

Cumwhinton School

CUMWHINTON SCHOOL



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Managing Medicines Policy

June 2023

Managing Medicines Policy

This policy applies to: All Pupils

1. Background to the Policy

Parents or carers have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, **in accordance with the procedures detailed within this policy**, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.
- Unless children are acutely ill they should attend school. To facilitate this, it may be necessary for them to take medication during school hours; however this should only be when essential. Where clinically appropriate, medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents/carers should be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.
- Written agreement from parents/carers is required prior to administering any medication (form A).
- Medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer
- The school will have a system of record keeping. Records of all administration and disposal of medications will be kept securely in a locked place (form B).

2. Statement of the Policy

The purpose of this policy is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

3. Main Policy

1. All medication must be in the original container.
2. All medication **MUST** be clearly labeled with:
 - the child's name
 - the name and strength of the medication
 - the dosage and when the medication should be given
 - the expiry date
3. All prescribed medication must be accompanied by confirmation by a health practitioner (e.g. doctor, clinical nurse specialist, nurse practitioner, pharmacist). E.g. label on the bottle.
4. Medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer

5. If two medications are required, these should be in separate, clearly and appropriately labeled containers.
6. On arrival at school, all medication is to be handed to a member of the school office staff by the parent, unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

4. Storage of Medication in school

1. Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff.
2. If refrigerated storage is required this must be lockable and in a designated area of the school and used solely for that purpose.
3. Once removed from the cabinet, medication should be administered immediately and never left unattended.

5. Documentation

1. Samples of documentation are included in the appendices.
N.B verbal and/or text messages are not acceptable.
2. Each pupil receiving medication will have the following documentation:
 - Written request and permission by Parents/Carers for school to administer medication (Form A - appendices)
 - Written confirmation of administration from a health practitioner for prescribed medicines
 - Pupil record of medication administered. (Form B - appendices)
 - Parent/carer consent for school trips
3. In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C – Appendices).

6. Administration of Medication

Employees who undertake, within their role, the administration of medication and health care:

- Shall receive training and advice from the appropriate health practitioner through the Local Authority
- Update their training appropriately and record their training (form E - appendices).
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- If involved in specific complex procedures, e.g. medication via gastrostomy tube or oxygen therapy, will receive a certificate following training accreditation, confirming their ability to perform the procedure.
- Administer the medication in an appropriate/confidential room.
- Establish the child's identity, before medication is administered, by checking with another competent adult, who should also confirm the correct medication is being administered and countersign the administration record

- Follow the directions for administration provided in writing by the health practitioner.
- Record details of each administration (Form B - appendices).
- Never force a child to accept medication and where medication is refused, ensure parents are informed.

7. Self-Administration of Medication

Parents/carers must complete a written request form for a child to self-administer medication. (Examples of medication that could be self administered include; Insulin or asthma medication). This will only be permitted where a child has been trained and is competent to administer their own medication. (Form D - appendices)

8. Record Keeping

1. A system of record keeping will include:
 - Records of parent/carer consent and or health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
 - Record of administration of medication including amount administered and amount remaining (running total).
 - Record of medication returned to the parent/carer wherever possible.
 - Record of medication disposed of and the method of disposal
2. A parent/carer request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
3. The request form must include:
 - Child's name, class, date of birth
 - Reason for request
 - Name of medication, timing of administration and dosage of medication
 - Emergency contact names and telephone numbers
 - Name and details of doctor and/or health practitioner
4. Reasons for not administering regular medication (e.g. refusal by pupil) must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.
5. The school must keep records of administration of medication securely in a locked place (form B).

9. Emergency Medication

1. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and a written Individual Health Care Plan. (form C - appendices).
2. This type of medication will be READILY AVAILABLE.
3. The Consent and Individual Health Care Plan (IHCP) will be kept with the medication.
4. The Individual Health Care Plan (IHCP) must be checked and reviewed regularly.

5. It is the parents'/carers' responsibility to notify school of any change in medication or administration.
6. Procedures in the Individual Health Care Plan (sample in appendix) should identify:
 - Where the medication is stored
 - Who should collect it in an emergency
 - Who should stay with the child
 - Who will telephone for an ambulance/medical support
 - Contact arrangements for parents/carers
 - Supervision of other pupils
 - Support for pupils witnessing the event

10. Monitoring of Impact

The School Business Manager is trained on administration of medicines and will oversee the day to day application of the policy.

The implementation and effectiveness of the policy will be monitored by the Headteacher.

The policy will be reviewed annually, or earlier in the light of any changed circumstances. Any review will refer to legislation and statutory guidance for schools.

The next scheduled review is **June 2024**

Appendices attached relating to this policy:

- Form A Agreement to administer medicine Form
- B Record of Medicine/s Administered
- Form C Health Care Plan (Managing Medicines)Form
- D Request for child to carry own medicine Form E
- Staff training record

Form A: Agreement to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Note: Medicines must be in the original container as dispensed by the Pharmacy

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

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 needs to know about?	
Self-administration	Yes / No
Procedures to take in an emergency	

Contact Details

Name of parent/carer	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[name of 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 staff to administer this medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) _____

Date _____



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Form B: Record of Medicine/s Administered

Child's Name: _____

Date of Birth: _____

Quantity received No. of Doses/Volume: _____
Date received: _____
Quantity returned: _____
Date returned: _____

Date	Time	Name and strength of medicine	Dose given	Doses/quantity remaining	Comments	Signature of staff member administering the medicine	Signature of staff member witnessing and checking the administering of medicine



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Form C: Individual Health Care Plan

Section 1: Details of Child's Medical Needs

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	

Family information / Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	



Who is responsible for providing support in school

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, contraindications, administered by/self-administered with/without supervision

Daily management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)



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:



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Form C: Individual Health Care Plan

Section 2: Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: _____ Date: _____



Parent/Carer Signature _____ Date: _____



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Form C: Individual Health Care Plan

Section 3: Individual Epilepsy Plan

To be completed where there is a known history of epilepsy

Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone Number	

Are there any triggers or warnings prior to a seizure?

Description of usual seizures:

<u>Frequency of seizures – Please specify</u>	
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Usual Care during a seizure

- Observe time at start of seizure
- Stay with (name)_____and reassure them
- Summon help
- Protect head from injury
- Maintained privacy & dignity through removing other students from the area
- Other care

Emergency care / medication:
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

Post Seizure
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy



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Form D: Request for child to carry own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of Child	
Class	
Name and strength of Medicine	

I would like my son/daughter to keep his/her medicine with him/her for use as necessary

I confirm that my son/daughter has received suitable information, instruction and training and is competent to administer their own medication

Signature of Parent/Carer: _____ Date: _____

Signature of Child: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.





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Form E: Staff Training Record

Name	
Type of training received	
Date training completed	
Training provided by	
Profession & title	

I confirm that _____ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: _____ Date: _____

Update of training: _____

I confirm that I have received the training detailed above

Staff signature: _____ Date: _____

Suggested review date: _____