g medicine where applicable kind in their school bag.				
Signed:		_ Date:		
Name of Medicine	Dose	Frequency/times	Completion date of course if known	• •

Special Instructions				
Allergies:				
Other prescrib medicines child tak at home:				
-	ry to arrange	medicines to be administ the timing of doses acco	rdingly.	e avoided. Parents are
apii wedication ne	cold I ol	Short term medicalic	VIII	
Child's Name:			Date of Birth:	
·				Signature
Child's Name:			Date of Birth:	
Child's Name:			Date of Birth:	



# Clarendon Primary School, Nursery & Family Centre APPENDIX 2

# **PUPIL MEDICATION REQUEST – For Long Term medication**

Clarendon Primary School,	, Knapp Roa	d, Ashford, Middlesex	. TW15 2HZ	
Child Name:		C	lass:	
Parents Surname if Differe	nt:			
Home Address:				
Condition or Illness:				
Parents Contact Number:_				
GP Name & Surgery:				
Please Tick the appropriate	e box			
☐ My child will be resp	ponsible for t	the self-administration	of medicines as dire	cted below
I agree to members below.	of staff adm	inistering medicines/p	roviding treatment to	my child as directed
I agree to update information will be verified			eeds held by the s	chool and that this
Medicines must be in the	original co	ntainer as dispensed	l by the pharmacy	
I will ensure that the medic medication being disposed	•			
I will be responsible for g medicine where applicable kind in their school bag.				
Signed:		_ Date:		
Name of Medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine Batch No.

Special Instru	uctions:			
Opeoidi mone	10110113.			
Allergies:				
Other p medicines chat home:				
		or medicines to be administe ge the timing of doses accor		e avoided. Parents are
Pupil Medicati	on Record – Fo	or short term medication	n .	
Child's Name:			Date of Birth:	
Date	Time	Medication	Dose	Signature



# Clarendon Primary School, Nursery & Family Centre

# APPENDIX 3

# Individual healthcare plan

Individual healthcare plans can help to ensure settings effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom.

Name of school/setting		
Child's name		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		
Family Contact Information		
Name (First contact)		
Phone no. (mobile)		
(home)		
Relationship to child		
Name (Second contact)		
Phone no. (mobile)		
(home)		
Clinic/Hospital Contact		
Name		
Phone no.		
G.P.		
Name		
Phone no.	 _	 

Who is responsible for providing support in school	
Details of pupils medical Condition	<u>ns</u> letails of child's symptoms, triggers, signs, treatments,
facilities, equipment or devices, envi	
	on mornal records one.
Routine/Daily Healthcare requirem	<u>ents</u>
Specific support for the pupil's ed	ucational, social and emotional needs:
Describe what constitutes an eme	gency, and the action to take if this occurs:
Who is responsible in an emergen	cy: (state if different for off-site activities?)
Arrangements for school visits/trip	os etc:
Regular medication taken during s	chool hours:
	of administration, when to be taken, side effects, contra-
indications, administered by/self-adm	
,	·
Name/Type of medication:	
Dose and method of administration:	
When it is taken? (Time?)	
Are there any side effects that	
could affect this pupil?	
Are there any contraindications?	

Any specialist arrangements required for off-site activities:
Any other information relating to the pupil's healthcare in school:
Parental and pupil agreement
I agree that the medical information contained in this plan may be shared with individual involved with my child's care and education (this includes emergency services). I understant
that I must notify the school of any changes in writing
Signed: Date:
(Parent)
Print Name:
Permission for emergency medication
I agree that my child can be administered their medication by a member of staff in a emergency
I agree that my child cannot keep their medication with them and the school will make the
necessary medication storage arrangements.  I agree that my child can keep their medication with them for use when necessary.
ragree that my child can keep their medication with them for use when necessary.
Name of medication Carried by pupil
Signed: Date:
(Parent)
Print Name:
Plan developed with:
Staff training needed/undertaken – who, what, when:
Form copied to:



# Clarendon Primary School & Family Centre APPENDIX 4

## ADMINISTERING MEDICINES ON SCHOOL JOURNEY

Whilst your child is away on School Journey, school staff accompanying the trip are prepared to help parents by administering medicines, but only under **strict guidelines laid down by the local Authority.** 

PI	ease complete this form and orn	ig it into school on the day of	departure with the medicine.
1.	Child's name		Class
<ol> <li>3.</li> </ol>			
Э.	GI Name	Contact number	••••••
	Name of medicine*	Dose	Frequency/ times
-			
	Special Instructions:		
	Please specify if your child	d is allergic to any medica	ation:
	ease also ensure that the medica	· · ·	
*N	Medicines include Lip Balms, Throat L	ozenges/Cough sweets and other no	on-prescription items.
fo	ease note that medication alread r providing an extra supply. Plea em on arrival back at school.		
_	give permission to the school to burney [name date] as stipulated		ion for the period of School
	igned:ate:	P	arent/Carer



# **Clarendon Primary School & Family Centre**

# APPENDIX 5 MEDICAL QUESTIONNAIRE - RESIDENTIAL VISITS

PUPIL'S NAME[	DATE OF BIRTH		
PARENT'S NAME			<del></del>
HOME ADDRESS	TELEPHONE NO		
NAME & ADDRESS FAMILY DOCTOR	-		
TELEPHONE NO			
Has your child had any of the following			
Asthma or Bronchitis		YES	NO
Heart condition		YES	NO
Fits, fainting or blackouts		YES	NO
Severe headaches		YES	NO
Diabetes		YES	NO
Allergies to any known drugs or medication		YES	NO
Any other allergies e.g. material, food, insect b	ites etc.	YES	NO
Other illness or disability		YES	NO
Any recent contact with contagious diseases a	nd infections	YES	NO
If the answer to any of these questions is YES p	please give details belo	W	
Immunisation Status			
Has your child received vaccination against Temperature Temperatur	•	YES	NO
Is your child receiving medical treatment of an your Family Doctor or Hospital?	y kind from either	YES	NO
Has your child been given specific medical adv Emergencies?	ice to follow in	YES	NO
If the answer to either of these questions is YE dosage etc)	S please give the detail	s below.	(include
SignedParent/Guardian	Date:		



# Clarendon Primary School & Family Centre APPENDIX 6 PARENTAL CONSENT FORM FOR OFFSITE VISITS – DAY AND RESIDENTIAL

# (N.B. PLEASE COMPLETE PARTS 1 & 2 AND ENSURE THAT YOU HAVE SIGNED EACH SECTION).

A iournev to						
				e)		
permission for my	/ son/dau	ıghter		•		
				ving read the information sh	ieet,	
	•	•				
·			-	ty and for the safety of the gr	roup	
iny rules and any i	nstructio	ns given by the staf	f in charge are obeyed.			
d		Pare	ent/Guardian			
Please delete a	nd compl	ete the following as	s is appropriate			
nild has		no illne	ss, allergy or physical disa	bility *		
		the follo	the following illness or physical disability *			
		*cross o	out which does not apply			
			,			
n necessitates the	following	g medical treatmen	t			
I consent to any	, emerge	ncy medical treatm	ent necessary during the	course of the visit		
	_	•			ered	
			ter being given a mina pan	ikiner (paracetarnor) ir consiav	creu	
te as annlicable						
te as applicable						
d		Parent/0	Guardian			
HOME ADDRESS			TELEPHONE NUMBER	MOBILE		
MODE VDDESS			TELEDHONE NUMBER			
	permission for my allowed to take to his/her taking ensured that my my rules and any i decessitates the liconsent to any I consent/do no necessary by the te as applicable decessary by the decessary by the decessary by the decessary by the decessary decessa	permission for my son/dau allowed to take part in the to his/her taking part in are ensured that my child underly rules and any instruction  Please delete and complete and complete and the party lease to any emerge I consent to any emerge I consent/do not consent necessary by the party lease applicable to any emerge I consent/do not consent necessary by the party lease applicable decessary dec	(date) to	allowed to take part in the above mentioned school journey and, hat to his/her taking part in any or all of the activities described. The ensured that my child understands that it is important for his/her safe my rules and any instructions given by the staff in charge are obeyed.  The parent/Guardian  Please delete and complete the following as is appropriate and lillness, allergy or physical disathe following illness or physical disathe following illness or physical disathe following illness or physical disathe following medical treatment mecessary during the I consent to any emergency medical treatment necessary during the I consent/do not consent* to my son/daughter being given a mild pair necessary by the party leader.  The parent/Guardian  HOME ADDRESS  TELEPHONE NUMBER	Consent to any emergency medical treatment   Consent to any emergency   Consent to	

TELEPHONE NUMBER

MOBILE

EMERGENCY CONTACT NAME/ADDRESS



# Clarendon Primary School, Nursery & Family Centre Arrangements for administering medicines in school Guidance Notes

- Staff may administer a controlled drug to the child/young person for whom it has been prescribed.
- Staff administering prescribed medicines should do so in accordance with the prescriber's instructions.
- The school must keep a record of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects of the medication should be noted. In addition for controlled drugs a record of the amount held should be kept.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training, (updated to reflect any individual healthcare plan). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.
- Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.
- Unless it is an emergency situation, medicines must be administered in a location where privacy and confidentiality of the child/young person may be maintained. Facilities should be available if the child/young person needs to rest and recover.
- Medicines must be administered and documented for one child/young person at a time and completed before the next child/young person is seen. Staff must wash their hands before and after administering medicines.
- Before administering a medicine staff must check:
  - The identity of the child/young person.
  - The written parental consent form for administration of the medicine(s).
  - That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-prescribed medicines or if the school has a protocol for non-prescribed medicines, the manufacturer's information must be followed as there will be no pharmacy label.
  - The name on the pharmacy dispensed label matches the name of the child/young person.
  - Any additional or cautionary information on the label or manufacturer's information which may affect the times of administration, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
  - The medicine administration record to ensure the medicine is due at that time and it has not already been administered.
  - The medicine is in date and is not past its expiry date. The expiry date of the medicine, (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
  - All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe. This equipment should be stored securely.
- If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child/young person's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy.
- Staff involved with the administration of medicines should be alert to any excessive requests for medication by children/young people or by parents on their behalf. In any cases of doubt advice may be obtained from health professionals.
- The medicine formulation must not be interfered with prior to administration, (e.g. crushing a tablet) unless there are
  written instructions on the pharmacy label and information provided from the parent/health professional. This advice
  and information must be documented.

- Immediately after the medicine has been administered, the appropriate written records must be completed, signed and dated
- If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

**N.B** – If a child/young person refuses to take medicines, they must not be forced to do so, but this must be documented and agreed procedures followed. Parents must be informed of the refusal as soon as possible on the same day, so alternative options can be considered. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure for the setting must be followed.



# Clarendon Primary School, Nursery & Family Centre

# Arrangements for administering Paracetamol (Calpol) in school

# **Guidance Notes**

Paracetamol (including Calpol and Calpol Plus) will be held on site and available for children if required. The expiry date, batch number and date medicine has been opened will be recorded on school records.

If a child presents with symptoms requiring paracetamol, parents/carers will be contacted to ascertain if they have already had any medication prior to arriving at school and to obtain permission to administer.

This permission will be recorded alongside the child's name, class, date and time, dosage given and any other relevant information.

If a parent has provided paracetamol for their child, they will be required to complete a Pupil Medication Request Form. The medicine will then be stored according to policy and only used for that child. Permission will still be sought prior to administering to ensure the child hasn't received any medicine inside the required time periods.

Expired medicine will be disposed of following school policy and procedure.