

**Administration of Medicines in School and Supporting Pupils with Medical Conditions Policy**

**Signature of Chair of Governors:**

**Signature of Headteacher:**

**Date of policy publication: May 23**

**Date of next review: May 247**

**Policy review dates and changes**

|  |  |  |  |
| --- | --- | --- | --- |
| Review date | By  whom | Summary of changes made | Date implemented |
| 5.9.20 | CM | * Following additions made to the Roles and Responsibilities (section)   + To ensure that medical needs form the induction of any new staff, students or volunteers.   + Further specification of the roles and responsibilities of the SENCo. * Addition of Appendix 5 – Example of a Medical Needs Flowchart | * September 2020 |
| 13.9.21 | CM | * Reference to COVID-19 policy added to Section 5 – ‘Unusual Occurrences, Serious Illness or Injury’ * Additional comment added to Section 11 – Employee Medicines - Failure to do so will be taken very seriously by the Headteacher. * Reference to ‘Children with health needs who cannot attend school’ policy | * September 2021 |
| 25.5.22 | CM | * Inclusion of ‘The Administration of Medicines on School Trips/Visits’ section (linked to the Educational Visits section) * Addition to Roles and Responsibilities – Governors * Addition of ‘disposal of medicines’ in Parental responsibilities * Page 4 – responsibilities - To supervise the administration of medication if requested or releasing a member of staff, from the class to do so on their behalf. * Page 5 – ‘Administration of Medicines’ training * Page 5- a second member of staff must be present * Page 5 – what to do in an outbreak * Additional of Appendix 6 – Advice for the administration of medicines | * June 2022 |
| 15.3.23 | CM | * Addition of new section 3 Equal Opportunities * Addition of new sections. Legislation and Statutory Responsibilities, Record Keeping, Training, Legislation and Statutory Responsibilities and Liability and indemnity * Addition of ‘Unacceptable practice’ in section 4.1 | * April 2023 |

1. **Introduction and Aims**

This policy follows guidelines and Codes of Practice which are recommended by Derby Local Authority alongside the statutory guidance ‘Supporting Pupils with Medical Conditions at School’ (DFE, 2017), the DfE Children and Families Act 2014 and The Equality Act 2010.

**Aims of this Policy:**

*1. To ensure that all pupils with medical conditions, in terms of physical and mental health, are supported in school so that they can play a full and active role in school life.*

*2. To ensure the safe administration of medicines to children where necessary.*

*3. To ensure the ongoing care and support of pupils with long term medical needs via an individual health care plan.*

*4. To explain the roles and responsibilities of school staff in relation to medicines.*

*5. To clarify the roles and responsibilities of parents and carers in relation to children’s attendance during and following illness.*

*6. To outline to parents, carers and school staff the safe procedure for bringing medicines into school when necessary and their storage.*

*7. To outline the safe procedure for managing medicines on school trips.*

The administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. The Children and Families Act (DfES 2014) places a duty on schools to ‘make arrangements to support students at their school with medical conditions’, though this **does not imply a duty on head teachers or staff to administer medication.**

Derby LA wishes to point out to school staff, governors and parents that **participation in the administration of medicines in schools** is on purely **voluntary basis.** Individual decisions on involvement must be respected and punitive action must not be taken against those who choose not to volunteer.

All school staff are advised to consult their Trade Union Branch or Regional Officer or representative for further advice should they feel it necessary. These guidelines and codes of practice for specific treatments/medications have been produced to support and protect staff who undertake the administration of medicines and to enable staff to act in an emergency.

**2. Roles/Responsibilities**

Governors

* To ensure that Alvaston Infant and Nursery School have a policy for supporting children with medical conditions.
* To ensure arrangements set out in the policy inspire confidence in parents that their child will be given the same opportunities as other children.
* To ensure that the policy identifies who can administer medicine and what their responsibilities are.
* That the policy is regularly checked and updated when necessary.

Leadership team

* To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
* To ensure that there are sufficient appointed persons for the school to be able to adhere to this policy.
* To ensure that staff receive appropriate support and training and ensure that staff feel competent enough to administer medication.
* To ensure any Individual Health Care Plans (IHCPs) provided by medical professionals for pupils with complex or long-term medical needs are discussed with parents and information shared with relevant staff for the wellbeing of the child.
* To ensure that parents and carers are aware of the school’s Administration of Medicines Policy (Appendix A).
* To ensure that this policy is reviewed annually.

All staff

* To follow the procedures outlined in this policy using the appropriate forms.
* To share medical information as necessary to ensure the safety of a pupil, in line with GDPR rules and regulations.
* To retain confidentiality.
* To take all reasonable precautions to ensure the safe administration of medicines.
* To contact parents or carers with any concerns without delay.
* To contact emergency services if necessary without delay.
* To keep the first aid room and first aid boxes stocked with supplies.
* Educational Visits Leader – see ‘MEDICINES ON SCHOOL TRIPS’ below.
* The school is responsible for contacting parents/carers if the medicines cannot be given on the date due.
* If the pupil refuses to take the medicine, or allow a specific procedure, the school will not force them to do so. The school will inform parents/carers as soon as possible and on the same day.

Parents and Carers

* To give the school adequate information about their child’s medical needs prior to a child starting school; and any changes, such as higher/ lower dosage during their time at school.
* To follow the school’s procedure for bringing medicines into school and filling out any paperwork.
* To only request medicines to be administered in school when essential.
* To ensure that medicines are in date and that asthma inhalers are not empty.
* To notify the school of changes in a child’s medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma.
* To ensure that any medical equipment needed to provide care for their child is kept up to date, replaced when necessary and disposed of (see Section 8).

**3. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

**4. Procedure for Administration of Medicines in School**

* Medicines should only be brought to school when essential, i.e. where it would be detrimental to the pupil’s health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed more than three times a day may be administered at school.
* Only prescribed medicines (including eye drops) in the original container labelled with the student’s name and dosage will be accepted in school.
* Painkillers, such as paracetamol, ibuprofen, hayfever or travel sickness tablets, may NOT be brought in to school without checking with school first.
* Medicines will not be accepted in school that requires medical expertise or intimate contact unless there is a prior agreement with the Headteacher.
* All medicines must be brought to the school office by an adult.
* The adult is required to complete a parental agreement form (see Appendix B) at the school office for the medicine to be administered by school staff.
* The Headteacher must be informed of any controlled drugs required by children, e.g. equasy, insulin.
* Tablets should be recorded when brought to the office and when collected again.
* Administration of medicines at school must be recorded on the pupil’s medicine log by the appointed person dealing with the administration, and witnessed by a second member of staff.
* Parents may come to the school reception to administer medicines if necessary.
* If a pupil refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed as soon as possible.

**4.1 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil’s IHP, but it is generally not acceptable to:

* Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
* Assume that every pupil with the same condition requires the same treatment
* Ignore the views of the pupil or their parents
* Ignore medical evidence or opinion (although this may be challenged)
* Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
* If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
* Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
* Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
* Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs
* Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
* Administer, or ask pupils to administer, medicine in school toilets

**5. Procedure for Administration of Medicines on Trips/Visits**

**(see also ‘Educational Visits’ policy)**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. Arrangements must be agreed with the parents/guardians to cater for trips off school premises. Planning of trips should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance.

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed.

The administration of medicines whilst on an educational trip must be considered prior to the trip during the risk assessment by the EVC and group leader. A member of staff should be nominated at this stage to take responsibility for the administration; where possible this will be a member of staff who has be trained in the ‘Administration of Medicines’.

Whilst the nominated person can take responsibility for a group, at the time of administration, they will need to *relinquish control of their group to either their class teacher or the group leader* (this will be pre-planned on the risk assessment). Furthermore, it is advised that the nominated person does not have additional responsibility (i.e. the supervision of a child with high level needs or medical issues) that may hinder their ability to administer the medicines.

**Checking Medication Prior to the Trip/Visit**

On the day of the trip, it is the responsibility of the class teacher to ensure that the medicines and the necessary paperwork are present. Any medicines taken must be correctly labelled, this should be checked too.

There should be a **register** to record how much medication goes out and how much medication comes back.

**Administering on the Trip/Visit**

At the time of administration, in addition to the nominated person, a **second member of staff** *must supervise* the administration, this ought to be a member of staff from the child’s class (not be a volunteer).

**Recording Administration Whilst on a Trip/Visit**

Any medicines administered should be recorded on the school’s administration pro-forma. In the event that the administration has not been documented due to unforeseen circumstances (e.g. weather related) the administration should be documented once returned to either the coach or school – however this should be the exception to the rule.

**Issues with Medication on a Trip/Visit**

Any issues with the administration of medication during a school trip should be communicated by the class teacher to then make the necessary contact (to the parent themselves or, in the event of them not being contactable, the school office). Whilst this communication may not occur due to unforeseen circumstances, every effort should be taken to ensure that this does occur on the day of the trip.

It is the responsibility of the class teacher to then make the group leader aware. Furthermore, staff should record this using the appropriate systems (i.e. CPOMs) when convenient (e.g. back in school) – this should not jeopardise the safety of the children or detract from the experience itself.

**Emergency Issues with Medication**

See ‘Emergency Procedures’ section of this policy.

On trips, inhalers must be taken for all children who suffer from asthma.

***Travel Sickness*** *– Where possible tablets should be given by parents in the morning prior to the trip. Further tablets can only be given with a completed Administration of Medication Permission and Record form from a parent/carer. This form needs to contain the child’s name, dosage, time of dose and any possible side effects should be clearly marked on the container, which must be the original packaging.*

**6. Storage of Medicines**

Medication must be stored in accordance with the storage instructions on the packaging:

* Medication that stipulates it should be stored in a cold place must be kept in the First Aid fridge located in the PPA room.
* Medication that stipulates it should be stored at room temperature must be stored in the locked first aid cupboard located in the School Office.
* Controlled drugs should be stored in a further non-portable lockable container and only be accessible to named staff.
* Adrenalin pens (Epipen/Jext/Emerade) – parents should provide school with 3 of these for each child (each in their original packaging and labelled with the child’s name).
* Sharps should be disposed of in the designated sharps box located in the School Office.
* Asthma inhalers should be stored in the child’s classroom, and labelled with the pupil’s name and should be taken with the pupil during physical activities on and off site. If a child is requiring it frequently throughout the day and their medical situation is deteriorating, a call will be made home to advise.
* No medicines may be kept in the classroom with the exception of adrenalin pens and inhalers where children need to be able to reach them quickly if necessary.
* Parents are responsible for the safe return of expired medicines to a pharmacy.

**Individual Health Care Plans**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The SENCo will met with parents/carers to draw up an individual health care plan. For such pupils, it may be that they need to involve the relevant health professionals.

It is usually only necessary if the child’s medical condition is complex, needs specialist treatment or may end up needing emergency care – for example, children with diabetes, epilepsy or severe allergies.

An Individual Health Care Plan will be reviewed annually or earlier if a child’s needs have changed. They will be developed with the child’s best interest in mind and the school will assess and manage risks to the child’s education, health, well-being and to consider minimum disruption. Where the child has a Special Educational Need or Disability (SEND) identified in an Education Health Care Plan (EHCP), the Individual Health Care Plan will be linked to that plan.

**The individual health care plan will consider the following:** *see Appendix 3 model process and Appendix 4 for an example of an individual health care plan.*

* The medical condition, it’s triggers, signs, symptoms and treatments.
* The child’s resulting needs including medication (dose, side effects and storage) and other treatments;
* the pupil’s resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, support for the pupil’s educational, social and emotional needs – for example, how absences will be managed;
* the level of support needed, including in emergencies;
* who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
* who in the school needs to be aware of the child’s condition and the support required;
* arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff during school hours;
* separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
* where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition; and
* what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

All staff will be made aware of any pupil whose medical condition may require emergency aid, are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc. Training and practical advice on the recognition of the symptoms will be sought from the school nurse or relevant medical agency (i.e. the Kite team).

To support the implementation of the IHCP, a flowchart may be produced to support the care of the individual pupil (see Appendix 5). These will be displayed in the child’s classroom and in the staff room.

**7. Unusual Occurrences, Serious Illness or Injury**

All parents/guardians will be informed regarding pupils who become unwell while at school. If a child become unwell whilst on an authorised educational visit, school staff will contact the main school office who have access to emergency numbers e.g. parent mobile numbers or those of relatives, in order to make contact.

If parents and relatives are not available, when a pupil becomes seriously unwell or injured, the headteacher will, if necessary, call an ambulance to transport the pupil to hospital.

For any illnesses related to COVID-19 please see the COVID policy for further information.

**Note:** If the pupil is on medication, details must be provided to the emergency service, e.g. details of the written parental consent, form “Appendix 1”, the medicine itself and a copy of the last entry on the medication record form “Appendix 2”.

**8. Notifiable Diseases**

The Headteacher and staff are aware that a copy of the LA’s guidelines for the control of communicable diseases and a copy is kept in the main office. Staff will adhere to these recommendations and may seek further advice where necessary.

**9. Disposal of Medicines**

Any medication which has reached its expiry date will not be administered. Medicines which have passed the expiry date should be returned to parents/guardians for disposal.

Parents should be advised that the medicines are out of date and should be asked to collect them. School staff should inform that out-of-date medicines can be returned to the pharmacy for safe disposal. Out-of-date medicines will not be sent home with pupils.

Provision for safe disposal of used needles will require appropriate special measures, e.g. a “sharps box”, to avoid the possibility of injury to others. The “sharps box” will be kept secure with no access for pupils or unauthorised persons. The contents will be disposed of in a safe way, such as using a specialist-licensed contractor.

**10. Refusing Medication**

If a child refuses to take medication staff will not force them to do so, but note this in the records and inform parents of the refusal.

If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

**11. Self-Management**

As children get older parents/carers may encourage them to begin to take responsibility and permit them to manage their own medication (e.g. using an inhaler whilst supervised).

Any self-management cannot occur without it being agreed by the SENCo and parents/carers and set out in an individual health care plan. Any self-management will be agreed with the safety of the pupil and other pupils in mind, along with consideration of the impact on support staff and time constraints.

Children should know where their medicines are stored within school (e.g. in which cupboard their inhaler is housed) but will not be permitted to help themselves to any medicines even with a member of school staff is present.

**12. Children with Health Needs who cannot Attend School**

See separate ‘Children with health needs who cannot attend school’ policy.

**13. Employee Medicines**

An employee of the school may need to bring their medicine into school. In such a situation, staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer or staff locker. Failure to do so will be taken very seriously by the Headteacher.

**14. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date.

Training will:

* + Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
  + Fulfil the requirements in the IHCPs
  + Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

**15. Record Keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHCPs are kept in a readily accessible place which all staff are aware of.

**16. Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution.

**17. Legislation and Statutory Responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/pupils-with-medical-conditions), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)’s statutory guidance on [supporting pupils with medical conditions at school](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3).

**18. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school’s level of risk.

**19. Monitoring and Evaluation**

This policy will be monitored annually and updated when necessary; e.g., when new legislation needs to be incorporated.

Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school. This policy will also be made available to parents through the school website. We will ask parents for annual updates regarding medical information.

**14. Links to other policies**

This policy links to the following policies:

* + Accessibility plan
  + Complaints
  + Equality information and objectives
  + First aid
  + Health and safety
  + Safeguarding
  + Special educational needs information report and policy

Appendix 1

**PARENTAL CONSENT - SAMPLE FORM**

**ADMINISTRATION OF MEDICINES IN SCHOOL**

TO BE COMPLEX BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF- ADMINISTER.

If you need help to complete this form, please contact the school. Please complete in block letters

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-PRESCRIBED MEDICINES**

My child requires the following non-prescribed medicines:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESCRIBED MEDICINES**

The Doctor has prescribed (as follows) for my child:

1. Name of drug or medicine to be given­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. When? (e.g. lunchtime, After food, When wheezy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

3. How much? (e.g. 1 tablet? 2 drops?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Route, (e.g. by mouth or in each ear)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Any special storage instructions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child's Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_can administer his/her own medication\*/requires supervision to administer his/her own medicine\*/requires assistance in administering his/her medicine\*.

\*Delete that which does not apply

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out-of-school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone during school hours:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM SHOULD BE DISCARDED/DESTROYED WHEN THE MEDICATION IS COMPLEX OR CHANGED.**

Appendix 2

**SCHOOL MEDICINE RECORD – SAMPLE FORM**

|  |
| --- |
| Both sides of form must be completed |

|  |  |
| --- | --- |
| Child’s Name |  |
| Class/Registration Group |  |
| Name of Medicine |  |
| How much to give ( i.e. dose) |  |
| When to be given |  |
| Any other instructions (include details of inhalers, if any) |  |
| Tel No of parent or adult contact |  |
| Parent’s signature obtained via parental consent form |  |
| If more than one medicine is to be given, a separate form should be completed for each | |
| Additional comments |  |

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Appendix 2

**SCHOOL MEDICINE RECORD – SAMPLE FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

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| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

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| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |

Appendix 3 - Model process for developing individual healthcare plans

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| --- |
| Parent or healthcare professional informs school that child has been newly diagnosed or is due to attend new school or is due to return to school after a long term absence or that needs have changed. |

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| --- |
| SENCO co-ordinates meeting to discuss child’s medical support needs and identifies member of school staff who will provide support to pupil. |

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| --- |
| Meeting to discuss and agree to need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them). |

|  |
| --- |
| Develop IHCP in partnership – agree who leads on writing it. Input form healthcare professional must be provided. |

|  |
| --- |
| School staff training needs identified. |

|  |
| --- |
| Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed. |

|  |
| --- |
| IHCP implemented and circulated to all relevant staff. |

|  |
| --- |
| IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate. |

Appendix 4 – Example of an Individual Health Care Plan (IHCP)

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name |  | | |
| Year group/class |  | | |
| 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) | - | | |
| **Clinic/Hospital Contact** |  | | |
| Name |  | | |
| Phone no.  Address |  | | |
|  | | |
| **G.P.** |  | | |
| Name |  | | |
| Phone no. |  | | |
| Address |  | | |

|  |  |
| --- | --- |
| Who is responsible for providing support in school? |  |

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

|  |
| --- |
| DIAGNOSIS: |

|  |
| --- |
| Triggers |
|  |

Risk Assessment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RISK** | **Action** | **Subsequent Action** | **HOW LIKELY?** | **POTENTIAL HARM** | **EVALUATION**  **AT REVIEW** |
|  |  | *If initial actions do not stop risk.* | *5=Certain*  *4=Probable*  *3=Possible*  *2=Not impossible*  *1=Never* | *(Include an assessment of the likely physical and psychological harm)*  *4= Life-*  *threatening*  *3=Serious*  *2=Harm*  *1=No harm* | *I* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Signed:……………………………………………………. (Parent/Carer)

Print Name:………………………………………………………. Date:……………………………….

Signed:…………………………………………………………… (Staff)

Print Name:………………………………………………………. Date:……………………………….

Appendix 5 – Example of a medical needs flow chart

**PUPIL NAME**

**Medical Flowchart– DATE**

**Information regarding medication**

PICTURE OF CHILD

**Symptoms**

If symptoms continue then call 999 (ambulance).

Administer MEDICATION immediately.

Contact parents.

X has a reaction to dairy/soya – immediate or delayed.

Parent name

Phone number

INCLUDE ANY OTHER EMERGENCY NUMBERS

Appendix 6 –

Administration of Medicines Advice

There are **four** kinds of medication which you are likely to come across. These are:

* **General Sales List, or GSL** – These medicines have no legal restrictions and can be bought pretty much anywhere. They aren’t considered to be particularly dangerous – although low-risk doesn’t mean no risk, so you should still always be careful. GSLs include certain cold and flu remedies, paracetamol and throat lozenges.
* **Pharmacy Medicines** – These are only available behind the counter at a pharmacy where a professional can offer advice or refuse sale altogether if they feel it isn’t the right medication. Pharmacy Medicines are always marked with P on the packaging and include codeine, laxatives, and milder sleeping tablets.
* **Prescription Only Medicines** – Some medicines can have particularly harmful effects, or cause addiction, if misused. To get hold of medicines in this category requires a prescription from a doctor or a dentist. All Prescription Only Medicines have POM printed on the packet. They include Anti-biotics, Anti-depressants and Anti-epileptics.
* **Controlled Drugs** – This is the most serious category of medication and has powerful effects on the body, which are likely to cause harm or addiction. So, there are certain restrictions on how they’re prescribed by doctors, how they’re dispensed, how you need to store them and how you need to administer them. They’re all marked with POM and CD on the packaging. Controlled Drugs include Morphine, Fentanyl and methylphenidate (which is used to treat ADHD).

Prescription medication will always come with a label which displays four pieces of important information.

* Across the top, you will see the name and contact information of the chemist who dispensed the medication.
* Moving down you will see the name and strength of the medication.
* Below that is the prescriber’s instructions. Remember, you must stick to these instructions. Using the medicine in any other way is a crime.
* At the bottom is the owner’s name. The medication can only be given to the person named here – even if somebody else has the exact same medicine, of the exact same strength, it is illegal to give it to them.

Remember, if prescription medication **does not have a label**, has been altered, or is unreadable, **you must not use it**.

Always obey ‘**The Six Rights of Administration’.**

1. ***Right Child*** *– Children may have very similar, or even the same names. Always make absolutely sure you have the right child.*
2. ***Right Medicine*** *– Many medicines have similar names so thoroughly check the name on the container against the name you have in your records.*
3. ***Right Dose*** *– No matter how many times you've done it in the past, always read the directions and measure correctly. Too little and the medicine will be ineffective, too much and the child could become sick.*
4. ***Right Time*** *– Make sure enough time has passed since their last dose, otherwise you could end up giving them too much. Check the school's records to see when it was last administered.*
5. ***Right Route*** *– Make sure you carefully read how to administer the medication. Getting it wrong can cause more harm than good.*
6. ***The Right to Refuse*** *– Sometimes children just won't cooperate and will refuse to take their medicine. You should never force them to do so. Make a record of the incident and contact their parents.*

It may be that an alternative medication is needed, or you may need to discuss the possibility of covert administration.

As well as following the **6 Rights of Administration**, there are some other things to consider before you handle medication.

* **Basic Hygiene** – Always wash your hands and always wear gloves when you apply creams. You should also use a different measure for each child – so have more than one **clean** medicine spoon or measuring cup available. This may seem obvious but that just means it is easy to forget.
* **Water** – Swallowing tablets is much easier with water, it also helps get rid of any nasty tastes, so it is a good idea to always offer it. You should stick to only offering cool water as hot or fizzy drinks can make it harder to swallow, and even affect how well medication works.
* **Measuring** – There are a number of ways to measure out liquid medicine – how you do it depends on how much you need to give. There are oral syringes for smaller doses and medicine spoons and measuring cups for larger amounts.
* **Controlled Drugs** – These are dangerous medicines, and the laws around them are strongly enforced.

You should **always** have a witness present when you administer them. Before ever administering medication, remember to always check:

* *That the child’s name matches the label on the medicine*
* *That it is the right medicine*
* *That you know the right dosage*
* *That you know how it should be administered, and*
* *When the child had their last dose.*

But remember, you should **never**:

* Administer medicine to more than one child at a time
* Give out medicine in advance
* Leave medicine unattended, or
* Give medicine to an unqualified person to administer.

**How a medicine is administered:**

How a medicine is administered will have an effect on how you need to prepare and what training you need to have completed. Medicines can either be given Orally or Topically.

**Oral medications** are taken through the mouth, they include:

* Tablets, pills and capsules
* Liquids, and lozenges

Always read the instructions for oral medication, some pills and tablets must be swallowed whole to avoid complications, so it is important you know when this applies.

**Topical Medications** basically include all other kinds of medicine and are applied either to the skin or mucous membranes like the eyes, nose, ears, and lungs. They include things like eye drops, inhalers, and ointments, creams and gels.

Some children have certain specialist requirements and more intrusive, or dangerous forms of medical assistance are needed this includes giving injections or administering rectal diazepam.

Both of these require formal child-specific training from a qualified NHS practitioner.

If you volunteer to administer these kinds of medications, the school should arrange for your training.