ACORN INTEGRATED PRIMARY AND NURSERY UNIT

ADMINISTRATION OF MEDICINE IN SCHOOL POLICY

Policy owner	Board of Governors, Principal
Approved by	Board of Governors
Date approved	March 2008
Review date	See policy review framework

This policy applies to the primary school and nursery unit.

Contents

1. Rationale and legal context

2. Ethos and aims

3. Scope and guiding principles

4. Roles and responsibilities

5. Arrangements for accepting medication

6. Storage and security

7. Administration and record keeping

8. Self-administration

9. Long-term and complex medical needs

10. Emergency medication and refusal

11. Controlled drugs

12. Educational visits and off-site activities

13. Staff training, confidentiality and review

Appendices 1-5: AM2, AM3, AM3, AM4 and AM5 forms

1. Rationale and legal context

The Board of Governors and staff of Acorn Integrated Primary and Nursery Unit wish to ensure that pupils with medication needs receive appropriate care and support at school. The administration of medication remains primarily the responsibility of parents or those with parental responsibility. There may, however, be occasions when school staff are asked to administer or supervise medication during the school day.

This policy has been developed with reference to Supporting Pupils with Medication Needs, published by the Department of Education and the Department of Health, Social Services and Public Safety in 2008, and draws on the procedures contained in the existing Acorn medication policy and the Corran Integrated Primary School and Nursery policy supplied to the school.

There is no legal duty requiring school staff to administer medication. Staff cannot be directed to do so. The Principal may agree in principle to arrangements where an appropriate member of staff has volunteered and has received any necessary information, guidance or training.

2. Ethos and aims

As an integrated school, Acorn Integrated Primary and Nursery Unit is committed to a caring, inclusive and respectful environment in which pupils with medical needs are supported to participate in school life as fully and safely as possible.

- to safeguard the health, dignity and wellbeing of pupils who require medication in school;
- to establish clear and consistent procedures for receiving, storing, administering and recording medication;
- to clarify the responsibilities of the Board of Governors, Principal, staff, parents or guardians and pupils;
- to promote effective partnership with parents, health professionals and relevant support services;

- to ensure that reasonable efforts are made to include pupils with medical needs in educational visits and school activities.

3. Scope and guiding principles

- Parents or guardians should keep a child at home if the child is acutely unwell or infectious.
- Medication should only be brought to school when it is essential and the required dose cannot reasonably be given outside school hours.
- Parents are encouraged, where possible, to ask the prescriber whether dose times can be arranged outside the school day.
- Only medication prescribed for an individual pupil will normally be stored, supervised or administered by the school. The school does not routinely hold a stock of painkillers.
- A non-prescribed medicine will not be given unless there is specific prior written parental permission and the Principal has agreed to the arrangement.
- The school will not diagnose illness or alter a prescribed dosage. Any change in dosage must be supported by updated written instructions from the prescriber.

4. Roles and responsibilities

4.1 Board of Governors

- approve and review this policy;
- seek assurance that appropriate arrangements, records and training are in place;
- support the school in meeting the needs of pupils who require medication.

4.2 Principal

- oversee implementation of this policy;
- consider each request for medication support;
- identify a willing and appropriate member of staff where administration or supervision is agreed;
- ensure that written permissions and records are retained securely;
- ensure that an Individual Healthcare Plan, Medication Plan or agreed protocol is prepared for pupils with long-term or complex needs, in partnership with parents and appropriate health professionals;
- arrange appropriate staff training or guidance through the School Health Service, Health and Social Care Trust or another recognised provider.

4.3 Staff

- may volunteer but are not obliged to administer medication;
- must follow the written instructions, this policy and any individual plan or protocol;
- must record medication administered and report concerns, refusals, errors or reactions promptly;
- must respect confidentiality while sharing relevant information where necessary for pupil safety.

4.4 Parents or guardians

- provide full and accurate information about the pupil's condition, treatment, medication and emergency procedures;
- complete and sign the relevant school form before medication is accepted;
- deliver medication personally to the Principal or authorised member of staff, unless another arrangement has been agreed;

- provide medication in date, in the original pharmacy-dispensed container, with the dispensing label intact;
- replenish supplies before they run out and notify the school in writing of any change or when medication is no longer required;
- collect unused, expired or discontinued medication and arrange safe disposal through a community pharmacist.

4.5 Pupils

- should cooperate with agreed arrangements and tell an adult if medication is needed or if there is a concern;
- may carry or self-administer medication only where this has been agreed by the Principal and confirmed in writing by a parent or guardian;
- should not share medication with any other pupil.

5. Arrangements for accepting medication

Before medication is administered, a parent or guardian must complete Form AM2 and the Principal must agree the arrangement. The original form will be retained by the school and a copy may be provided to the parent or guardian.

Each item must be delivered in a secure container as originally dispensed and clearly labelled with:

- the pupil's name;
- the name of the medication;
- the prescribed dosage and method;
- the frequency or timing of administration;
- the date dispensed;
- relevant storage requirements;
- the expiry date.

The school will not accept medication in an unlabelled container. Where two or more medicines are required, each medicine must remain in its own original container. Staff will not transfer medication between containers. Only a reasonable quantity should be supplied, normally no more than a weekly or monthly supply unless an individual agreement provides otherwise.

6. Storage and security

- Medication will be stored securely and out of the reach of pupils, in accordance with the product instructions.
- Unless another safe arrangement is required, medication will be kept in a locked medicine cabinet. Relevant staff will know how to obtain access promptly in an emergency.
- Medication requiring refrigeration will be placed in a clearly labelled airtight container with access restricted appropriately.
- Emergency medication, including inhalers and adrenaline auto-injectors, will be stored so that it is safe but readily accessible in accordance with the pupil's individual needs.
- Controlled drugs will be held in a locked, non-portable container with access restricted to named staff, and an auditable record will be maintained.

7. Administration and record keeping

- The authorised member of staff will check the pupil's identity, medicine, dose, time, route and written instructions before administration.
- Appropriate hygiene will be observed, including handwashing and gloves where required.
- Every dose administered will be recorded on the pupil's individual record and, where used by the school, on the whole-school medication log.
- Any reaction, concern, error or omission will be recorded and reported immediately to the Principal and parent or guardian. Emergency procedures will be followed where necessary.
- Records will be stored securely and made available to parents or guardians in relation to their child.

8. Self-administration

Where it is appropriate to the pupil's age, competence and medical needs, the school will encourage responsible self-management. A parent or guardian must complete Form AM3, and the Principal must agree the arrangement. Staff supervision may be provided where necessary. Medication must remain secure and must not be shared.

9. Long-term and complex medical needs

For a pupil with long-term, complex or significant medical needs, the Principal will ensure that an Individual Healthcare Plan, Medication Plan or protocol is developed with the parent or guardian and appropriate health professionals. The plan should identify the pupil's needs, medication arrangements, signs and symptoms requiring action, emergency procedures, staff training and arrangements for review. Relevant staff will be informed on a need-to-know basis.

10. Emergency medication and refusal

- All staff will be made aware of the school's emergency procedures and of pupils whose conditions require an emergency response, subject to appropriate confidentiality.
- If a pupil refuses medication, staff will not force the pupil. The parent or guardian will be informed as a matter of urgency on the same day.
- If refusal, illness or a reaction creates an emergency, the school's emergency procedures will be followed and emergency medical assistance sought as appropriate.
- Medication administered by injection will only be given in accordance with the prescriber's directions and appropriate training and authority. This includes the use of a fully assembled adrenaline auto-injector in an emergency.

11. Controlled drugs

- A controlled drug may be administered only to the pupil for whom it has been prescribed and in accordance with the prescriber's instructions.
- Only staff who have received appropriate information or training and are authorised under the school arrangement will have access.
- Receipt, administration and return will be recorded.
- Medication no longer required will be returned to the parent or guardian for safe disposal through a pharmacy.
- Misuse or sharing of a controlled drug will be dealt with under the school's safeguarding, behaviour and drug-related procedures.

12. Educational visits and off-site activities

The school will make every reasonable effort to continue agreed medication arrangements during educational visits and off-site activities. Planning will include the pupil's individual needs, consent, safe transport and storage of medication, staff competence and emergency procedures. A pupil will only be unable to participate where safe and appropriate supervision cannot be secured after reasonable arrangements have been considered.

13. Staff training, confidentiality and review

- Staff who volunteer to administer or supervise particular medication will receive relevant information and any necessary training or guidance.
- Training needs will be reviewed when a pupil's needs or medication change.
- Medical information and records will be handled sensitively, stored securely and shared only with those who need the information to keep the pupil safe.
- This policy will be reviewed by the Principal and Board of Governors in line with the review date above, or sooner if guidance or school circumstances change.

Appendix 1

ACORN INTEGRATED PRIMARY AND NURSERY UNIT

FORM AM2: Request for School to Administer Medication

Please complete all relevant sections in full. Medication cannot be accepted unless the required information and signatures are provided.

Pupil details

Surname	
Forename(s)	
Address	
Date of birth	____ / ____ / _____
Class	
Condition or illness	

Medication

Parents or guardians must ensure that in-date, properly labelled medication is supplied.

Name/type of medication	
Date dispensed	____ / ____ / _____
Expiry date	____ / ____ / _____
Dosage and method	
Timing/frequency	
Special precautions	
Known side effects	

Self-administration	Yes / No
Emergency procedure	

Contact details

Parent/guardian name	
Home/mobile number	
Work number	
Relationship to pupil	
Address	

I understand that I must deliver the medicine personally to the agreed member of staff and that this is a service which the school is not obliged to undertake. I will notify the school in writing of any change. I confirm that the information given is accurate and that the school may administer the medication in accordance with these instructions.

Parent/guardian signature	
Date	____ / ____ / _____

Agreement of Principal

Pupil name	
Medication and dose	
Time(s) to be given	
Staff member responsible	
Arrangement ends	
Principal/authorised signature	
Date	____ / ____ / _____

The original will be retained on the school file and a copy may be supplied to the parent or guardian.

Appendix 2

ACORN INTEGRATED PRIMARY AND NURSERY UNIT

FORM AM3: Request for Pupil to Carry and Self-Administer Medication

Please complete all relevant sections in full. Medication cannot be accepted unless the required information and signatures are provided.

Pupil details

Surname	
Forename(s)	
Address	
Date of birth	____ / ____ / _____
Class	
Condition or illness	

Medication

Parents or guardians must ensure that in-date, properly labelled medication is supplied.

Name of medication	
Dosage/instructions	
Where medication will be carried	
Emergency procedure	

Contact details and consent

Parent/guardian name	
Home/mobile number	
Work number	
Relationship to pupil	

I request that my child be permitted to carry and self-administer the medication described above. I confirm that my child understands how and when to use the medication and must not share it with another pupil. I will notify the school in writing of any change.

Parent/guardian signature	
Date	____ / ____ / _____

Agreement of Principal

I agree that the named pupil may carry and self-administer the medication described above while in school, subject to the arrangements in this policy and any individual healthcare plan.

Arrangement continues until	
Principal/authorised signature	
Date	____ / ____ / _____

The original will be retained on the school file and a copy may be supplied to the parent or guardian.

Appendix 3

ACORN INTEGRATED PRIMARY AND NURSERY UNIT

FORM AM3: Request for Pupil to Carry and Self-Administer Medication

Please complete all relevant sections in full. Medication cannot be accepted unless the required information and signatures are provided.

Pupil details

Surname	
Forename(s)	
Address	
Date of birth	____ / ____ / _____
Class	
Condition or illness	

Medication

Parents or guardians must ensure that in-date, properly labelled medication is supplied.

Name of medication	
Dosage/instructions	
Where medication will be carried	
Emergency procedure	

Contact details and consent

Parent/guardian name	
Home/mobile number	
Work number	
Relationship to pupil	

I request that my child be permitted to carry and self-administer the medication described above. I confirm that my child understands how and when to use the medication and must not share it with another pupil. I will notify the school in writing of any change.

Parent/guardian signature	
Date	____ / ____ / _____

Agreement of Principal

I agree that the named pupil may carry and self-administer the medication described above while in school, subject to the arrangements in this policy and any individual healthcare plan.

Arrangement continues until	
Principal/authorised signature	
Date	____ / ____ / _____

The original will be retained on the school file and a copy may be supplied to the parent or guardian.

Appendix 4

ACORN INTEGRATED PRIMARY AND NURSERY UNIT

FORM AM4: Record of Medication Administered to an Individual Pupil

Please complete all relevant sections in full. Medication cannot be accepted unless the required information and signatures are provided.

Surname	
Forename(s)	
Date of birth	____ / ____ / _____
Class	
Condition or illness	
Date medicine received	____ / ____ / _____
Name and strength	
Quantity received	
Expiry date	____ / ____ / _____
Dose and frequency	
Quantity returned	
Checked by	

Administration record

Date	Time	Dose given	Reaction/notes	Staff name	Initials	Parent informed

Staff signature for return/check: _____

Parent/guardian signature: _____

Appendix 5

ACORN INTEGRATED PRIMARY AND NURSERY UNIT

FORM AM5: RECORD OF MEDICINES ADMINISTERED TO ALL PUPILS

Date	Pupil name	Time	Medicine	Dose	Reaction / notes	Staff signature	Print name

Date	Pupil name	Time	Medicine	Dose	Reaction / notes	Staff signature	Print name

Date	Pupil name	Time	Medicine	Dose	Reaction / notes	Staff signature	Print name