



# **Student Health Related Administration of drugs and Medicines Policy**

**Date of Review**      **15<sup>th</sup> May 2018**

**Next Review Date**    **May 2019**

**Staff Responsible**   **Tony McCaffrey**

This Policy is in accordance with the DFSE Statutory Guidelines Supporting Pupils at School with Medical Conditions. 2015

*Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so*

## **Medicines**

If a student requires the medicine to be given in school hours, the parent/ carer must complete the Newbridge School Administration of Medicines form. **Appendix 1**

Prescribed medicines: The parent/ carer must supply the medicines in the original container as dispensed by a pharmacist. The medicine must be correctly labelled with the child/ young person's name and include instructions for the dose and time of administration.

Administration of medication in Newbridge School will be the responsibility of designated members of staff. Designated staff are normally the First Aiders. A designated member of staff will also be responsible for maintaining audit records of all medicines in school.

All medication brought to school should be sealed, and clearly marked with the pupil's name and passed to the First Aider (designated staff member). A record of all medication received into the school must be made in the Administration of Medicines book. The record must include

## **Appendix 2**

- The date received
- Received from
- Who the medicine is for
- The number of tablets or volume of liquid received

When the course of treatment is completed, or the batch of medicine has run out, the record should be signed as finished. Any surplus should be returned to the responsible carer or taken to a pharmacist for safe disposal.

## **Administration of Medicines**

Written records of the administration of medicines will be maintained and kept in the medicine cabinet. Each Student receiving medications will have an individual named record sheet which, once completed, will be filed in their records. The records will include separate record sheets for controlled and non-controlled medicines. In the case of controlled medicines the administration of the medicine will be observed by an additional member of staff who will witness and counter sign the written record.

In regard to prescribed medicines, Newbridge School, will, as necessary, liaise with the students Parent/Carer, School Nurse, GP and Health Care specialists to ensure an appropriate health care plan is in place within the school.

### **Appendix 3**

#### **Non-controlled medication record:**

- Name of medication
- Date given
- Time given
- Dose
- Reason
- Given by
- Signature

### **Appendix 4**

#### **Controlled drug record sheet:**

- Start balance
- Date given
- Time given
- Dose
- Balance
- Given by signature
- Witness signature

Specific training in the use and administration of medicines eg adrenaline pens will be provided to all staff.

Aspirin can only be administered in school if prescribed by a doctor.

Other non-prescribed medicines, such as pain relief and topical treatments, can only be administered in school as part of the student's short or long term health plan.

### **Storage of Medicines**

The designated staff will be responsible for the safe storage of all medicines within the school. All medicines should be stored in a locked medical cabinet in an area not accessed by students. Controlled drugs must be stored in a second controlled locked cabinet within the medicine cabinet.

Some medicines and treatment devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens, have a requirement that they are readily available to the child/ young person. Storage of these medicines will be in accordance with the instructions and medical advice.

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# Parent's Consent Form    Appendix 1

## Request for School to Administer Medication

### Details of Child:

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Condition or illness:

\_\_\_\_\_

### Medication:

Name/Type of Medication:

\_\_\_\_\_

(As described on container)

\_\_\_\_\_

For how long will your child be taking this medication:

\_\_\_\_\_

### Full directions for use:

Dates to be given:

\_\_\_\_\_

Dosage:

\_\_\_\_\_

Timing:

\_\_\_\_\_

Special precautions:

\_\_\_\_\_

Side effects(if any):

\_\_\_\_\_

Procedures to take in an emergency:

\_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medication personally to a member of staff e.g. office administrator, in a clearly labelled container & accept that this is a service which the school is not obliged to undertake.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to pupil :** \_\_\_\_\_





