

Pastoral Care Policy

Protocol for the Administration of Medication in Mossley Primary School.

- 1.5.1 The Board of Governors and staff of Mossley 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.

- 1.5.2 Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.
- 1.5.3 **Prescribed medication** will not be accepted in school without complete written and signed instructions from the pupil's doctor e.g. official printed prescription label / Individual Medical Plan.
- 1.5.4 The school will only make changes to dosages of prescribed medicines on written instructions of the pupil's doctor.
- 1.5.5 Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- 1.5.6 Only reasonable quantities of medication should be supplied to the school (*for example, a maximum of four weeks' supply at any one time*).
- 1.5.7 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.
- 1.5.8 All medication must be delivered to the school office, in normal circumstances by the parent/carer. At the office a School Parental Request for the Administration of Medication form must be completed. All medication must be presented 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 required (*if important*)
- ❖ Expiry date

The school will not accept items of medication in unlabelled containers.

Mossley P.S. Pastoral Care –Administration of Medication Policy

- 1.5.9 Unless otherwise indicated, all medication to be administered in school will be kept in a secure place out of the reach of children.
- 1.5.10 The school will keep records of medication administered that cannot be bought over the counter, which will be available for parents to inspect. Children on special care plans will be given medical assistance by the school staff in accordance with their care plan.
- 1.5.11 For each pupil with long term or complex medication needs, the Principal/Pastoral Care Co-ordinator will ensure that a **Medication Plan** and **Protocol** are drawn up, in conjunction with the appropriate health professionals/parents. This will include a record of trained staff and a list of medication to be given.
- 1.5.12 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.
- 1.5.13 It is the parents' responsibility to notify the school in writing if the pupil's need for medication has ceased.
- 1.5.14 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.
- 1.5.15 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.
- 1.5.16 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This training will take place on an annual basis and whenever is reasonably sensible.
- 1.5.17 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 within the school staff. In accordance with the School's Educational Visits Policy, parents will then be expected to attend the trip to ensure their child's medical needs are being met.
- 1.5.18 Where a child uses an inhaler, one clearly labelled with the pupil's name and class must be lodged with the class teacher. Parents of pupils in P4-P7 classes, who wish their child to carry an **additional inhaler** on their person and to self administer will be asked to complete the Self Administration section of the school's Parental Request for the Administration of Medication Form. Only in this instance will children be permitted to carry their own medication.

Mossley P.S. Pastoral Care –Administration of Medication Policy

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINE

*Mossley Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home, should be given at home.** However, when the taking of medication is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than administration is required. If school time medication is essential, please complete the form below.*

Name of Pupil: _____

Male

D.O.B. _____

Female

Class / Room _____

Contact Details – Name & Telephone Number.

1. _____

Tel: _____ *Relationship to child* _____

Brief Description of Medical Condition(s) and Symptoms {Add additional sheet if required}

PRECISE DETAILS OF IN SCHOOL MEDICATION REQUIREMENTS

Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.

Name of Medicine: _____

Expiry Date: _____

Dosage Required: _____

Time to be given: _____

Special precautions: _____

Side Effects: _____

Procedures to take in an emergency: _____

Mossley P.S. Pastoral Care –Administration of Medication Policy

STATEMENT OF PARENTAL CONSENT:

I understand that I must deliver the medicine personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is in date. I give full permission for Mossley Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff members are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

- *I understand that information may be shared with other members of staff for the well-being of my child.*
- *Information will only be held for as long as legally required.*

Signed: _____

Parent/Guardian

_____ Date

AGREEMENT OF PRINCIPAL

I agree that the above named pupil will receive medication as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian.

Signed: _____

Principal/authorised member of staff

Date: _____

SELF ADMINISTRATION OF INHALERS (P4-7 ONLY)



**If you wish your child to carry an additional inhaler in school and wish them to self-administer, please sign the consent declaration below.*

I would like my child to keep an additional inhaler in his/her possession and to self-administer as detailed above.

Signed: _____ Parent/Guardian

Date: _____