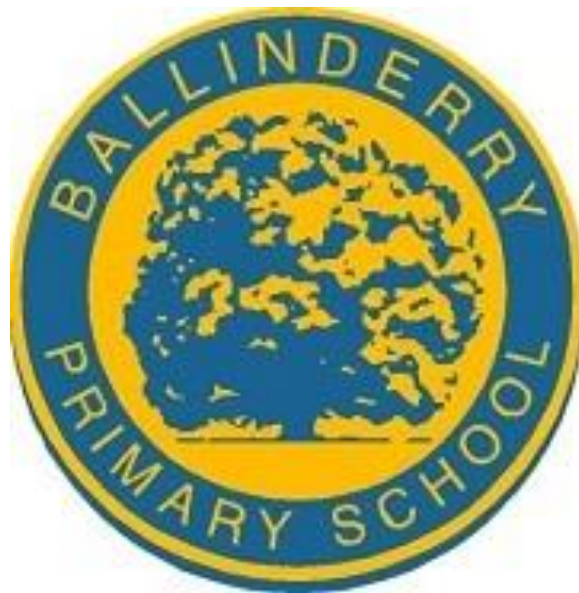




Ballinderry Primary School and Nursery Unit

Administration of Medication Policy

Mission Statement

At Ballinderry Primary School and Nursery Unit we believe that every child matters. We believe that children learn best in a caring, encouraging and stimulating environment. We want to give our pupils the opportunity to achieve and to fulfil their potential, developing a love of learning that will last a lifetime. We want our pupils to know that they are valued and to learn to respect and care for others in their school, the local community and the wider world.

The Board of Governors and staff of Ballinderry Primary and Nursery Unit wish to ensure that pupils with medication needs receive appropriate care and support at school.

This policy is underpinned by UNCRC and article 33 states that, “The Government should provide ways of protecting children from dangerous drugs.”

Article 23 states, “Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.”

The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. (FORM AM2)

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- . Pupil's Name.
- . Name of medication.
- . Dosage.
- . Frequency of administration.
- . Date of dispensing.
- . Storage requirements (if important).
- . Expiry date.

The school will not accept items of medication in unlabelled containers.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in the teacher's store/ locked desk.

The school will keep records of all medication administered/supervised by members of staff -FORM AM3.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of the school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals. (FORM AM1)

For pupils with **severe** allergies, it is the responsibility of the parent to inform the school and ensure that a Care Plan is in place. All Care Plans will be sent home at the start of each new school year for parents to confirm or adjust as relevant. Staff will follow the instructions on the care plan in the event of medication/injection being administered and record this on FORM AM3.

For less severe allergies such as hayfever, the normal administration of medicines and recording will be carried out.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

M Ritchie

May 2024

Form AM1

NAME OF SCHOOL _____

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____

Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1 Family contact 1

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship _____

2 Family contact 2

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship _____

3 GP

Name _____

Phone No _____

4 Clinic/Hospital Contact

Name _____

Phone No: _____

Plan prepared by:

Name _____

Designation _____ Date _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child

(state if different for off-site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed _____

Date _____

Parent/carer

Distribution

School Doctor _____

School Nurse _____

Parent _____

Other _____

Form AM2

NAME OF SCHOOL _____

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ____/____/____ M ☐ F ☐

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-Administration

Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No: (home/mobile)

(work)

Relationship to Pupil

Address

I understand that I must deliver the medicine personally to _____

(agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Principal

I agree that _____ (name of child) will receive
_____ (quantity and name of medicine) every day at
_____ (time(s) medicine to be administered e.g., lunchtime).

This child will be given/supervised whilst he/she takes their medication by
_____ (name of staff member).

This arrangement will continue until _____ (either end
date of course of medicine or when instructed by parents).

Signed _____ Date _____

(Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

**Record of medicine administered
to an individual child**

Surname	
Forename (s)	
Date of Birth	___/___/___ M ☐ F ☐
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___/___/___
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature

Signature of parent

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

FORM AM3 (Continued)

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			


You may copy this form for record purposes

Form 5

Emergency Planning

Request for an Ambulance to:

Dial 999, ask for ambulance and be ready with the following information.

1. School telephone number 02892651633

2. School name, address and postcode

BALLINDERRY PRIMARY SCHOOL
8d CRUMLIN ROAD
LOWER BALLINDERRY
LISBURN
BT28 2BF

3. Give exact location in the school (insert brief description)

4. Give your name

5. Give brief description of pupil's symptoms

6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

