

## **ADMINISTRATION OF MEDICINES POLICY**

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**Arnold Aim**

- 1) Each Arnold pupil will be guided and supported throughout their time in school by the highest standards of pastoral care.

**Policy Statement (1)**

- 1) The school recognises that pupils will at some time need to take medication during the school day.
- 2) Although parents retain responsibility for their child's medication, the school has a duty of care to pupils while at school, and the school aims to do all that is reasonably practicable to safeguard and promote children's welfare.
- 3) The school takes all reasonable precautions to ensure that medication is neither accessible nor available to pupils, without appropriate supervision and guidance.
- 4) The school takes responsibility for the administration of medicines during school time in accordance with the government's guidelines.
- 5) All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The School does not require staff to administer medication.
- 6) However, some specified staff (e.g. PE and games staff, or staff taking educational visits) who volunteer their services, will be given training to administer first aid and/or medication to pupils.
- 7) This policy applies during all school-related trips and visits.
- 8) The school is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's *Equal Opportunity* policy document.

**Policy Statement (2)**

- 1) This policy applies to all members of the Arnold school community, including those in our EYFS setting.
- 2) Arnold implements this policy through adherence to the procedures set out in the rest of this document.
- 3) This policy is made available to all interested parties in accordance with our *Provision of Information* policy.
- 4) This policy is reviewed at least annually by the Deputy Head and Matron, who will report to the Headmaster and Local Governing Body on its implementation on a regular basis.

**Key Personnel (1)**

- 1) Helen Hotchkiss: Matron
- 2) Craig Jenkinson: Deputy Head
- 3) Katy Wright: Head of the Junior School
- 4) Jane Allen: Head of Foundation Stage

- 5) Katie Hartley: Kindergarten Manager

### **Key Personnel (2)**

- 1) In the Senior School, medication is normally administered by the School Matron, or in her absence, by specially trained staff (*ref. First Aid policy*).
- 2) The School Matron visits the Junior School office as part of her normal daily routine to establish the needs for that day/week and subsequently attends as and when necessary.
- 3) In her absence, Mrs T Dagger takes responsibility for First Aid.
- 4) In the Kindergarten, medication is administered by three colleagues who have been trained by Matron: Mrs K Hartley, Miss N Metcalf and Mrs S McGivern

### **Staff Indemnity**

The school fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following appropriate guidelines.

### **Pupil Medical Details**

On admission of the pupil to the school, all parents are required to provide information on the Form of Agreement giving full details of:

- 1) medical conditions
- 2) allergies
- 3) regular medication
- 4) emergency contact numbers
- 5) name of family doctor/consultants

All parents are required to update the medical form as they are required to inform the school of any changes to existing pupil data. The school also carries out regular data checks, to ensure that current data is correct.

### **Storage and Disposal**

All medication is kept in a locked cupboard on Matron's office and medication is returned to parents when appropriate.

### **Administration of Medication (1) - Introduction**

- 1) The school expects that, normally, parents will administer medication to their children.
- 2) Medicines should only be taken to school when essential; i.e. where it would be detrimental to a child's health if medicine were not administered during the school day.
- 3) Normally the administration of medication is only done in school at the following times:

- a) immediately before school
- b) breaks and lunchtime
- c) exceptionally, immediately after the end of the school day

### **Administration of Medication (2) – Prescription Medicines**

- 1) The school only accepts medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- 2) The medicines must be in their original container as dispensed by a pharmacist, with the child's name on the label and including instructions for administration and dosage.
- 3) Medicines are only administered prior to the expiry date.
- 4) The school does not deal with any requests to renew the supply of the medication. This is entirely a matter for parents/guardians.

### **Administration of Medication (3) – Non-Prescription Medicines**

- 1) The school does not allow the administration of non-prescription medicines in school unless a GP considers it necessary. This should be confirmed by a pupil's GP. This includes cough sweets and lozenges, and painkillers.
- 2) No pupils should ever be given a medicine containing aspirin unless a doctor has prescribed it.
- 3) Any requests for medicines to be administered must come from a parent in writing on the school's 'Request to Administer Medication Form', and each request is considered on an individual basis (See Appendix 1).

### **Administration of Medication (4) – Request to Administer Medication Form**

A separate form must be completed for each medicine to be administered. The form records:

- 1) name of parent and contact number
- 2) name of child and class
- 3) name of medicine
- 4) name of doctor who prescribed it, and contact details
- 5) how much to give
- 6) how it should be kept and stored
- 7) how it is to be administered
- 8) when to be given
- 9) does your child need to self-administer his/her medication e.g. asthma inhalers?

The Form ends with the following consent statement: 'I give consent to the school to administer the medication described above in accordance with school policy. I will inform the school in writing if there are any changes to the information contained in this request.' It is signed and dated by a parent or someone with parental responsibility.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity. The Headmaster/Headmaster of the Junior School, Kindergarten Manager and the School Matron and always available to discuss any matter relating to the administration of medicines.

The Headmaster/Headmaster of the Junior School/Kindergarten Manager (or person authorised by the Headmaster i.e. School Matron) will decide whether any medication will be administered in school. In appropriate cases, the Headmaster/Headmaster of the Junior School/Kindergarten Manager and parents in consultation with the medical advice will draw up a healthcare plan or protocol.

### **Administration of Medication (5) – Self-Medication**

If the pupil is required and able to administer his/her own medicine (eg inhaler for asthma) the school Matron will check that the pupil fully understands what has to be done. Normally medication will be kept under the control of the school Matron unless other arrangements are made with the parent. In cases such as asthma and anaphylactic reactions the pupil will keep their own medication/inhaler with at all times.

### **Intimate or Invasive Treatment**

The school does not normally allow these to take place in school, but in exceptional circumstances the Headmaster is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil. Training and appropriate care plan would be given by a lead health professional prior to the commencement of any treatment.

### **Long-Term Medical Needs**

The Local Governing Body and Headmaster/Headmaster of the Junior School/Kindergarten Manager will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The Local Governing Body also reserves the right to discuss the matter with the school's medical adviser.

### **Records of Medicine Administration**

The school form 'Administration of Medication Record' must be completed in every instance (see Appendix 2) along with the record on the back of the 'Request to Administer Medication' form.

The form records:

- 1) date
- 2) pupil's name
- 3) time of the administration

- 4) name of medicine
- 5) dosage
- 6) a note of any reactions/side-effects
- 7) staff signature and name

The medical record form is filled in by the school Matron and checked regularly.

### **Training**

The Local Governing Body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

## Appendix 1 - Request to Administer Medication Form

<b>Name of parent and contact number</b>	
<b>Name of child and class</b>	
<b>Name of medicine</b>	
<b>Name of doctor who prescribed the medication, and contact details</b>	
<b>How much medication should be given?</b>	
<b>How should the medication be stored?</b>	
<b>How should the medication be administered?</b>	
<b>When should the medication be given?</b>	
<b>Does your child need to self-administer his/her medication e.g. asthma inhalers?</b>	

I give consent to the school to administer the medication described above in accordance with school policy. I will inform the school in writing if there are any changes to the information contained in this request.

Signed.....

Date.....

<b>Date</b>		
<b>Time given</b>		
<b>Dose given</b>		
<b>Member of staff</b>		
<b>Initials</b>		

<b>Date</b>		
<b>Time given</b>		
<b>Dose given</b>		
<b>Member of staff</b>		
<b>Initials</b>		

<b>Date</b>		
<b>Time given</b>		
<b>Dose given</b>		
<b>Member of staff</b>		
<b>Initials</b>		

<b>Date</b>		
<b>Time given</b>		
<b>Dose given</b>		
<b>Member of staff</b>		
<b>Initials</b>		

<b>Date</b>		
<b>Time given</b>		
<b>Dose given</b>		
<b>Member of staff</b>		
<b>Initials</b>		

## Appendix 2 - Infectious Diseases Timescale for Absence

Disease/Illness	Minimal Exclusion Period
Chicken pox	At least 7 days from appearance of rash or until last spot has scabbed over
Conjunctivitis	Minimum of 1 day - longer if eyes are still weeping
Diarrhoea	24 hours or until diarrhoea has totally stopped
Gastroenteritis/Food Poisoning, Salmonella and Dysentery	24 hours or, for notifiable diseases, until advised by public health official
Head Lice	Until appropriate treatment has been administered
Infected Hepatitis	7 days from the onset of jaundice
Influenza/Swine Flu	7-10 days after the onset of symptoms, depending on the severity
Impetigo	Until the skin is healed and sores are no longer weeping
Measles	7 days from appearance of rash
Meningococcal Infections	Until complete recovery from illness and on advice from health professional
Mumps	Until swelling has subsided and in no case less than 7 days from onset
Pertussis (Whooping Cough)	21 days from the onset of the cough
Plantar Warts	No Exclusion period - warts must be covered at all times
Poliomyelitis (polio)	Until declared free from infection by appropriate health professional
Ringworm	No exclusion period, if affected area is covered with appropriate dressing
Scabies	Until appropriate treatment has been administered
Scarlet Fever and Streptococcal Infection of the throat	Until appropriate medical treatment has been given and in no case less than 3 days from onset of treatment
Tuberculosis	Until declared free from infection by appropriate health professional
Typhoid Fever	Until declared free from infection by appropriate health profession

