

# William Cassidi Church of England Primary School

## Administration of Medication Policy Statement

*'Life in all Fullness'*  
*(John 10:10)*



As a school, we want to provide learners with the very best education. To let them experience life in all its fullness and living with all their heart. Our main core value of love underpins all that we do. Our school is Christ-centred and our core Christian values of love, respect, courage, service and resilience flow through every aspect of school life. It is on this bedrock that we provide an excellent education for our whole school family. We want our entire school community to be the very best that they can be and to recognise that they are precious, loved and valued.

## Introduction

At William Cassidi C. E. Aided Primary School we recognise the importance of regular attendance at school. We also acknowledge that from time to time every child may become ill and may require some time away from school in order to fully recover. In general, where a child requires treatment or medication they should remain at home until the course of treatment is complete.

However, there are some exceptions:

- When a child has almost fully recovered and simply needs to complete a course of medication (for example antibiotics)
- Where a child has asthma (or any other occasional ailment) which may require the use of an inhaler.

## The Legal Position

There is no legal duty on a non-medical member of staff to administer medicines or to supervise children self administering medication. This is purely a voluntary role undertaken at William Cassidi by members of staff who have current Paediatric First Aid Certificates.

## Non-Prescriptive Medicines

The school will not administer non-prescribed medicines to a child or supervise self administration. This includes cough medicine, cough sweets, calpol or paracetamol.

## Prescribed Medicines

At William Cassidi only prescription medication which are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (the exception to this is insulin which must still be in-date but will generally be available inside an insulin pen or a pump, rather than the original container) will be administered and staff should be particularly cautious agreeing to administer medicines where:

- The timing is critical to the health of the child
- Where there are potentially serious consequences if medication or treatment is missed
- Or where a degree of technical or medical knowledge is required.

Members of staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and /or training

specific to the child's medical needs. *Under no circumstance must any medication be administered without written consent from the parent/guardian being received* on the 'Request To Administer Medication Consent Form' (see appendix I).

### Safety Checklist

Members of staff should consider the following checklist prior to consenting to administer medication:

- Is any specific training required to administer the medication?
- Is any necessary protective clothing or equipment necessary and available?
- Has the parent/guardian completed all of the Request To Administer Medication Consent Form? Has a copy being filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information for the G.P. and parent/guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- What is the appropriate storage of the medication? (place and temperature)
- What are the procedures for transfer of medication prior to and after school?
- Does the medication have side effects and can it cause reactions or harm to those administering it?

### Instruction and Training

Specific instruction and training should be given to staff before they are approached to assist with the administration of medicines. All staff should hold a current Paediatric First Aid Certificate. They should also receive additional training for the administration of specific medication for example inhalers and epi-pens. They should receive this training from suitably qualified professionals (see paediatric first aid policy and individual healthcare plans for those with specific medical conditions).

### Record Keeping

The following information must be completed by the parent/guardian:

- Name of child
- Date of birth
- Name of parent/guardian, contact address and telephone number
- Name, address and telephone number of G.P.
- Name of medicine

- Details of prescribed dosage required
- Date and time of last dosage given
- Expiry date of the medicine
- Storage details of the medicine
- Possible side effects
- Procedures to take in an emergency
- Procedures for transfer of medication between home and school
- Signed consent given by the parent/guardian to administer the medicine and the date.

The 'Request To Administer Medication Consent Form' provides all of the above information. This form will be copied and the copy will be retained in a central file as a record for future reference. The original form will be kept with the medicine.

A Medicine Record will be kept detailing the actual administration of all medication which will include the date, time, name of child, medication and dosage administered and signature of the administrator of the medication (see appendix 2).

### Safe Storage and Disposal of Medicines

Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The member of staff should check the consent form for requirements, administer the dosage and complete the Medicine Record.

When medicines are used staff need to ensure that they fully understand how each medicine or drug should be stored. They should be stored in their original container, be properly labelled, and kept in a secure place out of the reach of children. Specific arrangements may be required for medication which requires refrigeration. These should be clearly labelled and kept separate from any foodstuffs.

Medicine should only be kept while the child is in attendance at school.

Any unused or out-dated medication should be returned to the parent/guardian for safe disposal at a pharmacy.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids such as blood etc.

Should the administration of controlled drugs be required a system which fully accounts for all received drugs, their dispensing, quantities held and return of drugs will be kept to ensure full accountability of the controlled substance. Measures for safe and secure storage will also be deployed.

Children should know where their medicines are stored at all times and be able to access them immediately as required. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away. This is particularly important for visits off the school site.

### Self Management of Medication

Children with ongoing medical needs for example asthma and diabetes will be encouraged to take responsibility for their own health. Inhalers and spacers should be kept in the child's classroom for immediate effective use when required by the child or when prescribed to do so. All inhalers must be labelled with the child's name and a Consent form kept with it. Expiry dates will be regularly checked by a Paediatric First Aider and any out of date or defective equipment will be returned to the parent/guardian for replacement. The medication and inhalers must be available for all physical education lessons, and taken to swimming and all out of school visits.

Staff requiring additional training for asthma, allergic reactions, diabetes or any other condition or illness should inform the Head Teacher in order for training or information to be delivered by a suitably qualified professional.

### Accidental Failure of The Agreed Procedures

Should a member of staff fail to administer any medication as required they will inform the parent/guardian as soon as possible. When a child refuses the medication the parent/guardian will be informed as soon as possible.

### Children with Infectious Diseases

Children with infectious diseases will not be permitted to attend school until deemed safe by their G.P. and following the guidelines produced by the Public Health England guidance.

## Emergency Procedures

All pupils who receive medication should be risk assessed. Should it be considered that they require additional assistance or advice parents/carers should be immediately contacted. If a child needs to be taken to hospital, staff should remain with the child until a parent/carer arrives, or accompany a child taken to hospital by ambulance. The school should ensure they know the local emergencies services cover arrangements and that correct information is provided for navigation systems.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and define what actions should be taken. Other pupils should know what to do in general terms, such as informing a teacher/ teaching assistant immediately if they think help is needed.

Policy approved by the Governing Body: October 2024  
Date for Review: October 2026

# William Cassidi C. E. Aided Primary School

## Agreement To Administer Medicine Form

William Cassidi School will not give your child medicine unless you complete and sign this form. The school has a policy that paediatric first aid trained staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

### Medicine

Name/type of medicine

*(as described on the container)*

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 staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date

## 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			

## Staff Training Record – Administration of Medicines

Name of school	William Cassidi C. E. Aided Primary School
Name	
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 \_\_\_\_\_