

**KINGSFOLD PRIMARY SCHOOL**  
**POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**

- The Governors and staff of Kingsfold Primary School wish to ensure that pupils with **medical needs** receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
- Medication will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. ]
- Medication will only be accepted in school if it has been **prescribed by a doctor**.
- Medication will not be accepted in school without complete written and signed instructions from the parent.
- Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time).
- Each item of medication must be delivered in its original container and handed directly to the Headteacher / Assistant Headteacher (or to a member of staff authorised by the Headteacher).
- Each item of medication must be clearly labelled with the following information:
  - Pupil's name.
  - Name of medication.
  - Dosage.
  - Frequency of dosage.
  - Date of dispensing.
  - Storage requirements (if important).
  - Expiry date.
- The school will not accept items of medication which are in unlabelled containers.
- Unless otherwise indicated all medication to be administered in school will be kept in a secure place or locked box.
- All relevant staff will be made aware of a child's condition eg class teacher / support assistant and welfare supervisor including supply teacher, (This will be the responsibility of office staff.)
- The school will provide parents/carers with details of when medication has been administered to their child.
- Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

- Staff will be trained and supported in their role to administer medication – This will be reviewed at least annually.
- It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school 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.
- Risk Assessments for school visits, holidays and other school activities outside of the normal timetable will include any medication required on visit.
- Headteacher / SENCO/ SEN TA / Assigned 1:1 support will monitor individual health care plans each term
- Health care plans will be reviewed at least annually ( or when medication requirement changes )
- Medication will be kept in a box in the First Aid Room – and locked. (Key in main office / headteacher's officer.) Asthma inhalers, adrenaline pens are always available to children and not locked away.
- School is currently considering purchasing a defibrillator as part of first aid equipment – staff will be trained in how to use the defibrillator
- In case of emergency see appendix 15.

### **Unacceptable Practice**

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary ;
- assume that every child with the same condition requires the same treatment ;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

### **Liability or Indemnity**

- Details of school's insurance arrangements are ;
  - Zurich Municipal
    - Policy Number : QLA-07AA01-0053
    - Commencement – 01 June 2014
    - Expiry – 31 May 2015

### **Complaints**

- If parents or pupils are dissatisfied with the support provided by school. They should discuss their concerns directly with the headteacher.
- Governing bodies should be ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## Further Sources of information

### Other safeguarding legislation

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** provides a duty on a person with the care of a child ( who does not have parental responsibility for the child ) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board ) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

**The NHS Act 2006 : Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows;

- The **must not** discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

### Other Relevant Legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer ( the local authority,

governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risk to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the K and places restrictions on dealings with medicinal products, including their administration

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools ( including academy schools and alternative provision academies).

### **The Special Educational Needs Code of Practice**

**Section 19 of the Education Act 1996** ( as amended by Section 3 of the Children School's and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them This education must be full time, or such part time education as is in a child's best interests because of their health needs.

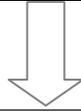
### **Associated Resources**

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at [GOV.UK](http://GOV.UK)

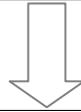
## Appendices

### 1. Model process for developing individual healthcare plans

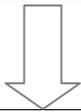
Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.



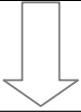
Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.



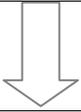
Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



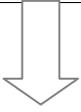
Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



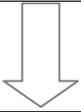
School Staff Training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent -review date agreed.



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.



## 2. Parental agreement for setting to administer prescribed medicine

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

Name of Setting : \_\_\_\_\_

Name of Child : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Group/Class/Form : \_\_\_\_\_

### **Medicine**

Name the medicine is prescribed to on the container : \_\_\_\_\_

Name/Type of Medicine (as described on the container) : \_\_\_\_\_

Date Dispensed : \_\_\_\_\_

Expiry Date : \_\_\_\_\_

Agreed review date to be initiated by : \_\_\_\_\_  
( name of a member of staff)

Dosage and method eg Oral, inhaled: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions : \_\_\_\_\_

Are there any side affects that the \_\_\_\_\_  
setting needs to know about? \_\_\_\_\_

Self Administration (self administration YES/NO (**delete as appropriate**)  
form to be completed if yes) :

Procedures to take in an Emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT DETAILS

Name \_\_\_\_\_ :

Daytime Telephone No. \_\_\_\_\_ :

Relationship to Child \_\_\_\_\_ :

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the setting staff administering medicine in accordance with the setting policy. I will inform the setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped

I understand that I must deliver the medicine personally to [ agreed member of staff ] and accept that this is a service that the setting is not obliged to undertake.

Signature(s) : \_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

Relationship to child : \_\_\_\_\_

**If more than one medicine is to be given a separate form  
should be complete for each one.**

## ADMINISTRATION OF MEDICATION IN SCHOOL

### GUIDANCE FOR PARENTS/CARERS

To ensure the **SAFE** administration of medication in school the following guidelines have been produced. If these are not followed then unfortunately the medication cannot be given. Please note that the Headteacher/Authorised Person can only accept medication prescribed by a doctor.

1. Parents/carers are responsible for providing the Headteacher with adequate information regarding their child's condition and medication. It is the parents/carers responsibility to inform the school in writing when the medication is discontinued or the dosage changed.
2. Medication will not be accepted in school without complete written and signed instructions.
3. Only reasonable quantities of medication should be supplied to school, eg a maximum of 4 weeks supply at any one time.
4. Each item of medication must be delivered in the **original container** and handed directly to the Authorised Person in school.

Each container must be clearly labelled with the following:-

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

**Items of medication in unlabelled containers will not be accepted.**

### 3. Appendix

#### Record of medicine administered to an individual children's

Name of School / Setting : \_\_\_\_\_

Name of Child : \_\_\_\_\_

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: \_\_\_\_\_

Parent / Guardian Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Time Given : \_\_\_\_\_

Name of staff : \_\_\_\_\_

Staff Initials : \_\_\_\_\_

Date : \_\_\_\_\_

Time Given : \_\_\_\_\_

Name of staff : \_\_\_\_\_

Staff Initials : \_\_\_\_\_

Date : \_\_\_\_\_

Time Given : \_\_\_\_\_

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Staff Initials : \_\_\_\_\_

Date : \_\_\_\_\_

Time Given : \_\_\_\_\_

Name of staff : \_\_\_\_\_

Staff Initials : \_\_\_\_\_

**4.Appendix**

**STAFF TRAINING RECORD - ADMINISTRATION OF MEDICATION**

Name: \_\_\_\_\_

Type of training received: \_\_\_\_\_  
\_\_\_\_\_

Date training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed

above and is competent to carry out any necessary administration of medication.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested Review Date: \_\_\_\_\_

Headteacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5.Appendix**

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School / Setting : \_\_\_\_\_

Child's Name : \_\_\_\_\_

Group / Class / Form : \_\_\_\_\_

Address : \_\_\_\_\_

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Name of medication : \_\_\_\_\_

Procedures to be taken in an emergency : \_\_\_\_\_

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**Contact Information**

Name : \_\_\_\_\_

Daytime Phone No : \_\_\_\_\_

Relationship To Child : \_\_\_\_\_

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

7.Appendix

**HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Name of pupil: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Condition: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Review date: \_\_\_\_\_

Is there a more detailed Protocol available? YES/NO

**N** It is the responsibility of the parent/carer to inform the school of any changes in  
**B** contact numbers, medication, or the pupil's condition.

:

**CONTACT INFORMATION**

**Family contact 1**

Name: \_\_\_\_\_

Phone (work) No: \_\_\_\_\_

(home ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Family contact 2**

Name: \_\_\_\_\_

Phone (work) No: \_\_\_\_\_

(home) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Clinic/Hospital contact**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

**GP**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

8.Appendix

**EMERGENCY CALL**

**Dial 999, ask for a paramedic ambulance and be ready with the following information.**

1. School name and telephone number. **KINGSFOLD PRIMARY SCHOOL**
2. Give your location as follows: **SCHOOL OFFICE**  
Address **MARTINFIELD ROAD**, Post Code **PR1 9HJ**  
**PENWORTHAM**
3. Give your name.
4. Name of pupil.
5. Give a brief description of pupil's symptoms.
6. Inform Ambulance Control that the crew will be met at the main entrance.
7. Send someone to main entrance.

**SPEAK CLEARLY AND SLOWLY AND  
BE READY TO REPEAT INFORMATION IF ASKED**