



Church Valley Schools Federation

Administering of Medicines Policy

February 2017

Introduction

Church Valley Schools Federation have prepared and adapted this policy following guidance from the Department for Education on the administering of medicines. There is also a separate policy for supporting pupils with medical conditions. The guidance is in response to discussions with stakeholders.

As far as is reasonably possible, the school will ensure the following are provided:

- First aid facilities
- Specific training for staff to manage ongoing medical conditions for some pupils (see supporting medical conditions in school policy)
- A list of pupils with serious medical conditions and their healthcare plans available to staff (see supporting medical conditions in school policy)

It is the parent/carers responsibility to notify the school of any ailments (serious or minor) affecting the pupil /and to ensure that the child is well enough to attend school. Also to provide up to date contact information.

This policy complies with the Human Medicines (Amendment) (No. 2) Regulations 2014 and the use of inhalers containing salbutamol that may be purchased by the school and used by trained first aid staff using a spacer in a medical emergency where a prescribed inhaler is not readily available.

Managing medicines on school premises

In line with statutory guidance from the Department for Education, The Church Valley Schools federation Governing body agree that:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. wherever possible dosages should be given outside of school hours.
- No child should be given medicines without the written consent of the parent/carer (see appendix 1)
- Schools should only accept prescribed medicines that are in date, labelled , provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage.
- There is no requirement for staff to administer medicines but staff may administer a controlled drug to a child for whom it has been prescribed. They



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should supervise the young person taking medicine Schools should keep a record of all medicines administered, stating what, how and how much was administered, when and by whom. See appendix 2. school fully indemnifies through its Employers Liability Insurance, all its staff against claims for alleged negligence, providing they are acting within the remit of their employment .

- All medicines should be stored safely, usually in a locked cupboard (St Julian's outside the staff toilet upstairs , Camerton in staff room and in Shsocombe in the disabled toilet).When no longer required the parent/carer should collect and dispose of any remaining medicines.

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Parental Agreement for Church Valley Schools Federation to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by				
Name of child		DoB.		
	:			
Group/class/form				
Medical condition or illness				

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date



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Church Valley Schools Federation Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Church Valley Schools Federation Staff Training Record – Administration of Medicines

Name of Member of Staff

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



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Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]

St Julian's Church School High Street Wellow Bath BA2 8QS 01225 833143	Shoscombe Church School St Julian's Road Shoscombe BA2 8NB 01761 432479	Camerton Church School Camerton Hill Camerton Bath BA2 0PS 01761 470759
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4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone