



The
Maltby Learning Trust

MLT

Administration of Medicines Policy

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Reviewed by:	Executive Principal (Primary)
Approved by:	MLT Board
Next Review Due:	October 2020

Maltby Learning Trust

POLICY STATEMENT

The Maltby Learning Trust 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. August 2017*

Under normal circumstances, Trust academies 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 / Consultant’s prescribing instructions. Trust academies 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 an academy will accept any medication into the building. In the exceptional circumstance that a non-prescribed medication is to be administered (see below) this must be in the original packaging and be in a premeasured dosage (eg tablet or pre-measured medicine) – staff will not be asked to measure out non-prescribed medication. The Trust defines which non-prescription medication it will administer and the circumstances in which it will be given.

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 Trust staff in relation to medication.
- To clarify the roles and responsibilities of parents in supporting academies to 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 educational visits.

ROLES AND RESPONSIBILITIES

PRINCIPAL

- To ensure that their Academy’s policy is developed and effectively implemented with all relevant stakeholders.
- To ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- 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 - This will be recorded on FORM E (Appendix 8) which will be kept in their personnel file.
- If necessary to recruit a member of staff for the purpose of administering medicines where a child has severe/acute needs.
- To have overall responsibility for the development of individual healthcare plans.
- To make sure that academy staff are appropriately insured and are aware that they are insured to support pupils
- To contact the nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the appropriate school nurse.
- To ensure that the parents are aware of the school’s medicine policy.

STAFF

- To be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- To take into account the needs of pupils with medical conditions that they teach
- To receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- To know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- To follow the procedures outlined in this policy and record actions 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 schools if they are willing to administer it
- 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.
- To take account of the medical needs of pupils and the need to administer medication when planning trips and excursions

PARENTS/CARERS

- To provide the academy with sufficient and up-to-date information about their child's medical needs.
- To, in some cases, be the first to notify the school that their child has a medical condition.
- To act as key partners and be involved in the development and review of their child's individual healthcare plan.
- To carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- To ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing GP's dosage instructions.
- Ensure inhalers are in date and have sufficient medication left in them.
- 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 on.
- To follow Trust procedures for bringing medication into school.
- To take any long term medication (e.g. inhalers) 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 the Trust)

PUPILS

- To provide information about how their condition affects them.
- To be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

SCHOOL NURSES

- To notify the academy when a child has been identified as having a medical condition which will require support in school before the child starts at a Trust Academy.
- To support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

- To liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to Trust staff, hosted by a local school.
- To be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

INFECTIOUS ILLNESSES

All staff will refer to the Health Protection Agency guidance when responding to a child who is ill and considered to potentially be infectious. In this case the need to safeguard other children may override the need to be inclusive of the ill child and all staff will take necessary steps to prevent the spread of infection and take appropriate action. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child or supporting a child with a medical condition will have appropriate training and guidance. They should also be aware of possible side-effects of any medicines and what to do if they occur. All staff will be able to notify the Principal or a member of SLT if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personal file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed. Please refer to Administering Medicines Procedures (appendix 1 – within school OR appendix 2 – during educational visits).

Any medication that is to be administered to children in any other form than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Staff will not administer medicines by injection, apart from administering insulin to diabetic children or through an epipen. Training must not be provided by parents, carers or any other non-medical professional. The Academy will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties and provide robust cover for staff absence, visits etc. The Principal and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

The Principal and SLT will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the academy in conjunction with the School Nursing Service or specialist nursing teams.

The family of the child will provide relevant information to academy staff about how their child's needs can be met. They must not be the sole trainer when delivering staff training as a relevant medical professional must also deliver training, for example the school nurse.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure. The Principal and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The academy administration office will maintain a record of staff members who are trained to administer medication through retention of form E (appendix 8).

NON-PRESCRIBED MEDICATION

The Trust will not, apart from in defined exceptional circumstances (see Appendix 13 - Note J), allow academies 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.

Under exceptional circumstances, for example residential visits, medication must be given in a clearly labelled packet with the dosage premeasured (for example individual dosages of calpol or calprofen) OR be in a container with an official label, including the child's name, if it has been prescribed by a pharmacist. The Trust defines the type of non-prescription medication which can be given and the circumstances in which this can happen. No over the counter medication will ever be given in conjunction with a prescription medication without specific instruction from the child's GP.

NO CHILD UNDER 16 SHOULD EVER BE GIVEN ASPIRIN OR PRODUCTS CONTAINING ASPRIN.

STORAGE OF MEDICATION

Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into an academy by the child. The parent must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

Parents must complete an authorisation form (Form B – Appendix 5), prior to any medication being brought into the academy. Administration of this medication must then be agreed and the header of 'Form C – Record of medicine administered to a child' (appendix 6) completed prior to medication being administered by Academy staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. Please refer to Administering Medicines Procedures (appendix 1 – within school OR appendix 2 – during educational visits).

Large volumes of medication should not be stored (no more than one half term's supply should be kept in an academy at a time*.) Prescribed medication kept at the academy should be kept in the admin office to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

All emergency medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens, must be readily available (in the medical room and classroom) to children and will not be locked away. Inhalers should always be available during physical education, break times, sports activities and educational visits. KS2 children should be encouraged to carry their blue (preventer) inhaler with them (a second inhaler will be kept in the school office).

Adrenaline pens (used for children with acute or severe allergic reactions to certain food or substances) should be in a named container with a large red cross on the box and instructions clearly written inside the box. All staff should be made aware of where these boxes are kept in the medical room and classroom (one in each location for each child); this will be recorded in each child's 'Individual Healthcare Plan' (Form A – Appendix 4)

All other medication will be kept in a locked cupboard or locked refrigerator. Under no circumstances should medicines be kept in first-aid boxes. No medication should ever be stored in the same refrigerator as food products.

* Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Please refer to Controlled Drugs guidance below.

REFUSAL TO TAKE MEDICATION

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 in the 'missed dose section' of the appropriate form.

SPILLAGES

Any spillages (including broken / dropped tablets) will be recorded and parents will be informed. This will be recorded on FORM I (Appendix 12)

RECORD KEEPING

Records offer protection to staff and children and provide evidence that agreed procedures have been followed - recording formats are included at the end of this document. Records should be kept for a period of time as governed by the Trust data retention scheme.

PRIOR TO ACCEPTING MEDICATION

Often a parent will prefer to give medication themselves and therefore, where possible, medication should be given by parents outside school hours or by parents at the academy. Where medication is specifically prescribed to be given during academy hours, parents can request that this be given by a member of academy staff. Children with long term medical conditions may require medication to be given on a regular basis and the school will ensure that staff who volunteer to give medication receive the relevant training to do this safely.

Short term medication should only be brought into the academy if it is detrimental to the child's health not to have the medication during the school day. Most antibiotics/other medication can be given around school hours and the Trust asks parents to ensure that they request antibiotics which can be given at home. Where antibiotics/other medication have to be given during the school day this will be done by a trained member of staff who has volunteered to give medication.

Parents must complete an authorisation form (Form B – Appendix 5) prior to any medication being brought into the academy. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. A decision will then be made as to whether the academy can administer the medication or not and parents informed of the outcome.

ACCEPTING MEDICATION

Trust Academies will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose, unless this is insulin in an insulin pump or driver.

Medicines (apart from the above exception) should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

The medication should be brought into school and the header of Form C (appendix 6) completed prior to medication being administered by academy staff. Upon receipt of medication, staff administering medication must check the following information is present on the pharmacy label and complete approval has been given for medication to be administered–

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

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

ADMINISTERING MEDICATION

Where possible the academy will support the children to self-administer medication in the presence of an adult – except KS2 children who may self-administer blue asthma inhalers (preventer).

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 C (Appendix 6)

A record will be kept of all the drugs and medicines administered at the academy.

Staff administering medication must complete the 'Record of Medication administered to an individual child' (form C – Appendix 6) after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder' in the medical room. The 'Record of medication given to all children' (Form D – Appendix 7) must also be updated.

The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

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

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.

CHILDREN WITH COMPLEX NEEDS

Healthcare plans must be drawn up for any child with a medical condition that needs management – refer to the separate 'Supporting Pupils with Medical Needs Policy'. The Healthcare plan should include instructions as to how to manage a child in an emergency. The main purpose of an individual Health Care Plan – Form A for a child with medical needs, is to identify the level of support that is needed, day to day management and permission for the academy to administer medication on an on-going basis or in an emergency situation.

An individual Health Care Plan clarifies for staff, parents, and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the plan. The Health Care Plan should be reviewed at the beginning of each academic year as a minimum, or more frequently, depending on the nature of the child's particular needs

Most children with medical needs are able to attend school regularly and, with some support from the academy, can take part in most normal activities. However, Academy staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

- Where a child is returning to an academy following a period of prolonged absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Health Care Plan (Form A - Appendix 4).

Long term medication will be recorded on FORM B (Appendix 5)

EMERGENCY ASTHMA INHALERS

All Trust academies have asthma inhalers in the academies that will be available to pupils who have been diagnosed with asthma and who usually have an inhaler in school.

Emergency inhalers must only be used if a pupil's own inhaler is lost, broken or expired.

Parents or Carers of pupils must sign form B and tick to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

All pupils using an emergency inhaler must use a spacer for hygiene purposes.

Parents/Carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

Staff administering the emergency inhaler must log this in an individual child's administered medicines record (form C).

TIMINGS

Where the timing of medication allows, it should be administered at home by parents. However, when this is not possible, medication will be given as per the timings on the pharmacy instructions – where possible this will be at breaks or lunchtime in order to minimise the disruption to children's learning.

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.

CONTROLLED DRUGS

The Principal or Vice-Principal must be informed if controlled drugs are being stored on Academy premises.

Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the Academy and parents.

No more than a week's supply of controlled drugs should be kept in the academy at any one time and the amount of medication handed over to the academy should always be recorded. See *Administering Medicines Procedures*.

Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Controlled drug administration will be recorded on Form F (appendix 9).

INCORRECT ADMINISTRATION OF MEDICATION

If medication is given in the wrong dose, or the wrong medication is administered to a child, parents/carers and the school principal must be informed immediately and medical advice sought via the NHS '111' service. Under normal circumstances academies will advise parents to take children immediately to the

doctors in these circumstances or, in cases where there has been a very significant error either in the amount or type of medication (eg. controlled medication) administered, an ambulance may be called.

Form I (appendix 14) MUST be completed once an incident is concluded and must be countersigned by the academy principal.

STORAGE OF MEDICATION – FOUNDATION STAGE

Medication will be stored in accordance with the product instructions and follow the principles outlined above.

Inhalers/ Epipens for Foundation Stage will be kept in a safe place in the classroom so staff can access them readily if children require them. They will however, be kept out of the reach of children for safety. Medication needing refrigeration will be stored in a fridge separate from any foods and in clearly labelled containers.

Foundation Stage children who stay at an academy over the lunch time period will need an inhaler/Epipen to be kept with staff. This is because it is a long distance to retrieve an inhaler from the classroom should a child need it in an emergency.

STORAGE OF MEDICATION – KS1/KS2

Key Stage 1/2 children should have two inhalers/epipens in school at all times – it is the parent's responsibility to ensure that these are in date and have not run out. The inhalers/epipens will be kept both in a safe place in the classroom so staff can access them readily if children require them and in the Academy office – this way there will always be one in a known location at all times of day. They will however, be kept out of the reach of children for safety.

The locked medicine cupboard (separate to the first aid box) in the office will be out of the reach of children and locked. The cupboard is easily accessible in case of an emergency.

Any medication requiring refrigeration will be stored in a lockable air tight container in the staff fridge. Children will be informed where their medication is kept.

MEDICATION ON SCHOOL VISITS

Arrangements will be made to support pupils with medical conditions participating in Educational Visits. Teachers will allow for flexibility in their plan for the trip so as to allow pupils with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of pupils in school trips and activities unless evidence from a medical professional states that this is not possible.

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

It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epipens) accompanies the child and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form (form B – Appendix 5) is completed. Any necessary training will be given by the

school nurse or alternative health professional prior to the trip. The 'Record of medicine administered to an individual child' must be completed (form C – Appendix 6)

If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

In the case of reliever medication, the child will be informed where their medication is kept and who to ask if they require it.

Any children requiring medication on an educational visit will be recorded on a log prior to leaving.

All children requiring inhalers/epipens etc should have them with them on any educational visit at all times. These may be carried by the child or by a responsible adult.

In the case of epipens all supervising adults should know where the epipen is.

This will be recorded on Form G- Educational Visits: Log of children needing medication (Appendix 10).

FORM G Part B - Educational Visits: Record of Medicines administered to all children.

EMERGENCY TREATMENT

EMERGENCY PROCEDURE

Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the Trust's First Aid Policy. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided on Form H (Appendix 11), which is displayed in the Academy Office, by Academy telephones and within the First Aid Policy. If anyone other than a member of the office staff calls an ambulance then the Academy office needs to be informed immediately so they can ensure that the child's records, HCP etc. are copied for the ambulance crew.

If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

The Academy will provide –

- The individual Health Care Plan which should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.
- Any medical information the Academy holds for a child (e.g. details of medication administered, care plans etc) will be given to the emergency services.

HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.

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.

The MLT is insured through Zurich insurance and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

<https://newsandviews.zurich.co.uk/strategic-focus/supporting-schools-pupils-medical-conditions/>

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Year Group Leader, a member of SLT or the Principal.

If they do not feel they have been able to resolve the issue, then parents may make a formal complaint via the Trust's complaint procedure. Information regarding this can be found on the school website.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement¹⁰, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

APPENDIX 1 - PROCEDURES FOR ADMINISTERING MEDICINE DURING THE SCHOOL DAY

Following a parent/carer request for administering medicines, office staff must ask parents to complete an authorisation form. (Form B) *No medication can be accepted at this point.*

1. All requests will be given to a member of SLT or Year Group Leader, who will arrange for a member of staff to provide the medicine.

2. Staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
3. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to the academy. Staff administering medicines must complete the header of Form C (Record of medication administered to an individual child) and verify, from the pharmacy label–
 - Name of child on medication
 - Name of medicine
 - Dosage is specified
 - Written instructions provided by prescriber
 - Expiry date
 - Number/amount of medication provided

A copy of the child's photograph will be attached to the form by office staff

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

4. When administering medicines staff must:
 - Ensure they wear protective clothing if necessary
 - Check they have the correct child by comparing with the photograph attached to the form.
 - Ensure a member of teaching staff witnesses them administering the medication
 - Ensure they complete an 'individual child administering medicines record' after each dose (form C)
 - Update Form D – record of medicine administered to all children.
 - Ensure medication is kept in the medications fridge after each dose.

APPENDIX 2 - PROCEDURES FOR ADMINISTERING MEDICINE DURING RESIDENTIAL TRIPS

1. Parents wishing staff to administer medicines during residential trips must complete an authorisation form (Form B – Appendix 5) prior to trip departure date.
2. Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.
3. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication into the Academy. This should not be done on the day of departure for the trip but should be done in advance when possible.
4. Staff administering medicines must complete the header of form C 'Record of medicines administered to an individual child' and attach a photo of the child to it. Before giving any medication and verify (using the pharmacy label) –
 - a. Name of child on medication
 - b. Name of medicine
 - c. Dosage is specified
 - d. Written instructions provided by prescriber
 - e. Expiry date
 - f. Number/amount of medication provided

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

5. Record the child on Form G - Educational Visits - Log of children requiring medication
6. All medicines must be kept in secure, locked containers throughout the duration of the trip.
7. One identified person is responsible for administering each child's medicines on the trip. (For example, adult A administers child A's medicine.)
8. When administering medicines staff must:
 - a. Ensure they wear protective clothing if necessary
 - b. Check they have the correct child by comparing with the photograph attached to the form.
 - c. Ensure a member of teaching staff witnesses them administering the medication
 - d. Ensure they complete an 'individual child administering medicines record' after each dose (form C)
 - e. Update 'Educational Visits - Log of children requiring medication (Form G - part B)
 - f. Ensure medication is kept in the medications fridge after each dose.
9. At the end of the trip all medicines must be returned to parents.

APPENDIX 3 - PROCEDURES FOR ADMINISTERING EMERGENCY ASTHMA INHALER.

1. Parents must tick to give consent on the form giving consent for the child's regular inhaler.
2. If a child presents as needing an inhaler then an emergency inhaler can be used.
3. These are kept in the medical room in the school office.
4. A spacer must be attached.
5. The child should administer the recommended dose, with adult support if needed.
6. Parent/Carer of the child must be informed immediately.
7. The adult present must complete an 'individual child administering medicines record' after each dose (Form C)
8. Parents/Carer must supply a new asthma inhaler as soon as possible.

APPENDIX 4 - FORM A: INDIVIDUAL HEALTHCARE PLAN

Name of Academy/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

APPENDIX 5 - FORM B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The Academy/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 Academy/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

If this permission is for a salbutamol inhaler, do you consent for the school's emergency inhaler to be administered if needed?	YES/NO (please delete as appropriate)
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Medicine	
Name/type of medicine <i>(as described on the container)</i>	
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 Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/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 _____

APPENDIX 6 – FORM C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/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			

APPENDIX 7 - FORM D: RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

Name of Academy/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

APPENDIX 8 – FORM E (STR) STAFF TRAINING RECORD

Staff Training Record – Administrations of Medicines	
Name of Academy / setting	
Name	

Type of Training received	

Date of Training Completed	
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Training provided by	
----------------------	--

Profession and Title	
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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.

Signed:

I recommend that this training is updated (please state how often).....

I confirm that I have received the training detailed above.

Staff Signature	
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Date	
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Suggested Review Date	
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APPENDIX 9 – FORM F - CONTROLLED DRUG RECORD

Name of Child:D.O.B:

Class:

Date & Time	Medication In	Medication out	Running Balance	Initials of staff members	

Dose refused	Name of Parent contacted:	Time:
Date:		
	Parent Comment:	

APPENDIX 10 –FORM G (PART A) - EDUCATIONAL VISITS – LOG OF CHILDREN REQUIRING MEDICATION

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

FORM G – Part B

Record of medicines administered to all children

Name of Academy:

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:	

APPENDIX 11 – FORM H CONTACTING EMERGENCY SERVICES



Request for an ambulance.

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

1. Your telephone number	
2. Give your location	
3. State that the post code is	
4. Give exact location in the school	
5. Give your name	
6. Give Name of 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.	
8. Stay with the child and keep the operator informed of any change in behaviour.	

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

Keep a completed copy of this form by the telephone

APPENDIX 12 – FORM 1 – SPILLAGES OF MEDICINES

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

APPENDIX 13 – NOTE J – ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

The Academy will not normally administer non-prescription medication. This will only be done in exceptional circumstances and only a defined set of medicines will be administered.

EDUCATIONAL VISITS:

Travel Sickness Pills

Where pupils are travelling for periods of more than half an hour, school will accept travel sickness pills for the children to take on the return journey.

One day pills are effective and should be taken as a preference where possible before the child comes to school.

Travel sickness pills will only be accepted where the school has a written statement (Form B) from the parent stating the medication has been taken before with no adverse reaction AND the child is on no other medication.

Where a child is on other medication, school will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Form G should be completed and the tablet should be given to the lead staff member in a clearly labelled envelope with administration instructions and child's name. The tablet will be given back to the child at the appropriate time for them to self-administer (recorded on Form G).

RESIDENTIAL VISITS:

Analgesia

Allowed Medication:

Calpol (liquid paracetamol)

Calprofen (liquid ibuprofen)

When children are taken on a residential visit they may develop headaches etc. for a variety of reasons. In these circumstances the Academy will ask for staff volunteers to administer paracetamol (Calpol) OR Ibuprofen solution (calprofen).

These medicines will only be administered if WRITTEN permission (form B – Appendix 5) is given and the medication is provided in pre measured sachets in the original packaging.

The stated medication will only be given where the parent has given a written statement saying the child has had the medication previously with no reaction AND where the child is on no other medication.

Where a child is on other medication, school will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Any medication received will be recorded on Form G. If the medication is administered this will be recorded on Form G Part B.

NB - NO CHILD UNDER 16 SHOULD BE GIVEN ASPIRIN

APPENDIX 14 – FORM I – INCORRECT ADMINISTRATION OF MEDICATION

Name of Child	
Class	
Date	
Medication	
Amount Given	
Parent / Carer informed/ Action taken	
Staff Name	
Staff Signature	
Principal Name	
Principal Signature	
Further Treatment Received	