



## Administration of Medication

Medication will be administered to children at school only if the child's parent has completed a form requesting the administration of medicines during the school day. **Only prescribed medication can be administered.**

The school adopts the policy set out by the Education Authority recognising three categories

- Where a child with a short term (acute) illness requires to take medication at school
- Where a child has a chronic (long term) medical condition eg asthma, eczema, diabetes, cystic fibrosis, which requires regular or occasional treatment
- Where a child complains of pains, headache etc

It is the policy of Fernielea Primary School that medication is supplied in its original container.

Each child's medication will be stored in an individual sealed container, correctly labelled with the child's name and date of birth and in a lockable cupboard which is accessible only to named keyholders.

Where a fridge is to be used to store the medicine, it will be kept in a sealed container labelled with the child's name and date of birth. A copy of the Parental request form will be kept with the medication.

Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication.

Adaptors for inhalers like 'spacers' should be cleaned as described in the product information.

When medication is replenished ie. inhalers, staff should check every detail: dosage strength and name/brand of medication is the same as state on the form. Any changes needed to be recorded and signed by the parent. This includes change of brand of medication.

Asthma inhalers will be readily available to all pupils in line with Aberdeen City Council 'Administrations of Medicines in Schools' policy (February 2018).

If a child refuses to take medication as prescribed, the school will contact the parents to inform them.

### Administration of Medication

A record of medication administered will be kept and the parents will be informed of when the medication has been administered. All medication will be administered by staff with a current First Aid certificate and will be witnessed by a second member of staff.

Staff will carry out the following check **every time**:

- check the name on the medication



## Appendix 2

- Check the child's name with the child
- Check their birth date (if they are capable of knowing it)
- Check dosage of medication matches the information held
- Medication (tablets) will be decanted into a medication cup (named) and shown to the witness or fluids will be decanted into a syringe or measuring spoon
- Medication will then be handed to the child in the cup/spoon/syringe and the child will swallow the medication with water
- Check the medication has gone
- Record sheet to be completed by the person administering medication and witness, noting number of tablets left
- Medication cup/syringe/spoon washed and returned to their named plastic box for use next time along with paperwork
- Medication locked away in storage

### Emergency Procedure

If a child is given too much medication, or medication has been given to the wrong child, staff must phone 999 immediately and ask for an ambulance. Staff must inform parent/carer and the Senior Management immediately.

If medication is not effective, staff must consult the guidance from the parents on the consent form for what procedure must be followed. **If there is no response after a child receiving their medication staff must seek medical help immediately by phoning 999.**

Where either of these occur, the Accident and Incident Procedure must then be followed to ensure everything required is recorded, investigated and reported.

All medication will be returned to the parents at the end of the agreed administration period. All long term medication will be checked termly with the parents/carer to check the medication is still required, is in date and that the dose has not changed and returned to the parent/carer 2 weeks prior to expiry. All medication will be marked on the container when it was reviewed and when it will next be reviewed.



## Request for School to Administer Medication

*(The school will not give your child medicine unless you complete and sign this form)*

Pupil Name \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition / Illness \_\_\_\_\_

Name of Medication (as described on the container) \_\_\_\_\_

Form of Medication (capsule, liquid etc \_\_\_\_\_) Strength \_\_\_\_\_

For how long will your child take this medication \_\_\_\_\_

Quantity of medication handed in: \_\_\_\_\_

Date dispensed \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### FULL DIRECTIONS FOR USE

Dosage \_\_\_\_\_

Timing \_\_\_\_\_

Precautions \_\_\_\_\_

Side effects \_\_\_\_\_

First Dose administered at home: yes/ no Any reaction? \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_ Daytime phone no \_\_\_\_\_

Address \_\_\_\_\_

*I understand that*

- **I must deliver the medication to the school office**
- *If no member of staff who is trained to give the medication is available, then the medication will not be given and I will be informed*
- *I am undertaking to advise the headteacher immediately of any change of treatment prescribed by my doctor or hospital*

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

Relationship to pupil \_\_\_\_\_



## Appendix 2

### Record of Medication Administered

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Form of medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_ First dose given at home Y/N

Date	Time	Dose Given	Any Reaction	If refused or not administered state reason	Name of Staff	Signature of Staff	Name of staff witness	Signature of Staff witness	Parent/ Carer Signature	No remaining