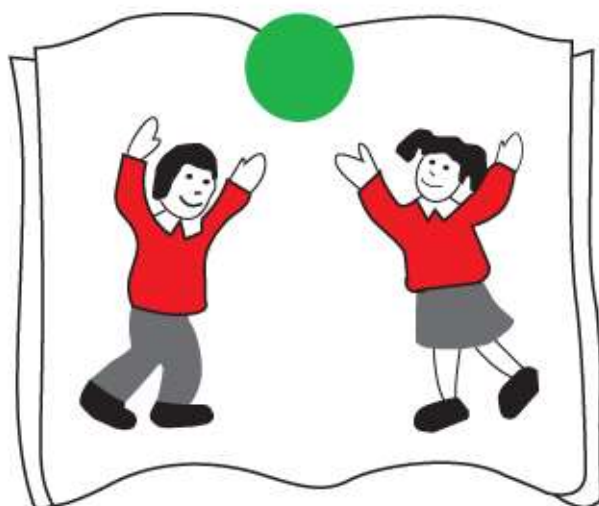


Thringstone Primary School



Administration of Medicines Policy

Administration of Medicines Policy

Introduction

At Thringstone Primary School we are keen to encourage 100% attendance for all pupils, and therefore accept that there will be occasions when pupils need to bring medication to school with them.

This policy sets out good practice guidelines for the storage and administration of such medicines. A copy of this policy is to be kept in each classroom. Students and supply teachers are to be made aware of this policy. This policy covers all pupils within the school.

Storage of Medicines

▪ Inhalers

For asthmatic pupils should be kept within the pupil's own classroom. They should be labelled with the child's name. They should be located in an easily accessible and labelled container, in order that adults who are unfamiliar with the room can also find them when necessary. Pupils should always administer their own inhalers, under the supervision of an adult.

When leaving the school for swimming, or an outing, all inhalers should be taken. At the end of each academic year inhalers should be returned home with the child.

▪ Epi-pens

These must be located in the pupil's own classroom. They must be accessible to all adults as they are exclusively used in an emergency. An additional epi-pen for each pupil is to be centrally located. When a child with an epi-pen goes out of school for any reason, the epi-pen must be taken.

Staff will receive up-date training on the administration of an epi-pen as necessary.

▪ Oral medicines

Are not to be kept in classrooms under any circumstances. Medicine for all pupils is to be kept in the admin office or refrigerator.

If oral medication is to be sent home at the end of each school day, it must not be given to the pupil, but must be collected by an adult.

Who can administer oral medicine

All pupils' medicine will be administered by the Headteacher, Deputy Headteacher or qualified First Aider. (List in medical room)

Medicines we will NOT Administer

We do not administer eye drops or eardrops in school. Children are often quite distressed when having such medication given and we would therefore ask parents to take responsibility for these. They can of course, come into school during the school day to apply drops to their child.

The same applies to topical eczema treatments. Key stage 2 pupils can apply their own creams / lotions for the relief of eczema. Once again such preparations are to be kept in the refrigerator. Younger pupils may find it difficult to apply independently, and in such cases we would insist on parents taking responsibility for this.

Disposing of Medicines / Inhalers and Sprays / Lotions & Creams

Once a child has completed their course of taking medicines, parents are asked to either collect the medication / inhalers and sprays / lotions or creams from school and if they do not take them, they are then taken to the local chemist to dispose free of charge.

Medicines are not to be thrown in dustbins or in the toilets.

Record Keeping

We will not administer any oral medication without the written consent of the child's parent / carer.

Parents are asked to sign a consent form (Appendix 1) giving school permission to administer medicine. This also details the dosage to be given and the time to be given.

The person administering the medicine completes a medicine administration form (Appendix 2) confirming the date and time, and amount given. These records are located in the admin office.



Medicine Consent Form

| | |
|--|--|
| Child's Name: | |
| Class: | |
| Date: | |
| Medicine: | |
| Dose Amount: | |
| Dose Time: | |
| Number of days medicine is to be administered for: | |
| Does the medicine need to be refrigerated? | |
| Does the medicine need to be collected by an adult after school each day? | |

Please note that we normally will not administer a lunchtime dose of medicine if the child only has to take it 3 times a day unless absolutely unavoidable.

Signed Date

(Parent / Carer)



Medicine Administration Form

| | | | | | | |
|---------------|--|--|--|--|--|--|
| Child's Name: | | | | | | |
| Class: | | | | | | |
| Date: | | | | | | |
| Medicine: | | | | | | |
| Dose Amount: | | | | | | |
| Dose Time: | | | | | | |
| Signed: | | | | | | |

