



Woodside Primary School ADMINISTRATION OF MEDICATION POLICY

Undertakings:

Woodside Primary School is committed to ensuring that pupils are healthy, safe, enjoy and achieve, and be able to make a positive contribution by creating a safe environment to administer medication. Woodside has adopted Halton Borough Council policy for Supporting Pupils at School with Medical Conditions which outlines procedures for recording and administering medications.

The aims are to support children with short-term, long-term or complex medical needs and by doing so enable regular attendance.

This Policy is intended to comply with the requirements of the Health and Safety at Work etc. Act 1974 by fulfilling a duty of care to ensure that there are safe systems of work and also the Disability Discrimination Act 1995 by ensuring that children with medical needs are protected from discrimination.

It is recognised that parents have prime responsibility for their child's health and it is their responsibility to provide schools with information about their child's medical condition and medication.

Arrangements:

The formal systems and procedures in respect of administering medicines are as follows;

1. Woodside Primary School will work in accordance with Halton Borough Council's administration of Medication policy in managing prescribed and non prescribed medication during the school day and on trips/outings.
2. Medication will only be accepted and administered if due to dosage times it is not possible for the medication to be administered at home, with the exception of medication/creams that are administered as required.
3. Medication will only be accepted from the pupil's parent/carer and only upon completion of the medication consent form which is to be signed and dated. (appendix 1)
4. Only prescribed medication will be accepted with the exception of non-prescribed pain relief which must be in a sealed, new packaging and clearly labelled with the child's name. All prescription medication must be in its original packaging with the pharmacy label clearly readable and intact.
5. Pupils will be supported to self-administer any medication by a member of staff with training in administering medication.
6. All relevant staff are aware of their roles and responsibilities in accordance with Halton Borough Council's Administration of Medication Policy.
7. Headteacher will ensure that relevant information about pupil's medical condition and medication are passed onto relevant staff.
8. All relevant staff are aware of the circumstances of administering non-prescribed medication (box must be clearly labelled with child's name and consent form to be completed by parent/carer, administration of medicine must be recorded in medication log).

9. Medications will only be administered in accordance with the prescription label for prescribed medications and the official instructions on the box for non-prescription medications.
10. All staff are aware of general emergency procedures and, if required, emergency procedures will be developed for individual pupils.
11. Staff will record date and time of administration of each dosage and entry will be counter-signed by a member of staff who has witnessed the dosage being given. (appendix 2 & 3)
12. All forms will be completed and retained in accordance with the Policy (see below).
13. If any non-prescribed NSAID medicines are administered as requested, a phone call will take place to the parent/carer to ask what time the child was last administered the medicine and to inform them of time of administration.
14. In accordance with the SEN policy, if there is a Health Care Plan for a pupil with on-going regular medication the school will carry out its own risk assessment.
15. All medication will be disposed of in accordance with Halton Borough Council's Administration of Medication Policy.
16. The following arrangements are in place,
 - Miss J Hughes (Secretary) or Miss M de Prez (Admin Assistant) are responsible for receiving the medication.
 - Miss J Hughes and Miss M de Prez have received training to administer medications to pupils. Any medication will be administered by the above staff and recorded as directed by Halton Borough Council's Administration of Medicines Policy.
 - The medication will be stored either,

General:	Locked first aid cabinet in the secretary's office
Fridge:	Headteacher's office
Controlled drugs:	Locked first aid cabinet in the secretary's office

PARENTAL MEDICATION CONSENT FORM

Parental agreement for school 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.

THIS FORM MUST BE COMPLETED BY A PARENT/CARER WITH PARENTAL RESPONSIBILITY

Name of school / setting

Name of child

Date of birth

Year/Class

Medical condition or illness requiring medicine

Describe what constitutes an emergency for the child and, and action taken if this occurs

Medicine

PLEASE NOTE: School will only assist in the administration of medication when it is absolutely necessary for the medication to be taken during the school day.

Antibiotics that are prescribed to be 3 times a day are to be taken at home.

Medicines must be in the original container as dispensed by the pharmacy with the named and dated pharmacy label clearly visible on the container.

Non-prescribed Paracetamol/Ibuprofen must be in a sealed bottle and clearly labelled with the child's name.

School can only administer medication according to the dose and instructions stated on the pharmacy label or packaging.

All medication is self- administered (assisted by trained member of staff)

Name/type of medicine and strength (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Quantity provided to school:	
Dosage and frequency of medicine on label	
Dose and times to be administered in school	
Special instructions (eg, before food, after sports etc)	
Has this medicine been administered to the child before?	Yes / No
Are there any possible side effects that the school need to be aware of?	

CONTACT INFORMATION IN CASE OF EMERGENCY

Appendix 1

Parent contact details in case of emergency relating to medication

Name	
Home telephone number	
Mobile telephone number	
Relationship to child	
Address	
GP details	
Has this medication been prescribed by your child's GP?	
I understand that the medication must be delivered /picked up by an adult from Joanne Hughes / Michelle de Prez (OFFICE)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to assist my son/daughter in administering the above medication in accordance with the school's medication policy. I understand that I must notify the school in writing of any change in dosage, frequency of medication, if medical condition changes or if the medication is stopped.

I understand that I can request a paper copy of the medications policy at any time from Michelle or Joanne in the office.

Signed: _____

Date: _____

Record of Medicine Administered to an Individual Child

Appendix 2

Name of school	Woodside Primary School
Name of child	
Group/class/form	
Location of storage	
Name and strength of medicine	
Dose and frequency of medicine on label	
Dose and times to be administered in school	
Quantity received by Parent/Carer Temporarily returned to Parent/Carer at end of day?	YES / NO

Date	/	/	/	/
Quantity received from Parent/Carer				
Received by:				
Dose given				
Time given				
Name of member of staff				
Staff initials				

Date	/	/	/	/
Quantity received from Parent/Carer				
Received by:				
Dose given				
Time given				
Name of member of staff				
Staff initials				

