



London Borough of Enfield

Management of Medicines

Policy and Guidance

Management of Medicines Policy

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND THE ADMINISTRATION OF MEDICINES

1. Introduction

- 1.1 The Governing Body and staff of Chace Community School wish to ensure that pupils with medical conditions and/or short or long term medication needs are not excluded but receive appropriate care and support. The Headteacher will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication or need support due to their medical conditions during the day where those members of staff have volunteered to do so.
- 1.2 Chace Community School will identify a person responsible for supporting pupils with medical conditions and/or a requirement for the administration of medicines in situations where other members of staff do not volunteer to carry out the task

Note: Detailed information and guidance are contained in a separate document (**Supporting Pupils at School with Medical Conditions**) issued by the Government in April 2014.

2. Parent/Carers' Responsibility

- 2.1 **Please note that parents/carers should keep their children at home if acutely unwell or infectious.**
- 2.2 Parents are responsible for providing the Headteacher with comprehensive information regarding their child's condition and/or medication requirements.
- 2.3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- 2.4 Only reasonable quantities of medication should be supplied to the school for the administration by staff (for example, a maximum of four weeks supply at any one time).
- 2.5 Where the pupil travels on school transport with passenger assistants, parents should ensure they have written instructions relating to any medication sent with the pupil, including medication for administration/self-administration during respite care.
- 2.6 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 2.7 For staff administration - each item of medication must be delivered to the Headteacher or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

3. Responsibility of School

- 3.1 Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents
- 3.2 The school will not accept items of medication in unlabelled containers.
- 3.3 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
- 3.4 The school will keep records, which they will have available for parents.
- 3.5 If the pupil refuses to take their medication, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day.
- 3.6 In this situation the medication record should note the refusal and the parental contact made.
- 3.7 If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 3.8 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- 3.9 The school will not make changes to dosages on verbal parental instructions.
- 3.10 Staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 3.11 For each pupil with a long-term or complex medical condition, the Headteacher, will ensure that an Individual Healthcare Plan (IHCP) is drawn up, in conjunction with the pupil's parents and appropriate health professionals.
- 3.12 Some pupils with a medical condition will also require the administration of medicines. The Headteacher will therefore ensure that all appropriate consent forms are completed and appropriate review periods set.
- 3.13 The school will make every effort to liaise with a school nursing service to ensure that pupils with medical conditions are supported.
- 3.14 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- 3.15 Staff who assist in the administration of medication will be able to receive appropriate training/guidance through arrangements made with the School Nursing Service.
- 3.16 The school will make every effort to continue the administration of medication whilst on trips away from the premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- 3.17 All staff will be made aware of the procedures to be followed in the event of an emergency.

All check lists, letters, individual healthcare plans, parent and Headteacher agreements are attached as appendices 1 – 10

Appendix 1 – Letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. A copy is available on our website of the school's policy for supporting pupils at Chace with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 2 – Developing an IHCP

| Ensure your IHCP template includes: | Current situation | | task delegated to | completed |
|--|-------------------|----------------|-------------------|-----------|
| | yes | in development | | |
| NB: You should ensure that plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social well-being and minimises disruption | | | | |
| • the individual pupils medical condition, its; • triggers, • signs, • symptoms and treatments | | | | |
| • the pupil's resulting needs, including; • medication (dose, side-effects and storage) • other treatments, • time, • facilities, • equipment, • testing, • access to food and drink where this is used to manage their condition, • dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons | | | | |
| • specific support for the pupil's educational, social and emotional needs – for example; • how absences will be managed, • requirements for extra time to complete exams, • use of rest periods or additional support in catching up with lessons, • counselling sessions | | | | |
| • the level of support needed, (some pupils will be able to take responsibility for their own health needs). | | | | |
| • where a pupil is self-managing their medication, this should be clearly stated with appropriate | | | | |

| | | | | |
|--|--|--|--|--|
| arrangements for monitoring | | | | |
| <ul style="list-style-type: none"> the staff who will provide this support – while identifying: their training needs expectations of their role and confirmation of proficiency to provide support for the pupils medical condition from a healthcare professional cover arrangements for when they are unavailable | | | | |
| <ul style="list-style-type: none"> who in the school needs to be aware of the pupils condition and the support required | | | | |
| Consent procedures; <ul style="list-style-type: none"> arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours NB: suggested templates are provided later in this document | | | | |
| <ul style="list-style-type: none"> that separate arrangements or procedures been made for school trips or other school activities outside of the normal school timetable that will ensure that pupils can participate, e.g. risk assessments | | | | |
| Confidentiality; <ul style="list-style-type: none"> how will the parent/pupil know who they can go to if they need to raise confidentiality issues | | | | |
| <ul style="list-style-type: none"> does the plan confirm what to do in an emergency, including whom to contact, and contingency arrangements | | | | |

Appendix 3 – Individual Healthcare plan – IHCP

| | |
|--------------------------------|-----------------|
| Name of school/setting | Chace Community |
| Pupil's name | |
| Group/class/form | |
| Date of birth | |
| Pupils address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|-----------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Relationship to pupil | |
| Name | |
| Relationship to pupil | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |
| G.P. | |
| Name | |
| Phone no. | |

Who is responsible for providing support in school

| |
|--|
| |
|--|

Describe medical needs and give details of the pupil'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

Appendix 4 - Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form in line with school policy which can be found on our website

| | | |
|---|---|----|
| Date completed: | Completed by: (member of staff) | |
| Date for review: | To be initiated by: (member of staff) | |
| Name of school | Chace Community | |
| Name of pupil | | |
| Date of birth | | |
| Group/class/form | | |
| Medical condition or illness | | |
| Does the pupil require or already have an IHCP | Yes | No |
| Medicine | | |
| Name/type of medicine <i>(as described on the container)</i> | | |
| Expiry date | | |
| Dosage and method | | |
| Timing | | |
| Length of course | | |
| Date of dispensing | | |
| Storage instructions | | |
| Special precautions/other instructions | | |
| Are there any side effects that the school/setting needs to know about? | | |
| Self-administration – y/n | NB: If YES to this question then form C2 should be completed instead | |
| Procedures to take in an emergency | | |
| Name and phone number of G.P: | | |
| | | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details of Parent/Carer:

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to pupil | |
| Address | |
| I understand that I must deliver the medicine personally to | [agreed 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 administering 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 _____

Print Name: _____

Appendix 5 - Parental agreement for pupil to self-administer medicine

The school will not allow your child to self-administer medicine unless you complete and sign this form in line with school policy which can be found on our website

| | | |
|---|---------------------------------------|----|
| Date completed: | Completed by: [member of staff] | |
| Date for review: | To be initiated by: [member of staff] | |
| Name of school | Chace Community | |
| Name of pupil | | |
| Date of birth | | |
| Group/class/form | | |
| Medical condition or illness | | |
| Does the pupil require or already have an IHCP | Yes | No |
| Self-administered Medicine | | |
| Name/type of medicine <i>(as described on the container)</i> | | |
| Expiry date | | |
| Dosage and method | | |
| Timing | | |
| Length of course | | |
| Date of dispensing | | |
| Storage instructions | | |
| Special precautions/other instructions | | |
| Are there any side effects that the school needs to know about? | | |
| Requires consent to carry around with them | | |
| Does the self-medication need to be administered with a member of staff present | | |
| Procedures to take in an emergency | | |
| Name and phone number of G.P: | | |
| | | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details of Parent/Carer:

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to pupil | |
| Address | |
| I understand that I am requesting that my child self-administers their own medication | [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for my child to self-administer their medication.

Delete as required:

1. I will inform the school immediately, in writing, if there is (a) any change in dosage or frequency of the medication or (b) if the medicine is stopped and my child no longer needs to self-administer.

2. This is a short course of medication but I will inform the school in writing, (a) if there is any change in dosage or frequency of the medication or (b) if the medicine has to be continued after:

Date: _____

Signature(s) _____

Date _____

Print Name: _____

Appendix 6 - Confirmation of the Headteachers agreement for either a member of staff to administer medicine or for the pupil to self-administer their medication

Chace Community School

It is agreed that _____ *[name of pupil]* will receive / may self-administer

_____ *[quantity and name of medicine]* every day at

_____ *[time medicine to be administered/self-administered e.g.
Lunchtime - afternoon break – as required].*

_____ *[name of pupil]* will be given/supervised whilst he/she takes

their medication by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date of course
of medicine or until instructed by parents]*.

Date:

Signed:

[Headteacher/ /Named Member of Staff]

Appendix 7 - Record of medicine administered to an individual pupil

| | |
|----------------------------------|--|
| Name of school | |
| Name of pupil | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature _____ Date _____

Signature of parent _____

Name of child _____ Date of Birth _____ Class/Form _____

Medication _____

| | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Time given | | | | | | | |
| Dose given | | | | | | | |
| Name of staff member | | | | | | | |
| Staff initials | | | | | | | |

Medication _____

| | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Time given | | | | | | | |
| Dose given | | | | | | | |
| Name of staff member | | | | | | | |
| Staff initials | | | | | | | |

Medication _____

| | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Time given | | | | | | | |
| Dose given | | | | | | | |
| Name of staff member | | | | | | | |
| Staff initials | | | | | | | |

Appendix 8 - Record of medicine administered to all pupils

Chace Community

All logged on progress

Appendix 9 - Staff training record – administration of medicines

| | |
|----------------------------|-----------------|
| Name of school | Chace Community |
| Staff member's name | |
| Type of training received | |
| Date of training completed | |
| Review/training up-date | |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [date required].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 10 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the pupil and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone