

Ralston Primary School and ELCC Policy on Administration of Medicines

Ralston Primary School aims to meet the needs of, and provide equal opportunities for, all pupils. In trying to fulfil this aim, it is accepted that some children may require medication in order that they can continue to attend school.

Whenever possible, parents should be responsible for administering medicine to their own children. If they cannot carry out this duty then they should ensure that a responsible person is able to carry out this task on their behalf. If this is a member of staff, parents/carers must provide the school with sufficient information about their child's needs and should be made aware of the need to pass on information regarding their child's health to relevant members of staff.

The Head Teacher accepts responsibility for staff giving/supervising children taking **prescribed medication only** during the school day if **following the school's procedures** as specified in this policy statement.

There is no legal requirement upon teaching or non-teaching staff to administer medication. Staff undertaking duties associated with the administration of medication do so on a voluntary basis. If staff follow the school procedures set out in this policy document, they are fully covered by the Education Authority's public liability insurance.

Parents should discuss the long term medical needs of pupils in the first instance with the Head Teacher/Depute Head Teacher. It is also likely that it will be necessary to liaise with the school nurse and school doctor.

The Head Teacher/Depute Head Teacher will make arrangements for relevant training from NHS staff for all staff volunteering to administer medication. Staff who volunteer to undertake duties associated with the administration of medication are listed in **Appendix 2a**. In undertaking these duties they should ensure: -

- Only prescribed medication supplied by the parent/carer in its original container should be administered to a child. The 1st dose of the medication must have been administered at home.
- No child should take any form of medication in school without the written permission of the parent/carer. Prescription medicines should be accompanied by **Appendix 1**.
- Whenever a child is given medication, it should be entered in the Administration of Medication Record in **Appendix 2**, confirming the dosage and time. This should be filed in the medical file located in the school office / Medication Locker in ELCC. Parents will receive a slip confirming dosage and time of medication administered **Appendix 2b**. Pupils who require long-term medication should have an individual record sheet. It is not necessary to send home a confirmation note in these cases.

A record of the expiry dates of medication retained in school long term will be kept in the medical file located in the school office and parents will be sent a note in the month before the expiry date as a reminder to replace medication as **Appendix 4a**. It is therefore essential that **all medication to be retained in school be taken initially to the office** to ensure this record is kept up to date. This will be done to assist parents/carers in keeping medication in date. It is however the responsibility of the parent/carer to ensure medication does not go beyond its expiry date.

- Medication must be delivered to / collected from school / ELCC by an adult.
- Out of date medication should be collected from school / ELCC by a parent / carer for appropriate disposal. The school should not undertake to dispose of any medication.

Storage of Medicine:

Medication for pupils will be stored in a lockable drawer or in the fridge in the general office (School) and in a high cupboard in the kitchen (ELCC). EpiPens are kept in child's class and accompanies child when they move to the lunch hall.

The key for the locked drawer is kept in an accessible place and staff agreeing to administer medication will be familiar with where it is kept.

PLEASE NOTE:

- Health Service staff advise that an exception to this would be reliever inhalers (usually blue).

Pupils should carry their own inhalers at all times – especially for any activities out with the school e.g. trips, swimming. Parents should complete **Appendix 6** to ensure the school is aware of all the children carrying reliever inhalers. Parents may wish an emergency inhaler to be kept in school.

Where a child has long term or complex medical needs all the teaching staff including visiting and supply teachers and classroom assistants should be informed (staff will be reminded about the need for confidentiality). Following discussion with the parent/carer and a representative of the health authority, a written set of procedures for the individual child will be drawn up. **Appendix 3 and Appendix 4** contains outline examples. Where required, school staff will be trained by Health Authority staff in dealing with specific conditions. A record of training is kept in the medical file located in the school office. See **Appendix 5**.

Children with diabetes/severe nut allergy/severe asthma etc will have care and welfare details highlighted on the class Care and Welfare record. This is stored in the class register folder containing all the relevant details needed to deal with an emergency situation relating to the individual child's condition.

The Care and Welfare record (updated) will be passed on to next stage teachers at the end of the school session. Where a medical condition exists, supply/visiting teachers will be referred to the protocol(s).

Signs of children with allergies and dietary requirements are displayed in Kitchen and Snack area (ELCC) and in Office, Kitchen, and SLT office.

In the event of an emergency, the emergency services must be contacted immediately. A member of the SLT will ensure that the emergency vehicle has ready access to the school.

Parents will be informed of the policy annually in the first newsletter of the year. The policy will also be available on the school website.

In following the procedures set out above the school staff will take full account of the Scottish Executive document "The Administration of Medicines in Schools".

PARENTAL PERMISSION FOR MEDICATION TO BE ADMINISTERED

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer the medicine.
This form should be re-done at the start of each new school year.

It is the responsibility of the parent to check that the medication is not out of date, that there is a sufficient quantity in school.

DETAILS OF PUPIL

Surname..... Forename(s).....

Address..... M/F:

..... Date of Birth:.....

Condition or illness.....

MEDICATION

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

For how long will your child take this medication?.....

Date Dispensed.....

Full Directions for Use:

Dosage and Method.....

Timing.....

Special Precautions.....

Side Effects.....

Medication to be held by (please tick) School Staff or Pupil
(Dependent of type of medication)

Medication to be (please tick) given by School Staff or self-administered

Procedures to be taken in an emergency:.....

.....

.....

CONTACT DETAILS

Name..... Daytime Phone No.....

Relationship to Pupil.....

Address.....

.....

I/we acknowledge that the above instructions will be carried out by member(s) of staff who has volunteered to administer the medication and is/are non-medically qualified and accept that this is a service which the school is not obliged to undertake.

I/we also accept responsibility to arrange for the collection of unused medication at the end of each school year.

Signature..... **Date**.....

(Person with parental responsibility)

Signature..... **Date**.....

Appendix 2a

Ralston Primary School and ELCC

Identified staff for administration of medicines:

EpiPen

Jillian McGown, Caron Kerr, Kerry Montgomery
Emma Brown, Andrea Melrose, Judith MacLean
Kimberley Taylor, Natalie Chisholm.
Julie Tait, Elaine Whiteford, Sheryl McFarlane,
Kath McCulloch, Gina Urie

Insulin Pumps

Julie Tait
Sheryl McFarlane
Vickie Crawford
Lynne Taylor

General Medication

Jillian McGown
Caron Kerr
Kerry Montgomery
Gina Urie
Fiona Ballantyne
Steven Thomson
Julie Tait
Vickie Crawford
Lynne Taylor

Ralston Primary School

Appendix 2b

Your child _____ came to the office today at _____
complaining of _____ and was given

Signed: _____ Position: _____

Ralston Primary School

Appendix 2b

Your child _____ came to the office today at _____
complaining of _____ and was given

Signed: _____ Position: _____

Ralston Primary School

Appendix 2b

Your child _____ came to the office today at _____
complaining of _____ and was given

Signed: _____ Position: _____

Appendix 3

HEALTH CARE PLAN

Once drawn up, this should be reviewed at least annually.

Details of Pupil:

Surname: Forename:

Address:

.....

D.O.B.: M/F:

Contact Information

Family Contact 1:

Family Contact 2:

Name: Name:

Tel No. (Home) Tel No. (Home)

Tel No. (Work) Tel No. (Work)

Please describe child's condition/diagnosis

Medication in school

(Please also complete Parental Permission for Medical form.)

Daily Care Requirements

e.g. feeding, personal care, suctioning, therapy

Individual treatment plans to be attached as relevant to this Health Care Plan e.g. from School Health Service, Therapists, Community Children's Nurses, Nurse Specialist.

Action to be Taken in an Emergency

Staff Trained to Administer Medication and Undertake Health Care Procedures

| Staff Member | Training Provided By | Date | Refresher/Update |
|---------------------|-----------------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Plan Prepared By

Name(s) Title

.....

Date

Distribution

| Person | Name |
|-----------------------|-------------|
| Parent | |
| School Health Service | |
| School | |
| Other | |
| Other | |
| Other | |

Signature of Head Teacher:..... Date:.....

Signature of Parent:..... Date:.....

Appendix 4

**MEDICAL PASSPORT
(Confidential)**

CONDITION/DIAGNOSIS

MEDICATION(S)

ALLERGIES

OTHER DETAILS

School:

Tel No:

I agree that this Medical passport will be carried by my son/daughter when travelling to and from school and that it can be read in an emergency

Signature of Parent:

Date:



**MEDICAL PASSPORT
(Confidential – to be read only in an
emergency)**

To be available with child particularly when being transported to and from school.

PUPIL NAME:

ADDRESS:

D.O.B.:

EMERGENCY CONTACT:

TEL. NO.:

CONSULTANT:

G.P.:

Appendix 4(a)

Ralston Primary School

Dear Parent

Child's Name: _____ Name of Medication: _____

Date of Expiry: _____

The above medication is due to expire in the near future. If this medication is still required by your child, please ensure we have a replacement by the expiry date.

Thank you for your cooperation.

Yours sincerely

Jillian McGown
Head Teacher



**RALSTON PRIMARY SCHOOL
STAFF HEALTH CARE TRAINING RECORD**

Staff are not required to administer medicine and/or undertake health care procedures but may be required to support an agreement for the implementation of an individual Health Care Plan.

Name of Staff Member:

Type/Details of Training Received:

Name(s) of Medication/Health Care Procedure Involved:

Date Training Completed:

Training Provided by:

.....

I confirm that has received the training detailed above and is competent to administer the medication and/or carry out the health care procedures indicated.

Trainer's Name Designation

Trainer's Signature Date

Trainee's Name Designation

Trainee's Signature Date

STAFF INDEMNITY - Renfrewshire Council Education and Leisure Services will indemnify and support staff who volunteer to assist pupils with specific medical needs as outlined under legal issues in GUIDANCE ON THE PROVISION OF HEALTH CARE IN SCHOOLS (INCLUDING THE ADMINISTRATION OF MEDICINES AND THE CARE OF CHILDREN WITH COMPLEX HEALTH NEEDS).

RALSTON PRIMARY SCHOOL

APPENDIX 6

This form must be completed by parents/carers for pupils carrying their own inhalers:

Pupil's name Class

Name of Medicine:

Symptoms when inhaler required.....
.....
.....

Procedures to be taken in an emergency:
.....
.....

REFER TO EMERGENCY CONTACT FOLDER FOR CONTACT DETAILS

I would like my son/daughter to keep his/her inhaler on him/her for use in emergency:

Signed: Date:

Relationship to child: