

Stewartstown Primary School's



Medication Administration Policy

POLICY FOR THE ADMINISTRATION OF MEDICATION IN STEWARTSTOWN PRIMARY SCHOOL

The Board of Governors and staff of Stewartstown 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.

There is no legal obligation on staff of the school to administer medicines for children in school.

It is the parents' responsibility to administer medicines.

We would encourage parents when they suggest medicines e.g. antibiotics for acute illnesses such as sore throats, ear infections etc to ask their doctor for doses that can be administered at home, before the child comes to school and again when the child returns from school in the afternoon. If your child is prescribed a new medicine by your Doctor please check for any allergic reactions after it is administered before sending them to school. Only where it is essential will staff administer medicines.

1.1 Children with asthma should only bring their blue inhaler to school. It is wide spread practice for children to use their brown preventer inhaler twice a day; once in the morning at home and again in the evening at home. This inhaler should never be brought to school. Parents must inform the school when their child is prescribed an inhaler for asthma.

Please note parents are advised that they should keep their children at home if acutely unwell or infectious, to prevent spread of the infection and allow the child an appropriate opportunity to recover.

1.2 Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. This is best done at a meeting between both parties so that permission for administering can be given appropriately and all relevant paper work can be completed.

1.3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent which will be kept on record.

1.4 Staff will not give a non-prescribed medicine to a child under any circumstance.

1.5 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

1.6 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.

1.7 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. Unless the medicine is in its original container it will not be given to the child. 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 of any kind.

1.8 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 cabinet.

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

1.10 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.

1.11 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

1.12 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.

1.13 The school will not make changes to dosages on parental instructions. Changes in dosage will only be accepted from doctors in written form and confirmed with the doctor in question.

1.14 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.

1.15 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.

1.16 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.

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

1.18 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.

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

Children may bring throat soothers to school on the condition that written permission for self administration is sent with them. The children should be advised not to share them and this will be reinforced by all staff.

If your child is diagnosed by a doctor with any of the following diseases we would appreciate it if you would notify us as soon as possible so that we can make arrangements for any pregnant members of staff to be assigned to other duties. This is so that they do not risk the health of their unborn child by accidentally coming into contact with any of these diseases.

Acute Encephalitis	Meningitis	Paratyphoid fever	Viral Hepatitis
Acute poliomyelitis	Viral other Specified or unspecified	Scarlet fever	Hepatit is
Anthrax	Meningococcal	Slapped Cheek Syndrome	AHepatitis
Cholera	Septicaemia	Smallpox	BHepatitis
Chickenpox	(without meningitis)	Tetanus	Cothor
Diphtheria	Mumps	Tuberculosis	Whooping cough
Dysentery	Ophthalmia neonatorum	Typhoid fever	Yellow Fever
Food poisoning		Typhus fever	Plague
Leptospirosis		Viral haemorrhagic fever	Relapsing fever
Malaria			Rubella
Measles			Rabies