



# **LONGBENTON** HIGH SCHOOL

## **Managing Medicines 2017**

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<b>RESPONSIBILITY:</b>	Director of Support Services
<b>IMPACT ASSESSMENT:</b>	LA Policy
<b>GOVERNING COMMITTEE:</b>	Finance & Premises Sub-Committee
<b>REVIEWED:</b>	October 2017
<b>RATIFIED:</b>	
<b>WEBSITE:</b>	Forms only

## **Background to the Policy:**

Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, **in accordance with the procedures detailed within this guidance**, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.
- Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours; however this should only be when essential. Where clinically appropriate medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.
- Written agreement from parents/guardian is required prior to administering any medication (form A).
- Where appropriate written confirmation of instructions from a health practitioner is required prior to administering prescribed medication.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
- The school will have a system of record keeping. Records of all administration and disposal of medications must be kept in a bound book to prevent falsification. (form B)

**This policy applies to:** All Pupils

## Statement of the Policy

The purpose of this policy is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

## Main Policy

1. All medication must be in the original container.
2. All medication **MUST** be clearly labeled with:
  - the child's name
  - the name and strength of the medication
  - the dosage and when the medication should be given
  - the expiry date
3. All prescribed medication (including homeopathic medicines) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

If two medications are required, these should be in separate, clearly and appropriately labeled containers.

4. On arrival at school, all medication is to be handed to the designated member of staff by the parent, unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.
5. A Health Care Plan should be completed where a student has specific medical needs or where the need to administer medication exceeds 2 weeks. A HCP should identify the student's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.

## Storage of Medication in school

1. Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff. Epipens should be stored in a secure but easily accessible location.
2. If refrigerated storage is required this must be lockable and in a designated area of the school and used solely for that purpose

3. Once removed from the cabinet, medication should be administered immediately and never left unattended.
4. An emergency inhaler (blue) and AAI/Epipen are kept in the medicine cabinet. Approval should be sought from parents when completing Form D, Request to carry medication. Where possible contact should be made with parent to administer emergency inhaler. The inhaler should be cleaned with an antiseptic wipe prior to and after use.

## **Documentation**

1. Samples of documentation are included in the appendices.  
***N.B*** verbal and text messages are not acceptable.
2. Each pupil receiving medication will have the following documentation:
  - Written request and permission by Parents/Guardians for school to administer medication (Form A - appendices)
  - Written confirmation of administration from a health practitioner for prescribed medicines
  - Pupil record of medication administered. (Form B - appendices)
  - Parental/guardian consent for school trips
3. In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C – Appendices).

## **Administration of Medication**

Employees who undertaken within their role the administration of medication and health care:

- Shall receive training and advice from the appropriate health practitioner through the Local Authority
- Training will be updated appropriately and recorded (form E - appendices).
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered and countersign the administration record
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration (Form B - appendices).

- A child should never be forced to accept medication and where medication is refused parents will be informed.

### **Self-Administration of Medication**

Parents/guardians must complete a written request form for a child to self-administer medication. (Examples of medication include; Insulin or asthma medication). This will only be permitted where a child has been trained and is competent to administer their own medication. (Form D - appendices)

### **Record Keeping**

1. A system of record keeping will include:
  - Records of parental/guardian consent and or health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
  - Record of Health Care Plan
  - Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
  - Record of medication returned to the parent/carer wherever possible.
  - Record of medication disposed of and the form of this disposal
2. A parent/guardian request form should be completed each time there is a request for prescribed medication to be administered or there are changes to medication/administration instructions. Non-prescribed medication is excluded. The volume of non-prescribed medication taken by students will be recorded and parents will be advised by the school office termly in writing
3. The request form must include:
  - Child's name, class, date of birth
  - Reason for request
  - Name of medication, timing of administration and dosage of medication
  - Emergency contact names and telephone numbers
  - Name and details of Doctor and/or health practitioner
4. Reasons for not administering regular medication (e.g. refusal by pupil) must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.
5. The school must keep records of administration of medication in a bound book. This bound book must be kept in the storage cabinet.

## **Emergency Medication**

6. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Individual Care Plan (form C - appendices).
7. This type of medication will be READILY AVAILABLE.
8. Consent and Care Plan to be kept with the medication.
9. The Care Plan must be checked and reviewed TERMPLY.
10. It is the parents'/guardians' responsibility to notify school of any change in medication or administration.
11. Procedures in the Care Plan (sample in appendix) should identify:
  - Where the medication is stored
  - Who should collect it in an emergency
  - Who should stay with the child
  - Who will telephone for an ambulance/medical support
  - Contact arrangements for parents/carers
  - Supervision of other pupils
  - Support for pupils witnessing the event

## **Attached appendices relating to this policy**

Form A	Agreement to administer medicine
Form B	Record of Medicine/s Administered
Form C	Health Care Plan (HCP) <ul style="list-style-type: none"><li>• Section 2 Authorisation for the administration of emergency medication</li><li>• Section 3 Individual Epilepsy Plan</li></ul>
Form D	Request for child/young person to carry own medicine
Form E	Staff training record
Form F	Model letter inviting parents to contribute to HCP
Form G	Model letter advising parents of number doses of non-prescribed medication taken. To be issued termly (include copy of form B).

**Longbenton High School**  
**Form A – Agreement to Administer Medicine**

The school/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.

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**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	

**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 school/setting staff 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Form B – Record of Medicine/s Administered**

Name of School or Setting: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Quantity received No. of Doses/Volume: _____
Date received: _____
Quantity returned: _____
Date returned: _____

Date	Time	Name and strength of Medicine	Dose given	Doses/quantity Remaining	Comments	Signature of Staff Administering Medicine	Witnessed & checked by 2 <sup>nd</sup> Employee



### Form C - Health Care Plan (Managing Medicines)

Name of School/Setting	
Child's Name	
Group/Class/Form	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

### Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Who is responsible for providing support in school

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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 management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)

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:**

## Section 2 - Authorisation for the administration of emergency medication

*To be completed where administering of emergency medication may be required*

Name of School or Setting	
Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

*Delete where appropriate*

I consent to the use of school emergency blue inhaler in exceptional circumstances  
I consent to the use of the school emergency AAI/epipen in the event of an  
emergency

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Parent/carer Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3 – Individual Epilepsy Plan

*To be completed where there is a known history of epilepsy*

Name of School or Setting	
Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone No.	

Are there any triggers or warnings prior to a seizure?

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Description of usual seizures:

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Frequency of seizures –  
Please specify

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### Usual Care during a seizure

- Observe time at start of seizure
  - Stay with (name)\_\_\_\_\_ and reassure them
  - Summon help
  - Protect head from injury
  - Maintained privacy & dignity through removing other students from the area
  - Other care
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<b>Emergency care/medication:</b>
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

<b>Post Seizure</b>
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy

**Form D – request for child/young person to carry his/her own medicine**

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

*Delete where appropriate*

I consent to the use of school emergency blue inhaler in exceptional circumstances  
I consent to the use of the school emergency AAI/epipen in the event of an emergency.

Signature Of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Young Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: if more than one medicine is to be given then a separate form should be completed for each one.**

**Form E – Staff training record**

Name of school or Setting	
Name	
Type of training received	
Date training completed	
Training provided by	
Profession & title	

I confirm that \_\_\_\_\_ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Update of training: \_\_\_\_\_  
\_\_\_\_\_

I confirm that I have received the training detailed above

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

## Form F – Model letter inviting parents to contribute to individual Healthcare plan development

Dear Parent

### RE: 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 students 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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. The school may also consider the need for a Health Care Plan where the administration of medication exceeds 2 weeks. We will need to make judgements about how your child's medical condition impacts 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 **(date)**. 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 include **(add details of those who will also be present)**. 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 would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours faithfully



**Form G – Model letter advising parents of the number of doses of non-prescribed medication taken. To be issued termly (include copy of form B)**

Dear Parent

RE: Non-Prescribed medication.

Thank you for informing us of your child's medical condition and authorising us to hold non-prescribed medication on behalf of your child.

As per our policy, please find enclosed a copy record of non-prescribed medication administered between X and X.

We currently still have X tablets remaining.

Please note, unless you contact us to the contrary, we will continue to allow your child access to the stipulated non-prescribed medication as agreed.

Should you no-longer wish for your child to have access to the stipulated non-prescribed medication, please contact the school immediately and agree a convenient time to collect any remaining non-prescribed medication.

Should you have any queries, please contact the school office or your child's Year Leader.

Yours faithfully