



Park House Primary School

Administering Medication Policy 2019

Date Written: April 2019

Reviewed:

Date Ratified: 09.05.19

Review Date: March 2021

Signed by:

Shavangul

Headteacher

Date:

9/5/19

M. H. H.

Chair of governors

Date:

9/5/19

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Statement of intent

Park House Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

1. Legal framework

1.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE 'Supporting pupils at school with medical conditions' 2015

2. Definitions

2.1. [Park House Primary School](#) defines "medication" as any prescribed or over the counter medicine.

2.2. [Park House Primary School](#) defines "prescription medication" as any drug or device prescribed by a doctor.

2.3. [Park House Primary School](#) defines a "staff member" as any member of staff employed at the school, including teachers.

2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.

3. Key roles and responsibilities

3.1. The [governing board](#) has overall responsibility for the implementation of the Administering Medication Policy and procedures of [Park House Primary School](#).

3.2. The [governing board](#) has overall responsibility of ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

3.3. The [governing board](#) is responsible for handling complaints regarding this policy, as outlined in the school's [Complaints Policy](#).

3.4. The [governing board](#) is responsible for ensuring the correct level of insurance is in place for the administration of medication.

3.5. The [governing board](#) is responsible for ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.

3.6. The [governing board](#) is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.

3.7. The [governing board](#) will manage any complaints or concerns regarding the support provided or administration of medicine using the school's [Complaints Procedure Policy](#).

- 3.8. The **headteacher** is responsible for the day-to-day implementation and management of the Administering Medication Policy and relevant procedures of **Park House Primary School**.
- 3.9. The **headteacher** is responsible for ensuring that appropriate training is undertaken by staff members administering medication.
- 3.10. The **headteacher** is responsible for ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- 3.11. **The Learning Mentor** is the designated member of staff who is responsible for overseeing training for insulin injections for diabetic pupils, designated adults will be named on the individual health care plan.
- 3.12. Staff, including teachers, support staff and volunteers, are responsible for following the policy and for ensuring pupils do so also.
- 3.13. Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.
- 3.14. If a pupil is sent to hospital, at least **one** member of staff will accompany the pupil until their parent/carer has arrived.
- 3.15. Parents/carers are expected to keep the school informed about any changes to their child/children's health.
- 3.16. Parents/carers are expected to complete a medication administration form (appendix A) prior to bringing medication into school.
- 3.17. Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.
- 3.18. The **headteacher** and **school business officers** are responsible for ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
- 3.19. In the case of staff absence, the **headteacher** is responsible for organising another appropriately trained individual to take over the role of administering medication.
- 3.20. It is both staff members' and pupils' responsibility to understand what action to take in general terms during a possible medical emergency, such as raising the alarm with the school nurse or other members of staff.

4. Training of staff

- 4.1. Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction.
- 4.2. Teachers and support staff will receive regular and ongoing training as part of their development.

- 4.3. The **headteacher** will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.4. All relevant staff will be made aware of a pupil's medical condition.
- 4.5. The **headteacher** will ensure that supply teachers are appropriately briefed regarding pupils' medical conditions.
- 4.6. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 4.7. The **governing board** will provide staff members with opportunities and details of CPD.
- 4.8. **Park House Primary School** will provide whole-school awareness training so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.

5. Medication

- 5.1. Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form (appendix A).
- 5.2. No pupil under the age of 16 will be given medicines without written parental consent.
- 5.3. Under no circumstance will a pupil under the age of 16 be given aspirin unless there is evidence that it has been prescribed by a doctor.
- 5.4. Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
- 5.5. Before administering medicine, maximum dosages and when the previous dose was taken will be checked.
- 5.6. A maximum of **four weeks'** supply of medication may be provided to the school.
- 5.7. When medicines are no longer required, they will be returned to the parents/carers of the pupil, this will be signed by both staff and receiving parent.
- 5.8. Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.
- 5.9. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 5.10. Medications will be stored securely in the **designated fridge or classroom medical boxes**.

- 5.11. In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 5.12. Only suitably qualified staff will administer a controlled drug.
- 5.13. Staff members have the right to refuse to administer medication. If a class teacher does refuse, **the headteacher** will delegate the responsibility to **another staff member**.
- 5.14. Any medications left over at the end of the course will be returned to the pupil's parent/carer.
- 5.15. Written records will be kept for any medication administered to pupils.
- 5.16. Pupils will never be prevented from accessing their medication.
- 5.17. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
- Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication.
 - These arrangements will be reflected in their individual healthcare plan (IHCP).
- 5.18. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- 5.19. **Park House Primary School** cannot be held responsible for side effects which occur when medication is taken correctly.
- 5.20. Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.

6. Individual healthcare plans

- 6.1. For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the pupil, parents/carers, headteacher, special educational needs coordinator (SENCO) and medical professionals.
- 6.2. When deciding what information should be recorded on a IHCP (see appendix B), the governing body will consider the following:
- The medical condition, as well as its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
 - The specific support needed for the pupil's educational, social and emotional needs

- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

6.3. The governing body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year by [Della Ravenhill](#) and updates given to the [headteacher](#).

7. Monitor and review

- 7.1. This policy is reviewed every [two years](#) by the [governing board, learning mentor](#) and the [headteacher](#).
- 7.2. Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.
- 7.3. Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.
- 7.4. [Park House Primary School](#) will seek advice from any relevant healthcare professionals as deemed necessary.

Appendix A- Parental Administering Log



Park House Primary School

Rupert Street, Lower Pilsley,
Chesterfield, Derbyshire,
S45 8DB



Tel/Fax: 01246 851185

Headteacher: Mrs S Kavanagh



@parkhouse1889

Administering Medication Log for Parents

Name of Child: _____

Name of Parent: _____

Type of Medication: _____

Expiry Date: _____

Date					
Dosage					
Parents name					
Parents signature					

I understand that I am responsible for administering the medicine recorded above and I agree it is suitable for children.

Appendix B – Parental Consent Form



Park House Primary School

Rupert Street, Lower Pilsley,
Chesterfield, Derbyshire,
S45 8DB



Tel/Fax: 01246 851185

Headteacher: Mrs S Kavanagh

 @parkhouse1889

Parental agreement for school/setting to administer medicine

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

Name of school/setting

PARK HOUSE PRIMARY SCHOOL

Name of child

Date of birth

/ /

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Dosage

Timing

Special precautions

Are there any side effects that the
school/setting needs to know about?

Self-administration

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to the class teacher. I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed.....

Date.....

[illegible]

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and resources. This may involve researching existing solutions, consulting with experts, or collecting data.

3. Once the information is gathered, the next step is to analyze it and identify the key factors that influence the outcome. This often involves breaking down the problem into smaller, more manageable parts.

4. After analysis, a plan or strategy should be developed. This plan should outline the steps that need to be taken to solve the problem, taking into account the resources available and the constraints of the situation.

5. The final step is to implement the plan and monitor the progress. This involves putting the plan into action and regularly checking in to see how things are going. If necessary, adjustments should be made along the way.

Appendix C - Individual Healthcare Plan Template

Name: D.O.B. - - / - - / - - Park House Primary School		Medical Plan		
Key Background Info: PHOTOGRAPH		Class Teacher:		Date of Update:
		What happens to me: •		Medications I require: • •
		This means that: • •		When: • •
		Intolerances/Allergies: • • • •		How often: • •
It would help me if you could: • •		Emergency Contact details: • •		Route (e.g. by mouth/injection/ear etc.) •
Other professionals involved: • GP - • Consultant -		Review dates:		Where my medication is stored: •
Date Medication no longer required:		Autumn:		Spring:
Parents/carer signature:		Summer:		

MEDICAL RISK ASSESSMENT FORM

DEPARTMENT AND SECTION		Park House Primary School				WORK ACTIVITY OR ENVIRONMENT	
LOCATION							
DATE OF ASSESSMENT							
1.1.1 NAME OF ASSESSOR/S							
List significant hazards – anything that could cause harm.	What harm could occur and who might be affected?	What measures are already in place to protect people?	What harm could still occur and how likely is this? Rate by high, medium or low.	What more needs to be done? List extra measures needed, the person responsible for action and timescales.			
TRIPS/OFFSITE:							
Assessment agreed by all team members?		1.1.2 Formal review date?					
Completed/checked by SLT.		1.1.3 Authorised by Steph Kavanagh, Headteacher					
		1.1.4 Date added to Evolve Risk Assessment					
		1.1.5 Autumn		1.1.6 Spring		1.1.7 Summer	