



## Brynmenyn Primary School Administration of Medicines Policy

### Policy statement

The staff and governors recognise that for some children, access to regular medication enables them to continue in mainstream education. We recognise our responsibility in this and have drafted this policy based on Bridgend's Guidance on the Administration of Prescribed Medicines or Medical Treatment in Schools (August 1998).

- School staff have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on school premises and where they are engaged in authorised school activities elsewhere.
- **HOWEVER, THIS DOES NOT IMPLY A DUTY UPON SCHOOL STAFF TO ADMINISTER MEDICATION.** The responsibility for the correct administration of medication rests with the headteacher.
- Wherever possible, parents may be requested to assist in the administration of medication, or the pupil should be allowed to self-administer the medicine under the supervision of an appropriate member of staff.
- **For the purposes of this policy only prescribed medicine will be administered. Oral administration of medicines such as liquids, tablets, capsules, powders and granules will be undertaken. Epipens such as those required for anaphylaxis will also be administered. Treatments that involve invasive procedures are subject to individual plans following the correct training.**
- **Medicines may be administered orally or by Epipen by designated staff under the direction of the headteacher and/or deputy headteacher.**
- **Immediate access to inhalers (Relievers) is vital (they will NEVER be locked away).** Older children are encouraged to carry their inhalers with them, at the discretion of the parent/teacher depending on the maturity of the child. As a guideline we would recommend that:
  - Foundation Phase - Inhalers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. (Inhalers should be clearly labelled)

- Key Stage 2 - Inhalers will be kept by the pupil (or as above) - depending on the maturity of the child.

### **Training**

- The headteacher must ensure that appropriate staff are adequately trained when a child's medication or support needs are identified. This will take place on an individual case basis. Training will be provided and certified by a health professional. The details of training should be recorded. Procedural guidelines will be retained in the school and made available to members of staff involved in the administration of medication.

### **Labelling**

Medicines will not be accepted unless they are in the original container showing the name of the person for whom it was prescribed, the name and strength of the medication, the date on which it was dispensed, the dose and frequency of administration, instructions as to storage or administration, any expiry date.

### **Procedure**

- Parents complete a medication form, dated and signed (see appendix 1) & / or an Asthma Record form (and inhaler storage form) (see appendix 2)
- The details must match the details on the label as completed by the pharmacist (other than side effects which are usually contained in a leaflet).
- The parent/guardian must inform the school of the medication given over a 24 hour period, together with what was administered prior to attendance at school.
- Medication is stored in a lockable container in the headteacher's office, or if refrigeration is required, in the headteacher's office fridge in a container. Nebulisers and asthma pumps must be kept safely by the class teacher/ headteacher or pupil and be readily available to the child.
- Medication is labelled as outlined in 'Labelling'
- Failure to administer must be recorded along with reasons.
- When administering medication, the headteacher or deputy headteacher must check the label with the administration form.
- A second member of staff must be present to check and countersign the administration. Both will sign the form immediately (initials will not be sufficient).
- Unused long-term medication may be stored in a locked cupboard with parental permission. Short term medication will be returned home each day. No medication will be kept in school over a holiday.

- Parental permission must be obtained if the child is to carry medication to school each day. Infant children will not be permitted to carry medication. Parents must deliver and collect medication.

## **PERSONAL LIABILITY**

The Authority's present insurance policies would cover any liability in respect of administering prescribed medicines/treatment, providing staff are working under the direction of the headteacher and within the parameters of the document published by Bridgend Local Education Authority. All members of staff have access to a copy of this document in the headteacher's office.

This will be reviewed as new guidance is given from Personnel/Governor Support.

**Signed (Headteacher): Miss K. Jones**

**Signed (Chair of GB): Mr B. Williams**

**Date to be reviewed: Oct 23**

**Brynmenyn Primary School**

**Request For The Administration of Medicine**

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_ Class \_\_\_\_\_

I hereby request that the above named child should receive

Name of medication \_\_\_\_\_

Dose of medication \_\_\_\_\_

Times of administration \_\_\_\_\_

Duration of treatment \_\_\_\_\_

Possible side effects \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Authorised \_\_\_\_\_(Headteacher)

Whilst every effort will be made to adhere to the doses and times noted above, the school will not be held responsible should any error occur, and that in any case where doubts or queries arise, no medicines will be administered before satisfactory confirmation is received from the child's parents or guardians.

# CONFIDENTIAL

## MEDICAL RECORD - ASTHMA RECORD

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Carer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

GP Name \_\_\_\_\_  
& Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_ Tel No \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship  
to Child \_\_\_\_\_ to Child \_\_\_\_\_

Type of Inhaler/ Reliever \_\_\_\_\_

Dosage \_\_\_\_\_

Possible Triggers \_\_\_\_\_

\_\_\_\_\_

## Storage - (Please tick)

I would be happy for my child's inhaler to be kept:

By my child

By the teacher in the classroom

I agree to undertake the following to ensure my child's asthma is best controlled in school:

1. I will provide an inhaler for my child, clearly labelled with his/her name and class.
2. I will regularly check that there is enough medication for my child and provide a new inhaler as soon as it is needed.
3. I will update this record card once a year.
4. I will inform the school if any changes are made to my child's medication.

**Signed:** \_\_\_\_\_  
**Parent/Carer**

**Date** \_\_\_\_\_



