**Administration of Medicines Policy**

1. **Policy Statement**

The purpose of this policy is to ensure the safe and appropriate administration of medication to students with special provision for students with medical needs within the school.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis. Other children may require medicines in particular circumstances, for example severe allergies or asthma.

Allowing students to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

1. **Purpose**

This policy seeks to support students with both long-term and short-term health needs. Pivot Academy will aim to minimise any disruption to the child’s learning as far as possible and work with parents/carers and health professionals to ensure this.

1. **Scope**

Managing medicines during the school day

Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No student under 16 will be given prescription or non-prescription medicines without their parent’s written consent – **except in** **exceptional circumstances** where the medicine has been **prescribed** to the child without the knowledge of the parents.

A student under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

Non-prescription medicines

Un-prescribed medication, eg for pain relief, will be administered with verbal or written consent of the parent/carer but will not be administered without first checking maximum dosages and when the previous dose was taken. School will inform parents/carers that this medication has been given.

Prescription medicines

Prescribed medicines or controlled substances which have not been prescribed by a medical practitioner will not be administered in school. Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in date, labelled and intact, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but in limited amounts or prescribed doses (eg. one or two tablets/inhaler).

School will closely monitor any such occurrence as we are aware that passing it to another pupil for use is an offence.

Records

School will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted. (See Appendix 1- in line with DfE guidance 2014 Template D).

Storing Medicines

The school will keep the medication securely in a locked cupboard which may only be accessed by authorised staff. In particular, all controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff will have access.

Where medicines need to be refrigerated they will be stored in a designated fridge.

Prescription drugs will be returned to parents when no longer required, or out of date. It is the parent’s responsibility to collect and dispose of out of date or unused medication. It is the parent/carer’s responsibility to ensure that medicines sent to school are ‘in date’. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents when there is 10 days’ worth of medication left to allow plenty of time for a repeat prescription to be fulfilled.

Sharps boxes should always be used for the disposal of needles and other sharps.

Epi-pens and other Emergency Medication

All staff will be given appropriate training in the administration of emergency medication where necessary. Arrangements will be made for immediate access to any emergency medications following a risk assessment and identification of need for example:

* Epi-pens will be kept with the student with a labelled spare pen held in First Aid Room.
* Asthma medication will be kept with the student with labelled spare inhalers and equipment held in the First Aid Room.
* an ambulance has been called to ensure the student gets prompt medical attention.
* Any medicines such as Ritalin which requires double locking will be kept in a locked metal box in a locked cupboard in the First Aid Room.
* Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.
* Emergency medication will always be taken if the student goes out on a trip and identified trained staff designated to administer if required.

Supporting Pupils with Medical Needs

Where a student needs to take medication in school for an extended period or has a chronic ongoing condition, an Individual Health Care Plan (IHCP) will be will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals. Parents should provide the school with all necessary information about their child’s condition and will sign appropriate agreement forms for the administration of medication.

IHCPs and their implementation is the responsibility of the School Appointed Person. The IHCPs are compiled and recorded in line with the current DfE guidance published May 2014. (see Appendix 2 – in line with DfE Template A) The School will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that student’s with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

School staff will be made aware of students with IHCPs and their conditions.

Any child on an IHCP will be accompanied to the School First Aid Room if they are ill.

Administration of medication by a qualified member of staff or self-administration by the student may take place with written permission from parents/carer and the Executive Head.

The School will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.

Records for IHCP

In addition to the usual general medicine log used for all children, any medicine administered to a student with an IHCP is also recorded on a separate recording sheet in line with DfE Template C (see Appendix 3).

Procedures for Offsite Learning Residential Visits

* The Trip Leader is responsible for checking medical needs of students.
* The Trip Leader must check any IHCP requirements with parents and put appropriate procedures and contingency plans in place.

Day Visits

* For part-day visits, students should, wherever possible, go to the First Aid Room before/after the visit to take their medication.
* For full day, parents/carers are responsible for completing the Parental Consent Form giving relevant information.
* The Trip Leader will collect any necessary medication from the First Aid Room and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual student.

Responsibility

**Staff** – All staff will undertake the required training within school to support the implementation of this policy.

**Students** - It is the responsibility of the students to follow all medical protocols within school. All School staff hold a responsibility for ensuring that students comply.

**Parents/Carers** - Parents/Carers are requested to inform school of any medical needs relating to any individual student and abide by the protocols contained within this policy.

**Publicity** This policy will be given to all staff. Notices will be displayed around school showing the Appointed Person and the staff who currently hold First Aid qualifications and where they are located in school, along with procedures for contacting Emergency Services (see Appendix 3 & 4 -in line with DfE guidance and Template F).

**GUIDANCE**

**Managing Medicines on School Premises**

**The Core Team should ensure that the school’s policy is clear about the procedures to be followed for managing medicines**. Although schools may already have such procedures in place, they should reflect the following details:

* Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so. Where possible verbal consent from parents/carers will be sought even for non-prescription medicines.
* No child under 16 should be given prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.
* A child under 16 should never be given medicine containing Aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
* Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
* Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is Insulin which must still be in date, but will generally be available to schools inside an Insulin pen or a pump, rather than in its original container.
* All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as Asthma Inhalers, blood glucose testing meters and Adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.
* A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
* Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber’s instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
* When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

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# Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

**Template A: individual healthcare plan**

|  |  |
| --- | --- |
| 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 |  |

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

|  |
| --- |
|  |

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 D: record of medicine administered to all children

|  |  |
| --- | --- |
| Name of school/setting |  |

 Date Child’s name Time Name of Dose given Any reactions Signature Print name

 medicine of staff

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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# 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



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