

Golden Flatts Primary School  
Administering Medication Policy

<b><u>Contents</u></b>	<b><u>Page</u></b>
1. Statement of intent	2
2. Legal framework	2
3. Definitions	2
4. Key roles and responsibilities	2
5. Training of staff	4
6. Medication	4
7. Individual healthcare plans	6
8. Monitoring and review	6
Appendix A – Administration of medication during Covid–19 pandemic	7
Appendix B – Parental Agreement Form	8
Appendix C – Individual Healthcare Plan	12

### **1. Statement of intent**

Golden Flatts Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

### **2. Legal framework**

This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE 'Supporting pupils at school with medical conditions' 2015

### **3. Definitions**

Golden Flatts Primary School defines "medication" as any prescribed or over the counter medicine and to describe all types of medicine.

Golden Flatts Primary School defines "prescription medication" as any drug or device prescribed by a doctor.

Golden Flatts Primary School defines a "staff member" as any member of staff employed at the school, including teachers.

### **4. Key roles and responsibilities**

The Governing Body has overall responsibility for the implementation of the Administering Medication Policy and procedures of Golden Flatts Primary School.

The Governing Body has overall responsibility of ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

The Governing Body is responsible for handling complaints regarding this policy, as outlined in the school's Complaints Policy.

The Governing Body is responsible for ensuring the correct level of insurance is in place for the administration of medication.

The Governing Body is responsible for ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.

The Governing Body is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.

Golden Flatts Primary School  
Administering Medication Policy

The Governing Body will manage any complaints or concerns regarding the support provided or administration of medicine using the school's Complaints Procedure Policy.

The Executive Headteacher and Head of School are responsible for the day-to-day management and implementation of the Administering Medication Policy and relevant procedures of Golden Flatts Primary School.

The Executive Headteacher is responsible for ensuring that appropriate training is undertaken by staff members administering medication.

The Executive Headteacher is responsible for ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.

Miss E. Bestford is the designated member of staff who is responsible for overseeing insulin injections for diabetic pupils.

Staff, including teachers, support staff and volunteers, are responsible for following the policy and procedures and for ensuring pupils do so also.

Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.

If a pupil is sent to hospital, at least one member of staff will accompany the pupil until their parent/carer has arrived.

Parents/carers are expected to keep the school informed about any changes to their child/children's health.

Parents/carers are expected to complete a medication administration form (appendix A) prior to bringing medication into school.

Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

The Executive Headteacher is responsible for ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities. If a child is out on a school trip, an identified First Aider with an up to date certificate must administer the medicine. It is imperative therefore that a First Aider must be included in all school trips and out of school activities.

In the case of staff absence, the Executive Headteacher/Head of School is responsible for organising another appropriately trained individual to take over the role of administering medication.

It is both staff members' and pupils' responsibility to understand what action to take in general terms during a possible medical emergency, such as raising the alarm with the Executive Headteacher/Head of School or other members of staff.

#### **5. Training of staff**

Teachers and support staff will receive training on the Administering Medication Policy.

Teachers and support staff will receive regular and ongoing training as part of their development dependent on job role.

The Executive Headteacher will ensure that a sufficient number of staff are suitably trained in administering medication.

All relevant staff will be made aware of a pupil's medical condition.

The Executive Headteacher will ensure that supply teachers are appropriately briefed regarding pupils' medical conditions.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

The Governing Body will provide staff members with opportunities and details of CPD.

Golden Flatts Primary School will provide whole-school awareness training so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.

#### **6. Medication**

Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form (appendix A).

No pupil under the age of 16 will be given medicines without written parental consent.

Under no circumstance will a pupil under the age of 16 be given aspirin unless there is evidence that it has been prescribed by a doctor.

**Medicines must be in date, labelled, and provided in the original container with dosage instructions.** Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.

Before administering medicine, maximum dosages and when the previous dose was taken will be checked. If this is unclear, parents/carers will be contacted immediately and this information will be written down.

A maximum of four weeks' supply of medication may be provided to the school.

Golden Flatts Primary School  
Administering Medication Policy

When medicines are no longer required, they will be returned to the parents/carers of the pupil. Any medications left over at the end of the course will be returned to the pupil's parent/carer.

Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.

Medications will only be administered at school if it would be detrimental to the child not to do so.

Medications will be stored securely in the School Office. Exceptions to this are asthma inhalers and eczema creams which are kept in classrooms and epi-pens which must be kept close to the pupil at all times.

In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.

Only suitably qualified staff will administer a controlled drug.

Staff members have the right to refuse to administer medication. If a class teacher does refuse, the Executive Headteacher will delegate the responsibility to another staff member.

Written records will be kept for any medication administered to pupils.

Pupils will never be prevented from accessing their medication.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher. Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication. These arrangements will be reflected in their individual healthcare plan (IHCP).

If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed immediately so that alternative options can be considered.

Lynnfield Primary School cannot be held responsible for side effects which occur when medication is taken correctly.

Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.

## **7. Individual healthcare plans and Administration of Medicines in schools forms**

For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the pupil, parents/carers, Executive Headteacher/Head of School, special educational needs coordinator (SENCO) and medical professionals. In the absence of

medical professionals in the meeting, letters and documentation regarding the dosage and administering of medication will be used. There will also be a Risk Assessment and Personal Emergency Evacuation Plan

When deciding what information should be recorded on an IHCP (see appendix B), the Governing Body will consider the following:

- The medical condition, as well as its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for school trips and external activities
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

The Governing Body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year.

#### **8. Monitoring and review**

The Executive Headteacher will review this policy on an annual basis and make any changes necessary.

**Review Date: October 2019**

**Reviewed by: S. Sharpe**

**Approved by Governors:**

**Next Review Date: October 2020**

## Appendix A

### Administering and handling medication during the Covid-19 pandemic

1. When administering medication, staff are expected to:
  - Follow the procedures set out in the Administering Medication Policy.
  - Adhere to the school's social distancing and infection control measures as much as possible.
  - Minimise the time spent in close proximity to others where maintaining a distance of two metres is not possible – staff should use side-by-side interaction with others instead.
  - Minimise face-to-face contact where side-by-side interaction is not practical.

The school acknowledges that the use of PPE is not required to administer medication in most circumstances. However, if the administration the medication does require the use of PPE this will be detailed on the initial paper work when it is completed. This information will be identified in the **Special circumstances** section of the **Administration of Prescribed Medication in School Consent Form** (Appendix B) and in the section **Any other information relating to the pupil's health care in school** on the pupil's **Individual Healthcare Plan** (Appendix C). The member of staff completing this paper work needs to ensure that they have passed this information onto the person tasked with administering the medication. The member of staff administering medication should also ensure that they have had sight of these documents prior to administering medication in order to identify if PPE is required.

2. When handling and storing medication, staff are advised to:
  - Wash their hands for at least 20 seconds with soap and water or use an alcohol-based hand sanitiser before and after they handle medication.
  - Wash and disinfect frequently touched surfaces before contact, including any receptacles for storing medicine, where required.
  - Minimise the number of people handling medication.
  - Ensure that medication or medical equipment brought in from home is safe to be taken home again.

Appendix added April 2020

To be updated as part of annual review August 2020

**Appendix B ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOLS CONSENT FORM**

**PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE ADMINISTERED AT SCHOOL**

**To be completed by the parents of the pupil**

This form must be completed by the parents of children to ask the Executive Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school. If more than one medication is to be given a separate form should be completed for each.

School/College:

The school will not give your child medicine unless you complete and sign this form, and the Executive Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname:  Forenames:

Home Address:

Date of Birth:  Class/Form:

Condition or illness:

**MEDICINE DETAILS:**

Name/Type of medicine (as described on the container)

Name and address of the Prescriber (GP) of the medicine

Date when the medicine was dispensed:  Starting date of the medicine:  Ending date of the medicine:



Golden Flatts Primary School  
Administering Medication Policy

Expiry Date of Medicine

**FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child’s name and clear instructions for use. Product must be in date**

Dosage and amount to be given  
(as per label):

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required dose should be supplied.

Timing of administration:

Special precautions:

Side effects:

Procedures to be taken  
in an emergency:

Self-Administration  
Yes / No/Yes with supervision

\*Request my child is able to  
to carry their own asthma  
Inhaler/ adrenaline pen/diabetes  
device  
Yes / No

Child must be able to competently self-administer their medicine without supervision.

Golden Flatts Primary School  
Administering Medication Policy

**CONTACT DETAILS:**

Name:  Relationship to the pupil:

Home address:

Daytime Contact number:

**Where the school considers a Healthcare Plan is required then it should be completed.**

**PART B – UNDERTAKING BY THE PARENTS**

I understand that I must deliver the medicine personally to

In the case of children uses LEA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)  Date

Relationship to the pupil:

**PART C TO BE COMPLETED BY THE SCHOOL ( COPY RETURNED TO PARENTS)**

**1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL**

I agree that (name of pupil)

Will receive (quantity and name of the medicine)

at (times of administration)

Your child will be supervised whilst they take their prescribed medicine by the following members of staff:

You must personally bring your child's prescribed medicine to school and hand it to the office

Your child's prescribed medicine will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN (secondary schools only) AT SCHOOL**

I agree that (name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen / Diabetic device whilst in school and that this arrangement will continue until

Signed:   
Executive Head

Date:

**The school will not give your child medicine unless you complete and sign this form and the Executive Headteacher has agreed that school staff can administer the medication.**

## Appendix C

### Form 1 – Individual Healthcare Plan

#### For pupils with medical conditions at school

(NB prescribed medicine in school consent form must also be completed)

#### 1. Pupils information

Name of school \_\_\_\_\_ Class/form \_\_\_\_\_

Name of pupil \_\_\_\_\_

Date of birth \_\_\_\_\_  male  female

Member of staff responsible for home-school communication **Mrs Youll**

#### 2. Contact information

Pupil's  
address \_\_\_\_\_

Post Code \_\_\_\_\_

#### Family Contact 1

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

#### Family Contact 2

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

GP Name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Condition Information**

**3. Details of pupil's medical conditions**

Signs and symptoms of the pupil's condition

---

---

---

Triggers or things that make this pupil's condition/s worse:

---

---

---

**4. Routine / daily healthcare requirements**

(For example; dietary, therapy, nursing needs or before physical activity)

---

---

**5. Specific support for pupil's educational, social and emotional needs**

---

---

**6. What to do in an emergency**

---

---

---

---

---

**7. Regular medication taken during school hours**

**Medication 1**

Name/Strength

---

Dose and method of administration

---

---

When it is taken (time of day)?

---

**Medication 2**

Name/Strength

---

Dose and method of administration

---

---

When it is taken (time of day)?

---

Golden Flatts Primary School  
Administering Medication Policy

Are there any contra-indications  
(signs when medication should not be given)?

---

---

Are there any contra-indications  
(signs when medication should not be given)?

---

---

Self-administration: can the pupil administer  
the medication themselves?

Yes  No  yes, with supervision by:  
**Staff member's name**

---

Self-administration: can the pupil administer  
the medication themselves?

Yes  No  yes, with supervision  
by: **Staff member's name**

---

Spare / back up supply of medicine to be  
provided e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised  
to be held by child)

---

---

Spare / back up supply of medicine to be  
provided e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised  
to be held by child)

---

---

### 8. Emergency Medication

(Please complete even if it is the same as regular medication)

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

---

---

---

Describe what signs or symptoms indicate an emergency for this pupil

---

---

---

Dose and method of administration (how the medication is taken and the amount)

---

---

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

---

---

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

---

---

Golden Flatts Primary School  
Administering Medication Policy

Self-administration: can the pupil administer the emergency medication themselves?

Yes  No  yes,  with supervision by:

**Staff member's name**

---

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen  
YES / NO (If yes state location)

---

Is there any follow up care necessary?

---

---

Who should be notified if emergency medicines required?

Parents  Specialist  GP

---

**9. Regular medication taken outside of school hours**

(For background information and to inform planning for residential trips)

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

---

---

---

Are there any side effects that the school needs to know about that could affect school activities?

---

---

**10. Members of staff trained to administer medications for this pupil**

Regular medication **Mrs White and Mrs Waite**

Emergency medication

**First Aider**

**11. Specialist education arrangements required**

(E.g. activities to be avoided, special educational needs)

---

---

**12. Any specialist arrangements required for off-site activities**

(Please note the school will send parents a separate form prior to each residential Visit/off-site activity)

---

---

**13. Any other information relating to the pupil's healthcare in school?**

---

---

**14. Form copied to:**

Parent/ Carer/ Class Teacher/ School Office

**Parental and pupil agreement**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pupil

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent (if pupil's age is below 16)

Print name \_\_\_\_\_