

MANCHESTER ENTERPRISE ACADEMY

POLICY FOR THE ADMINISTRATION OF MEDICATION

Approved By:	Project Steering Group
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Manchester Enterprise Academy Policy For The Administration Of Medication

1. The Governors and staff of Manchester Enterprise Academy wish to ensure that students with medical needs receive proper care and support at school. The Principal / Assistant Vice Principal Student Welfare will accept responsibility in principle for members of the Academy staff giving or supervising students taking prescribed medication when students are on site, where those members of staff have volunteered to do so.
2. Any parent/carer requesting the administration of medication should be given a copy of the Academy's policy.
3. Medication will only be accepted in the Academy if it has been prescribed by a doctor. The Academy is to inform the School Nurse of any student, who has been prescribed a controlled medication e.g. Methylphenidate (Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym). If a student has been prescribed a controlled medication (e.g. Methylphenidate) then the student must take the prescribed medication as a condition of the student attending the Academy.
4. Medication will not be accepted anywhere in the Academy without complete written and signed instructions from the parent/carer. If necessary a meeting may be held with the parent as opposed to form filling.
5. Only reasonable quantities of medication should be supplied to the Academy by a responsible person (no more than one week's supply) and recorded in the Medication Administration Records File.
6. Each item of medication must be delivered in its original container and handed directly to the Assistant Vice Principal Student Welfare or to a nominated person authorised by the Principal / Assistant Vice Principal Student Welfare.
7. Each item of medication must be clearly labelled with the following information:
 - a. Student's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of dosage
 - e. Date of dispensing
 - f. Storage requirements (if important)
 - g. Expiry date (if available)

8. The Academy will not accept items of medication which are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered in the Academy will be kept in a designated clearly identified locked cupboard.
10. The Academy may provide parents/carers with details of when medication has or has not been administered to their child.
11. Where it is appropriate to do so, students will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in the Academy.
12. It is the responsibility of parents/carers to notify the Academy if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for medication.
13. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Nurse Service.
14. The Academy will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an over-night stay. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

Details of the forms to be completed are given below:

Appendix 1

This form ensures that the Academy have received the correct information from parents/carers and are able to monitor and correctly support the use of medication in the Academy. If a student requires several items of medication in the Academy appropriate details should be provided on this form.

Appendix 2

This form provides details of the staff training record

Appendix 3

This form is an example of a student's individual medication administration record.

Appendix 4

This form informs parents/carers, when a student has not received the requested medication.

Appendix 1

Medication Consent Form

(to be filed in Medication Administration Record File)

The school/setting will not give your child any medication unless you complete and sign this form and the Principal/ Assistant Vice Principal Student Welfare has confirmed that school staff have agreed to administer the medication.

.....

DETAILS OF STUDENT

Surname:

Address:

Forename (s):

M/F:

Date of Birth:

Class/Form:

Reason for medication

.....

CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Student:

Address:

CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Student:

Address:

CONTACT DETAILS:

Name: Daytime Contact Telephone No:

Relationship to Student:

Address:

I understand that the medication must be delivered by a responsible adult to an authorised / appointed person in the Academy and accept that this is a service which the Academy is not obliged to undertake.

Date: Signature (s):

.....

MEDICATION

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

For how long will your child take this medication?

Date dispensed:

.....

FULL DIRECTIONS FOR USE:

Dosage and amount (as per instructions on container):

Method:

Timing:

Special Precautions:

Self-Administration:

a) I would like / would not like **(please delete accordingly)** my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like / would not like **(please delete accordingly)** my son/daughter to keep his/her medication on him/her for use as necessary: (please note that this option excludes Methylphenidate e.g. Ritalin, Equasym).

Appendix 2

Staff Training Form for Medications

Academy:

Because of medical conditions students may require medication to be administered in the Academy on a regular basis.

Named staff are contracted to perform this procedure as specified in their job description and have agreed to be trained.

The training given by (Name of NHS Trust/PCT) staff will be monitored termly by the School Nurse and reviewed and updated annually or as required.

Nature of Procedure:

.....

Name of learning support staff trained and willing to perform procedure:	Statement of learning support staff: I feel competent to perform the procedure detailed above.	Statement of trainer: On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure.
Print Name	Signature and Date	Signature and Date

To be retained by trainer and copied to learning support staff

Appendix 3

Medication Administration Record

Student's Name:

Form/Class:

Medication:

Time to be given:
(check prescribing label)

Date cancelled:

Controlled medication e.g. Ritalin received:
(Give date(s) and number of tablets)

Review date:

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature
Examples Ritalin (1 tablet)	6.1.08	12.00			
Epilim (200mg/5ml)	12.1.08	12.30			

Note1: Controlled medication e.g. Ritalin must be measured or counted on receipt and recorded above.

Note 2: it is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering.

Appendix 4

Date:

Dear

Re: the Administration of requested medication

Unfortunately, we were unable to givehis/her
today because

Yours sincerely,

(If you would like to discuss this please contact the Academy office on the following
number)