



Oughtibridge Primary School

Administration of Medication Policy

Contents

1. Statement of Intent
2. Legal Framework
3. Roles and Responsibilities
4. Medicines at Oughtibridge Primary School
5. Individual Healthcare Plans
6. Receiving medicines to administer in school
7. Storage/movement of medicines in and around school
8. Administering medicines
9. Records
10. Disposal of medicines
11. Out of school activities and trips
12. Appendices
 - 1. Parent request form
 - 2. Medication record for pupils with Individual Healthcare Plan
 - 3. IHP template posters

1. Statement of Intent

1.1 Oughtibridge Primary School will ensure that pupils with medical conditions are properly supported in order that they have full access to education, including school trips and physical education.

1.2 The school is committed to ensuring that parents and pupils feel confident in our ability to provide effective support for medical conditions in school. We will show an understanding of how medical conditions impact on a child's ability to learn.

2. Legal framework

This policy has been written with due regard to statutory legislation and guidance including, but not limited to:

- Children and Families Act (2014)
- Department of Education (2015) Supporting pupils at school with medical conditions
- Equalities Act (2010)
- Medicines Act (1968)

3. Roles and responsibilities

3.1 **The Governing Board** are responsible for:

- The implementation of this policy and associated procedures.
- Ensuring that this policy does not discriminate on any grounds.
- Ensuring that sufficient staff have received suitable training and are competent to administer medication to children.
- Managing any complaints or concerns regarding this policy.

3.2 **The Headteacher** is responsible for:

- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that there are sufficiently trained staff to undertake medicines administration, including in contingency and emergency situations.
- Ensuring that relevant health and social care professionals are consulted to make certain that the needs of pupils with medical conditions are properly supported.
- Ensuring that individual healthcare plans are in place for pupils with long term medical conditions.
- Ensuring that insurance is in place for administering medication to pupils.

3.3 **All Staff** are responsible for:

- Adhering to this policy
- Ensuring they are aware of pupils with medical conditions

- Undertake the requisite training to comply with this policy and do not attempt to administer medicines without such training.

3.4 The Parent/Guardian/Carer are responsible for:

- Providing the school with sufficient up-to-date information about their child's medical needs.
- Informing the school about any changes to their child's medication.
- Completing 'Parental request to administer medication in school' form for short term conditions.
- Checking and signing their child's Individual Healthcare plan annually.
- Supplying the school with adequate medication to enable administration.

4. Medicines at Oughtibridge Primary School

Oughtibridge Primary School categorises medicines to be administered to pupils according to:

- how the medicine will be administered
- the consequences of not administering the medicine
- the need for decision making in whether to administer the medicine or not

In this policy Low Risk Medication, Medium Risk Medication and High Risk Medication are collectively referred to as "Medicines" unless otherwise stated.

4.1 Low risk medications (Examples: antibiotics, analgesia)

- are only to be given in the short term (for medical conditions lasting less than 8 days).
- are given by mouth (orally) or applied to the skin (topically) only.
- A 'Parental request to administer medication in school' form must be in place for each Low Risk Medication.

4.2 Medium Risk medications (Examples: antihistamines for allergic reactions)

- are required for long term conditions.
- are given by mouth (orally) or applied to the skin (topically) only.
- A decision whether to administer may have to be made by the staff.
- The pupil must have an Individual Healthcare plan in place that has been signed by the parent.

4.3 High Risk medications are (Examples: adrenaline autoinjectors for anaphylaxis, insulin for diabetes)

- are required for long term conditions.
- are given by injection, buccally or rectally.
- The pupil must have an Individual Healthcare plan in place that has been signed by the parent.
- A decision whether to administer may have to be made by the staff.

4.4 Controlled Drugs are medicines that are subject to strict legal controls as they may cause serious problems and harm if they are not used properly. This policy does not cover the administration of controlled drugs. The administration in school of controlled drugs will be considered on a case by case basis by application to the Headteacher.

4.5 Oughtibridge Primary School will only administer Medicines to pupils if they have been prescribed or authorised in writing by a doctor or other healthcare professional. The only exception to this is single doses of paracetamol on residential trips (see section 12).

4.6 If a Medicine has not been prescribed because it is purchased by the parent for their child, it must be accompanied by a letter from a doctor or healthcare professional authorising its administration, including name of medicine, dose, frequency of administration and indication for use otherwise the medicine cannot be accepted into school nor administered.

4.7 Oughtibridge Primary School reserves the right not to administer medicines in school. In these cases there would be a discussion with the Headteacher and parent of the child.

5. Individual Healthcare Plans

5.1 For pupils with long term medical conditions (more than 8 days) an individual healthcare plan (IHP) must be written in liaison with the pupil, their parents, the school business manager, the deputy head, the SENDCO and any relevant healthcare professionals.

5.2 IHPs are formatted as posters for ease of understanding (Appendix 3).

5.3 Each classroom will hold a folder of IHPs in a secure location. This will contain the IHPs for all pupils in the year group. Additional folders will be held in the school office, Dining Pod, Coumes Hall and with the School Business Manager containing IHPs for all pupils.

5.4 The IHP must contain

- Name of pupil.
- Year group.
- Photograph of pupil.
- Medical condition.

5.5 Additional information may also be necessary to enable staff to support the pupil with their medical condition. This may include:

- Triggers, signs, and symptoms of the condition that may require treatment in school.
- The specific support required e.g.
 - Medication, including dose and frequency with possible side effects
 - Dietary requirements
- The level of support needed and whether the pupil will be able to take responsibility of their own health needs.
- The specific support required for the pupil's educational, social and emotional needs.
- What is defined as an emergency including signs and symptoms that staff should be aware of.
- What to do in an emergency including who to contact.

- Which staff members need to be aware of the pupil's condition.
- Which staff members can fulfil the role of being a designated, entrusted individual to whom confidentiality issues can be raised.

5.6 IHPs must be reviewed annually or when changes to a pupil's medical condition or medication occur.

5.7 Parents must sign the IHP, confirming the details are correct. This acts as consent for the school to administer treatment or medication as documented on the IHP. The IHP will state that in signing the IHP the parent consents to the school administering treatment or medication as documented on the form.

6. Receiving medicines to administer in school

6.1 For pupils with short term medical conditions requiring the administration of Low Risk Medications a 'Parental request to administer medication in school' form (Appendix 1) must be completed and signed by the Parent when a medicine is brought into school. These are held with the medication and will be scanned in and filed in pupil records once completed.

Parents must sign the Parental Request to Administer Medication in School Form confirming the details are correct. This acts as consent for the school to administer treatment or Medication as documented on the Parental Request to Administer Medication in School Form. The Parental Request to Administer Medication in School Form will state that in signing the IHP the parent consents to the school administering treatment or Medication as documented on the Parental Request to Administer Medication in School Form.

6.2 For pupils with long term medical conditions requiring the administration of Medium Risk Medications and High Risk Medications a 'Medication Record for pupils with Individual Healthcare Plan' form (Appendix 2) should be completed, signed by a Parent, when a medicine is brought into school. These are held with the medication and will be scanned in and filed in pupil records once completed.

6.3 The school will only accept medications that are prescribed to the child (save those which are accompanied by written evidence from doctor or health care professional of the Pupils need for that medicine see paragraph 4.6 above).

6.4 Medication must be supplied to school:

- In the original container.
- Labelled (by a pharmacy) with the child's name, the name of the medication, the dose and how often the medication should be given.
- In date.
- With appropriate devices to administer the medication (e.g., medicine spoons, oral syringes, needles).
- With storage instructions if not suitable to be stored at room temperature.

7. Storage/Movement of medicines in and around school

- **Low Risk Medications:**
The parent will bring the medication to school and collect on a daily basis.
- **Medium Risk Medications**
Medication can be left in school.
- **High Risk Medications**
Medication can be left in school.

7.1 Pupils must not carry their medicines with them.

7.2 Medicines that need to be taken regularly will be stored in the school office(s) out of the reach of children or in a fridge (as appropriate), save as set out at 7.4 below.

7.3 Medicines must be stored with the parental request form/Medication record form for pupils with IHPs.

7.4 Medicines that may be required in an emergency (e.g., inhalers, adrenaline autoinjectors) must be kept in the pupils' classroom. They should be moved with the pupil for PE, lunch etc.

7.5 Controlled Drugs must be stored in a locked cupboard. Access to this cupboard should be restricted to the staff that will be administering any medicines contained within. Controlled Drugs must not be kept in school overnight, the quantity received by school and sent home at the end of the day must be recorded and checked by the parent in person.

7.6 Medicines should be checked monthly to ensure they are still in date. Parents must be informed if their child's medication is due to expire in the next month to enable them to obtain further supplies.

8. Administering medicines

- **Low Risk Medications:**
Staff administering this medication must have undertaken basic first aid training.

- **Medium Risk Medications:**
Staff administering this medication must have undertaken basic first aid training and additional training specific to the medical condition as appropriate.

- **High Risk Medications:**
Staff administering this medication must have undertaken basic first aid training and additional training specific to the medical condition

8.1 Medication will be administered so far as possible and not in the case of emergency in a private and confidential environment and as far as possible in the same place as the medicine is stored (usually the school office).

8.2 The room will be equipped with a sink and personal protective equipment (e.g. gloves).

8.3 Before administering a medication to a pupil, the staff member must:

- Check that it is the correct pupil.
- Check that they have parental consent to administer medication to the pupil.
- Check that the medication on the request form/IHP is the same.
- Check that the name on the pharmacy label is that of the pupil.
- Check that the dose on the pharmacy label matches the dose on the request form/IHP. In the case of variable doses the pharmacy label may not specify what dose should be given, in this case the IHP must be referred to for dosing information.
- Check it is the correct time to administer the medication.
- Check that the medication has been stored correctly.
- Check that the medication is in date.

8.4 If there are any concerns or the staff member notes a discrepancy the medication must not be administered to the pupil. The school will contact the parent and document any action taken.

8.5 If a child refuses to take the medicine, staff will not force them to do so. The school will contact the parent and document any action taken.

9. Records

9.1 General school records

The school will maintain a complete register of all pupils with medical conditions. The register and IHPs for children in all year groups will be stored electronically.

9.2 Records of the administration of medicines

A record must be made of the date and time that medication is administered to a pupil.

9.3 The school must maintain a record of medicines received and when those medicines are returned to the parent. For short term medication this forms part of the Parental request form; for pupils with long term conditions a Medicines Record form should be used.

9.4 In the case of variable dose medication e.g., insulin, the dose must also be recorded.

9.5 Records of the storage of medicines

For medication that is left in school, the school must check quantity and expiry date at least monthly and record on the Medicines record form.

10. Disposal of medicines

10.1 Any expired medicines should be given to the parent to dispose of.

10.2 Sharps bins will be given back to the parent to dispose of.

11. Out of school activities and trips

11.1 There will be at least one member of staff who is trained to administer Medication on every out of school activity.

11.2 All staff members and volunteers must be aware of any pupil who has an IHP or parental request form and will need Medication on out of school activities.

11.3 In the event of a school trip or activity which involves leaving the school premises, medication must be readily available to the pupil (s) who have IHPs/Parental Request Forms.

11.4 In the event that an out of school activity includes pupils who hold IHP or parental request forms the medication must be carried along with the pupil's IHP or parental request form by a member of staff trained to administer the Medication.

11.5 In the event of a school trip or activity which involves leaving the school premises, medication must be readily available to the pupil.

Residential trips - Age-appropriate paracetamol

11.6 Age-appropriate paracetamol should be available for residential trips.

- Under 6 years old (120mg/5ml paracetamol oral suspension)
- 6 years and over (250mg/5ml paracetamol oral suspension)

11.7 If a pupil complains of headache or fever the parent should be contacted before the dose is given to the pupil for consent to administer paracetamol. It is possible that a pupil may require paracetamol within 4 hours of leaving home. In this instance it must be confirmed with the parent that the child has not had any paracetamol in the previous 4 hours.

11.8 Trained staff may administer a **single** dose of paracetamol to a pupil who is complaining of headache or fever.

11.9 The dose of paracetamol to be administered must be taken from the bottle. There must be no deviation from this.

11.10 There must be a gap of at least 4 hours between doses of paracetamol.

11.11 If the parent cannot be contacted it may be in the best interest of the pupil to be given a dose of paracetamol. Staff must not give a dose a paracetamol until at least 4 hours after leaving school. The parent should be informed as soon as possible.

11.12 A written record should be made of the name of the child, the symptoms they complain of, the attempts to contact the parent, any consents given by a parent, time of administration and the dose of paracetamol given.

11.13 The pupil must be monitored to ensure they do not deteriorate.

11.14 A second dose of paracetamol must not be given if the pupil is still unwell. The parent must be informed and the pupil collected from the residential.

12. Appendices

1. PARENTAL REQUEST TO ADMINISTER MEDICATION – SHORT TERM

(1 of 2)

Oughtibridge Primary School will not give your child medication unless this form is completed and signed. Medication will only be administered if it has been prescribed to your child, is in the original, has a pharmacy label with details of dose and frequency that must be given during the school day.

Name of child			
Date of birth		Class	

Medical condition or illness			
Name of medicine			
Dose and method of administration			
Time to be given		Duration of treatment	
Side effects			
Storage requirements (e.g., fridge)			
Date medication dispensed		Expiry date of medication	
Actions to take in an emergency			

I understand that I must deliver the medicine to the school office and collect it at the end of each day in person.

I accept that Oughtibridge Primary School is not obliged to administer medication.

I understand that a non-medical professional will only administer my child's medication as defined by a prescribing professional.

Name	
Relationship to child	
Daytime telephone number	

Signed		Date	
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For office use only.

(2 of 2)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
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Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)

Administration	Time	By (initials)	By (initials)

2. MEDICATION RECORD FOR PUPILS WITH INDIVIDUAL HEALTHCARE PLAN

Name of child			
Date of birth		Class	


Medical condition or illness	
Name of medicine	

Date received	Received by	Expiry date

Administration

Date	By (initials)	By (initials)	Dose	Comments

3. IHP TEMPLATE POSTERS

 <div data-bbox="300 810 976 990">NAME YEAR GROUP</div>	Child's photograph
General information	
<p>I can confirm that the information on the document is correct and has been approved.</p> <p>Signed <input type="text"/> Print name <input type="text"/> Date <input type="text"/></p>	



NAME
YEAR GROUP

Child's photograph

NAME has an allergy to ??

It is extremely important that she avoids this in all forms.

Mild reaction	Treatment
<ul style="list-style-type: none">• Skin/mouth itch• Hives/rash• Lip/Facial swelling• Nausea/Vomiting• Wheezy/Tight chest• Throat swelling	Contact parents.

Severe Reaction	Treatment
<ul style="list-style-type: none">• Any worsening of the mild reaction.• Imminent collapse• Floppiness• Pale, loss of colour• Severe abdominal pain/diarrhoea• Severe difficulty with breathing/swallowing	Ask someone to call 999 asking for paramedics saying "EMERGENCY ANAPHYLAXIS (anna-fi-lax-is) WITH COLLAPSE WITH BREATHING DIFFICULTY"

Phone NAME parents as soon as the ambulance has been called.

I can confirm that the information on the document is correct and has been approved.

Signed

Print name

Date



NAME
YEAR GROUP

Child's photograph

Please be aware that NAME is extremely allergic to ??
It is extremely important that she avoids these in all forms.
If accidental exposure were to occur, please follow the
treatment plan below.
NAME medicine is kept in ??

Mild reaction	Treatment
<ul style="list-style-type: none">Swollen lips, face or eyesItchy/tingling mouthHives or itchy skin rashAbdominal pain or vomitingSudden change in behaviour	<p>Stay with the child. Call for help if necessary.</p> <p>Locate a <u>drenaline autoinjector(s)</u> stored in the stockroom in her classroom.</p> <p>Give antihistamine: Cetirizine 10 mg (if vomited, can repeat dose).</p> <p>Phone parent/emergency contact.</p>

Severe Reaction	Treatment
<ul style="list-style-type: none">Persistent coughHoarse voiceDifficulty swallowingSwollen tongueDifficult or noisy breathingWheeze or persistent coughPersistent dizzinessPale or floppySuddenly sleepyCollapse/unconscious <p>IF WHEEZY, GIVE ADRENALINE FIRST, THEN ASTHMA RELIEVER (BLUE PUFFER) VIA SPACER.</p>	<p>Lie NAME flat with legs raised (if breathing is difficult, allow NAME to sit).</p> <p>Use EpiPen without delay (dose 0.3 mg).</p> <p>Dial 999 for an ambulance and say anaphylaxis (<u>an</u> <u>al</u> <u>l</u> <u>ax</u> <u>is</u>). If in doubt, give adrenaline.</p> <p>Stay with NAME until the ambulance arrives, do not stand her up.</p> <p>Commence CPR if there are no signs of life.</p> <p>Phone parent.</p> <p>If no improvement after 5 minutes, give a further adrenaline dose using a second <u>autoinjectable</u> device, if available.</p>

Phone NAME parents as soon as an ambulance has been called.

I can confirm that the information on the document is correct and has been approved.

Signed

Print name

Date