



# Manor Farm Community Infant School

## Policy on Administration of Medicines

Manor Farm Community Infant School is committed to ensuring children attend school whenever they are well enough to do so. To help achieve this, the school has adopted the DFE 'Supporting pupils at school with medical conditions' 2015.

A designated member of staff will administer the medicine at 1:00pm. If a child is staying to the After School Club then a designated member of the school staff will administer prescribed medicine that requires four doses a day, at 3:30 p.m.

The medicine must be in its original container with the pharmacy label clearly legible and the instruction leaflet present. **This label must state the child's first and surname, name of medicine, dose required, method of administration, time/frequency of administration, any side effects, and expiry date.**

A designated member of staff will also administer occasional non-prescription pain relief and antihistamine in a named bottle. We are only able to administer in liquid form. **The label must state the child's first name and surname.**

### Parent's Responsibilities

It is parent's responsibility to bring and collect medicine each day and to complete the necessary forms prior to medicine being administered. They are responsible for ensuring medicines are kept within date and are disposed of correctly by returning them to a pharmacy for safe disposal.

### Staff Roles and Responsibilities – School Procedure

1. Medicines should be brought to the school office at the beginning of the school day by parents and carers.

The designated member of staff will provide parents with the attached form or parents can download this from our website.

The designated person will check medicine is in its original container as dispensed by a chemist and details match those on the form. The instruction leaflet should also be present. They will also check that the label clearly states the child's first and surname, name of medicine, dose required, method of administration, time/ frequency of administration, any side effects, and expiry date.

2. The designated person locks the medicine in the medicine cupboard. For medicines requiring refrigeration the medicine is locked in the medicine box which is then placed in the meeting room fridge. Keys are kept in the key cupboard.

4. The designated person administers medicines at 1:00pm ensuring she is witnessed rigorously. This again ensures no distractions and both members of staff can concentrate on the job in hand. The following procedure is followed:

- The child is asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
- The name of the medicine is checked against the authorisation form and record sheet.
- The time, dosage and method of administration are checked against the authorisation form and record sheet.
- Any possible side effects are noted.

- The expiry date is checked and read out.
- The medicine is administered.
- The record sheet is signed by the designated person.
- The medicine is returned to the locked box.

This is recorded on Form B: Record of Administration of Medicine Administered to All Children kept in the medical room.

5. At the end of the day the designated person collects medicine from the medical room and hands it back to parents. It is the parent's responsibility to collect if from the school office. For children staying to the After School Club the designated person passes medicine to the supervisor of the After School Club to return to parents. The supervisor will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

## **Common Conditions**

### **Asthma - Inhalers**

Parents provide the school with an asthma plan from the child's doctors surgery and complete Form L which is kept in the school office and overseen by Clare Couch. Inhalers are kept in the classroom and children ask for them as and when they need them unless parents have given other instructions on their asthma plan. Children can self-administer inhalers using a spacer if necessary whilst being supervised or children will have support to administer their inhaler.

### **Anaphylaxis (Severe Allergic Reaction) - Epi-Pen**

Parents complete Form A - Individual Healthcare Plan and provide an Allergy Action Plan from their doctors. The Individual Healthcare Plan and Allergy Action Plan will be displayed in the staffroom and medical room with a photograph of the child. Parents must supply 2 auto injectors which must clearly labelled with their name.

Auto injectors are stored in the medical room where all staff can access them swiftly.

### **Epilepsy - Rectal Diazepam, Diabetes - Insulin**

This can only be administered by staff who specifically agree to this responsibility and are trained specifically to do so.

Form A: An Individual Healthcare Plan and a Risk Assessment will need to be completed by parents and school working in partnership with advice from health professional and Local Authority Health and Safety officers.

Form H: Authorisation for the Administration of Rectal Diazepam needs to be completed by the Headteacher.

Form N: Authorisation for the Administration of Insulin needs to be completed by the Headteacher. After administration Form E: Record of Medicine Administered to an Individual child is completed and a full record of the incident recorded.

### **Long Term or Complex Medical Needs**

A Health Care Plan is required for all children with a long term condition, including asthma. Other conditions need to be discussed with the Headteacher and a Health Care Plan and Risk Assessment drawn up and agreed between parents and school with advice from Health Professionals and Local Authority Health and Safety Officers.

### **School Educational Visits**

One member of staff accompanying the visit will be asked to take on the role of designated person to administer medicines. Medicines and parental consent forms are taken on school visits and are carried by support staff. Health Care Plans for individual children must be taken on all off-site visits.

Medicines are administered and witnessed in line with the above procedure and recorded on a copy of Form E. This form is added to the file on return from the visit.

### **Staff Training**

The designated person will have attended a course on the general administration of medicines.

The staff trained in paediatric first aid in children, receive training every 3 years.

Other training is provided as necessary according to individual needs within the school.

Reviewed November 2023

**Form 1A**

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	Manor Farm Community Infant School
Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>		
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		
Prescription/Non-Prescription <i>(Delete as appropriate)</i>	Prescription	Non-prescription

**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 the school office	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

If more than one medicine is required a separate form should be completed for each one.

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

Date \_\_\_\_\_