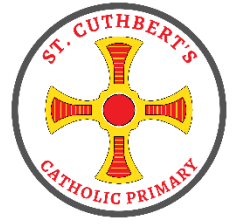


# St. Cuthbert's Catholic Primary School

## EDUCATE; CREATE; WITNESS: Christ AT THE CENTRE



## Administration of Medication Policy September 2024

### Introduction

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The purpose of this policy is to ensure that best practice is followed in school and all staff are familiar with the procedures St. Cuthbert's Catholic Primary school has in place to meet the duty of care we have for all of our pupils, present and in the future. This policy has been prepared to ensure appropriate action is taken to safely administer medication to our pupils, within the guidelines issued by the LA and the legal framework laid down to cover all aspects of pupil care and medication. The Special Educational Needs and Disabilities Act 2001 requires schools to make "reasonable adjustments" to facilitate the entry and progress of pupils with disabilities and related needs. The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offers key principles for inclusion. Among these principles are those related to overcoming barriers to learning, which takes account of those with medical needs. Pupils with special medical needs have the same right of admission as other children and cannot be excluded from school on medical grounds alone.

Administering medications in school is a voluntary role. Staff carrying out this role will have taken the course on "Managing Medication in Schools" so they can understand the legislation and guidelines around medical issues. In addition any additional training needs identified (such as the use of epipens) will need to be met as soon as it possible. The staff currently trained to administer medications in school are:

Mrs J Ward  
Mrs K Bianchi  
Mrs L McGill  
Mrs K Brown  
Mrs A Steele  
Mrs M Conlin

They are known as the Identified Persons (IP) for administering medications in our school. The Head Teacher accepts responsibility for the supervision and administration of medicines and is supported in this role by the IP.

Unless a specific need arises to review this policy sooner it will be reviewed annually in the Autumn term.

## RETURNING TO SCHOOL AFTER ILLNESS/MEDICINES BEING PRESCRIBED

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To limit the spread of infection to other children or staff, our school policy is that no child should return to school until at least 48 hours have passed since the last time they vomited or had diarrhoea (if the child is suffering from an infection). If a child has been prescribed medicine they should take it at home for at least 48 hours before returning to school. If a child can return to school before the 48 hour period (i.e. antibiotics to treat a minor infection) then the first dose must be administered by parents at home. This will limit the chance of an allergic reaction to the medication occurring in school and give the medication a chance to get into their system and start working.

## **WHAT MEDICINES WILL WE AGREE TO ADMINISTER?**

We will only administer medication that has been prescribed by a medical practitioner or pharmacist and that, because of timing issues, would be impractical to administer outside of school hours. For instance if a medication must be given at 12 noon it would be acceptable for us to administer it but antibiotics that are taken three times a day could be given at home – before school, after school and before bedtime.

Parents should ask their GP or medical practitioner to consider prescription regimes and alternative medications that enable pupils to take medication before and after school whenever possible. Only a small minority of pupils should need to access medication during the day.

The school insurance policy allows for administering of prescribed oral medication, medipens (following a care plan), prescribed creams, syrups and tablets. It does not allow for invasive medication and injections. If a pupil has medical needs that require invasive medications a risk assessment would need to be drawn up and guidance sought from the LA, health authority and child's parents and GP before agreeing to administer these medications.

If medicines are to be administered both at home and at school parents may need to ask their GP for a split prescription to avoid the need to decant medication into alternative containers, without the medical practitioner's specific directions being available.

## **PACKAGING OF MEDICATIONS**

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Medications will only be accepted in the pharmacist's original packaging, with the pharmacist's name and details clearly printed. The label should have the pupil's name, address and ideally date of birth clearly printed on it. Staff will check that medication is in date.

The Medicines Act 1968 stipulates that where a medical practitioner has prescribed medication, it must be administered in accordance with the specific instructions of that practitioner. Prescribed medications will only be accepted if full details of dosage regime and administering details are typed on the pharmacy label. Instructions must be full and clear.

The medication supplied must contain the number of tablets, or the amount of fluid described on the label. It must not have been interfered with in any way.

If a parent asks the school to vary the dosage either in terms of the amount or the timings we will not do so. Instead the medication will be returned to the parent with a request for a new prescription to be issued. If this means that the pupil is unable to cope in school while this takes place then the parents should keep the pupil at home for a day or two while this is resolved. This should be recorded as an authorised absence.

## **WHO WILL WE ACCEPT MEDICINES FROM?**

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Prescribed medicines will only be accepted from a parent or a known carer who parents have delegated parental responsibility to. If unsure always check. Refuse to accept medication if you are unsure of its source or purpose. Medication must never be taken directly from a pupil. When medication is brought into school the IP will check it is acceptable and ask the parent/carer to fill in a consent form to enable us to administer the medication. This form must also be signed by the IP and a witness. The Head (or Assistant Head in their absence) must also sign this form before medication can be administered.

Parents or those with parental responsibility must ensure they have supplied the school with sufficient information about the child's needs and difficulties to enable the school to make a decision about how they may help. They must also keep the school informed of any changes to treatment regimes or protocols. Parents must also ensure the school is aware of any cultural or religious beliefs that could affect the way a child is treated in an emergency situation, or in relation to their day to day medical needs.

## **STORAGE OF MEDICATION**

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To comply with the Misuse of Drugs Regulations 2001, and as a matter of good practice, all prescription medications kept on school premises will be stored in the secure, approved medicine cabinet located in the school office (apart from emergency medication such as inhalers and auto-injectors which will be stored in a locked cabinet in the cupboard of the child's classroom). In line with City of Sunderland guidelines keys to the cabinet will be kept securely in the school office.

All unused medications must be returned to parents at the end of each year.

For school trips or outdoor activities auto injectors should be stored in a first Aid bag carried by a member of staff accompanying the pupil, or in some other easily accessible container. Inhalers should be carried by each child who it is prescribed to.

If training is required for staff to administer emergency medication it must be provided as soon as is possible. All staff should feel able to act in an emergency situation where it is better to do something than to do nothing. In such situations staff should use their best endeavours to help a child whilst ensuring that appropriate emergency assistance is sought.

Anty medication that staff may require in school should be locked in the staff lockers.

## RECORDS OF MEDICATION

All medications accepted into school must be recorded in the register of medication. All dosages must be accounted for. Parents or those with parental responsibility must fill in a permission form when they bring in the medication.

A “Record Form for Individual Pupil Medication” must also be filled in by the IP or a member of the school office staff. When medications are administered the IP or member of office staff will also record the details on this form. The Local Authority take the view that to fail to maintain accurate records could be construed as negligence.

If a pupil refuses to take their medication this should be recorded on the form. Parents should be informed the same day and if necessary a liaison meeting with the pupil’s parents and the professional dealing with their medical needs should be arranged.

In the event of an error in administration staff must immediately

- Seek advice from the child’s GP or hospital
- Keep the child under observation
- Notify parents
- Notify the Trust

## CARE PLANS

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Sunderland Local Authority (Circular 14/96) recommends that schools set up care plans for any pupil who has medical needs, including pupils who access prescription medication in school, and for any pupil who could be at risk e.g. a child with a nut allergy, even if they do not need access to medication on a regular basis.

Pupils who need medication on a regular basis, those who have scheduled drugs eg Ritalin, or those who have short term but complex treatment regimes, must have a care plan. Care also need to be made for pupils on short term medication that does not require a complex regime eg antibiotics. All care plans need to be individually tailored to meet the needs of the pupil in question.

Parents must work with the school to establish a care plan. The IP will write the care plan with the parents input when medication is brought into school, and ask them to sign it on completion of all details to confirm it is accurate. If the IP or head feels input is needed from other sources eg pupil’s doctor or nurse the IP or head will arrange a meeting as soon as is possible for those concerned, and the care plan will be written at that meeting and signed by all concerned. Pupils have a right to be involved in setting up their own care plans with staff, parents and any other appropriate personnel.

## **SELF MANAGEMENT**

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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. The age at which children are ready to take care of, and be responsible for, their own medicines varies. When children can take their medicines themselves they still need to be supervised.

## **EMERGENCY PROCEDURES**

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All staff working with a vulnerable pupil should know what action to take in the event of an emergency. The Children's Act 1989 provides scope for teachers to take appropriate action in emergency situations including emergency medical situations. An ambulance should always be used for transporting a child to hospital. Mrs Ward or Mrs Steele or Mrs Brown , should always accompany a child to hospital and remain there until the child's parents arrive. A copy of the child's care plan should also be sent. The head or a member of the senior management team must be informed of the emergency as soon as possible.

## **FOOD ALLERGIES**

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Some pupils and members of staff may suffer from food allergies e.g. nut allergies. These can be potentially very serious, leading to anaphylactic shock, which is life threatening. Other pupils may have special dietary needs because of a medical condition. The child's parent or those with parental responsibility have the responsibility of informing school staff of any food allergies or special dietary needs when they register their child, or as soon as it becomes known.

### **The school will follow the Medical Diets Policy implemented by the Trust**

Queries may be sent to Karen Evans [kevans@bccet.org.uk](mailto:kevans@bccet.org.uk)  
Catering Services Manager

A risk assessment should be undertaken for each child at risk, and measures put in place to minimise the risk as much as possible. All teachers, teaching assistants and office staff are trained to administer any required treatments e.g. an epipen.

If a child is identified as having a food allergy or special diet due to medical reasons and staying for school dinners the Cook in Charge will receive training and take appropriate action. The Trust catering Manager, Karen Evans, can offer advice and information about diets, food allergies and implications for schools.

Some floor polishes and soaps contain nut products. Non-nut product types are available and can easily replace these. The site supervisor should be aware of the cleaning materials used in schools.

Never make assumptions. It is better to check something out than to take a risk.

Copies of the protocol for introduction of special diets for nut allergies into the school meals service can be found in the appendices.

Date Policy Reviewed: September 2024

Next Review Date: Summer 2026