

# **BROWNLEE PRIMARY SCHOOL**



## ***Administering Medicines Policy 2020***

**This policy was adopted by the Board of Governors in November 2020.  
It will be reviewed by the Board of Governors in October 2022 or at such times  
as new guidance becomes available or relevant legislation is passed.**

## **BROWNLEE PRIMARY SCHOOL THE ADMINISTRATION OF MEDICATION IN SCHOOL**

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

**Please note that parents should keep their children at home if acutely unwell or infectious.**

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

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

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.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and pharmacy 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.**

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

The school will keep records, which they will have available for parents.

If children refuse to take medicines, staff will not force them to do so, 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.

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.

The school will not make changes to dosages on parental instructions.

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 each term. Date 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.

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 who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst 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.

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

**THIS POLICY WILL BE REVIEWED IN 2022.**

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

**Date** \_\_\_\_\_

**Review Date** \_\_\_\_\_

Name of Pupil \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Contact Information**

**1 Family contact 1**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship \_\_\_\_\_

**2 Family contact 2**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship \_\_\_\_\_

**3 GP**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

**4 Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No: \_\_\_\_\_

**Plan prepared by:**

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members of staff trained to administer medication for this child

(state if different for off-site activities)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up care

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

Parent/carer

**Distribution**

School Doctor \_\_\_\_\_

School Nurse \_\_\_\_\_

Parent \_\_\_\_\_

Other \_\_\_\_\_

# Form AM2

## BROWNLEE PRIMARY SCHOOL

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### REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

#### Details of Pupil

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M  F

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

#### Medication

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication (as described on the container) \_\_\_\_\_  
\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

#### Full Directions for use

Dosage and method \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### NB Dosage can only be changed on a Doctor's instructions

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_  
\_\_\_\_\_

Are there any side effects that the School needs to know about?  
\_\_\_\_\_  
\_\_\_\_\_

Self Administration Yes/No (*delete as appropriate*)

## Procedures to take in an Emergency

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### Contact Details

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(*agreed member of staff*) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

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

### Agreement of Principal

I agree that \_\_\_\_\_ (*name of child*) will receive  
\_\_\_\_\_ (*quantity and name of medicine*) every day  
at \_\_\_\_\_ (*time(s) medicine to be administered e.g. lunchtime or  
afternoon break*).

This child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (*name of staff member*).

This arrangement will continue until \_\_\_\_\_ (*either end  
date of course of medicine or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers

**Details of Pupil**

Surname \_\_\_\_\_ Forenames(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name of Medicine \_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship to child \_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until (either end date of course of medication or until instructed by parents) \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Principal / authorised member of staff**

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication**



**TEMPLATE FOR A RECORD OF  
MEDICAL TRAINING FOR STAFF**

Name \_\_\_\_\_

Type of training received \_\_\_\_\_

Name(s) of condition/  
medication involved \_\_\_\_\_  
\_\_\_\_\_

Date training completed \_\_\_\_\_

Training provided by \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to administer the medication described.

**Trainer's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I confirm that I have received the training detailed above

**Trainee's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Proposed Retraining Date \_\_\_\_\_

Refresher Training Completed –

Trainer \_\_\_\_\_

Date \_\_\_\_\_

Trainee \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORISATION FOR THE  
ADMINISTRATION OF RECTAL DIAZEPAM**

Child's name \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_

Class \_\_\_\_\_

GP \_\_\_\_\_

Hospital consultant \_\_\_\_\_

should be given Rectal Diazepam \_\_\_\_\_ mg. \_\_\_\_\_

If he/she has a \*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes

**OR**

\*serial seizures lasting over \_\_\_\_\_ minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after \_\_\_\_\_ minutes.

(\*please delete as appropriate)

Doctor's signature \_\_\_\_\_ Parent's signature \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state: when the diazepam is to be given eg after 5 minutes; how much medicine should be given; if a second dose of Rectal Diazepam can be given; and how the child presents before, during and after a seizure.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**This form should be completed in conjunction with Form AM7**

**Records of administration should be maintained using Form AM4 or similar**