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Administration of Medicines Policy

Bankfields Primary School Mansfield Road ESTON TS6 0RZ

**Definition**

Pupils’ medical needs may be broadly summarised as being of two types:

(a) Short-term affecting their participation in school activities which they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

**Rationale**

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Local Authority and encourages self- administration of medication when possible. Contact details for the School Nurse are available from the School Office.

 **Aims**

The school aims to:

* assist parents in providing medical care for their children;
* educate staff and children in respect of special medical needs;
* adopt and implement the LA policy of Medication in Schools;
* liaise as necessary with medical services in support of the individual pupil;
* ensure access to full education if possible;
* monitor and keep appropriate records.

**Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

 The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

* receive appropriate training;
* work to clear guidelines;
* bring to the attention of the head teacher any concern or matter relating to supporting pupils with medical needs.

**Expectations**

It is expected that:

* the school will only administer medicines in which the dosage is required 4 times a day.
* when parents have asked the school to administer the prescribed medication for their child, they must ensure that the prescription and dosage regime should be printed clearly on the outside of the medication.
* parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
* the school will liaise with the School Health Service for advice about a pupil’s special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
* any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

**Storage of Medication**

Any medication is securely stored in a lockable cabinet in the main reception office with a Record of Administration. Medication that needs to be kept refrigerated is also kept in the office fridge

**Policy into Practice**

Appendices:

Individual Healthcare Plan

Parental Agreement for Administration of Medicine

Record of Medicine administered to all children

Staff Training Record

Model letter for Parent

September 2016

Review Date: September 2018

**Bankfields Primary School - Individual Healthcare Plan**

|  |  |
| --- | --- |
| Child’s name |  |
| Year Group |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  |
| 1. Name |  |
| Relationship to child  |  |
| Contact no. |  |
| 2. Name |  |
| Relationship to child |  |
| Contact no.  |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

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| --- | --- |
| 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

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

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Specific support for the pupil’s educational, social and emotional needs

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Arrangements for school visits/trips etc

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Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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

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Plan developed with

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Staff training needed/undertaken – who, what, when

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**Bankfields Primary School - Parental Agreement for Administration of Medicine**

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| --- | --- |
| Name of child |  |
| Date of birth |  |  |  |  |
| Year Group |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Self-administration – y/n |  |
| **Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name |  |
| Contact telephone no. |  |
| Relationship to child |  |
| I understand that I must deliver the medicine personally to | The School Office |

The above information is, to 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.

Parental Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

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

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

Name of child:

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

**Bankfields Primary School - Record of Medicine Administered to all Children**

**Record Date: to**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Child’s name | Time | Name ofmedicine | Dose given | Any reactions | Signature of staff | Print name |
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**Bankfields Primary School - Staff Training Record, Administration of Medicines**

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| Type of training received |  |
| Date of training completed |  |  |  |  |
| Training provided by |  |
| Profession and title |  |

I confirm that the following members of staff have received the training detailed above and are competent to carry out any necessary treatment. I recommend that the training is updated (*annually).*

Trainer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of member of staff | Signature |
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**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