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# Medication Policy & Management Procedures

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## Whitwick St John the Baptist CE Primary School

Headteacher: \_\_\_\_\_ Date: \_\_\_\_\_

Chair of Governors: \_\_\_\_\_ Date: \_\_\_\_\_

**Review Date: September 2017**

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 Whitwick St John the Baptist CE Primary School wish to ensure that pupils with medication needs receive appropriate care and support at School. The Principal 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.

- Staff will not give a prescribed medicine unless there is specific written consent from parents.
- 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.**

## PROCEDURES

- In the first instance, the Head Teacher should be informed of an individual's diagnosis and prescription medication.
- An appropriate/volunteer or carer 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.
- It is parent's responsibility to check medication is within date.

### School Responsibility

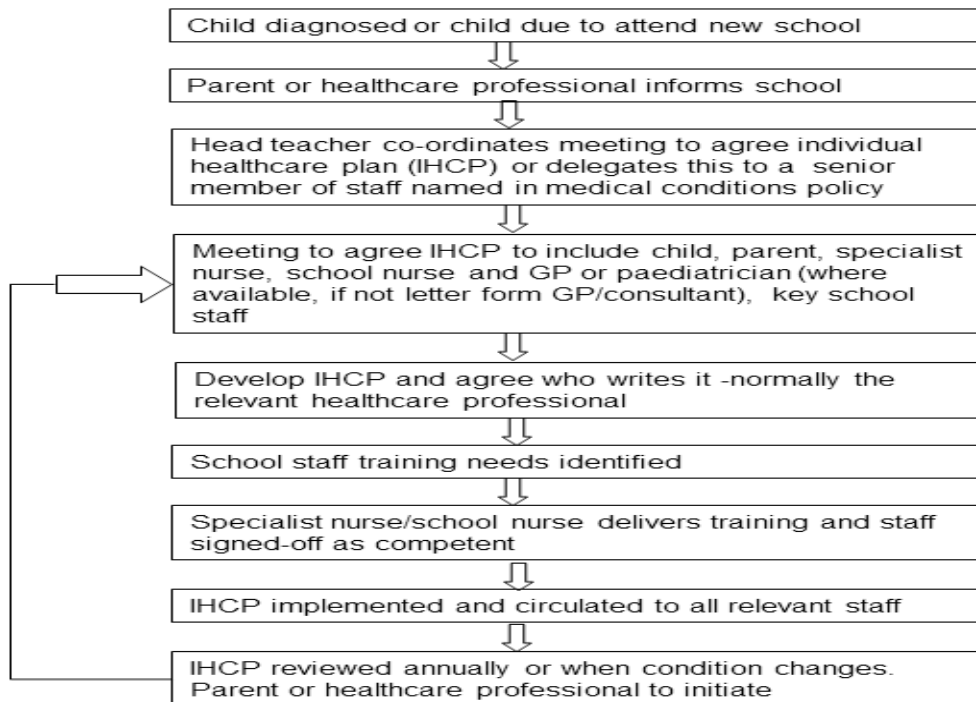
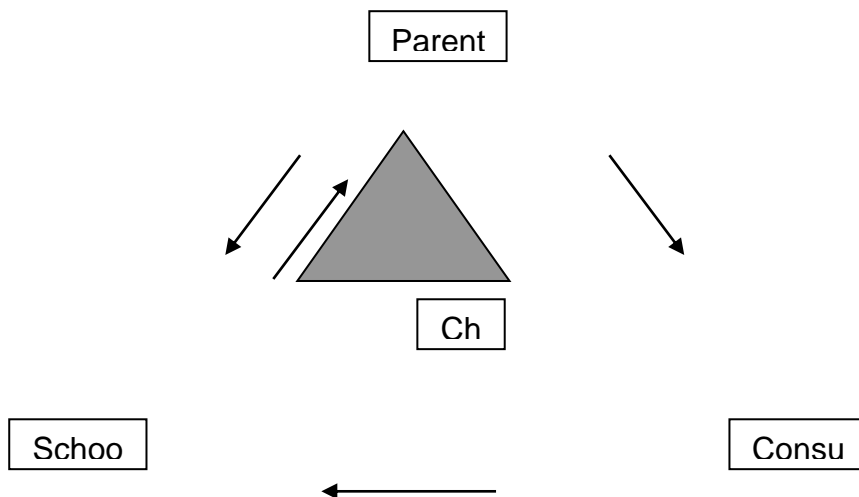
- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed this must remain with the pupil at all times. E.g. Epipen, Asthma inhalers
- Maintain and record dosage prescribed/administered.
- Identify if additional training needs are required for staff. Source and arrange training.
- Locate and record care plan for individual identifying supporting staff.
- **If a medical emergency develops activate the relevant procedures and call 999**

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

Prescriptive labelled drugs must contain:

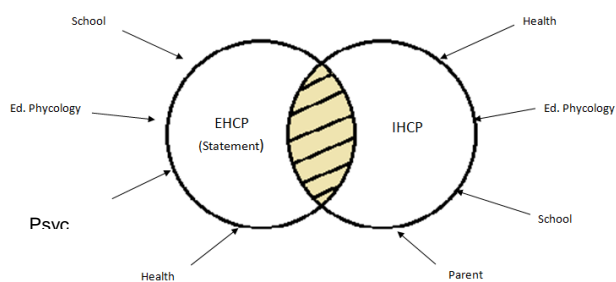
- Pupils name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) ie, refrigeration
- Expiry Date

**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.**



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”.

## 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>See appendix C 'Epilepsy Health forms' under 'A' Administration of medicines' 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 under 'A' Administration of medicines for Epipen/Jext Pens administration. Please note the needs to report administration of this medication to Bridge Park Plaza on fax no: 0116 225 3850</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> <p><a href="mailto:info@sicklecellsociety.org">info@sicklecellsociety.org</a></p> <p>Tel: 020 8961 7795</p>	

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

## Appendices

### Included

- Appendix A Parental Consent form for medicines (contained within this document)
- Appendix B Individual Health Care Plan (IHCP) for pupils – complete at School

### Additional Guidance – available from school:

- Appendix C Epilepsy Health and record forms from Health professionals
- 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’ DFE document
- Appendix G In School flow chart / named responsible staff members
- Appendix H Record of administering medication in school (to be completed by staff)
- Appendix I Letter to parents re. IHCP

**Appendix A**



**Whitwick St John the Baptist CE Primary School**

**General Care Plan/ Parent/Guardian/Carer  
CONSENT FORM**

To: Headteacher of Whitwick St John the Baptist CE Primary School

From: **Parent/Guardian of:** \_\_\_\_\_ (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:** \_\_\_\_\_ **Intervals:** \_\_\_\_\_ **Strength of medication:** \_\_\_\_\_

**With effect from:** \_\_\_\_\_ **Until advised otherwise.**

The medicine should be administered by:

**mouth/in the ear/nasally/other** \_\_\_\_\_ (**delete as applicable**)

**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 \_\_\_\_\_ (**Childs Name**) whilst administering medicines to children.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent (please print) \_\_\_\_\_

Contact Details:

Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Headteacher (PRINT NAME): \_\_\_\_\_

or Healthcare – Social care Professional \_\_\_\_\_



**Appendix B –**

**Individual Healthcare Plan  
(to be completed by GP, nurse and/or school representative for:  
Emergency or Specialist Medication)**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

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