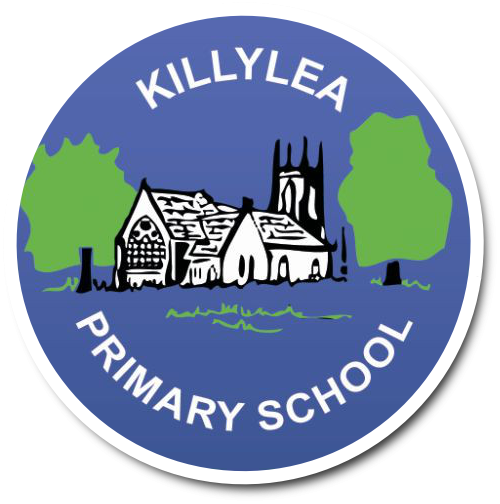
KILLYLEA PRIMARY SCHOOL

*Small School…Big Opportunities*



ADMINSITRATION OF MEDICATION POLICY

FEBRUARY 2018

**OUR SCHOOL VISION:**

At Killylea Primary School we want our pupils to achieve their fullest potential in a safe, happy and stimulating environment supported by the whole school community.

**INTRODUCTION:**

The Board of Governors and staff of Killylea 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 school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

A partnership approach with close co-operation between the school, parents, health professionals and other agencies will provide a supportive environment for any pupils with medication needs to enable them to participate fully in school activities.

The administration of medicines is the responsibility of parents and those with parental responsibility. It must be noted that the dosage of **many medicines** can be arranged to permit medicine to be given to children **before or after school** - not during school- wherever possible.

**PLEASE NOTE THAT PARENTS SHOULD KEEP THEIR CHILDREN AT HOME**

**IF ACUTELY UNWELL OR INFECTIOUS.**

**PARENTAL RESPONSIBILITY**

Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication.

*Parents are responsible for:*

* Making sure that their child is well enough to attend school. A child’s own doctor is the person best able to advise whether the child is fit to be in school and it is for parents to seek and obtain such advice as necessary;
* Making the school aware that their child requires medication;
* Reaching agreement with the Principal on the school’s role in helping with their child’s medication;
* Providing the Principal with the original written medical evidence about their child’s medical condition and treatment or special care needed at school;
* Providing the Principal with written instructions and making a written agreement. Details of the dose and when the medication is to be administered, are essential;
* Ensuring any changes in medication or condition are notified promptly;
* Providing sufficient medication and ensuring it is correctly labelled;
* Disposing of their child’s unused medication; and giving written permission for the pupil to carry his/her own medication.
* Keeping their children at home if acutely unwell or infectious.

**MEDICATION**

* Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
* Any parents requiring the school to administer medicines to their child should complete the ‘**Administering of Medication Permission Form’** which can be obtained from the school office or is available to download from the school website.

*[****See Appendix 1: Administration of Medication Permission Form]***

* Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
* Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
* Where the pupil travels on school transport with an escort, **parents should** ensure the escort has **written instructions** relating to any medication sent with the pupil, including medication for administration during respite care.

**LABELLING OF MEDICATION**

Each item of medication must be delivered to the Principal or Office Staff by the child’s 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 items of medication in unlabelled containers.**

**STORAGE OF MEDICINES**

All prescription medicines will be stored in a locked cupboard in the Office [(or the fridge in staffroom if appropriate] with the appropriate form completed and filed in the ‘**Administration of Medicines**’ file.

**RECORDS**

* All permission forms for administrating medication in school will be stored in the ‘**Administration of Medication**” file.
* Every time a child takes medicine in school (including inhalers) a Killylea Primary School **Administration of Medication Record** will be completed by relevant staff member filling in details of medicine and dosage given at what time. A copy will be retained by the school and be made available to parents. ***[See Appendix 2: Administration of Medication Record]***

**REFUSAL TO TAKE MEDICATION**

If children refuse to take medicines, staff will not force them to do so (This does not apply to use of EPI Pen or Glycogen hypo kits), and will inform the parents of the refusal, as a matter of urgency, on the same day.

If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.

**CHANGE IN MEDICATION**

* It is the responsibility of parents to notify the school in writing if the pupil’s need for medication has ceased.
* It is the parents’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. Staff will inform parents when supplies are running low.
* The school will not make changes to dosages on parental instructions, only those prescribed by doctor in writing.

**DISPOSAL OF MEDICATION**

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 term. Date of 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.

**LONG TERM MEDICATION**

* 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.
* Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

**STAFF TRAINING**

* Staff who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service. E.g. training by diabetic nurse.
* Staff will be offered the chance to go on the Centralised Health Awareness training every 2 years.
* Designated First Aiders will attend all refresher courses necessary.

**EDUCATIONAL TRIPS**

The school will make every effort to continue the administration of medication to a pupil whist 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. A parent may be asked to accompany the pupil on such occasions.

All staff will be made aware of the procedures to be followed in the event of an emergency.

**POLICY REVIEW**

This policy will be reviewed every two years or after an incident to ensure its effectiveness and to take account of updated advice or regulations.

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| **KILLYLEA PRIMARY SCHOOL**  **ADMINISTRATION OF MEDICATION POLICY** | |
| POLICY DATE: | February 2018 |
| PRINCIPAL’S SIGNATURE: | P.Lowry |
| CHAIRPERSON, Board of Governors,  SIGNATURE: | Rev B Atkins |
| REVIEW DATE: | February 2020 |

Appendix 1: Administration of Medication Permission Form

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| **KILLYLEA PRIMARY SCHOOL**  **ADMINISTRATION OF MEDICATION PERMISSION FORM**  ***[TO BE COMPLETED BY PARENTS/CARERS]*** | |
| Name of Pupil: |  |
| Class: |  |
| Teacher: |  |
| **I request permission for my child to be given the following medication during school hours by the class teacher or a designated member of staff.** | |
| Medication |  |
| Dosage |  |
| When taken |  |
| Doctor’s Name: |  |
| Doctor’s telephone no: |  |
| **I understand that whilst all best efforts will be made, staff of Killylea Primary School accept no responsibility whatsoever for omitting to administer this medicine or administering the medicine at a time different from that specified above.** | |
| Parent/Carer Signature: |  |
| Date: |  |
| **Please note that this form relates to temporary administration of medication. Any child requiring on-going medication requires a personal medical care plan which will be discussed and agreed with the Principal and signed by both parties.** | |

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| **KILLYLEA PRIMARY SCHOOL**  **ADMINISTRATION OF MEDICATION RECORD** | | | | | | |
| **Date** | **Pupil Name** | **Time** | **Name of medicine** | **Dose given** | **Any reactions** | **Signature of staff** |
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Appendix 2: Administration of Medication Record