



ADMINISTRATION OF MEDICINES POLICY

**November 2013
Review Date: November 2015**

Policy Statement

Calmore Junior School will undertake to ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Calmore Junior School is held by the Headteacher who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
 - prescribed medicines
 - non-prescribed medicines
 - maintenance drugs
 - emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

Administration

The administration of medicines is the overall responsibility of the parents. Calmore Junior School is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

No medicines are to be kept in a classroom with the exception of asthma inhalers.

Routine Administration

Prescribed medicines

- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents (Appendix 1).

Non-prescribed medicines

- It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. Calpol or cough mixtures provided by the parents) as this responsibility rests with the parents
- On occasions when children require paracetamol / junior disprol it is our policy to administer providing that written consent from the parents has been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document
- Children under 16 years old are never to be administered aspirin or medicines containing Ibruprofen unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances

Maintenance drugs

- It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned

Non-Routine Administration

Emergency medicine

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):
 - Injections of adrenaline for acute allergic reactions
 - Rectal diazepam for major fits
 - Injections of Glucagon for diabetic hypoglycaemia
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

Procedure for Administration

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file (Appendix 2).

Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability (Appendix 3)

If a child refuses to take medication the parents will be informed the earliest available opportunity.

Contacting Emergency Services

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

Medical Accommodation

The Medical Room in the admin corridor will be used for medicine administration/treatment purposes. The room will be made available when required.

Residential Visits

Parents are required to complete a separate medical questionnaire for their child, give consent and confirmation that their child is fit to take part in the visit. The medical questionnaire gives permission for a member of staff to administer any medication mentioned and that allergies are clearly stated (Appendix 4).

Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

Storage

The storage of medicines is the overall responsibility of Calmore Junior School,

The storage of medicines will be undertaken in accordance with the *Managing Medicines in Schools and Early Years Setting* document and product instructions.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Disposal

It is not Calmore Junior School's responsibility to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

Administration of Medicines & Treatment Consent Form

Name of School	
Name of Child	
Address of Child	

Parents' Home Telephone No.	
Parents' Mobile Telephone No.	

Name of GP	
GP's Telephone No.	

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below	<input type="checkbox"/>
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	<input type="checkbox"/>
I recognise that school staff are not medically trained	<input type="checkbox"/>

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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Allergies	
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Other Prescribed Medicines	
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Health Care Plan

Name of School/Setting	
Name of Child	
Group/Class/Form of Child	
Date of Birth of Child	
Address of Child	

Medical Diagnosis/Condition	
Date	
Review Date	

Name of Family Contact	
Relationship of Family Contact	
Contact's Home Telephone No.	
Contact's Work Telephone No.	
Contact's Mobile Phone No.	

Clinic/Hospital Contact Name	
Telephone No.	

Name of GP	
GP's Telephone No.	

Describe child's medical needs and provide details of child's symptoms

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Daily care requirements eg. before sports, at lunchtime etc

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

Follow-up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to:



Educational visit information and consent form (please complete both sides)

Personal details - CHILD

First name of		Surname	
Date of birth	Age	male / female	
Address			
Post code			
Name of next of kin			
Next of kin address during the activity (if different from above)			
Post code			
Contact no: Home	Work	Mobile	
Name and address of participant's doctor			
Dr's Telephone no:		NHS no (if known)	

Consent for the visit or venture

The visit to _____ Date of visit _____

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the meeting _____ and letter dated _____.

I acknowledge receipt of a copy of the insurance synopsis.

I consent to him/her taking part in the programme detailed in your information.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed.....

Please print name here

Address

..... Post Code

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and **I do not** consent to their involvement in water sports

Please indicate any known medical condition and any medication which your child is receiving, which is not covered by the form overleaf, any other additional information and if you child has any dietary needs, eg. vegetarian

Educational visit information and consent form cont....

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:

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If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol/ dispral) being administered Yes No

If you child forgets their own and we considered it necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn & antihistamine cream for inset bite? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is **Yes**, please give details here (including name and dosage of any medicines/tablets):

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In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed(for participants under 18 years of age)
Person with parental responsibility

Please print name here

Date

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes. Yes No

I consent to the images being used on the website Yes No

Signed (for participants under 18 years of age)
Person with parental responsibility

Date



Educational visit information and consent form (please complete both sides)

Adult Helper Personal details

First name of		Surname	
Date of birth	Age	Tick if aged 18 or over <input type="checkbox"/>	male / female
Address			
Post code			
Name of next of kin			
Next of kin address during the activity <i>(if different from above)</i>			
Post code			
Contact no: Home	Work	Mobile	
Name and address of participant's doctor			
Dr's Telephone no:		NHS no <i>(if known)</i>	

Consent for the visit or venture

The visit or venture to _____ **Date of visit** _____

I confirm that I have good health and I consider to be capable of taking part in the activities set out in your letter dated 1 May 2013 and meeting November 2012.

I acknowledge receipt of a copy of the insurance synopsis.

I consent taking part in the programme detailed in your letter.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed.....

Please print name here

Address

..... Post code

Please indicate any known medical condition and any medication which you are receiving, which is not covered by the form overleaf, any other additional information and if you have any dietary needs, eg. vegetarian

Adult - Educational visit information and consent form cont....

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Please print name here

Signed (for participants aged 18 years or over)
Participant

Date

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In the event of any images of my child/me being taken, I consent to them being used for educational purposes. Yes No

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Participant

Date