



Bromstone Primary School
Medicine in School Policy

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Senior Team Responsibility: Business Manager
Governors' Reviewing Committee: PDiHSS
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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, 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 an Individual Health Plan (IHP) 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 PLAN (IHP)

Pupil Name		
Address		
Date of Birth		
Doctor's Contact Details		
NHS No:		
Hospital No:		
Does the pupil have SEN / EHCP or a Disability? Yes / No Describe the pupil's needs:		
Medical Diagnosis or Condition:		
Intimate Care Plan Required YES / NO		

In the event of an EMERGENCY	
What would you say was an emergency for the Pupil?	Action to be taken in the event of an emergency:

Description of medical needs:

Symptoms:

Triggers signs:

Treatments:

Facilities / Equipment or devices:

Environmental factors:

Side effects, contra-indications:

Other information including any potential complications:

Name of medication:

Dosage:

Method of administration:

When to be taken:

Is the pupil self-managing medication? Yes / No

Daily care / support in School:

Procedures required for school trips or other extra-curricular activities:

Staff training requirements if needed:

Family Contact Information

Parent/Carer

Relationship to Pupil

Address

Contact Numbers

Mobile

Other

Hospital Consultant/Clinic Details/Outside Agencies

Name

Service/agency	
Contact Number	

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 Signature		Date	
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Completed by:	SENCo Admin:	Signature:
Authorised by:	SENCo	Signature:

Process for sharing/storing plan

Action	Action date	Actioned by
Copy in Pupil Records / AEN / EHCP File / Arbor		
Copy in Medical Room		
Emailed to Parent/Carer		
Copy given to Kitchen if required		

Permission for school to provide intimate care

Name of child		
Date of birth		
Name of Parent/Carer		
Address		
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>	
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>	
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>	
Parent/Carer signature		
Name of Parent/Carer		
Relationship to child		
Date		



Parental Agreement for Bromstone School to Administer Medicine

In accordance with our Policy, the school is unable to administer your child medicine unless you complete the online Medicine Consent Form or 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	

Condition or illness

Medical condition or illness	
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Medication

Name of Medicine	
Amount held in school	
Expiry Date	
Dosage	
Commencement Date	
Time to be administered	
Special precautions and side effects	
Misc.	

Parent/Carer contact details

Name	
Contact telephone number	
Relationship to child	
Signed	
Date	

FOR COMPLETION BY SCHOOL

Date:	Time:	Dosage:	Dosage left	Administered By:	Witnessed By:

Name:

FOR COMPLETION BY SCHOOL

[illegible]