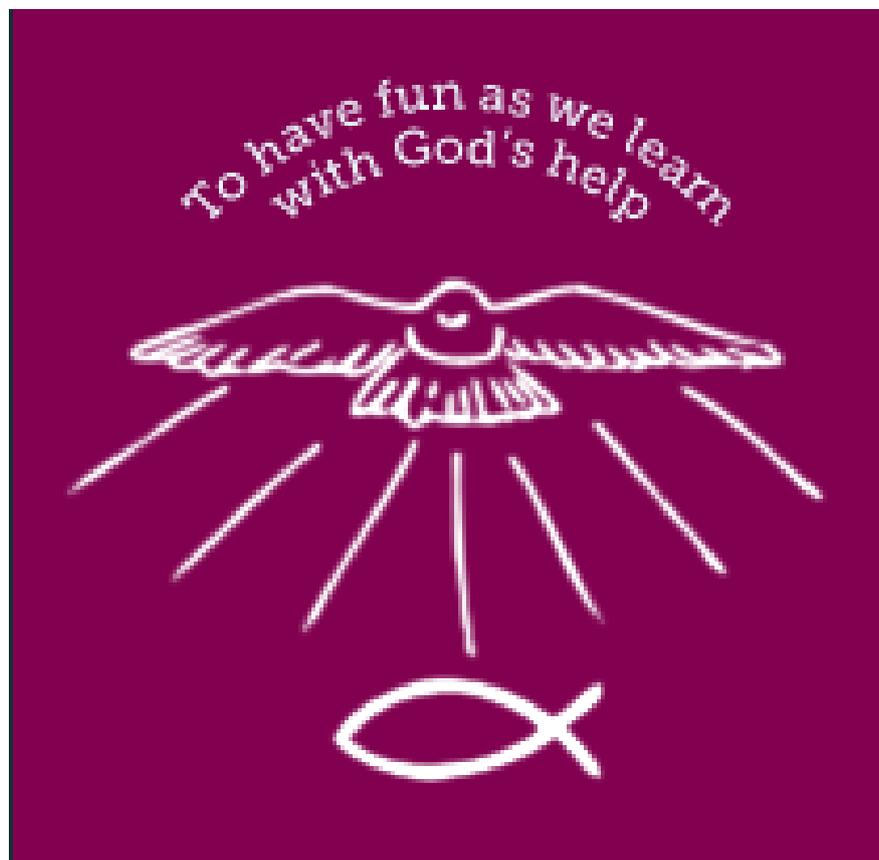


**St Margaret Clitherow**  
**Catholic Primary School**



**ADMINISTRATION OF MEDICINES POLICY**

January 2020

## **OUR MISSION**

**Our Mission is to provide a Catholic education based on the life and teaching of Jesus Christ, in which the values of the Gospel underpin all aspects of school life. We insist on the highest standards of academic achievement so that our young people leave us as ‘agents of change’ – educated and caring people who have the qualifications, knowledge and skills they need to flourish as human beings and make the world a better place. We are committed to our mission and to raising standards in order to provide an excellent Catholic education for every child in our care. We work together as one Trust, one family of schools, a community inspired by a vision for excellence.**

### **We aim to deliver our mission by:**

- Promoting our **Core Gospel Values** which underpin all aspects of school life
- Promoting **stewardship** enabling our children to develop an understanding of the wider world and their role as global citizens
- Providing opportunities for our children to be **agents of change** and to make a positive difference to the world in which they live
- **Balancing academic success with wider attributes** & provides for learners broader development enabling them to **develop and discover their interests and talents**
- Promoting our **Learning Values** - resilience, responsibility, independence, creativity & collaboration
- Supporting our children to develop their **character** and help them to keep **physically and mentally healthy**
- Placing an uncompromising focus on the development and application of **reading, writing and mathematics skills**
- Playing a major role in developing our children’s **love and passion for learning**
- Celebrating **equity and diversity** supporting the pupils’ spiritual, moral, social and cultural development
- Developing **children as leaders** by valuing children’s voices and individual contributions and offering a range of opportunities to develop their leadership skills



This document can be found in the school office.

### **Procedures for managing prescription medicines which need to be taken during the school or setting day**

- □ Prescription medicines will be permitted to be given to children upon receipt of a signed permission form.
- Non-prescription medicines (Infant Paracetamol/Nurofen) will be administered upon receipt of a signed permission form.
- Very occasionally a child may have a headache or feel unwell. We will always call parents to discuss their child's needs. If agreed that Infant Paracetamol suspension may help the child and they do not need to go home, it can be administered provided the annual written permission has been received and verbal permission obtained on each occasion.
- □ Parents will need to sign the permission form detailing dosage and times to be given. (Appendix 1) Forms are stored in the First Aid filing cabinet in the school office.
- □ Staff will double up to administer prescription medicines with one giving and one checking correct dosage is given. This will be recorded on the Record Sheet. (Appendix 2) Completed record sheets will be stored in the First Aid filing cabinet in the school office. Each child to have their own individual record sheet updated by the First Aid lead.
- Medicines are stored in the fridge in the staffroom (locked when no staff present).
- Asthma inhalers/Epipens will be kept in a nominated, secure cupboard in each classroom. These are taken to the Dining Hall/Playground by Meal Time Assistants. They accompany the children when they do PE or other non-classroom based activities.
- □ Staff will be trained in administering epipens and asthma inhalers. This training will be updated annually or as necessary by the school nurse.
- □ Staff will be trained in the care of and administration of medicine for diabetic children as required.
- □ A member of the SLT or the Lead First Aider will approve forms before permission is given to administer prescription medicines.

### **Asthma Procedures**

- An asthma register is kept informing staff of which children have prescribed medication for the condition. Each class has a current register of medical needs. This is also available in the staffroom and in the First Aid filing cabinet in the office.
- Personal asthma inhalers are kept in cupboards in individual classrooms. Parents are advised when expiry date approaches. Spacers are sent home termly to be cleaned by parents.
- Emergency salbutamol inhalers are kept in the first aid filing cabinet in the office. The emergency inhalers can only be used for children who have written permission from their parents for the emergency medication to be administered if the personal inhaler is not readily accessible.

This information is kept with the asthma register and the 'Health and Diet Essential Information' posters which are on display in the staff room and a copy kept in the First Aid filing cabinet in the office.

### **Procedures for managing prescription medicines on trips and outings**

- *The above requirements will apply to trips and outings also.*
- □The person in charge of the trip will be responsible for storing and ensuring safe administration of the medicine takes place and is checked by a colleague.
- □The need to administer medicine will be included on the risk assessment for the trip.

### **A Summary of Parental Responsibility**

Parents have the **prime responsibility** for their child's health and should provide schools and settings with the **necessary information** about their child's medical condition. For example, parents should ensure that a copy of the health care plan provided by the child's GP or relevant professional is made available to the school or setting, and must ensure that the school or setting is informed of any change in condition, prescription or staff training need.

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has **parental responsibility for or care of a child**. It only requires one parent to agree or to request that medicines are administered. **Where parents disagree** over medical support, the disagreement must be resolved by the courts: the school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescription, unless and until a court decides otherwise.

If a child is on regular medication it may be necessary for **two sets** of similar medicines to be kept: one at home and one at school. The child's GP or paediatrician should be willing to prescribe this, at parental request.

**Close co-operation** between parents, health professionals and the school is essential. However, the primary responsibility to make arrangements rests with parents, including being prepared to make alternative provision should any arrangements fail. Further details regarding parental responsibility may be found in Chapter 2 (Roles and Responsibilities) of the DFE guidance booklet, which can be found by using the link below. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/196479/Managing\\_Medicines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/196479/Managing_Medicines.pdf)

### **The circumstances in which children may take any non-prescription medicines.**

□*Children suffering from sore throats may only take soothing sweets as long as they do not have enough with them to break any dosage guidelines. They must be kept by the teacher and the child must remain seated and supervised while eating them. They will not be allowed to take them onto the playground. Parents must complete a medical form as with prescribed medication. The forms are passed to the First Aid lead for approval in the usual way. The Class teacher is then informed.*

The parents of children who suffer from travel sickness will be encouraged to gain prescribed medication. Parents must give written permission to a member of staff who then carries out

their instructions for administering travel sickness medication in the usual way.

**The school or setting policy on assisting children with long-term or complex medical needs:**

Children with long term or complex medical needs will have a health care plan drawn up in conjunction with health care professionals.

**Policy on children carrying and taking their medicines themselves ie older children being able to carry their own medicines:**

The only medicine that children will carry and take themselves is asthma inhalers.

**Staff Training in managing medicines safely and supporting an identified individual child:**

The procedures for administering prescribed medicines will form part of the induction procedures for all staff.

Identified individual children will only be supported in their medication by adults trained to do so. Records of training will be kept in a folder in the First Aid filing cabinet in the office.

**Access to the schools' emergency procedures:**

□ The school's emergency procedures are stored in the office.

**Safe disposal of sharps**

□ If required, **sharps boxes**, which must always be used for the disposal of needles, should be provided by parents, who may obtain boxes on prescription from the child's GP or paediatrician and should collect boxes for disposal. Schools and early years settings should be aware of the need to maintain **security of sharps boxes**, which are potential targets for theft. It is also important to remember that any individual suffering a **needle-stick injury** should go straight to Accident and Emergency

**Risk assessment and management procedures**

□ A risk assessment covering the risks associated with administering medicines can be found as Appendix 3.