

# North Walsham Junior, Infant School and Nursery

## Administering Medicines Policy 2016

### 1. Roles and responsibilities

- 1.1. The Governing Body has overall responsibility for the implementation of the Administering Medication Policy and procedures of NWJIS&N.
- 1.2. The Governing Body has overall responsibility for ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.3. The Governing Body has responsibility for handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.4. The Governing Body has responsibility for ensuring the correct level of insurance is in place for the administration of medication.
- 1.5. The Headteacher will be responsible for the day-to-day implementation and management of the Administering Medication Policy and procedures of NWJIS&N.
- 1.6. A named member of staff will be appointed where required and is then responsible for overseeing insulin injections for diabetic pupils.
- 1.7. Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for also ensuring pupils do so also.
- 1.8. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.
- 1.9. Parents and carers will be expected to keep the school informed about any changes to their child/children's health. Parents and carers will be expected to complete a medication administration form Appendix 1, prior to bringing medication in
- 1.10. Parents and carers will be expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

### 2. Definitions

- 2.1. We define "medication" as any **prescribed** medicine.

- 2.2. **NWJIS&N** defines “prescription medication” as any drug or device prescribed by a doctor.
- 2.3. **NWJIS&N** defines a “staff member” as any member of staff employed at **NWJIS&N**, including teachers.

### 3. Training of staff

- 3.1. Teachers and support staff will receive regular and ongoing training as part of their development.

### 4. Guidelines

- 4.1. Prior to **staff members** administering any medication, the parents / carers of the child must complete and sign a medication administration form.
- 4.2. No child will be given medicines without written parental consent, Medicines **MUST** be **in date, labelled**, and provided in the **original container** with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 4.3. A maximum of **four weeks** supply of the medication may be provided to the school.
- 4.4. For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHCP) will be developed in liaison with the pupil, parents/carers, headteacher, SENCO and medical professionals.
- 4.5. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 4.6. Medications will be stored securely in the **office/staff room**
- 4.7. Only qualified staff may administer a controlled drug.
- 4.8. **Staff members** may refuse to administer medication. If a class teacher refuses to administer medication, **the headteacher** will delegate the responsibility to **another staff member**.
- 4.9. Any medications left over at the end of the course will be returned to the child’s parents.
- 4.10. Written records will be kept of any medication administered to children.
- 4.11. Pupils will never be prevented from accessing their medication.
- 4.12. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

- 4.13. **NWJIS&N** cannot be held responsible for side effects which occur when medication is taken correctly

### Monitoring and Review

We use a systematic method of rigorously checking all school policies, procedures and practices to ensure they are genuinely accessible and meet the needs of our staff and the local community in relation to age, disability, gender, race, religion and belief and sexual orientation.

We undertake equality impact assessments to identify the impact or effect (either negative or positive) of our policies, procedures and functions on various sections of the population paying particular regard to the needs of minority groups. Where negative impacts are identified we then take steps to deal with this and make sure equity of service to all. We have an EIA statement and process, agreed as a part of our school policy procedure. When a policy is reviewed we ensure the EIA is also undertaken and recorded. Any action points that arise are addressed within a time limited period.

This policy will be reviewed every two years

Next review due: November 2018

## NWJIS&N Federation

### Equality impact assessment screening form FOR POLICIES

Policy Name: Administration of Medication

Date: November 2016

	<b>Positive impact</b>	<b>Negative impact</b>	<b>No impact</b>	<b>Reason and evidence (provide details of specific groups affected even for no impact)</b>
<b>Age</b>			X	All ages in school are covered by this policy
<b>Disability</b>	X			Pupils requiring prescribed medication during the day will have their medical need taken into
<b>Gender</b>			X	Applies to all
<b>Gender identity</b>			X	Applies to all
<b>Sexual orientation</b>			X	Applies to all
<b>Race</b>			X	Applies to all
<b>Religion or belief</b>			X	Applies to all

Appendix 1 - Parental agreement for school to administer medicine

# NWJIS&N Medication Administration Form

**NWJIS&N will not give your child medicine unless you complete and sign this form.**

Name of Child:	
Date of Birth:	
Class	
Medical condition/illness:	
Medicine/s:	
Name/Type of Medicine (as described on the container):	
Date dispensed:	Expiry date:
Dosage, method and timing:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self-Administration: Yes/No (delete as appropriate)	
Parent signature:	Date:

## Appendix 2: record of medicine administered to an individual child

Name of school	NWJIS&N
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

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

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