



Administration of Medicine Policy

Administration of medication and supporting pupils with medical conditions

This policy has been written in accordance with:

- Supporting pupils at school with medical conditions,
- DfE Guidance on use of emergency salbutamol inhalers in schools, DoH&SC
- The administration of medicines and associated complex health procedures for children (Advice & Guidance for children's services)

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Signed Chair of Governors	

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Walton Peak Flying High Academy Policy Statement

Walton Peak Flying High Academy aims to support and welcome pupils with medical conditions. Walton Peak Flying High Academy aims to provide all pupils with medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The Trust ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

Walton Peak Flying High Academy understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Walton Peak Flying High Academy understands the importance of medication being taken as prescribed.

Staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within the Children and Families Act 2014 and follows all legal requirements.

Where a child has a long term medical need a written care plan will be drawn up with the parent/carer and health professionals.

The National Curriculum in England: Framework for Key Stages 1 to 4 emphasises the importance of providing effective learning opportunities for all pupils within the section on inclusion.

Policy Aims

The main aim of this policy within each individual school, is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.

A third aim is to ensure that medicines given at school are stored and administered safely.

A fourth aim is to outline roles and responsibilities of staff in school

Non-Prescribed Medicines

The individual school will not be able to store or give medicines that have not been prescribed to a child (e.g. 'Over the counter' medicines including, Calpol, Piriton or cough medicines).

Consent

Parental written consent must be obtained prior to administering medication. Parents have the right to withdraw this consent at any time. For children with more complex needs consent must also be given by parents to share information with other professionals.

Prescribed Medicines

Medicines should only be administered at Walton Peak Flying High Academy where it would be detrimental to a child's health or school attendance not to do so. Medicines that need to be taken three times a day do not usually need to be taken during the school day. The individual school must only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist. Medicines must always be provided in the original container as dispensed by the pharmacist. It must include the prescriber's instructions and show:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- The instructions leaflet with any listed side effects

The exception to this is insulin which must still be in date but will be inside an insulin pen or pump, rather than in its original container.

Parents and carers must complete a '**Parental Consent for Schools/Setting to Administer Medicine**' (Form 2).

School Attendance During/After Illness

- Children should not be at school when unwell, other than with a mild cough/cold
- As advised by the Health Protection Agency, Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with earache, toothache or other significant discomfort
- Children should not be sent to school with an undiagnosed rash or rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school
- If a child becomes ill during school their parents will be notified as soon as possible. They will be accompanied to an adult who can supervise them until they are collected

Longer Term Needs

Where a child has a long term and/or complex medical needs a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan. This will be reviewed annually or earlier if the child's needs change.

Relevant information in the health care plan will be included in the documentation for all transition arrangements e.g. class to class or school to school.

Roles and Responsibilities

Trustees/Governing bodies

- Must make arrangements to support pupils with medical conditions in schools
- Must ensure a policy is in place to support and implement medical conditions in schools
- Should ensure sufficient staff have received suitable training and are competent

The Headteacher

- Overall responsibility for developing and effectively implementing the school's policy
- Ensure all staff that need to know are aware of the child's condition
- Oversee training to ensure implementation of the policy, safe implementation of care plan including contingency and emergency situations
- Ensure training is kept up to date
- Ensure cover arrangements are in place to meet medical needs
- Overall responsibility for the development of individual health careplans
- Ensure appropriate insurance is in place
- Liaise with school nursing service in relation to any child in school with a medical condition

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so
- School staff should receive sufficient and suitable training
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- School staff should know the arrangements for access to medication as specified in children's individual health careplan
- Ensure the Headteacher is made aware when notification is received that a pupil has a medical condition.

Parents

- Must provide the school with sufficient and up to date information
- Must be involved in the development and review of their child's health care plan
- Must ensure that school is notified immediately of any changes to medication or where medication is no longer required
- Must carry out any action they've agreed to as part of its implementation e.g. provide medicines and equipment
- Must liaise regularly with school staff to ensure medication is not out of date
- Ensure the safe disposal of medicines that are no longer required
- Must ensure they or another nominated adult are contactable at all times

Pupils

- Involved in discussion about their needs as appropriate

Staff Training and Support

Any member of staff providing support to a child with medical needs should have received training. Usually training and development needs are identified as part of the individual health care plan. Parents may provide advice about their child's condition but should not be the sole trainer.

Training will normally be accessed via the relevant lead health care professional to agree the type and level of training required and how this can be obtained. Where appropriate healthcare professionals will be asked to provide confirmation of the competency of staff in a medical procedure or in providing medication.

The Headteacher will ensure that where necessary whole school awareness training is in place to support the needs and safety of pupils with medical conditions.

The Headteacher will also ensure information is shared whole school relating to children's individual care plans. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Induction arrangements for new/temporary staff should include information relevant to medical conditions.

A record of Staff training must be kept and complete the '**Staff Training record – Administration of Medicines**' (Form 7).

Children who can manage their own medical needs

Arrangements for children who are competent to take responsibility for managing their own medicines and procedures must be recorded in the individual health care plan and include the following information:

- Parental consent
- Whether the child can carry their own medicine/relevant device
- How the child will access medicine for self-medication
- What level of supervision will be needed and who will provide this

A '**Request for Child to Carry Their Own Medicine**' form should be used to record this. (Form 6).

Refusing Medicine

When a child refuses medicine they must not be forced to do so. Staff should follow the procedure in the individual health care plan and parent/carer will be informed the same day.

Staff storage and Disposal of Medicine

All medicines must be stored safely and specified on the original contain from the pharmacist. The school will store medicine in the classroom medicine cabinet, medication fridge or medication cupboard (accessible at all times. Medicines and devices e.g. asthma inhalers, blood glucose testing meters, adrenalin pens must be readily available and not locked away. Access to the medication will be included within the individual health care plan. Children should know where their medication is at all times and how to access them immediately.

Medicines that are no longer require will be returned to the parent to arrange for safe disposal or disposed of at school in a specified container. Sharps boxes must always be used for the disposal of needles and other sharps.

Hygiene and Infection control

The Headteacher will ensure all staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids by using bio-hazard kits provided and disposing of dressings or equipment in swabs and dressings bin provided.

Record Keeping

Records provide protection to all staff and children and provide evidence that agreed procedures have been followed. A written record must be kept of all medicines administered to children. This must be:

- Recorded at the time the medication is given
- Using Form 4, see below 1, or as directed by the relevant healthcare professional and recorded on their health careplan/record
- If error has been made e.g. incorrect medicine or dosage, then the Headteacher or senior staff manager must be notified immediately

Day trips, residential visits and school activities

We will ensure that arrangements are made for pupils with medical conditions to take part in all school activities unless evidence from a health care professional states that this is not possible.

- The Educational Visits Leader is responsible for designating a school First Aider for the trip
- The Educational Visits Leader will carry out a risk assessment to take account of any necessary arrangements to ensure that pupils with medical conditions are included
- Parents, health professionals and the child may be consulted in this process
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers, adrenalin pens etc. are carried as required. A copy of any relevant health care plan should be taken on the trip and attached to the risk assessment document
- Trained members of staff to accompany the child must be included as part of the risk assessment

Emergency Treatment and Medicine Administration

Where a child has an individual healthcare plan this must clearly state:

- What constitutes an emergency
- What to do in case of an emergency
- Ensure all members of staff are aware of emergency symptoms and procedures
- Other children in school should know to inform a teacher if they think help is needed

If the child needs to be taken to hospital emergency service will be called. They will either be accompanied in the ambulance by a member of school staff or parent.

Asthma

Written instructions

Written instructions should be provided with details of the “reliever” inhaler type & dosage provided for school/services. Availability of a Spacer should be recorded & encouraged. The emphasis should always be on the **rapid provision of “reliever” medication.**

Labelling

There are several types of inhalers. It is the parent’s/guardians responsibility, in consultation with the child’s GP and dispensing chemist, to ensure that the inhalers rather than the boxes are clearly labelled with the **child’s name** and to identify the medicine as a “**reliever**” or “**preventer**”. However, the availability of “preventer” inhalers in school/other settings should not be necessary. Pharmacists would not normally add this to the label and so this may appear on the label in the parents/guardians handwriting. This must then be checked against the parental consent form. **Alternatively parents/guardians can ask pharmacists to add this information to the label, this is the preferred option.**

If a Spacer is provided then this also needs to be labelled with the child’s name, again the pharmacist should be asked to add this information.

Storage and access

Asthmatic children must have immediate access to their “reliever” inhaler at all times. These are kept in an unlocked cupboard/room which are centrally located in school and are easily accessible by all staff. Where possible children of junior school age and above should carry their own inhalers. It is not necessary to lock the inhalers away for safety reasons.

Inhalers should be taken to swimming lessons, sports, cross country, team games etc and on educational visits and used accordingly. Some children benefit from taking a dose of their “reliever” prior to taking part in exercise and this should be supported and encouraged.

Form 1	Individual Treatment Plan
Form 2	Parental Consent for School to Administer Medicine
Form 3	Headteacher Agreement to Administer Medicine
Form 4	Record of Medicine Administered to an Individual Child
Form 5	Record of Medicines Administered to an Individual Child (PEG, Low Profile Button or NG)
Form 6	Request for Child to Carry Their Own Medicine
Form 7	Staff Training Record – Administration of Medicines

Form 1 -**Individual Treatment Plan**

Name of School

Childs Name

Date of Birth

Group/Class/Form

Childs Address

Medical diagnosis or condition

Date

Review Date

Family Contact Information – First Contact

Name

Phone Number (home)

(mobile)

(work)

Family Contact Information – Second Contact

Name

Phone Number (home)

(mobile)

(work)

Clinic/Hospital Contact

Name

Phone Number

General Practitioner (G.P.)

Name

Phone Number

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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 copies to

Form 2 - Parental Consent for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School

Date

Childs Name

Date of Birth

Group/Class/Form

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to
School

Are there any side effects that the School
needs to know about?

Self administration Yes / No *(delete as appropriate)*

Procedures to take in an emergency

Contact Details – First Contact

Name	<input type="text"/>
Daytime telephone number	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>

I understand that I must deliver the medicine personally to (agreed member of staff)

<input type="text"/>
<input type="text"/>

Contact Details – Second Contact

Name	<input type="text"/>
Daytime telephone number	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>

I understand that I must deliver the medicine personally to (agreed member of staff)

<input type="text"/>

Name and phone number of G.P.	<input type="text"/>
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The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

For School Use

Reviewed by*	Date	Signature	Print Name

***To be reviewed annually or if dose changes**

Form 3 - Headteacher Agreement to Administer Medicine

Name of School: _____

It is agreed that: _____
(Name of child)

Will receive: _____
(Quantity and name of medicine)

Every date at: _____
(Time medicine to be administered e.g. lunchtime or afternoon break)

It is agreed that: _____
(Name of child)

Will be given/supervised whilst he/she takes their medication by:
(Name of member of staff) _____

This arrangement will continue until: _____ (either end date of
course of medication or until instructed by parents)

Date: _____

Signed: _____
(The Headteacher/ /named member of staff)

Form 4 - Record of Medicine Administered to an Individual Child

Name of School

Childs Name

Date of Birth

Group/Class/Form

Date medicine provided by parent

Quantity received

Name of medicine

Strength of medicine

Expiry date

Quantity returned

Term:

Dose and frequency of medicine

Staff signature

Signature of parent

P.T.O For
Medicine Administration Record

Name of medicine

Strength of medicine

Expiry date

Quantity returned

 Term:

Dose and frequency of medicine

Staff signature

Signature of parent

P.T.O For
Medicine Administration Record

(PEG, Low Profile Button or NG)

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Form 6 - Request for Child to Carry Their Own Medicine

This form must be completed by parents/guardian/pupil over 16 (delete as appropriate)

If staff have any concerns discuss this request with healthcare professionals

Name of School

Childs Name

Date of Birth

Group/Class/Form

Address

Name of medicines*

Procedures to be taken in an emergency

Contact Information

Name

Daytime phone number

Mobile Number

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

*If more than one medicine is to be given a separate form should be completed for each one.

Form 7 - Staff Training Record – Administration of Medicines

Name of School	<input type="text"/>
Name of Staff Member	<input type="text"/>
Types of training received	<input type="text"/>
Date of training completed	<input type="text"/>
Training provided by	<input type="text"/>
Profession and title	<input type="text"/>

I confirm that (Name of member of staff) _____

Has received the training details above, is competent and has agreed to carry out any necessary treatment. *

** Use continuation sheet where more than one member of staff has been trained*

I recommend that the training is updated every _____ years

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Continuation sheet for staff team members who have received the training are competent and who have agreed to carry out the necessary treatment

I confirm that the following staff members have received the training details above, are competent and have agreed to carry out any necessary treatment.

*

