



Bromstone Primary School
Medicine in School Policy

Formulation date: 1st September 2015
Senior Team Responsibility: Inclusion Leader
Governors' Reviewing Committee: PDiHSS
Approved on: 26th March 2019
Reviewed : 25th November 2021
Next Review Date: November 2023
Associated Documentation: None

POLICY FOR THE ADMINISTRATION OF MEDICINES TO CHILDREN IN SCHOOL

All members of teaching and non-teaching staff must be made aware of this policy, the notes and procedures regarding the administration and self-administration of medicines in school.

Notes

Teachers have no contractual obligation to administer medicine and any agreement to do so would be a voluntary act. It is possible for such obligations to be included in the employment of some non-teaching staff.

Parent/carers are responsible for the administration of medicines to their children.

Medicine will not be administered by school staff, other than in exceptional circumstances, where prior agreement has been sought by the parent/carer and agreed by the Headteacher and a School Medicine Record has been completed and signed by the parent/carer in advance.

Where a child is prescribed medicine to be taken 3 times a day, the parent/carer will be expected to administer it at home at breakfast, at home when the child returns from school and once at bed time.

Where a child is prescribed medicine which is required 4 times a day, the parent/carer will be expected to administer it as per above, but the second dose may be administered at school at lunchtime. The parent/carer will be required to come to school to do this. In the event that this is not possible, the a school first aider will administer the medicine, but only if a School Medicine Record has been completed and signed by the parent/carer in advance.

Before the school will agree to self-administration, the parent/carer of the child concerned must complete the self-administration form (see annex 1 and 2) available from the office. This written request will include the child's name, name of medicine, required dose, timing of dosage and when and where the parent/carer can be contacted in the event of an emergency. Details on the storage of the medicine must be provided together with the child's doctor's name and telephone number.

Any medicine brought into school must be in its original container, clearly marked with the patient's name, the name of the medicine and the required dosage.

Any self-administration will be supervised, by the named first aider.

It may be difficult to meet the terms of a voluntary agreement between school and home in certain circumstances (e.g. school trips, out-of-school activities etc.)

Children in school with statements for medical reasons will have a Health Care Plan agreed by school and parent/carers.

Proper insurance should be arranged to cover any voluntary agreements.

A risk assessment should be undertaken where parent/carers request the administration of medicines in school.

A copy of the procedures will be visibly displayed in the room where self-administration will take place, which will normally be the medical room.

The age and responsibility of the child will be taken into consideration when the school agrees access to self-administration.

The parent/carer is responsible for ensuring that all medicine is (a) the right one (b) clearly labelled with the child's name (c) not past use-by-date.

The school reserves the right to dispose of all/any medicines at the end of a specified period (e.g. end of term)

The school reserves the right to approach appropriate sources of information, such as the school nurse.

Medication such as adrenaline injections/glucose/insulin

Children who are subject to anaphylactic shock following the ingestion of dairy products or wasp stings, diabetes etc will be known to the school and procedures set up under the LEA insurance scheme for trained volunteers to administer life-saving treatment as provided by the parent/carer and under the procedures agreed with the parent/carer.

Waiver of liability under the LEA scheme will have been assured by the school and full medical assistance will be sought immediately after the life-saving action has been provided.

All other provisions for medication (as above) will apply otherwise.

Footnote

Children unwell during the school day:

1. Children who become unwell during the school day will not be given medicine or be allowed to self-administer.
2. Regular, recorded attempts will be made to contact the parent/carer/relatives of a sick child to take him/her home or to a medical practitioner but if this is not possible the school will act in 'loco parentis' for the benefit of the child and will take whatever action it feels necessary in the interest of the child. This can include referral to a doctor, a nurse, a hospital or Social Services Department.
3. When a pupil becomes seriously ill or is seriously injured an ambulance or other medical assistance may be called and parent/carers/relatives informed as soon as possible. It may be judged important for a member of the school staff to accompany a child in an ambulance or with a nurse to provide comfort.

4. This policy and the notes will be available on the school website and provided for every parent/carer whose child enters the school.



INDIVIDUAL HEALTH CARE PLAN

Pupil Name		Student Photograph
Date of Birth		
Year/Class		
Pupil Home Address		
Pupil Doctor's Name & Address		
Pupil Doctor's Contact number		
Medical Diagnosis or Condition		

In the event of an EMERGENCY	
What constitutes an emergency for the student? Note Signs, symptoms, and any known triggers for the onset or exacerbation of symptoms.	Action to be taken in the event of an emergency:

School staff responsible in an emergency			
On Site:	Designated First Aider	Off-site Activities:	Designated First Aider / Parent/Carer

School staff responsible for providing non-emergency support

On Site:	Designated First Aider	Off-site Activities:	Designated First Aider / Parent/Carer
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<p>Description of medical needs: Symptoms: Triggers signs: Treatments: Facilities: Equipment or devices: Environmental factors.</p>
<p>Name of medication: Dosage: Method of administration: When to be taken:</p> <p>Side effects, contra-indications:</p>
<p>Is the student self-managing medication? Yes / No If yes, record details:</p>
<p>Daily care support:</p>
<p>Specific support for social, emotional and mental health needs:</p>
<p>Does the student have SEN or a disability? Yes / No</p> <p>Does the student have a statement or EHCP plan? Yes / No</p> <p>Describe the student's SEN and/or disability needs:</p>
<p>Procedures required for school trips or other extra-curricular activities:</p>
<p>Describe any classroom or on-site procedures or adjustments supporting care of the student:</p> <p>Describe any off-site activity procedures or adjustments that support care of the student:</p>
<p>Other information including any potential complications noted:</p>

Staff training requirements:
People involved in developing the plan:

Family Contact Information		
Parent/Carer		
Relationship to Pupil		
Contact Numbers	Home	
	Mobile	
	Other	

Second Contact Information		
Name		
Relationship to student		
Contact Numbers	Home	
	Mobile	
	Other	

Hospital Consultant/Clinic Details/Outside Agencies	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	

Name	
Service/agency	
Contact Number	

Pupil Consent			
I agree with the content of this individual healthcare plan. Yes / No			
I give consent for it to be shared as appropriate* Yes / No			
If No indicate reasons for disagreement			
Pupil's Name		Pupil's Signature	

Parent/Carer Consent			
I agree with the content of this individual healthcare plan. Yes / No			
I give consent for it to be shared as appropriate* Yes / No			
If No indicate reasons for disagreement			
Parent/Carer's Name		Parent/Carer's Signature	

Date Completed		Review Date	
Completed by: Name / Role:	Tina Matthews Administration Assistant	Signature:	
Authorised by:	Mandie Hadden Inclusion Manager / SENCO	Signature:	

Process for sharing/storing plan

Action	Action date	Actioned by
Paper copy filed in Pupil Records		Tina Matthews
Paper copy in Medical Room		Tina Matthews
Paper copy given to Parent/Carer		Tina Matthews
Copy given to Class Teacher		Tina Matthews
Copy given to Inclusion Manager/ SENCO		Tina Matthews

Health Care plan draft template notes:

The term Individual Healthcare Plan reflects the terminology used in the DfE statutory guidance

A Guidance document will be required to ensure accurate and consistent completion

Ensure plan is description of what given or supporting, not wish list

Check above table location – should it be with the school based info prior to the contact details for various people and the consents?

consistency of capitalisation, punctuation and text alignment

Need to balance what is NOW and what will be. Eg staff training – if too specific on name it leads to need for plan revision too often!

Terminology – carer or guardian, pupil or student etc

This version includes consents for the plan from student and parent/guardian. Our reading of the guidance indicates this is NOT a legal requirement for individual health care plans. It IS a legal requirement to gain consent for the administration of medicine (this is reflected in the DfE statutory guidance and templates).

Other Notes:

PB 2015



Parental Agreement for Bromstone School to Administer Medicine

In accordance with our Policy, the school is unable to give your child medicine unless you complete and sign this form.

I understand that I must deliver the medicine personally to the office. I accept that this is a service and that the school is not obliged to undertake.

Child details

Name of Child	
Date of Birth	
Class	

Condition or illness

Medical condition or illness	
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Medication

Name of Medicine	
Expiry Date	
Dosage	
Commencement Date	
Time to be administered	
Special precautions and side effects	

Parent/Carer contact details

Name	
Contact telephone number	
Relationship to child	
Signed	
Date	

FOR COMPLETION BY SCHOOL

Date:	Time:	Dosage:	Sign:

FOR COMPLETION BY SCHOOL

Date:	Time:	Dosage:	Sign:

