

**WREAY
CHURCH OF ENGLAND
SCHOOL**



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ADMINISTRATION OF MEDICATION POLICY

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Mission Statement

Our mission statement is central to the life of the school in fulfilling our purpose as a Christian institution. It encompasses all aspects of school life and the school's aims and development planning directly result from it. We view each child as unique, a gift from God, and value and care for them accordingly and by our example we aim to foster in them a respect for and understanding of our own faith and the values and faiths of other people.

References:

Cumbria Schools Safety Advice Note SAN (M) 1

Administration of Medication DFES Supporting Pupils with Medical Needs

Country Council Safety Procedures Manual

1. Procedures

1.1 General

Medicines and medication are not items provided as part of the school first aid equipment. Any medicine or medication required should be provided by the parent/guardian.

Any pupil requiring medication to be administered or kept on their behalf should be known of by the head teacher. A record of the names of those pupils concerned together with the prescription details will be kept along with a signed request from the parent or guardian or medical practitioner. Where appropriate this request should be accompanied by detailed instructions on dosage and/or application. It is important that the prescription details are not deviated from unless further written prescription details are given to the school.

The administration of medication is not a normal occupational duty of staff. It should be usually possible for the timing of periodic doses of most medication to be arranged outside school hours.

It is recognised that certain conditions may require regular treatment of a personal nature and that the individual concerned may have received special training in how to treat themselves (e.g. injection of insulin). In circumstances where this applies to a pupil, it will be appropriate for the head teacher to look after medication until requested for use.

1.2. Emergency Procedures

In the event of an emergency the head teacher or teacher in charge should be informed immediately. Emergency services and the pupil's parents should be contacted as soon as possible. A member of staff who should remain until the pupil's parent arrives must accompany a pupil taken to hospital by ambulance.

If, in an emergency, staff are taking pupils to hospital or a doctor in their own car the member of staff should ideally be accompanied by another adult and have 'business use' included in their vehicle insurance.

2. School Policy

The head teacher of Wreay Church of England Primary School accepts responsibility, in principle, for school staff to give or supervise children taking prescribed medication during the school day, bearing in mind that some children may require 'functional' medication as detailed below;

i. Non-prescription medication (including herbal remedies)

This type of medication will not normally be given within school hours. Such medication would include cough mixtures, lotions, vitamins etc.

Paracetamol is also included in this group but there can be exceptions and it will be administered to pupils who suffer from acute migraines, period pains, following dental surgery. When parents make a request it will be granted in those circumstances where attendance at school might be disrupted. In such cases, a record is kept of the dose given and a note sent home to the parents indicating the amount and frequency of doses administered and parents must give consent.

Aspirin will not be administered.

ii. Prescription medication

This group tends to make up the bulk of medication that may need to be administered during school hours. Examples of such medication are antibiotics. Medication that is required 3 times a day does not have to be taken during school hours. There are very few occasions where prescribed medication would need to be given in school. Such situations would include:

- Medication to be given 4 times a day
- Medication to be given prior to, or directly following, a meal
- Medication to be given at fixed hourly intervals
- Medication that is required should a complaint flare up

Ritalin, prescribed for ADHD, would also fall into this category. It would be locked in a cupboard when not required. The pupil's photograph would be attached to a folder containing the supply of Ritalin so the staff may be sure that the drug is administered to the correct pupil and in the correct dosage.

If a child needs such medication then a parent should come into school to give the required dose. If this is not possible then the school is willing to make arrangements to administer such medication. Staff willing to administer drugs will be supported by the LA and will be insured in the event of a claim for negligence so long as they have acted reasonably.

School staff must insist that the medication is sent to school in the original bottle or box with the prescription details affixed. A parental consent form should always be signed. It is not reasonable for parents to expect staff to deviate from this policy.

iii. Functional medication

This type of medication is usually necessary to ensure that a child can function normally. In the event of an emergency it will almost certainly need to be administered by school staff. Should the medication be withheld serious illness or even death could result. Such medication includes:

- a. Insulin (diabetes)
- b. Salbutamol (Ventolin) (asthma)
- c. Diazepam, Carbamazepine (epilepsy)
- d. Adrenaline (anaphylaxis) – see safety advice note SAN(M)2

Where functional medication has to be given school staff will be given training in the correct procedures of administration. This is, however, on a voluntary basis, but the LA with full indemnity would give again full support, should something go wrong.

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs when a pupil starts school, or when a pupil develops a condition. In such cases a written health care plan should be drawn up involving the parents and relevant health professionals. This will include the following:

- Details of the pupils condition
- Special requirements e.g. dietary needs, pre-activity requirements
- Medication and any side effects
- What to do and who to contact in an emergency
- Record keeping
- The role the school can play
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3. Fabrication or Induced Illness (FII)

Fabricated or induced illness is a form of child abuse where the carer either reports symptoms later found to be fabricated or causes harm to a child through inducing symptoms and in the most extreme cases, death. The child may also be genuinely ill and the symptoms exaggerated or further induced by the carer.

The child protection designated teacher will have training in the identification of FII. All staff must communicate concerns about FII to the designated teacher, who will then relate these concerns to medical and other professionals in Social Services to safeguard the welfare of the child.

Staff should actively seek the views of children about their illnesses and involve them in decisions about their education. If a child says something that contradicts or conflicts with their carer's account of their health or welfare, then we have a clear 'duty of care' to have these discrepancies investigated.

If a child is reported, as having a terminal condition confirmation should be sought from medical personnel qualified to make this prognosis.

As part of the school's administration of medication policy it should be explicit that;

- A clear diagnosis exists and the implications of any condition on the pupil's education are clearly stated

- Suitably qualified medical personnel must sign health care plans
- Administration of drugs must be in accordance with the prescription. Any variation in prescriptions must be confirmed with medical personnel and not implemented solely on parental advice
- Drugs should be given in school in the original, labelled container
- Any concerns about drug administration should be communicated directly to medical personnel, not via the parent
- All administration of medication should be recorded
- Where pupils have a statement of special educational needs, the administration of medication should be reviewed at least annually
- Where pupils have a statement of special educational needs there should be a protocol for the respective roles of teachers, teaching assistants, LEA staff and outside agencies
- Health personnel must demonstrate to school staff invasive means of drug administration
- Guidelines must be especially rigorously applied where the drug is uncommon, may carry side effects, where the application of the drug is invasive or intrusive, or where withholding the treatment could result in serious illness or death
- The LEA has guidance for supporting children with medical needs and copies can be obtained from Kym Allan, Health and Safety manager.

4. School Trips

We believe that it is good practice for the school to encourage all pupils, including those with medical needs, to participate in school trips, wherever safety permits.

The school may need to take additional safety measures for outside visits. Arrangements for taking medication will be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. In some cases it may be appropriate for an additional supervisor or the parent to accompany that particular pupil. If staff has any concerns about taking a child on a school trip advice can be sought from the Health and Safety team or the School Medical Service.

5. Storing Medication

The school will not store large quantities of medication. When the school stores medicines staff will ensure that the supplied medication is in the original container labelled with the name of the pupil, the dose of the drug, the frequency of administration and the expiry date. Where a pupil needs two or more prescribed medicines each should be in a separate container. The head teacher is responsible for making sure that medicines are stored safely. The high shelf of the central cupboard has been designated for this unless they need to be kept in the refrigerator. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Pupils should know where their own medication is stored and who has access to it.

A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. They will be stored on the lower shelf of the central cupboard. Pupils should be responsible for their own inhalers, depending on the age and attitude of the pupil concerned. For pupils who carry their own medication, parents must sign a parental consent form. Ritalin will be kept in a locked cupboard when not in use.

6. Illnesses

i. Diarrhoea and vomiting

If a child develops signs of diarrhoea and/or vomiting during school hours, the parent/guardian of the child is contacted and asked to take the child home.

To prevent spread of infection the recommendation of the school is that children are excluded from school for at least 48 hours after the symptoms subside.

ii. Conjunctivitis

To prevent spread of this infectious condition it is recommended that children remain excluded from school for at least 2 days after the symptoms subside.

iii. Infectious diseases

To prevent spread of infectious diseases e.g., Chicken Pox, Impetigo, Scabies it is recommended that children remain excluded from school until spots are crusted over.

iv. Meningitis

The Public Health Department will contact those persons who are at direct risk following an episode of confirmed (not suspected) meningitis when prophylactic anti-biotics may be required.

7. Record Keeping

A record will be kept of all medication given to pupils during school hours by staff and others.

8. Disposal of Medicines

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for the disposal of date-expired medication.

9. Sharps/Needles

Where pupils require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested (e.g. in the case of diabetes) the staff must dispose of the needles and/or sharps appropriately. A bona fide sharps box should be used for this purpose, which is kept in the school office.