



Policy on the Administration of Prescribed Medications in School

Person responsible	Director of Finance & Operations (DFO)
Last update	November 2023
Frequency of Review	Annual
Date of last review by Governors	November 2023
Date of next review by Governors	November 2024

This policy applies equally to Reception (EYFS), Key Stage 1 and Key Stage 2 as taught at Bute House.

General

The Governors and staff recognise that many pupils will at some time need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the staff and Governors wish to do all that is reasonably practicable to safeguard and promote children's welfare.

The aim is for the school to promote and safeguard the welfare of pupils, promote a culture of safety, equality and protection to ensure physical and mental wellbeing of pupils and to implement and maintain an effective management system for the administration of medicines to pupils, and to support individual pupils with medical needs.

Scope and application

The policy applies at all times when the pupil is in or under the school's care, including school organised trips or at school sporting events.

Legal and regulatory framework

The school understands its obligations with reference to Independent Schools Standards Regulations and EYFS as well as relevant guidance and advice such as *Supporting pupils at School with medical conditions* (DfE, August 2017), *First aid in schools, early years and further education* (DfE, February 2022), *Mental health and behaviour in schools: departmental advice for school staff* (DfE, November 2018) and the various DfE and Department of Health guidance on salbutamol inhalers, automatic external defibrillators and adrenaline auto-injectors.

Responsibilities

The Governing Body, as proprietor of the school takes responsibility for the policy on administration of medicines during school time in accordance with government guidelines.

Parents have a mandatory duty to provide medical information to the school, from which the school can provide an Individual Healthcare Plan, if one is needed.

The Head is responsible for the implementation of this policy. The Head and DFO have responsibility for the formal oversight of the administration of medicines and the arrangements for pupils with medical conditions within the School, to include:

- Ensuring that sufficient numbers of staff are trained and have access to all relevant information required to assist pupils with medical conditions;
- That sufficient trained staff are supporting the medical needs of pupils at all times;
- To ensure that information regarding an individual pupil's medical condition is shared with staff as appropriate and on a "need to know" basis;
- Ensuring that assessment takes into account additional risks posted to individual pupils; and
- The overall development and monitoring of Individual Health Care Plans (IHCP)

Medication will normally be administered by the Senior First Aider or another Duty First Aider.

Classroom assistants, PE and games staff, or staff taking pupils on residential educational visits, who volunteer their services, are given training to administer first aid and/or medication to pupils.

A list of First Aiders is included in the Schools First Aid Policy and Health and Safety Policy, and is available in the school Office. Training is referred to in the First Aid Policy.

Staff Indemnity

The school fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following the school's policy.

Guidelines

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication, or occasional medicine
- emergency contact numbers
- name of family doctor/consultants
- special requirements (for example dietary)

At the beginning of each academic year all parents will be required to update this medical information (*see Appendix 2 if an Individual Health Care Plan is required*).

Any requests for medicine to be administered at school, be it prescriptive or non-prescriptive, must come from a parent in writing on the **Request for School to Administer Prescribed Medication Form** and each request will be considered on an individual basis.

The Form will include

- name of parent and contact number
- name of child and class
- name of medicine
- name of doctor who prescribed it, and contact details (unless it is a non-prescriptive medicine)
- precise dosage
- how it should be kept and stored
- how it is to be administered
- when medication should be given
- duration of treatment/or regular medication
- any other instructions
- a note of any side-effects
- self-administration for example, inhalers

The Form will end with the following consent statement:

“The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information. I understand that I must deliver the medicine personally to the duty first aider and accept that this is a service which the school is not obliged to undertake. I also understand that my daughter cannot be supervised inside at playtimes, and that if she has a temperature she should be kept at home.” It will be signed and dated by a parent or someone with parental control.

A separate form must be completed for each prescribed medicine to be administered.

In the event of a child requesting non-prescriptive medicine during the day, without having a completed form, the school will call the parents to ask permission and it will send over the relevant form. Medicine will not be administered until a completed form is received.

NB. Parents of Reception children must be informed at the end of the day of any medication given (even by their request) or any treatment given to a child.

Procedures in the event of an anaphylactic or asthmatic attack or epileptic seizure are detailed in *Appendix 3*

Records

The school record of the administration of prescribed and non-prescribed medication must be completed in every instance. It will be kept on Teacherlink/Administration/First Aid/ Medical Events.

The form will record:

- name and class of the pupil
- date and time of the administration
- who supervised the administration
- which medication
- how much was given
- a note of any side-effects

The school's Senior First Aider or Duty First Aider will ensure that the medical events record is filled in and checked regularly.

Parents are expected to notify any requests for the administration of medicines at the earliest opportunity on the form provided, and to discuss with the Senior First Aider what can be done in school. The Head will then make a final decision as to whether or not the medicine will be administered in school. In appropriate cases the Head and parents in consultation with the Senior First Aider will draw up an Individual Healthcare Plan.

For ACUTE (short term) conditions the precise dose of the medication as prescribed by the doctor must be sent by the parent in a labeled container with full instructions.

Medication for CHRONIC conditions must be in a container as dispensed by a pharmacist with the child's name and instructions for administration printed clearly on the label. If a doctor advises the use of an off the shelf medicine this must be confirmed by the parent on the normal Administration of Medicines form. A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.

Medication will be kept in the child-locked Medical Room. See Appendix 1 for Procedure for Holding Medicines.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents or carers.

If the pupil is able to administer her own prescribed medicine the duty first aider will check that the pupil fully understands what has to be done, and will supervise the administration.

These arrangements apply to children who are required to take medication and who are fit enough to attend school.

On balance, having considered the risks involving children aged 4-11 years, we have decided to keep all medications centrally, including asthma inhalers and adrenaline auto-injectors. These will be kept in the child-locked Medical Room. The school will also hold centrally in the child-locked Medical Room, spare emergency adrenaline auto-injectors for use ONLY by those pupils with an Individual Healthcare plan confirming an adrenaline auto-injector has been prescribed by a medical professional.

The school will also hold spare emergency adrenaline auto-injectors in a locked box, not accessible to children, by the middle staircase on the upper floor.

In circumstances of extreme anaphylaxis risk and after consultation with parents, Dr Sherman (Medical Governor) and medical professionals, the school may allow a pupil in Years 3, 4, 5 and 6 to carry her emergency medication at all times.

For any pupils in Reception, Year 1 and 2, the designated Teaching Assistant or their cover, will carry one of their prescribed adrenaline auto-injector with them whilst the pupil is in their care; the pupil additional adrenaline auto-injector will remain in the school office.

For all pupils with a prescribed adrenaline auto-injector, these will be taken on all outings and checked by the lead teacher on the trip. Please see the Educational School Visits Policy for full details.

The school does not allow any other medicines to be kept in the class rooms or corridors. Any girl bringing medicine to school must hand it on arrival to the Senior First Aider. It must be clearly labelled with the girl's name and a completed medication form (see below), giving permission for the medicine to be administered. The school is not able to give medication in the absence of this form. A note in the homework diary is not enough. If you administer any medicine, please enter details on the Medical Events Spreadsheet on Teacherlink/Administration/First Aid/ Medical Events.

No medications are kept in handbags or briefcases etc. in any classrooms.

Any medication held for pupils must only be administered to the relevant pupil. Staff should not, under any circumstances, take medication prescribed for pupils from the Medical Room unless it is for the pupil named on the medication.

The Senior First Aider (Christine Adams) is normally responsible for medicines in the school together with nominated deputies (Susan Neary & Emma Albrecht). Day-to-day mechanics of medicine administration may be delegated to competent, trained colleagues. Parents can access information about the procedure for the administration of medicines from the parents' portal of the website and in hard copy from the school office.

A form is completed by parents and kept in the medicine room.

If a parent notifies the school that a child has a chronic condition, including asthma, anaphylaxis, epilepsy, diabetes or any other condition which will require greater awareness by the school, then parents will be asked to complete an Individual Healthcare Plan for their child. In addition, if the child has a severe allergy the parents will be asked to complete an Allergy Action Plan.

Normally the administration of prescribed medication will only be done in school at the following times:

- breaks and lunchtime
- exceptionally, immediately after the end of the school day

The disposal of expired medications remains the responsibility of the parents and expired medications will be returned to parents for safe disposal. In the event that the parent does not collect the medicine, it is disposed of in the Sharps Bin (located in the First Aid Room) which is collected by Calabash Mint, a specialist contractor.

Intimate or Invasive Treatment

The school will not normally allow these to take place in school, but in exceptional circumstances the Head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the pupil.

Long-term Medical Needs

The Governors and Head will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in some cases the family doctor. (See also Equal Opportunities Policy.)

Off-site visits and sporting events

The school prepares a Risk Assessment for all off-site visits and sporting events, and these must address any pupil with an Individual Health Care Plan.

Risk Assessment

The Head has the overall responsibility for risk assessments but all Risk Assessments must be prepared by the person managing the event / sports trip and approved by the Educational Visits Coordinator. A copy of the Risk Assessment is taken on all trips and it is the responsibility of the Senior Staff member to ensure that the conditions in the Risk Assessment are implemented.

If there are any safeguarding concerns raised as the result of the risk assessment then they must be reported in accordance with the school's safeguarding policy.

Staff taking medication

If staff are taking medication which might affect their ability to care for children, they should seek medical advice and inform their line manager. Staff medication on the premises must be securely stored, and out of reach of children at all times. Please see the policies for First Aid and the Staff Handbook.

Training

The Governors are committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

Monitoring and Review

The DFO will be responsible for monitoring the implementation of the policy, and reporting annually to the Governors.

Complaints

Where a parent or pupil is dissatisfied by the school's response to a medical condition they should initially raise, and try to resolve, the complaint with the Senior First Aider. If they remain unsatisfied, they should raise a complaint in line with the school's complaints policy.

Appendix 1

Procedure for Holding Medicines

Holding Medication on a Long-Term Basis

1. Ensure that the Request to Administer Medications Form is completed and that any prescribed medication has been prescribed by a doctor.
2. Ensure that we have been given sufficient medication and that it is in date code.
3. Create a tray for the girl in the Medical Room and label it with her name.
4. Keep a list of all girls on the inside door of the locked cupboard giving their names, class, and medication names.
5. If we are holding adrenaline auto-injectors for the child, ensure that the auto-injectors, Allergy Action plan as well as a copy of the child's IHCP are kept together in a plastic wallet that can be taken quickly from the tray.
6. If any medication is administered, ensure that it is recorded in the Medical Events spreadsheet.
7. If medication is administered to a child from Reception, ensure that the EYFS Administration of Medicines form is completed, copied and given to the Reception teacher.
8. Monitor the expiry dates of medicines held and remind parents to supply replacements before medicines expire.
9. Use the Expired Medicines Form to return expired medicines to parents for safe disposal or, if the parent fails to collect the medicines, dispose of the medicines in the Sharps Bin.

Holding Medication on an Ad hoc Basis

1. Ensure that the Request to Administer Medications Form is complete and that any prescribed medication to be given has been prescribed by a doctor.
2. Put the medication and the Form in a plastic wallet in the medical room, being careful to check whether the medication needs to be stores in the fridge.
3. Ensure that the medication is given at the correct time.
4. Ensure that it is recorded in the Medical Events spreadsheet.
5. If any medication is administered to a child from Reception, that the EYFS Administration of Medicines form is completed, copied and given to the Reception teacher.
6. Ensure any unused medicine is returned to the parent.

Appendix 2

Procedure for an Individual Healthcare Plan (IHCP)

1. When we are informed that a child has a chronic health issue via the data collection sheets the parents must then be sent an Individual Healthcare plan to complete and return.

2. If we are informed of a severe allergy the parents must also be sent an Allergy Action Plan to complete and return.

3. When the IHCP &/or Allergy Action Plan has been returned the details must be entered onto the child's SIMs record as follows:
 - Create a Medical Note for the condition and describe the triggers and symptoms
 - Create a Medical Note 'Medication Held' if we are holding medication and detail the name of the medication and dose details.
 - Create a Medical Note 'Individual Healthcare Plan' and detail the date received.
 - Create a Medical note called 'GP Managed' or 'Consultant Managed'

4. Attach the child's photo to the IHCP

5. File a copy of the plan with her medication, if held, and a copy in her school file

6. Ensure the IHCP Monitoring sheet is updated and a review date is set.

7. Ensure that the child's form teacher is aware that she has an IHCP and any triggers and symptoms must be discussed with the teacher to ensure awareness of the condition.

8. Ensure that the child's photo and details are included in the displays of children with medical conditions in the school office and the kitchen.

Appendix 3

Procedure in the event of an anaphylactic attack

The First Aider will apply the epi-pen in the first instance and remain with and look after the pupil. Meanwhile a second member of staff will call an ambulance first and then the Pupil's parents.

Procedure in the event of an epileptic seizure

If the pupil has an IHCP, the First Aider will follow the IHCP.

If the pupil has never knowingly had an epileptic attack before the First Aider will remain with the pupil, making sure that she is safe and warm, and a second member of staff will call an ambulance first and then the pupil's parents.

Procedure in the event of an asthmatic attack

If the pupil has an IHCP, the First Aider will follow the IHCP.

If the pupil has never knowingly had an asthmatic attack before the First Aider will ask a second member of staff to contact the parents and find out if there is any history of such an attack, and act on the advice given. The First Aider will establish the severity of the attack and, if in doubt or if it is severe, they will remain with the pupil while the second member of staff will call an ambulance.