

Hawthorn Tree Primary School ADMINISTRATION OF MEDICATION POLICY

Rationale:

Although regular school attendance is expected, if a child is ill they should remain at home until well enough to cope with the demands of the learning environment. Some children however who have a long term illness/physical condition may require medication to be administered in school.

The Governors and staff of Hawthorn Tree Primary School wish to ensure that pupils with medical needs receive the care and support in school that they need, subject to the guidelines outlined in this policy.

Aim:

To provide an appropriate, safe policy in relation to the administration of medicine in school following national and local educational guidelines.

In a partnership approach, to identify clearly the responsibilities of the school and parents/carers in respect of a child's medical need and the roles and responsibilities of staff who volunteer to administer medication in school.

To ensure that members of staff know that there is no legal responsibility for non-medical staff to administer medication or to supervise medical procedures.

To ensure that all staff know they must be adequately trained before undertaking this role.

Responsibility:

It is the decision of the Headteacher as to whether school staff should be asked to administer medication during the child's formal education.

School staff are not trained or qualified to administer medicines and **the overall management of medical treatment for children is the responsibility of the parent/carer** and it is also their responsibility to provide the school with up to date information regarding their child's medical needs and to keep the school informed of any change.

Where agreement is reached that trained members of staff should administer medication, a consent form (see Appendix A) must be completed and signed by **both** the parent and the Headteacher.

A child will require a Care Plan if they have complex medical needs/more than one prescribed medication/medical procedure. A Care Plan must be formulated in collaboration with parents and any relevant professional body ie Hospital and Community School Nurse/Paediatric Teams. An up to date Care Plan should be in place for a child with complex medical needs as outlined above **before** they are admitted to school and school staff are requested to administer medication.

It is the parents/carers responsibility to ensure there is sufficient, in date medication in school. Medication must always be provided in its original container with the pharmacist's original label and clearly stating directions for use (see Appendix A).

Members of staff who administer medication in accordance with the school's policies and procedures are covered for insurance under the school's policy with the Local Authority.

Confidentiality

Information regarding a child's medical needs is kept in the medical room. While it is essential for staff to be fully acquainted with individual medical needs, this information must only be shared with relevant members of staff.

Short term antibiotic medication

Where possible, GPs will prescribe antibiotic medication in such a way that it can be given outside school hours. If antibiotic medication has been prescribed 4 times a day, and the child is well enough to benefit from lessons, parent/carers are asked to come into school at lunchtime, to administer the second dose of the day.

Other prescribed medication

Some children require anti-histamine medication to be held in school for administration as required during the school day. This medication must be clearly labelled with the child's name and stored in the medical room. Two members of staff must be present whenever this is administered and both must sign the medication log. The child's parent must be telephoned straightaway to notify them that medication has been administered and the time of administration.

Over the counter medication

Over the counter medicines are regarded as non-essential and **will not** be administered in school in line with Local Authority guidelines. This also applies to homeopathic medicines.

Infectious diseases

Children who have an infectious childhood illness may return to school after the period in which they may pass the infection to other children and staff has elapsed.

Training

To ensure the well-being of the child and to safeguard staff, specific training should be given by a suitably qualified person, to all those who volunteer and before they are required to administer medication or undertake a medical procedure. It is important that lunchtime supervisors are included in any training in order for them to be able to recognise an emergency situation and respond appropriately. Training should be updated as advised by medical directives in collaboration with School Health.

Storage of medicines

All medication must be stored securely, in a cool place; any requiring refrigeration must be isolated from other items i.e. food.

All emergency medication must be easily accessible as identified in the Care Plan and the whereabouts known to the child and all staff.

Disposal and return of medication

Medication is only kept in school whilst the child is in attendance. **It is the parents/carers responsibility to replace medication which has been used or has expired.** Parents/carers are requested to collect all medication at the end of each academic year and to return it as required at the start of the next academic year. Any medication not collected at the end of the academic year will be returned to a pharmacy for disposal.

Where disposal of sharp items i.e. needles is required, the appropriate safety measures must be followed as identified in the child's Care Plan.

Self Administration

Where the child is recognised by a qualified person (ie parent/carer or medical staff) as being competent to self-administer e.g. using an asthma inhaler, it will be specified on the School Consent Form and School Asthma Card. For all other medication see Appendix A.

School Trips/Off Site Activities

Each member of staff leading a group of children on an off-site activity, will carry a medical first aid kit equipped with basic medical equipment, Accident Slips and a list of any children who have a medical condition and /or Care Plan. A child on an off-site activity who has been prescribed emergency medication **must have a named trained person on the activity who will ensure that such medication** †

accompanies the child at all times and is returned to the designated storage are in the school.

Class teachers/group leaders will each take a mobile phone plus a Fatal/Serious Injury Procedure Card.

Record Keeping

If a medicine is administered by staff, there **must always be a witness present**, the date and time must be recorded, signed by the administrator and the witness and the parent informed straightaway. See Appendix B.

Any reason why a medication is not given must also be recorded. Staff must not force a child to accept medication but must record any refusal to do so and inform the parents as soon as possible.

When a child requires an individual Care Plan this is in collaboration with parents, staff and the relevant health professional ie School Nurse, Consultant, GP, Specialist Nurse.

Emergency Situations

The list of qualified First Aiders is displayed in the medical room. Staff must never take any child to hospital in a car, it is safer to call an ambulance. Health professionals are responsible for any decisions on medical treatment in the absence of a parent/carer.

In the absence of a parent/carer and at the discretion of the Headteacher, a member of staff if available, may accompany the child to hospital and stay until the parent/carer arrives.

Any medical information including contact details should be taken with the child or given to emergency staff.

Emergency Medication

Specific guidelines are in place for emergency medication within a child's individual Care Plan. A copy of this Care Plan plus a photograph is stored in the folder in the medical room; parents also have a copy.

Additional Information:

Anaphylaxis

Catering staff will be informed regarding any child who has a food allergy or anaphylaxis. A photograph and associated dietary requirements are displayed in the staff room. This information must be kept up to date at all times.

Asthma

The school has adopted the "National Asthma Campaign's School Asthma Policy". Some children, particularly younger ones (usually defined as EYFS and some KS1), may need to use a spacer with their inhaler and be supervised in its use.

Diabetes

Staff will be offered support and training including that involved with blood glucose monitoring and administration or supervised self-administration of insulin if required.

Epilepsy

Emergency medication can be prescribed for the treatment of convulsions in which case a Care Plan will be in place.

Appendices:

A parental consent to administer medication in school

B Record of Administration of Medication

C Local Authority Indemnity Document

References:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/196479/Managing_Medicines.pdf <http://www.healthedtrust.com/pages/medicine.htm>

Template A: individual healthcare plan

When is a Health Care Plan not required?

Many medical conditions can be managed without the need for a Health Care Plan e.g. completion of a course of antibiotics, mild asthma, mild allergies. Other conditions may be long term but can be managed through general policy and procedures e.g. a pupil in school with mild asthma might carry his inhaler.

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: 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

Template E: staff training record – administration of medicines

Name of school/setting

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 _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely