

ST. ALBANS PRIMARY SCHOOL

Policy for Medicines and Supporting Pupils with Medical Needs 2019/2020

Contents Page

Section 1 – Policy Statement

Policy Aims	Page 4
Roles and responsibilities.....	Page 5
Non-prescribed Medication... ..	Page 6
Missed Dose	Page 6
Spillages	Page 7
Medication procedures.....	Page 7
Timings	Page 9
Controlled Drugs.....	Page 9
Storage of Medication Foundation Stage	Page 9
Storage of Medication Key Stage 1	Page 9
Medication on School Visits	Page 9
Emergency Treatment.....	Page 10
Complaints.	Page 10

Section 2 – Appendices

Form 1 (STR) Staff Training Record.....	Page 11
Form 2 (PA) Parental Administration of medicines during school hours.....	Page 12
Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child	Page 14
Form 4 (CD) Controlled Drug Record.....	Page 16
Form 5 (HCP) Health Care Plan	Page 17

Form 6.1 (EV) Educational Visits Log of children needing medication.	Page 19
Form 6.2 (EV) Educational Visits Record of medicines administered to children on visits.....	Page 20
Form 7 (ME) Medical Emergency Contacting the Emergency Services.....	Page 21
Form 8 (SP) Spillages of medicine.....	Page 22
Form 9 – (EX) Expiry of medication letter.....	Page 23
Form 10 – (MLNAR) Medication log (non-asthma-related)	Page 24
Form 11 – (MLAR) Medication log (asthma-related).....	Page 25
Form 12 – (MSIOL) Medication signing in and out log	Page 26

Section 1 – Policy Statement

The Administration of Medicine in School

The Governing Body is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors to share this commitment.

It must be noted that “**medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so**” *DFE Publication: Supporting Pupils at School with Medical Conditions. April 2014*

The school will not administer to children any medicines that have not been prescribed by a GP or consultant. All medicines MUST be in the original packaging with the pharmacist’s label attached stating the GP / Consultants prescribing instructions. The school will only administer the dose prescribed by the GP/Consultant in accordance with the instructions on the pharmacist’s label. All the necessary paperwork must be completed by the parent before school will accept any medication into school.

Policy aims:

- To ensure the safe administration/supervision of medication to children where necessary to help support attendance.
- To ensure the on-going care and support of children with long term medical needs via a health care plan.
- To explain the roles and responsibilities of school staff in relation to
 - To clarify the roles and responsibilities of parents in supporting the school adhere to the policy.
- To outline to parents and staff the safe procedure for medication storage.
- To outline the safe procedure for managing medicines on school visits. medication.

Roles and Responsibilities:

It is important to us that we establish how important collaborative working arrangements are between all those involved in the administration of medicines. This policy establishes how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Governing Bodies :

- To make arrangements to support pupils with medical conditions in school.
- To ensure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- To ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- To ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher / Head of School

- To ensure that their school's policy is developed and effectively implemented with partners.
- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice and that each party understands their role in its implementation.
- To ensure that all staff that need to know are aware of the child's condition.
- To ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- To ensure that staff receive appropriate training and support. This will be recorded on **FORM 1 (STR)** which will be kept within the Single Central Record.

To ensure that this policy is revised annually

Staff

- To follow the procedures outlined in this policy using the appropriate forms.
- To be fully aware of health care plans written by relevant health care professionals for children with complex or long-term medical needs.
- To share medical information where necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To complete any training relevant to the administration of medicines in school.
- To complete the relevant paperwork as outlined in this policy when administering medicines.
- To take all reasonable precautions to ensure the safe administration of medicines.

-To contact parents with any concerns or refused dose of medication without delay.

Parents/Carers

-To give the school adequate information about their children's medical needs prior to starting school or as they arise.

-To ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing GP's dosage instructions.

-To notify the school of any changes to the medication/dose. This must be supported by either a letter from G.P or medication labelled with new dosage instructions.

-To follow the school's procedures for bringing medication into school.

-To take any long - term medication (e.g. inhalers/auto-injectors) home at the end of each academic year.

-To keep the child off school if they are acutely unwell or have a contagious condition. (Recommendations from the Health Protection Agency are used by school).

Non-prescribed Medication

The school will not be able to store or give medication that has not been prescribed by a GP or consultant for a child. This will include medication given under the minor ailment scheme and medication bought over the counter.

This is because the medication will not have a dispensing label on the container providing all the relevant information required.

Missed Dose

If a child refuses a dose of medication, the child will not be forced to take the dose.

The parent/carer will be contacted that day. The missed dose and parental comments will be recorded as a 'missed dose' on the appropriate form.

Spillages

Any spillages (including broken / dropped tablets) will be recorded and parents will be informed.

This will be recorded on FORM 7 (SP)

Medication Procedures

The school expects medication to be given at home. Where medication is specifically prescribed to be given during school hours, school would ask that parents or an adult authorised by the parent, come into school to give their child the medication.

This will be recorded on FORM 2 (PA)

Short term medication should only be brought into school if it is detrimental to the child's health not to have the medication during the school day. In the case of antibiotics, only those prescribed FOUR times per day will be given at school, unless there are special circumstances. **These must be discussed with the Headteacher/Head of School.**

Parental consent will be recorded on FORM 3 (PC)

The school will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose.

Medicines should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

In all cases this should include:

Name of the Child

Name of Medication

Dose

Time/Frequency of Administration

Confirmation that the medication has been taken for a period of 24 hours at home with no side effects prior to being brought into school.

Expiry date (This is on the medication). Eye drops must be discarded 28 days after opening. Antibiotics that have been reconstituted by pharmacist before dispensing will often have a short shelf life of between 7 and 14 days)

The parent/carer must present the medication to the school – at the school office. It must never be sent with the child.

Where possible, the school will support the children to self-administer medication.

Prior written consent must be given by the parents/carers for any medication to be given to a child. **This will be recorded on FORM 3 (PC)**

Where there are long term medical needs for a child, an Individual Health Care Plan should be completed by relevant Health Care Professionals in consultation with the child's parent / carer. This will be recorded on the relevant Care Plan as provided by Health Care professionals. **FORM 5 (HCP) outlines examples of information found in an individual Child's Health Care Plan.**

Long term medication will be recorded on **FORM 3 (PC)**

The child should have had at least the first 24 hours of any new medication at home before it is brought into school.

The parent/carer will be responsible for collecting the medication at frequent intervals in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

A letter will be sent home at least a month in advance of regular medication expiry to allow parents time to arrange a prescription.

Timings

Medication will be given **at approximately** 11.00am – 11.30am or 12.45pm – 1.15pm in Foundation Stage and 11.30am – 12.00pm or 1.15pm – 1.45pm in Key Stage 1 / 2.

If a medication has to be given at a critical time outside the above hours this will need to be supported by a letter from G.P/ consultant.

The above timing of individual medication will be discussed in school. There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering medication.

The administration of **medicines other than inhalers**, should be recorded on **FORM 10 (MLNA)**

The recording of inhaler use should be recorded on **FORM 11 (MLAR)**

Controlled Drugs

Some medication prescribed for children is controlled under the Misuse of Drugs Act. These can be given to children in accordance with the prescriber's instructions. The school will keep the controlled drugs in a non-portable container which will be kept locked. Only named staff will have access to the controlled drug container.

The Headteacher must be aware of any controlled drug on the school premises.

Controlled drugs must be stored in the original packaging with a pharmacist's label attached stating GP/Consultant's dosage instructions.

The school requests that large quantities of controlled drugs are not kept at school.

Controlled drug administration will be recorded on **FORM 4 (CD)**

Storage of Medication – Foundation Stage/Key Stage 1 / 2

For Foundation Stage and Key Stage 1 and 2 children inhalers and auto-injectors will be located within classrooms in an agreed and safe location. All other medication will be kept in the school office.

The cupboard in the school office will be out of the reach of children but will be unlocked to allow for required access during the day and during after-school club hours.

Any medication requiring refrigeration will be stored according to the recommendations on the packaging.

All staff will be made aware of the location of inhalers, auto-injectors and any other emergency medication.

The Headteacher (or designated person in the Headteacher's absence) and relevant class teachers will be informed by school office staff when a parent has brought in any new medication.

Details of care-plan/emergency actions will be kept alongside emergency medications in agreed locations.

Medication on School Visits

Only long/short-term medication registered in school should be taken on school visits, unless otherwise arranged with the Headteacher/S.L.T. in special circumstances.

Children requiring medication will be informed of who will be carrying this during the visit – usually the class teacher/group leader.

Names will be recorded on Form 6.1 (EV) Educational Visits: Log of children needing medication.

A copy of any relevant health care plan will also be taken on the visit.

Any medication given on a school educational visit will be recorded on

FORM 6.2 (EV) Educational Visits: Record of Medicines administered to all children.

All medicines taken off the school premises will be logged on the **MEDICATION SIGNING IN AND OUT** form, **FORM 12** stored in the school office.

Emergency Treatment

The school will call for urgent assistance if there is a medical emergency and **FORM 7 (ME)** will be used to support staff in calling for assistance.

Copies of Form 7 (ME) are displayed next to telephones in school.

Any medical information school holds for a child (e.g. details of medication administered, care plans etc.) will be given to the emergency services.

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school Complaints Policy.

This policy will be reviewed annually.

Section 2 – Appendices

FORM 1 (STR) Staff Training Record

Staff Training Record – Administrations of Medicines	
Name of school / setting	Flanderwell Primary School
Name	
Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	
<p>I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.</p> <p>Signed:</p> <p>I recommend that this training is updated (please state how often).....</p>	
I confirm that I have received the training detailed above.	
Staff Signature	
Date	
Suggested Review Date	

FORM 2 (PA) Parental Administration of Medicine during school hours (page 1 of 2)

This form is to enable (1) a parent or (2) other adult authorised by the parent) to administer medication to a child during the school day. The medicine must comply with the standards set out in the Administration of Medicines Policy (ie prescribed by authorised prescriber and labelled correctly.) This consent form needs to be completed by a parent or legal guardian.

(1) I(parent / carer) confirm that I will administer medicine to my child during school hours according to the School's administration of medicines policy and complete the necessary information as outlined below.

(2) I (parent / carer) give consent for (Relationship to the child.....) to give the following medication to (Child's name and class)

Medication	
Strength	
Dose	

Time 11.00-11.30am/ 12.45 – 1.00pm Foundation Stage. 11.30-12.00 / 1.15-1.30pm Key Stage 1 / 2 unless a GP/Consultant letter states an alternative time)	
Expiry Date	
Medicine has been taken at home for a period of 24 hours before being brought into school	
Any Side Effects Yes / No	

**FORM 2 (PA)
school hours**

**Parental Administration of Medicine during
(page 2 of 2)**

This consent is only for the following dates __/__/____

to __/__/____ inclusive.

I will personally ensure that the medication is labelled in accordance with the school medicine policy and that the product is in date.

Signed:

Date:

Relationship to the child (Parent / Legal Guardian)

Date	Child's name and Class	Medication, strength and dose	Signed by person giving medication	Initialed by staff members to say they have witnessed the dose.	

Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child. (Page 1 of 2)

Reason for parent not administering medicine to the child

.....

Name of School/Setting	Flanderwell Primary School
Name of Child	
Date of Birth	__ / __ / ____
Group / Class/ Form	
Medical condition or illness	
Name/Type of medicine (as described on the container)	
Date dispensed	__ / __ / ____
Expiry Date	__ / __ / ____
Dosage and method	
Timing <small>(11.00-11.30 or 12.45-1.15pm Foundation Stage .11.30-12.00 or 1.15-1.45pm Key Stage 1 / 2 unless a GP/Consultant letter states an alternative time)</small>	
Special Precautions	
Has the child taken the medicine for a period of 24 hours at home prior to it being brought into school?	YES / NO
Are there any side effects that the school needs to know about? YES / NO	If Yes, please state
Self Administration	YES / NO (delete as appropriate)

Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child. (Page 2 of 2)

Contact Details

Name	
Daytime telephone Number	
Relationship to Child	
Address	

I understand that I must deliver the medicine personally to a member of school staff.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

I accept that it is my responsibility to collect any unused medicine and return to the pharmacy for destruction.

Signature of Parent:

Name (Print)

Date:

Form 5 (HCP) Health Care Plan

(page 1 of 2)

Name of School	
Child's Name	
Class	
Date of Birth	__ / __ / ____
Child's Address	
Medical Diagnosis / Condition	
Date	__ / __ / ____
Review Date	__ / __ / ____

Parental Contact Details

Name	
Phone No (work)	
(home)	
(mobile)	

Name	
Phone No (work)	
(home)	
(mobile)	

Name:	Name:
Phone No:	Phone No:

Child's Doctor/Hospital Contact

Form 5 (HCP) Health Care Plan (page 2 of 2)

Describe medical needs and give details of child's symptoms

Daily Care Requirements

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

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

Form copied to.....

Follow up care

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

Form copied to.....

FORM 6.1 (EV) Educational Visits: Log of children needing medication

Educational Visit:				
Date:				
Year Group / Class:				
Child's Name	Medication	Dose	Time	Medicine Packed

FORM 6.2 (EV) Educational Visits

Record of medicines administered to all children

Name of School: St Albans CE Primary School

Date	Child's name	Time	Name of medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		

Dose refused:	Parent Comment:



**Form 7 (ME) Medical Emergency - Contacting the
Emergency Services
Request for an ambulance.**

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

1. Your telephone number	01709 542878
2. Give your location	Morthen Road Wickersley Rotherham
3. State that the post code is	S66 1EU
4. Give exact location in the school	
5. Give your name	
6. Give the name of the child and a brief description of the child's symptoms.	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.	

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT
INFORMATION IF ASKED**

FORM 8 (SP) Spillages of Medicines

Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent / Carer informed	
Staff Name	
Staff signature	

FORM 9 EXP

Dear Parents/Carers,

The expiry/ date of your child's medication

has passed.

Or

The medicine..... we hold in school for your child

is no longer suitable. **Reason -**

Please sign to confirm that you have had the medicine(s) returned to you for your personal disposal.

Name

Signed

Date

Staff member confirming:

FORM 10 (MLNA)

MEDICATION LOG (NON-ASTHMA RELATED)

Name.....

Class.....

DATE:		
TIME:		
NAME OF MEDICATION		
DOSE GIVEN		
NAME(S) OF STAFF ADMINISTERING/WITNESSING	1. 2.	
STAFF SIGNATURE(S)	1. 2.	
COMMENTS ON THE WELLBEING OF THE CHILD AT THE TIME OF ADMINISTERING MEDICATION.		

ALWAYS REFER TO THE CHILD'S MEDICATION SHEET/ INFORMATION PAGE WHEN ASSESSING THE SYMPTOMS TO ENSURE CORRECT TREATMENT ADVICE HAS BEEN FOLLOWED.

MEDICATION LOG – INHALER (ASTHMA/CHEST CONDITIONS)

	DOSE 1.	DOSE 2.
DATE		
TIME GIVEN		
DOSE GIVEN (puffs)		
NAME(S) OF STAFF ADMINISTERING	1. 2.	
STAFF SIGNATURE(S)	1. 2.	
COMMENTS ON THE WELLBEING OF THE CHILD AT THE TIME OF ADMINISTERING MEDICATION.		

***ONLY
ONE**

PAGE TO BE USED PER DAY/DATE

ALWAYS REFER TO THE CHILD'S ASTHMA CARE PLAN/ASTHMA INFORMATION PAGE WHEN ASSESSING THE SYMPTOMS TO ENSURE CORRECT TREATMENT ADVICE HAS BEEN FOLLOWED.

***If the dose given isn't lasting for four hours, then contact must be made with parents and relevant emergency action taken.**

