

SUPPORTING PUPILS WITH MEDICATION NEEDS Policy



**DRUMSALLEN PRIMARY
SCHOOL**

April 2017

DRUMSALLEN PRIMARY SCHOOL

POLICY FOR SUPPORTING PUPILS WITH MEDICATION NEEDS

There may be occasions where school staff may be asked to administer medication, but they cannot be directed to do so. **The administration of medication to children remains the responsibility of the parent or those with parental responsibility.**

Medication should only be taken to school when absolutely essential and with the knowledge and agreement of the Principal.

Parents are encouraged to request that medication be prescribed in dose frequencies which enable it to be taken outside school hours eg medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

INTRODUCTION

The Board of Governors and staff of Drumsallen Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.

Please note that parents should keep their children at home if acutely unwell or infectious.

PARENTAL RESPONSIBILITY

- Ensure their child's fitness to attend school
- Provide the Principal with comprehensive information regarding the pupil's condition and medication
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent and – where appropriate – by the GP
- Staff will not give a non-prescribed medicine to a child unless there is specific, written permission from the parents.
- Only reasonable quantities of medication should be supplied to school; for example, a maximum of 4 weeks supply at any one time of correctly labelled medication.
- Dispose of unused / out of date medication by returning it to the pharmacy
- Give written permission for their child to carry his/her medication
- Notify the school in writing if the pupil's need for medication has ceased
- Ensure that medication is renewed when supplies are running low and ensure that medication supplied is within its expiry date.

MEDICATION

- Each item of medication must be delivered to the Principal or the class teacher by the parent in a secure and labelled container as originally dispensed
- Each item of medication must be clearly labelled with the following information:
 - Pupil's name
 - Name of medication
 - Dosage
 - Frequency of administration

- Date of dispensing
- Storage requirements (if important)
- Expiry date

- **The school will not accept any medication in unlabelled containers**
- Medication will be kept in a secure place, out of the reach of pupils.
- School staff will not dispose of medicines. Medicines which are in use and in date should be collected by the parent at the end of each term or, in the case of inhalers, at the end of the school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal

RECORD KEEPING

- The school will keep records which they will have available for parents (see appendices)

ADMINISTRATION

- If children refuse to take medicines, staff will not force them to do so, and will inform parents of the refusal, as a matter of urgency, on the same day.
- The school will not make changes to dosages on parental instructions; this must come in the form of a signed and stamped letter from a medical practitioner
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry his / her medication in school

MEDICATION PLANS

- For each pupil with long term or complex medication needs, the Principal will ensure that a Medication Plan and protocol is drawn up in conjunction with the appropriate health professionals

SCHOOL TRIPS

- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed

TRAINING

- Staff who volunteer to assist in the administration of medication will receive appropriate training / guidance (if required) through arrangements made with the School Health Service
- All staff will be made aware of the procedures to be followed in the event of an emergency

Appendices

Appendix 1 Medication Plan for a Pupil with Medical Needs

Appendix 2 Request for the School to Administer Medication

Appendix 3 Record of Medicine Administered to an Individual Child (long term)

Appendix 4 Record of Medicines Administered to Children (short term)

Appendix 5 Record of Medical training for Staff

Appendix 6 Emergency Procedures

Appendix 7 Emergency Call Form

DRUMSALLEN PRIMARY SCHOOL

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____ Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1 Family contact 1

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship _____

2 Family contact 2

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship _____

3 GP

Name _____

Phone No _____

4 Clinic/Hospital Contact

Name _____

Phone No: _____

Plan prepared by:

Name _____

Designation _____ Date _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child
(state if different for off-site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed _____

Date _____

Parent/carer

Signed _____

Date _____

Medical Practitioner

Official Stamp:

Distribution

School Doctor _____

School Nurse _____

Parent _____

Other _____

DRUMSALLEN PRIMARY SCHOOL

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION / SUPERVISE SELF ADMINISTRATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ____/____/____

M F

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-Administration

Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medicine personally to _____
(agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Principal

I agree that _____ (name of child) will receive
_____ (quantity and name of medicine) every day at
_____ (time(s) medicine to be administered eg lunchtime or break).

This child will be (a) given or (b) supervised whilst he/she takes their medication by
_____ (name of staff member)

This arrangement will continue until _____ (either end date of course of medicine or until instructed by parents)

Signed _____ Date _____

(The Principal / authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

DRUMSALLEN PRIMARY SCHOOL

**Record of medicine administered
to an individual child**

| | |
|----------------------------------|---|
| Surname | |
| Forename (s) | |
| Date of Birth | ___/___/___ M <input type="checkbox"/> F <input type="checkbox"/> |
| Class | |
| Condition or illness | |
| Date medicine provided by parent | |
| Name and strength of medicine | |
| Quantity received | |
| Expiry date | ___/___/___ |
| Quantity returned | |
| Dose and frequency of medicine | |

Checked by:

Staff signature _____ **Signature of parent** _____

| | | | |
|-------------------------|-------------|-------------|-------------|
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|-------------|-------------|-------------|
| Date | ___/___/___ | ___/___/___ | ___/___/___ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|----------|----------|----------|
| Date | __/__/__ | __/__/__ | __/__/__ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|----------|----------|----------|
| Date | __/__/__ | __/__/__ | __/__/__ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|----------|----------|----------|
| Date | __/__/__ | __/__/__ | __/__/__ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|----------|----------|----------|
| Date | __/__/__ | __/__/__ | __/__/__ |
| Time given | | | |
| Dose given | | | |
| Any reactions | | | |
| Name of member of staff | | | |
| Staff initials | | | |

DRUMSALLEN PRIMARY SCHOOL

RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN (short term)

| DATE | Child's Name | Time | Name of Medicine | Dose Given | Any Reactions | Signature of Staff | Print Name |
|-------------|---------------------|-------------|-------------------------|-------------------|----------------------|---------------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DRUMSALLEN PRIMARY SCHOOL

A RECORD OF MEDICAL TRAINING FOR STAFF

Name _____

Type of training received _____

Name(s) of condition/
medication involved _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to administer the medication described.

Trainer's signature _____ **Date** _____

I confirm that I have received the training detailed above

Trainee's signature _____ **Date** _____

Proposed Retraining Date _____

Refresher Training Completed –

Trainer _____ Date _____

Trainee _____ Date _____

EMERGENCY PROCEDURES

EMERGENCY MEDICATION

All staff are informed annually of pupils with medical conditions and / or Medication Plans

Any individual can take action to preserve life provided that the action is carried out with the best of intentions and is performed in good faith. Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Advice and training are available from the School Health Service regarding possible medical emergencies. These are mainly related to 4 conditions:

- Acute asthmatic attack requiring more inhalers / attention than usual routine doses
- Diabetic hypoglycaemic attack requiring glucose (glucose tablets or hypostop)
- Anaphylactic reaction requiring adrenaline (eg Epipen or Anapen)
- Prolonged epileptic seizures requiring rectal diazepam

The potential for an emergency to arise will be reflected in the pupil's Medication Plan which will incorporate a plan of action to take should an emergency occur.

Where a pupil experiences an emergency event with no relevant previous history, staff are expected to take all reasonable steps within their own competencies and experiences to assist the pupil and obtain the appropriate help.

Where a pupil with a known medical condition and Medication Plan experiences a medical emergency, staff will be expected to follow the advice given in that Medication Plan. Temporary staff who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

EMERGENCY PROCEDURES

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Other children should know what to do in the event of an emergency, such as telling a member of staff. A copy of the Emergency Call form (appendix 9) is located beside each telephone in the school.

Parents must be immediately alerted. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. Where possible, the member of staff should have details of any health care needs and medication of the pupil and / or a copy of the Medication Plan (if applicable). Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own cars; it is safer to call an ambulance.

Individual Care or Medication Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

The incident should be fully recorded.

All staff should have a copy of the school's Emergency Procedures.

In all emergency situations, a teacher or other member of school staff will be expected to act as a responsible adult or parent in the best interests of the child, in recognition of their duty of care.

If in doubt, phone for the emergency services.

EMERGENCY CALL FORM

To be displayed beside every telephone in the school

REQUEST FOR AN AMBULANCE

**To: Drumsallen Primary School, 1, Dernasigh Road,
Killylea, County Armagh, BT60 4 PA**

Dial 999 and be ready with the following information:

- **The school's telephone number 028 37548426**
- **The school's location 1, Dernasigh Road, Killylea, BT60 4PA**
- **The exact location within the school
eg playground, mobile 3, assembly hall**
- **Your name**
- **A brief description of the pupil's symptoms**
- **Inform ambulance control of the best entrance
and state that the crew will be met and taken to
the pupil**

SPEAK CLEARLY AND SLOWLY