



# **Kislingbury CEVC Primary School**

## **Medicine in Schools Policy**

Policy Review Committee	Curriculum and Achievement Committee
Policy Last Reviewed	October 2016
Policy Review Schedule	Annual
Policy Review Date	Autumn 2017

## **This Policy is based on the Model Policy for the Administration of Medication produced by NCC in June 2014.**

### **Introduction**

The Governors and staff of Kislingbury CEVC Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. Any parent/carer requesting the administration of medication should be referred to a copy of the school's policy on the School Web site.

### **Medicine**

Medication will only be accepted in school if it has been prescribed by a doctor. The School will inform the school nurses team of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym)

Any non-prescription medicines, such as over the counter pain killers, eye drops or Pireton will only be accepted in school if they are in the original packaging; they are fully labeled with the details covered below; the correct medication / consent forms are completed and the headteacher has agreed to them being kept on the school site. If unsure the school will insist on a prescription.

Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer.

Only reasonable quantities of medication should be supplied to the school/setting by a responsible person (where practical no more than one week's supply) and recorded in the Medication Administration folder.

Each item of medication must be delivered in its original container and handed directly to the Headteacher or to a nominated person authorised by the school.

Each item of medication must be clearly labelled with the following information:

- a. Pupil's name
- b. Name of medication
- c. Dosage
- d. Frequency of dosage
- e. Date of dispensing
- f. Storage requirements (if important)
- g. Expiry date (if available)

The school will not accept items of medication which are in unlabelled containers.

Unless otherwise indicated all medication to be administered in school will be kept in a designated clearly identified locked cupboard.

If required and requested the school will provide parents/carers with details of when medication has or has not been administered to their child.

## Pupil Administration

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. We would not usually allow a child to carry their medication with them in school. Parents would need to make a specific request for this if health professionals deemed it necessary.

## Changes to Medication

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.

## Staff

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. (See appendix 2)

## School Trips and Residential Visits

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an on over-night stay. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

## Review

This policy will be reviewed by the Finance and Environment Committee every year in the Autumn Term or earlier if necessary.

Please refer to Individual Health Care Plan (Appendix 1) and Medical Record Form 2016 (Appendix 3) samples attached.

# Appendix 1

Individual Healthcare Plan

September 2016

Name of school/setting				
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
<b>Family Contact Information</b>				
Name				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
<b>Clinic/Hospital Contact</b>				
Name				
Phone no.				

<b>G.P.</b>	
Name	
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 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

## Appendix 2

### NORTHAMPTONSHIRE NHS TRUSTS

#### Staff Training Form for Medications

School: .....

Because of medical conditions children may require medication to be administered in school on a regular basis.

Named Learning Support Assistants are contracted to perform this procedure as specified in their job description and have agreed to be trained.

When following the written procedure they will be acting with the knowledge and consent of the LEA and so will be indemnified by the LEA insurers.

The training given by Northamptonshire NHS Trust staff will be monitored termly by the School Nurse Team and reviewed and updated annually or as required.

#### Nature of Procedure

Name of learning support staff trained and willing to perform procedure	Statement of learning support staff:	<b>Statement of trainer:</b>
Print Name	I feel competent to perform the procedure detailed above.  Signature and Date	On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure.  <b>Signature and Date</b>

To be retained by trainer and copied to learning support staff.



### Appendix 3

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
<b>Medicine</b>				
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				
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>				



<b>Contact Details</b>	
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 \_\_\_\_\_