


# Medication Policy & Management Procedures

<b>Policy:</b>	<b>Medication Management Policy</b> statutory	
<b>This policy was adopted or reviewed on:</b>	March 2017 <b>Amendments to previous policy in blue.</b>	
<b>Review Date:</b>	August 2019 (LA review)	

Signed \_\_\_\_\_ (Chair of Governors)



This document is produced in conjunction with the Leicestershire Partnership Trusts. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland. We would also draw your attention to the appendices listed on the Schools EIS for access and information relating to Individual Care Plans and specific medical needs/conditions. This document is revised in line with the current Department for Education 'Supporting pupils at School with medical conditions' 2014, which replaces the previous Managing medicines in Schools and early years settings 2005.

## MEDICATION POLICY

The Board of Governors and staff of Oxley Primary School wish to ensure that pupils with medication needs receive appropriate care and support at School. The Head Teacher will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the School day. Where possible, pupils should be encouraged to self-administer under supervision. It must be stressed that where prescription drugs are administered it shall be by those members of staff that have volunteered, unless medically trained staff are employed at site. It should **not** automatically be assumed that a qualified First Aider will fulfil this role.

This policy is also linked to the school's [Asthma Policy](#) and [Intimate Care Policy](#).

- Staff will **not** give a prescribed/non prescribed medicine or care unless there is specific written consent from parents.
- If a child requires medication and/or care on a long-term basis\*, 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.**

*\*Examples of this includes severe asthma, diabetes, severe allergies etc.*

## PROCEDURES

- In the first instance, the Head Teacher should be informed of an individual's diagnosis and prescription medication.
- An member of school staff 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.

## RESPONSIBILITIES

### Parents/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupil's condition and medication must be recorded.
- Only reasonable quantities of medication should be supplied to the School (eg, 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.
- Notification of changes in prescription drug issued by GP must be directly given to School by Parent/Guardian.
- 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.**

### School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away). Some drugs may require refrigeration.
- Where emergency medication is prescribed this must remain with the pupil at all times. E.g. EpiPen, Asthma inhalers
- Maintain and record dosage prescribed/administered.
- Identify if additional training needs are required for staff. Source and arrange training.
- Locate and record care plan for individual pupils, identifying the supporting staff.
- If a medical emergency develops activate the relevant procedures and call 999
- Each term a nominated member in school to check emergency medicines are in date and note the expiry date to avoid expired medication during the term.
- There needs to be a clear audit trail of this.

- The school should encourage parent / guardian to make a note of expiry dates of medication.

### **G.P/Consultant/Medical Professional Responsibility**

Prescriptive labelled drugs must contain:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) ie, refrigeration
- Expiry Date

### **Consent Form.**

See appendix A - contained within this document for completion.

- 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a medical professional.

### **Individual Care Plan.**

See appendix 'B' on Schools EIS system under 'A' Administration of medicines

### **Appendices to this policy:**

**Appendices for information and completion can be sought from the Schools LTS system under 'A' for Administration of medicines. In the electronic version of this policy, the links to external documents are included here:**

- Appendix A Parental Consent form for medicines (contained within this document)
- Appendix B Individual Health Care Plan (IHCP) for pupils (contained within this document)
- Appendix C Advice on Medical Conditions (contained within this document)
- [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' statutory guidance from DfE.
- [Appendix G](#) Emergency Sabutamol inhalers in Schools D of H document
- [Appendix H](#) Epilepsy Health and record forms from Health professionals

**Appendix A** (a version of this form is on the school website for parents/carers to access directly.)  
**General Care Plan/ Parent/Guardian/Carer CONSENT FORM**

**Request for Administration of Medicines**

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 (delete as appropriate)

Could you please, therefore, administer the medication as indicated above

.....(dosage) at.....(timed)

With effect from.....until advised otherwise. Strength of medication: .....

The medicine should be administered by mouth/in the ear/nasally/other.....  
(delete as appropriate)

I consent/do not consent for my child to carry the medication upon themselves (delete as appropriate)

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 .....(Child's Name) whilst administering medicines to children.

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

Name of parent/carer (PRINT NAME)

.....  
(with legal responsibility for the child)

Contact Details:

Home.....Work:.....Mobile:.....

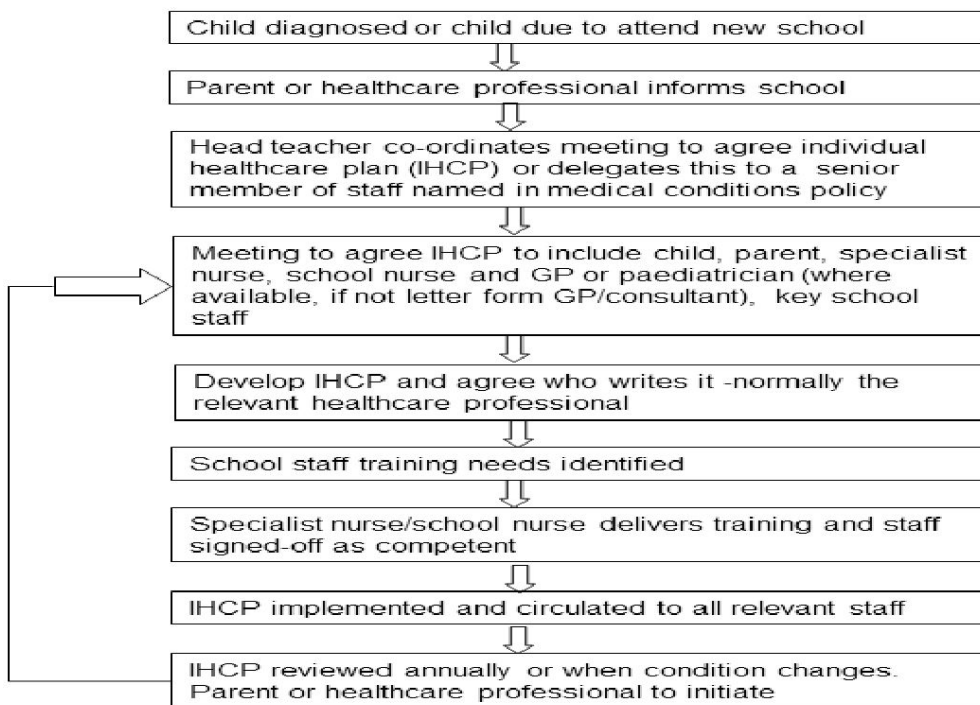
PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUNCTION WITH THE WHOLE DOCUMENT

**Record of Administration of Medicines**

<b>Date</b>	<b>Time</b>	<b>Name of medication and Dosage</b>	<b>Administered by:</b>

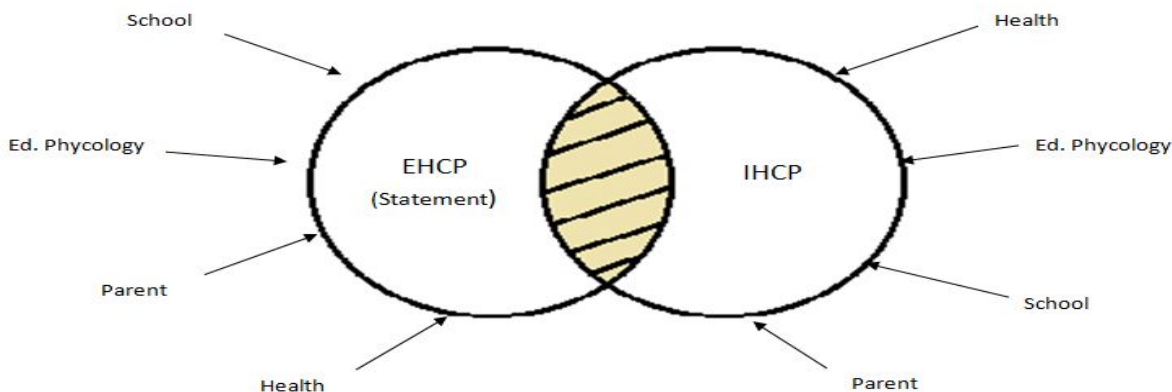
**Appendix B – Information to support the completion of an Individual Health Care Plan (IHCP)**

**Individual Health Care Plan (IHCP)** = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Head teacher and parents. THIS MUST BE FORMALLY RECORDED AND REVIEWED AT REGULAR INTERVALS. A template/proforma is available for download on the Leicestershire Traded Services website, see appendices.



Some children with medical conditions may have physical disabilities. Where this is the case governing bodies **MUST** comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement or Education Health Care plan which will bring together health and social care needs, as well their special educational provision.

**Educational Health Care Plan**



**EHCP**  
 "This is the new statement of educational needs and may incorporate the need for specialist medicines".

**IHCP**  
 "Individual health care plans – is direction for managing emergency or specialist medicines given".

## Healthcare Plan for Pupil with Medical Needs

**Oxley Primary School**  
(insert photo of child here)

<b>Name of Pupil</b>		<b>Address:</b>
<b>Date of Birth</b>		
<b>Class</b>		

<b>Condition(s):</b>	<b>Date of Plan</b>	
	<b>Review Date</b>	

<b>Family Contact 1</b>	<b>Family Contact 2</b>	<b>Family Contact 3</b>
Name: Phone: Relationship:	Name: Phone: Relationship:	Name: Phone: Relationship:

<b>GP Contact details</b>	<b>School Nurse</b>
Name: Phone:	Alison Griffiths Loughborough Hospital Hospital Way, Loughborough LE11 5JY

**Describe condition and give details of pupil's individual symptoms:**

**Daily Care requirement**

**Describe what constitutes an emergency for Ashton and the action to take if this occurs;**

### **AMBULANCE: EMERGENCY SERVICE 999**

Message to be given: Full name

Oxley School Address and description of location.

A Copy of care plan should accompany child to the hospital.

Second call to child's parent and inform them of the incident.

**Who is responsible in an emergency: (State if different on off-site activities?)**

<b>Names</b>	<b>Designation</b>
	Class Teachers
	First Aid Team Member
	Head Teacher

**Signature Class Teacher:**..... **Date:**.....

**Print** .....

**Signature Parent/Guardian:**..... **Date:**.....

**Print** .....

**Signature SENCO:**..... **Date:**.....

**Print** .....

**Signature School Nurse:**..... **Date:**.....

**Print** .....



## Appendix C - Advice

### 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><a href="http://www.asthma.org.uk">www.asthma.org.uk</a></p> <p>Asthma Helpline – Tel: 0800 121 6244</p>	
<p>Guidance for teachers concerning Children who suffer from fits</p> <p><a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a></p> <p>Helpline No: 0808 800 5050</p> <p><a href="mailto:www.helpline@epilepsy.org.uk">www.helpline@epilepsy.org.uk</a></p> <p>Guidance for teachers concerning Children who suffer from fits</p> <p><a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a></p> <p>Helpline No: 0808 800 5050</p> <p><a href="mailto:www.helpline@epilepsy.org.uk">www.helpline@epilepsy.org.uk</a></p>	<p>See appendix 'Epilepsy Health forms' on LTS website 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><a href="mailto:info@haemophilia.org.uk">info@haemophilia.org.uk</a></p> <p>Tel: 020 7831 1020</p>	
<p>Allergies Anaphylaxis Campaign</p> <p><a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a></p> <p>Help line 01252 542029</p>	<p>See appendix D 'Emergency Action Plan' forms on LTS website 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><a href="http://www.ukts.org">www.ukts.org</a></p> <p>email: information or <a href="mailto:office@ukts.org">office@ukts.org</a></p> <p>Tel: 020 8882 0011</p>	
<p>Sickle Cell Disease</p>	

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

**This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire partnership groups / healthcare professionals – August 2016.**

**We would like to express our thanks to those who have contributed and emphasise that this policy document is required to be made site specific for your establishment and signed off by the Senior Management Team as current and valid. An annual review is required.**

**Summary of Updates:**

Template of policy reviewed - to be made relevant to site / establishment – August 2014

Appendices made available on EIS/Leicestershire Traded Services Website for specific medical needs / conditions – August 2014

Contact details and telephone no's updated.

Anaphylactic details updated from health – new fax No: updated – 0116 258 6694 – August 2015

Amendments regarding prescription and non-prescriptive medicines to enforce parental consent form- June 2016

Anaphylactic forms from health updated to include Emerade EAP and email reporting address – June 2016.

Formatted into Leicestershire Traded Services document – August 2016