

**Health and Safety**

**Administration of Medicines Policy**

Policy Statement

The purpose of this policy is to ensure the safe and appropriate administration of medication to pupils and students with special provision for pupils/students with medical needs within the school. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis. Other children may require medicines in particular circumstances, for example, severe allergies or asthma. Allowing pupils/students to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

Purpose

This policy seeks to support pupils/students with both long-term and short-term health needs. The school will aim to minimise any disruption to the child’s learning as far as possible and work with parents/carers and health professionals to ensure this.

Managing medicine during the school day

Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No pupils under 16 will be given prescription or non-prescription medicines without their parent’s written consent – except in **exceptional circumstances** where the medicine has been **prescribed** to the child without the knowledge of the parents.

A students under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

**Non-prescription medicines**

Unprescribed medicines, e.g. for pain relief, will be administered with written consent of the parent/carer but will not be administered without first checking the maximum dosages and when the previous does was taken. School will inform parents/carers that this medication has been given.

**Prescription medicines**

Prescribed medicines or controlled substances which have not be prescribed by a medical practitioner will **not** be administered in school. Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in-date, labelled and intact, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil/student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but in limited amounts or prescribed doses (e.g. one or two tablets/inhaler). School will closely monitor any such occurrence as we are aware that passing it to another pupil for use is an offence.

**Records**

The school will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted. (See Appendix 1 – in line with DfE guidance 2014 Template D).

**Storing Medicines**

The school will keep the medication securely in a locked cupboard which may only be accessed by authorised staff. In particular, all controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff will have access. Where medicines need to be refrigerated they will be stored in a designated fridge. Prescription drugs will be returned to parents when no long required, or out-of-date. It is the parent’s responsibility to collect and dispose of out-of-date or unused medication. It is the parent/carer’s responsibility to ensure that medicines sent to school are ‘in date’. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents when there is ten days’ worth of medication left to allow plenty of time for a repeat prescription to be fulfilled. Sharps boxes should always be used for the disposal of needles and other sharps.

**Epipens and other Emergency Medication**

All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with the School Nurse.

Arrangements will be made for immediate access to any emergency medications, for example:-

* Epipens will be kept with the pupil/student with a labelled spare pen held in the First Aid Room and Main Office.
* Asthma medication will be kept with the pupil/student with labelled spare inhalers and equipment held in the First Aid Room
* Any medicines such as Ritalin which requires double locking will be kept in a locked metal box in a locked cupboard in the First Aid Room
* Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.

Emergency medication will always be taken if the pupil/student goes out on a trip and identified trained staff designated to administer if required.

Supporting Pupils/Students with Medical Needs

Where a student needs to take medication in school for an extended period or has a chronic on-going condition, an Individual Health Care Plan (IHCP) will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals. Parents should provide the school with all necessary information about their child’s condition and will sign appropriate agreement forms for the administration of medication.

IHCPs and their implementation is the responsibility of the school appointed person. The IHCPs are compiled and recorded in line with the current DfE guidance published May 2014 (see Appendix 3 – in line with DfE Template A)

The school will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that pupil’s/student’s with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

School staff will be made aware of pupils/students with IHCPs and their conditions.

Any child on an IHCP will be accompanied to the School First Aid Room if they are ill.

Administration of medication by a qualified member of staff or self-administration by the pupil/student may take place with written permission from parents and the Head.

The school will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.

Records for IHCP

In addition to the usual general medicine log used for all children, any medicine administered to a student with an IHCP is also recorded on a separate recording sheet in line (see Appendix 2).

Procedures for Offsite Learning

**Residential Visits**

* The trip leader is responsible for checking medical needs of students.
* The trip leader must check any IHCP requirements with parents and put appropriate procedures and contingency plans in place.

**Day Visits**

* For part day visits, pupils/students should, wherever possible, go to the First Aid Room before/after the visit to take their medication.
* For full day, parents/carers are responsible for completing the Parental Consent Form giving relevant information
* The trip leader will collect any necessary medication from the First Aid Room and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual pupil/student.

Responsibility

**Staff** – all staff will undertake the required training within school to support the implementation of this policy.

**Pupils/students** – it is the responsibility of the students to follow all medical protocols within school. All school staff hold a responsibility for ensuring that pupils/students comply.

**Parents/carers** – Parents/carers are requested to inform school of any medical needs relating to any individual student and abide by the protocols contained within this policy.

This policy is available on the shared staff drive under Whole School Policies/Health and Safety.

Data Collection

Beechen Cliff School is fully committed to compliance with the requirements of the EU General Data Protection Regulations (GDPR). Our role and responsibilities are enshrined in the School Data Protection Policy and associated policies which are available on the school website.

**APPENDIX 1**

**Record of medicine administered to all children (Template D)**

**Beechen Cliff School**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Name of pupil/student | Time | Name of medicine | Dose given | Any reactions | Initials of staff | Print name |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Beechen Cliff School**

**FORM – CONTROL OF MEDICINES**: Administration request form

|  |
| --- |
| **Request for school to administer medication** |
| This is a four-part form. Please ensure that all relevant parts are completed. There are a few points to note at the end of this form that will explain what happens once you have completed and returned this form |
| Please read these points carefully before filling in this form.   * This form is to be used by those who wish the school to administer the medication, whether prescribed or not, to their child or the child they have parental responsibility for. * Unless it has been fully completed and signed, the request to administer the medication will not be agreed to by the school. * In certain circumstances, the school reserves the right to turn down a request to administer medication and /or to withdraw administration of any medication altogether. In such cases, the signatory on this form will be notified clearly IN WRITING, together with the reason why such decision has been taken. * All parents or those who have parental responsibility are reminded that they must make every effort to arrange for the medication to be taken under THEIR supervision and not that of the school, and during times that are outside of normal school hours. * It is also most important to understand that the school will NOT be held responsible, for any new medication causing allergic reactions, whether medication has been prescribed or not. * There may be occasions where it is appropriate for a pupil to self-administer a medicine during normal school hours, However, this can only be accepted following the completion of the appropriate form by the parent or guardian, under no circumstances is medication to be carried around school, it must be securely locked up in the medical room, and for the child to come to the medical room and taken under supervision. * Please ensure that your child is aware of any important details that they should know, for example the importance of letting a teacher at school know about any problems that might occur when the medicine (such as an allergic reaction). * All medication handed into school MUST be in its original packaging with instruction. Please do NOT hand medication in in an envelope. |
| **Part A**: Details of Child |
| Note: Only ONE name can be entered on each form. A separate form must be used for each child requesting medication.  SURNAME: …………………………………………………………………………………………………. FORENAME(S): …………………………………………………………………………………………………………………………  DATE OF BIRTH: ……………………………………………………………….. CONFIRM AGE IN YEARS: …………………………………………………… (TODAY’S DATE):…………………………………………………...  IS THE MEDICATION:   * Prescribed (i.e. by the doctor, dentist or other professional practitioner)? **YES / NO** (if yes, please fill in Part B of this form) * Non-prescribed (i.e. can be bought in a chemist or shop without a doctor’s prescription) **YES / NO** (if yes, please fill in Part C of this form) * Both t**y**pes? **YES / NO** – (if yes, please complete both Parts B and C) |

**Beechen Cliff School**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part B:** Details of Prescribed medication Childs Full NAME: | | | | | |
| Note:   * In order for any medicines to be administered at any time, the school requires that the medicines are provided ONLY in their original packaging and clearly labelled in PRINTED form with the name of the child to whom it is to be administered and the dosage required. * Where more than one medication is to be administered, there must be clear evidence that it is safe for such medications to be taken together. All the medication listed must therefore be on the same prescription sheet from the doctor or dentist etc. | | | | | |
| **Name of prescribed medication** (*copy carefully from original packaging*) | **Dosage**  (e.g. twice per day) | **Method of taking**  (*e.g. oral, injection etc.*) | **Timing of dosage**  (*e.g. 10am and 2pm)* | **For how long?**  (*e.g. one week, on- going etc.*) | **Storage requirements**  (*e.g. cool, dry place or refrigerator, etc.*) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**Beechen Cliff School**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part C**: Details of non-prescription medication Childs Full NAME: | | | | | |
| Note:   * In order for any medicines to be administered at any time, the school STILL requires that the medicines are provided ONLY in their original packaging and clearly labelled. Parents should also be absolutely certain that their child does not suffer any adverse or allergic reactions to any of the medications listed below. If any such reactions are known, they MUST be included. * Where more than one medication is to be administered, there must be clear evidence that it is safe for such medications to be taken together. | | | | | |
| **Name of prescribed medication** (*copy carefully from original packaging*) | **Dosage**  (e.g. twice per day) | **Method of taking**  (*e.g. oral, injection etc.*) | **Timing of dosage**  (*e.g. 10am and 2pm)* | **For how long?**  (*e.g. one week, on- going etc.*) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Is your child likely to suffer from any type of adverse or allergic reaction to any of the above listed medications? **YES / NO**

|  |  |  |
| --- | --- | --- |
| **Name of medication** | **Possible side-effects, adverse reactions or allergies** | **Emergency procedure in the event of serious reaction** |
|  |  |  |
|  |  |  |

**Beechen Cliff School**

|  |
| --- |
| **Part D**: Contact details and authorisation |
| Note: Only ONE name can be entered on each form. A separate form must be used for each child requiring medication  NAME OF PERSON TO CONTACT: ……………………………………….………………………………………..………………………………………..……………………………………….………………………………………..  RELATIONSHIP TO CHILD: ……………………………………….………………………………………..………………………………………..……………………………………….……………………………………………………  ADDRESS: ……………………………………….………………………………………..………………………………………..……………………………………….……………………………………………………………………………  ……………………………………….………………………………………..………………………………………..……………………………………….……………………………………………………………………………………………  DAYTIME TELEPHONE NUMBER: ………………………………………………………………………………….. MOBILE NUMBER: ………………………………………………………………………………………….  **Authorisation**:  I understand that, if the school accepts this request to administer the above medication, I must provide only the medication listed in Part B and C and it must be in the original packaging and clearly labelled as stated above.  I also confirm that, for any prescribed medication listed, my child’s doctor has stated that it is necessary for it to be taken during school hours.  **NAME OF PERSON TO CONTACT**: ……………………………………….………………………………………..………………………………………….… **DATE**: ………………………………………………………………………...  **SIGNED**: ……………………………………………………………………………………….. **PRINTED**: ………………………………………………………………… **RELATIONSHIP TO CHILD**: ……………………………........... |
| FINALLY, it is most important for parents and guardians to ensure that the medication they provide to the school is within its use-by date and will remain so for the duration of the administration period. The school cannot administer medication that is past its use-by date. |

**Beechen Cliff School**

Attach

photo

Care Plan with Medical Needs

Name of Pupil: ………………………………………………………………… DOB: ……………………………….

Year: ………………………………………………….. Tutor Group: ………………………………………………

Address: ……………………………………………………………………………………………………………….……..

**Contact Priority List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family contact Name** | **Relationship** | **Mobile**  **Number** | **Home**  **Number** | **Work**  **Number** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

GP Name: ………………………………………………………………………………………………………………………………………………………….

Surgery: …………………………………………………………………………………………………………………………………………………………….

**Describe your child’s individual condition (name of the condition)**

……………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………….……………………..……

………………………………………………………………………………………………………………………………………………….………………….……

**Are they under the care of a specialist?** Y / N Name of Consultant and Hospital: ……………………………………………………………………………………………………………..…………….………………………….…………………..

**Name of medication, dose, time etc.**

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

**Daily Care Requirements (at home, what is your routine)**

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………..

**Describe what constitutes an emergency for your child, (what are the symptoms)**

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

**What is the treatment plan we have to follow for your child?**

…………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….…..

………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

**All the above information is true and correct at the time of signature.**

**Signature of Parent/Carer: ..…………………………………………………………… Date: …………………………...……**

**Signature of School Nurse:……………………………………………………………… Date: ………….…………….……….**

**Contacting Emergency Services**

***Request for an ambulance***

**Dial 999, ask for an ambulance and be ready with the following information@**

* **Location – Beechen Cliff School, Bath**
* **Telephone number – 01225 480466**
* **Postcode – Kipling Avenue, BA2 4RE**
* **Patient’s name, dob, location within school and brief description of symptoms (if known)**
* **Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient on arrival.**

***Remember to speak clearly and slowly and be ready to repeat any information if required.***

***DO NOT END THE CALL UNTIL TOLD TO DO SO BY THE EMERGENCY SERVICES***