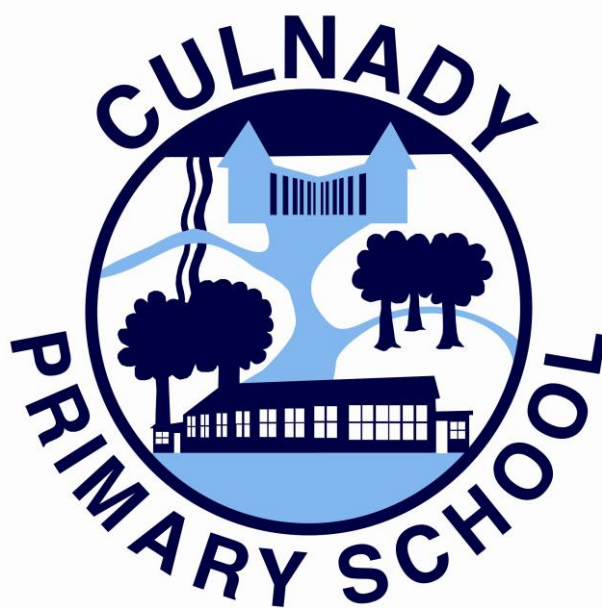


CULNADY PRIMARY SCHOOL



Administration of Medication in School Policy

The Board of Governors and staff of Culnady 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 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 cupboard.

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.

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.

Form AM1

Name of School: Culnady Primary School

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

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 _____

Culnady Primary

Form AM2

Name of School: Culnady Primary School

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

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.

Culnady Primary

Form AM3

Name of School Culnady Primary School

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil

Surname _____ Forename(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.

Culnady Primary

Form AM6

Name of School Culnady Primary School

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 _____

Culnady Primary School

Contact Form

Principal: J Brown 02879642835

SENCO: Mr Richard Brown 02879642835

School Nurse: Bernie McSwiggan 02879634831

NEELB

SEN Section: 0282565333

Educational Psychology: 0282565333

Health and Safety: 0282565333

Northern Trust

School Doctor: Dr Doherty 02879634831

School Nurse: Bernie McSwiggan 02879634831

Local Hospital: Mid-Ulster 02879631031

Community Paediatrician: Dr Doherty 02879634831

**School Health Service:
Community Health Service 02879634831**

Culnady Primary School

Record of Medicines Administered to All Children

Date	Child's Name	Time	Name of Medicine	Dose Given	Any reactions	Signature of Staff	Print Name

RISK ASSESSMENT

School:	Culnady Primary School	Activity:	Administering medication		
Assessment carried out by:	J Brown	Date:	September 2015	Date of Review:	

What are the Hazards	Who might be harmed and how?	Existing Control Measures What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Completed
<p>Wrong medication administered</p> <p>Wrong dosage</p>	<p>Pupils</p> <p>Ill health</p> <p>Emergency</p>	<ul style="list-style-type: none"> The school's Health and Safety Policy and Medical Policy makes reference to/ includes the school's arrangements for managing the administration of medications No medication permitted in the school unless there is written parental consent stating the name of the pupil, the medication, the frequency and dosage to be administered A log is kept of all medication administered Medicines to be provided in the original container/ labelled with 	<p>Further guidance and standard forms are available in the board's health and safety manual for Principals and Governors</p> <p>"Supporting Pupils with Medication Needs" guidance is available from the special educational needs section of the Department of Education website: www.deni.gov.uk</p>	All Staff Members	Ongoing	

		<p>the name of the appropriate pupil, dose, frequency of administration and expiry date</p> <ul style="list-style-type: none"> • Medicines stored in a secure place, under lock and key (no medicines stored in first aid kits) • Pupils must not be given any short term medication e.g. painkillers unless by written parental request • No child under 16 to be given aspirin containing medicine unless prescribed • Any specific training required by staff on the administration of medication e.g. EpiPen to be arranged with the school nurse, or child's GP (the Anaphylaxis Campaign have a video on their website showing how to administer an EpiPen) • All emergency medicines (asthma inhalers, EpiPens etc.) are readily available and not locked away • Any written agreements between the parents and the school must be reviewed periodically to ensure it remains accurate. 				
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		<ul style="list-style-type: none">• Pupils' medical needs are catered for on educational visits and school trips				
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Culnady Primary