

Orchard Community Primary School



Medication Policy and Management Procedures

This policy was approved by the Governing Body of Orchard Primary School at their meeting on.....

Signed..... Chair of Governors

Version	Date	Author	Reason for Change
0.1	1/2019	FS adapted from the model policy by A. Chamberlain LCC	New Policy
0.2	5/2021	FS	Reviewed

Review Frequency	Next Review Date
Every 3 years	5/2024

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1.0 Medication Policy

The Board of Governors and staff of Orchard Primary School wish to ensure that pupils with medication needs receive appropriate care and support at School.

The Headteacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the School day.

It is stressed that where prescription drugs are administered it shall be by those members of staff that have volunteered.

Where possible, pupils are encouraged to self-administer under supervision.

At Orchard, it is the Headteacher and office staff (Mrs Farrar and Mrs Daft) who have volunteered to administer prescribed/non prescribed medicine, over seen by another member of staff who is a Qualified First Aider.

If a trained member of staff, who is usually responsible for administering medication, is not available, the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

Guidance on the administration of medication at School:

- Staff will not give a prescribed/non prescribed medicine or care unless there is specific written consent from parents.
- An individual care plan should be drawn up for the pupil.
- A secondary check must be made prior to medication being taken / given.
- The school will not accept items of medication in unlabelled containers.

2.0 Procedures

- In the first instance, the Head Teacher should be informed of an individual's diagnosis and prescription medication.
- An appropriate/volunteer or carer will meet and discuss the issues with the parents/guardian of the pupil.
- The member of staff volunteering will be offered professional training and support in relation to the needs of the individual by a suitably competent person. (This maybe by a qualified trained nurse).
- There will be regular review meetings scheduled to monitor the support required.

3.0 Responsibilities

3.1 Parents/Guardian Responsibility

- Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

- A comprehensive information guide specifically relating to the pupils condition and medication must be recorded.
- Parents/carers at Orchard understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- Only reasonable quantities of medication should be supplied to the school (e.g. maximum 4 weeks at any one time).
- Where pupils travel on school transport with an escort, Parents/Guardian should ensure that the escort has a copy of written instructions relating to medication of the individual.
- Parent/Guardian to collect and restock medication from school at the end and start of every term in a secure labelled container as originally dispensed.
- Parent/Guardian to ensure the medication is in date for the duration of the term.
- Parents/carers are asked to collect out-of-date medication.

3.2 School Responsibility

- Orchard has an identified member of staff/designated person who ensures the correct storage of medication at school (At Orchard, it is the School Business Manager or in her absence, the School Secretary).
- All controlled drugs will be kept in a locked cupboard and only named staff have access.
- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed this remains with the pupil at all times. E.g. EpiPen, Asthma inhalers.
- Each term, the designated member in school will check and record that emergency medicines are in date and note the expiry date to avoid expired medication during the term.
- The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- The designated person maintains and records the dosage prescribed/administered.
- The designated person identifies if additional training needs are required for staff. They are responsible for sourcing and arranging training.
- Admissions/Enrolment Forms - Parents/carers at this school are asked if their child has any medical conditions. This applies to new pupils starting in Reception, as well as any new pupils who join the school. School collates the response and identifies those needing individual health plans.

- Orchard uses an Individual Health Care Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school may include: diabetes; gastrostomy feeds; a tracheostomy; anaphylaxis; a central line or other long term venous access; severe asthma that has required a hospital admission within the last 12 months; epilepsy with rescue medication.

An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent: at the start of the school year; at enrolment; when a diagnosis is first communicated to the school; transition discussions; new diagnosis.

It is the parent's responsibility to fill in the Individual Health Care Plan and return the completed form to the school nurse. This school ensures that a relevant member of school staff is present, if required, to help draw up an individual health plan for pupils with complex health or educational needs. The school will contact the parent/carer if health information has not been returned. The finalised plan will be given to parents/carers, school staff and the school nurse.

- **If a medical emergency develops the school will activate the relevant procedures and call 999**

3.3 G.P/Consultant/Medical Professional Responsibility

Prescriptive labelled drugs must contain:

- Pupils name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) i.e. refrigeration
- Expiry Date

3.4 Parental Consent form for medicines (contained within this document) - See Appendix A

No child under 16 should 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 child under 16 should never be given medicine containing aspirin unless prescribed by a medical professional.

3.5 Individual Health Care Plan (IHCP) for pupils with complex medical conditions (contained within this document) - See Appendix 'B'

3.6 Record Keeping (contained within this document) – See Appendix 'C' and 'D'

3.7 Further Information (contained within this document) – See Appendix 'E'

3.8 Training: See Appendix 'F'

Appendices for information can be sought from the Leicestershire Traded Services Website. As below:

Appendix C	Epilepsy Health and record forms from Health professionals
Appendix D	Emergency Action Plans for Anaphylaxis from Health professionals
Appendix E	Diabetes Health forms from Health professionals
Appendix F	'Supporting pupils at School with medical conditions' DofE document
Appendix G	Emergency Sabutomol inhalers in Schools DofH document

APPENDIX A – GENERAL CARE PLAN/ PARENT/GUARDIAN/CARER CONSENT FORM

From: Parent/Guardian of.....

Full Name of Child.....

DOB:

My child has been diagnosed as having (name of condition):

.....

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:**(name of medication)**

I **consent/do not consent** for my child to carry out self administration under the supervision of a designated member of staff **(please circle)**

Could you please administer the medication as indicated above (dosage) at (timed)(intervals) Strength of medication:

With effect from.....until advised otherwise.

The medicine should be administered by **mouth/in the ear/nasally/other.....(circle)**

I **consent/do not consent** for my child to carry the medication upon themselves **(circle)**

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self-administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff will be acting in the best interests of my child whilst administering medicine.

Signed:.....Date:.....

Name of parent (please print).....

Contact Details: Home.....Work:.....Mobile:.....

Headteacher: or Healthcare Professional:.....

APPENDIX B – INDIVIDUAL HEALTH CARE PLAN (IHCP)

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

INDIVIDUAL HEALTH CARE PLAN (IHCP)

For pupils with complex medical needs at Orchard Primary School



Date form completed _____

Date for first review _____

Reviewed by _____ Date _____ Changes to IHCP YES/NO

Reviewed by _____ Date _____ Changes to IHCP YES/NO

Reviewed by _____ Date _____ Changes to IHCP YES/NO

1. Pupil's Information

Name _____ DOB _____ M/F _____ Class _____

2. Contact Information

Pupil's Address

Family Contact Member 1

Name _____ Relationship to child _____

Address (if different to the above)

Telephone Numbers: Work _____ Home _____

Mobile _____

Family Contact Member 2

Name _____ Relationship to child _____

Address (if different to the above)

Telephone Numbers: Work _____ Home _____

Mobile _____

GP

Name _____

Address _____

Telephone _____

Specialist Contact

Name _____

Address _____

Telephone _____

Details of pupil's medical condition (cause, signs, symptoms, etc.)

Triggers or things that make the condition worse

Routine treatment/healthcare (e.g. dietary, therapy, nursing needs, care before physical activity etc.)

During school hours

Outside school hours

What to do in an emergency

Regular medication taken outside of school hours

Medication 1

Name/type of medication (as described on the container) _____

Are there any side effects that could affect the pupil at school?

Medication 2

Name/type of medication (as described on the container) _____

Are there any side effects that could affect the pupil at school?

Medication 3

Name/type of medication (as described on the container) _____

Are there any side effects that could affect the pupil at school?

Medication to be taken in school hours

Medication 1

Name/type of medication (as described on the container) _____

Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)

When should the medicine be taken? (time of day) _____

Are there any side effects that could affect the pupil at school?

Are there any contraindications (signs when this medication should not be given)?

Can the pupil administer this medication themselves? Yes/No/Yes, with supervision from a member of staff (staff member's name: Mrs Shields, Mrs Daft or Mrs Farrar)

Medication expiry date _____

Medication 2

Name/type of medication (as described on the container) _____

Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)

When should the medicine be taken? (time of day) _____

Are there any side effects that could affect the pupil at school?

Are there any contraindications (signs when this medication should not be given)?

Can the pupil administer this medication themselves? Yes/No/Yes, with supervision from a member of staff (staff member's name: Mrs Shields, Mrs Daft or Mrs Farrar)

Medication expiry date _____

Emergency Medication

Name/type of medication (as described on the container) _____

Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)

When should the medicine be taken? (time of day) _____

Are there any side effects that could affect the pupil at school?

Are there any contraindications (signs when this medication should not be given)?

Can the pupil administer this medication themselves? Yes/No/Yes, with supervision from a member of staff (staff member's name: Mrs Shields, Mrs Daft or Mrs Farrar)

Medication expiry date _____

Is there any follow up care as necessary ?

Who should be notified after the medication has been administered? (Please circle as required)

Parents/GP/Specialist Care Team/Hospital

Members of staff trained to administer medication for this pupil:

Regular Medication: _____

Emergency Medication: _____

Specialist education arrangements required (activities to be avoided, special educational needs)

Any specialist arrangements required for off-site activities?

Any other information regarding the child's healthcare within school?

Parental and Pupil Agreement

I agree that the medical information in this plan may be shared with individual involved with my child child's care and education (this includes the emergency services).I understand that I must notify the school of any changes.

Signed (pupil) _____ Date _____

Signed (parent) _____ Date _____

Print name _____

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

Signed _____ Date _____

Print name _____ Job Title _____

Permission for Emergency Medication (tick box as appropriate)

I agree that my child can be administered their medication be a member of staff in an emergency.

I agree that my child cannot keep their medication with them 'on their person' and that the school will make the necessary medication storage arrangements.

I agree that my child can keep their medication with them for use when necessary (e.g. inhaler).

Name of medication carried by pupil _____

Signed (parent) _____ Date _____

Headteacher Agreement

It is agreed that (name of child) _____

Will receive the above listed medication and the above listed time

Will receive the above listed medication in an emergency

This agreement will continue until the end date of the course of medication or until instructed by the child's parents.

Signed _____ Date _____

APPENDIX 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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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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 E: ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals (**give parents the name and contact number**) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

<p>Asthma at school – a guide for teachers</p> <p>National Asthma Campaign</p> <p>www.asthma.org.uk</p> <p>Asthma Helpline – Tel: 0800 121 6244</p>	
<p>Guidance for teachers concerning Children who suffer from fits</p> <p>www.epilepsy.org.uk</p> <p>Helpline No: 0808 800 5050</p> <p>www.helpline@epilepsy.org.uk</p>	<p>See appendix C ‘Epilepsy Health forms’ under ‘A’ Administration of medicines’ for Individual Care Plans and relevant records of information and documentation.</p>
<p>Guidelines for Infections (e.g. HIV, AIDS and MRSA)</p> <p>Public Health England</p> <p>Tel: 0344 225 4524</p>	
<p>Haemophilia</p> <p>info@haemophilia.org.uk</p> <p>Tel: 020 7831 1020</p>	
<p>Allergies Anaphylaxis Campaign</p> <p>www.anaphylaxis.org.uk</p> <p>Help line 01252 542029</p>	<p>See appendix D ‘Emergency Action Plan’ forms under ‘A’ Administration of medicines for EpiPen/Jext Pens administration. Please note the needs to report administration of this medication to Bridge Park Plaza on fax no: 0116 258 6694</p>
<p>Thalassaemia</p> <p>www.ukts.org</p> <p>email: information or office@ukts.org</p> <p>Tel: 020 8882 0011</p>	

<p>Sickle Cell Disease</p> <p>info@sicklecellsociety.org</p> <p>Tel: 020 8961 7795</p>	
<p>Cystic Fibrosis and School (A guide for teachers and parents)</p> <p>www.cftrust.co.uk</p> <p>Tel: 020 84647211</p>	
<p>Children with diabetes (Guidance for teachers and school staff)</p> <p>www.diabetes.org.uk</p> <p>Leicester Royal Infirmary 9 am – 5 pm Diabetes Office</p> <p>0116 2586796 Diabetes Specialist Nurses 0116 2587737 Consultant Paediatric</p>	<p>See appendix E on EIS/Leicestershire Traded Services Website - administration of medicines documentation.</p> <p>Please note the opportunity to attend diabetes in Schools training day – regularly advertised on EIS/Leicestershire Traded Services Website. This is funded by Diabetes UK and is supported by our team of specialist consultants and nurses.</p>
<p>Diabetes Careline Services</p>	<p>Tel: 0345 1232399</p>
<p>Insurance Section Leicestershire County Council</p> <ul style="list-style-type: none"> • Additional insurance • Concerns 	<p>Contacts: -</p> <p>David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516</p>
<p>County Community Nursing Teams:</p> <ul style="list-style-type: none"> • Information on School nurses <p><u>East Region</u> – Market Harborough/Rutland/Melton</p> <p><u>West Region</u> – Hinckley/Bosworth/Charnwood</p>	<p><u>East Region</u></p> <p>PA: 1) Janet Foster 01858 438109 PA: 2) Clare Hopkinson 01664 855069</p> <p>Locality managers: 1) Maureen Curley 2) Jane Sansom</p> <p><u>West Region</u></p> <p>PA: Sally Kapasi 01509 410230</p> <p>Locality managers: Chris Davies Teresa Farndon</p>
<p>Corporate Health, Safety & Wellbeing Leicestershire County Council County Hall, Glenfield, Leics. LE3 8RF</p>	<p>Tel: 0116 305 5515 healthandsafety@leics.gov.uk</p>

APPENDIX F: 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 _____

