



# The WASP Centre

## Administration of Medicines Policy

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<b>Approved by:</b>	<b>Trustees</b>

## **1. Purpose**

A few children, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illness such as asthma or diabetes to receive medication. The following guidelines are designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject.

## **2. Introduction**

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious.

## **3. Responsibilities**

### **3.1 The role of staff**

Not all staff are not required to administer medicines to children. Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school must receive appropriate Prescribed Medicines

### **3.2 The role of parents/carers**

On the occasion that a student is issued a prescribed medication, where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents/carers should make arrangements to administer medicines at home. However, when it is thought necessary for a student to take medication during the school day, a 'Parental agreement for setting to administer medicine' written consent form must be completed by the parent/carer giving clear instructions regarding the required dosage.

## **4. Medicines**

Staff should never give any medication to a child unless there is specific prior written permission from the parents. Parents must complete the form, **Parental Agreement to Administer Medicine** (*Annex A*) prior to any medicine being administered by school staff.

### **4.1 Prescribed medicines**

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. All medicines provided by parents will be securely stored in the locked first aid cabinet in reception.

### **4.2 Controlled Drugs**

The school will not look after prescribed medicines that are scheduled under the Misuse of Drugs Act. Children who require a controlled drug must be prescribed one that does not require administration during the school day.

### **4.3 Non-prescribed Medicines**

We understand that on occasion non-prescribed medication maybe required by a student to ensure they continue the school day. In such cases only one dose should be given to a child during the day. Details of the medicine administered must be recorded.

**A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

### **5. Administration of Medicines on Trips and Visits**

The WASP Centre will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a trip or visit it is the responsibility of the trip or visit organiser to assess the practicalities of administering such medicine as is required.

### **6. Recording**

All medicines administered to individual students must be recorded appropriately on SIMS. The record must state:

- the date and time of administration
- the name and dosage of the medication
- The staff members name
- Reason for administration

### **7. Children with Long-Term or Complex Medical Needs**

Where a child has a long-term or complex medical need the school will draw up a **Health Care Plan** (*Annex B*) in conjunction with an individual **Health Care Needs Risk Assessment** (*Annex C*) in consultation with parents and relevant health professionals.

### **8. Further Information and Guidance**

Further information and guidance can be found within the DfE statutory guidance 'Supporting pupils with medical conditions at school'.

## Annex A Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**ANNEX B****INDIVIDUAL HEALTHCARE PLAN TEMPLATE**

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Staff Policy Acknowledgement.**

**First Aid Policy**

Please sign to acknowledge you have read and understood the above named policy. If you have any questions or queries, please contact the Appointed Person – Joanna Rowell.

<b><u>Name</u></b>	<b><u>Signature</u></b>	<b><u>Date</u></b>
