

Hornsea Burton and Skipsea Primary Schools

Administration of **Medicine Policy**

September 2022

Contents

Introduction and statement of intent

1. Legal framework
2. Roles and responsibilities
3. Training staff
4. Receiving, storing and disposing of medication
5. Administering medication
6. Medical devices
7. IMNPs
8. Educational trips and visits
9. Medical emergencies
10. Refusing medication
11. Emergency procedures
12. Unacceptable practices
13. Insurance
14. Complaints
15. Monitoring and review

Appendices

- Appendix 1 - Medicine administration protocol
- Appendix 2 - Process for Developing Individual Medical Needs Plan (IMNP)
- Appendix 3 – Individual Medical Needs Plan (IMNP) Template
- Appendix 4 – Individual Medication Log
- Appendix 5 – Roles and Responsibilities
- Appendix 6 - Record of IMNP and Medical Conditions Requiring Support
- Appendix 7 -Parental consent for carrying his/her own medication
- Appendix 8 - Parental Agreement for the School to Administer Medicine

Introduction and Statement of intent

Hornsea Burton and Skipsea Primary Federation (HBSFed) aspires to be an inclusive learning community and educational setting and makes every effort to support pupils with short- and long-term medical conditions. To this end, HBSF is committed to ensuring that all pupils with medical conditions (whether these be physical or emotional / mental health or both) are supported in school in order that they can participate fully and actively in school life and the curriculum, achieve their academic potential and remain healthy.

Our aim is whenever possible, to work in open and honest partnership with parents / carers, and in so doing, ensure that they feel confident in our commitment and ability to provide effective individual and bespoke support for medical conditions in school. HBSF will also actively seek support of key stakeholders within school and relevant partner agencies and healthcare professionals to inform the decision-making process and support that is put in place.

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. All staff in schools and early year's settings has a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

HBSFed 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 includes the safe storage and administration of pupils' medication. The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g., morphine.

Short Term medical needs is defined as affecting participation in education / school activities whilst they are on a course of medication or support. **Long Term medical needs** is defined as potentially limiting access to education and requiring additional care, support and arrangements.

Subject to satisfying relevant criteria, the Home Tuition Service can provide temporary educational support for pupils who are unable to attend school for medical reasons. The purpose is to minimise disruption to education for children who are physically ill, injured or have mental health difficulties. Where appropriate school will liaise with the Home Tuition Service and partner agencies to attempt to put this in place.

1. Legal framework

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

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

2. Roles and responsibilities

The governing board is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that pupils taking medication are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school's Complaints Procedures Policy.

The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All staff are responsible for:

- Adhering to this policy and supporting pupils to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.

- Completing an [administering medication parental consent form](#) prior to them or their child bringing any medication into school.
- Discussing medication with their child prior to requesting that a staff member administers the medication.

It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school nurse or other members of staff. This may include staff administering medication to the pupil involved.

3. Training staff

When school staff become aware (via Parent or School Nurse) of a specific medical condition, which may need either a IMNP or specific actions relating to care, efforts will begin in order to put in place arrangements so that school staff providing medical support to a pupil with a medical condition will be suitably informed and trained.

School will seek advice and guidance from key stakeholders through their supporting roles and responsibilities to ensure identified needs and training requirements are met and information available to school – this will include parents / carers, pupil and professionals. Precise arrangements will naturally vary on a case-by-case basis, but details of required support will be logged on the IMNP.

The majority of staff have had Emergency One Day First Aid training which is reviewed every 3 years and the school first aiders will brief all staff with any updates/changes on a yearly basis. At least two members of staff will have Paediatric First Aid training and will renew every three years. Staff must not give prescription medicines or undertake health care procedures without appropriate

The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff. The headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g., the school nurse.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the pupil is necessary
- Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering AAI's

The school will arrange specialist training for staff on a **annual** basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAIs will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAIs in the case of an emergency.
- The dosage correlates with the age of the pupil.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times.

4. Receiving, storing and disposing of medication

Receiving prescribed medication from parents

The parents of pupils who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16. A signed copy of the parental consent form will be kept in the office, and no medication will be administered if this consent form is not completed. Consent obtained from parents will be renewed **annually**.

The school will only store and administer **prescribed medication**. The school will store a reasonable quantity of medication, e.g., a maximum of **four weeks'** supply at any one time. Aspirin will not be administered unless the school has evidence that it has been prescribed by a doctor.

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing pupils' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g., asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g., a locked cupboard in the medical room (HB) or school office (SK) or in the fridge.

The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g., by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.

- Clearly labelled with:
 - The pupil's name.
 - the name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.
 - The expiry date.
- Stored alongside the accompanying administering medication recording log.

Medication that does not meet the above criteria will not be administered.

Outside learning

When the child is outside, for example, if doing outside learning or at play time or PE, then the medication will be taken out with them by the First Aider to ensure that they have immediate access if needed. This will be returned to the classroom and stored appropriately so the child has access. It is preferable that the pupil's medication remains in school and will not be returned at the end of the day. Medication should be in date; it is not the school's responsibility to notify Parents/Guardians if medication has gone out of date. Parents/Guardians are also responsible for ensuring that there is an adequate supply of prescribed medication for their child whilst at school.

Disposing of pupils' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils' doctor or pharmacist, parents will be asked to collect these for this purpose. Needles and other sharps will be disposed of safely and securely, e.g., using a sharps disposal box.

HBSFED policy is that school staff should not dispose of medication, and we will look to parents / carers to work with school and assume responsibility for the removal and disposal of any out-of-date expired medication or medication that is no longer required by the pupil. School staff will contact parents to seek support and facilitate a return of the redundant medicines to the parent / carers. If parents / carers do not collect unused or date expired medication within a reasonable time of being requested to do so, it will be communicated to parent / carer that the medication will be taken to the local pharmacist for safe disposal.

Any medication dropped on the floor will be bagged and given to the parent to discard. The parent will be notified of this. Any concerns regarding the dosage or administration of medication will be followed up by a phone call to the parent to seek advice and the Head teacher will be informed.

5. Administering medication

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken. Wherever possible, but in line with the prescribing regime, administration of medication will be timed to minimise impact upon lesson time. Pupils will be advised of where any medication is stored, access arrangements (scheduled and emergency) and who will administer it.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the medical room (Hornsea Burton) or school office (Skipsea) or the Head's office if other rooms unavailable. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary

- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

HBSF strongly supports guidance that medicines should only be taken in school when essential – that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. HBSF will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be administered in line with the advised prescribing regime outlined by health professionals. Where possible, a letter from the consultant should be provided to explain support the reasons for long-term medication.

As stated previously, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role. Members of staff in school who have volunteered to do this role are Mrs. V Hart, Mrs. S Inns and Miss. L Hatfield (at Hornsea Burton) and Mrs. V Hart, Mr. C Tarrant and the admin staff at Skipsea. These staff when giving medicine to a pupil, will be in a supervising and supporting role. Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the pupil being given the medication.
- Check any written instructions provided on the original medication or from a doctor
- Check the record sheet to ensure the medication has not already been administered

After medication has been administered staff will:

- Complete and sign the medication log straight after administering the medication. This log will be kept with the medication at all times.

If in doubt about any procedure, staff will not administer the medicine but check with the parents/guardians/carer or a health professional before taking further action. If a member of staff has any concerns related to administering prescribed medicine to a particular child, the issue will be discussed with the parents/guardians, if appropriate, or with a health professional.

All staff will be familiar with normal precautions for avoiding infection and will follow basic hygiene procedures. Staff have access to protective disposable gloves and will take care when dealing with spillages of blood, other body fluids and disposing of dressings.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s). Medication is usually kept in the school office or the fridge in the staffroom and then taken to the child at the time it is needed and then returned to school office/fridge afterwards.

School will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on request of parent / carer. A formal IMNP meeting will need to have occurred before this will take place, alongside proof of changes.

Non-Prescribed Medication

Over the counter medicines, e.g., pain-killers hay-fever treatments, sun cream, will only be accepted in exceptional circumstances and for the short-term. These will be treated in the same way as prescription medication. **The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a consent form providing written instructions**, detailing when their child last took the medication, what dosage is required and when they should take the next dose. Where possible, the parent / carer will be expected to come into school to administer non-prescribed medication.

Staff will check that the medicine has been administered without adverse effect in the past and that Parents have certified that this is the case-a note to this effect will be recorded in the written parental agreement for the school to administer medicine.

The use of non-prescribed medicines should normally be limited to a 24-hour period and in all cases do not exceed 48 hours. If symptoms persist medical advice should be sought by the Parent. For example, if a child suffers from frequent or acute pain the parents/carers would be encouraged to seek medical advice and request prescribed medication from the Pharmacist. Other remedies, including herbal preparations, will not be accepted for administration in school.

Generally, school staff should not administer non-prescription medication.

NO PUPIL UNDER 16 SHOULD BE GIVEN ASPIRIN UNLESS PRESCRIBED BY A DOCTOR

Staff supervising medication will be trained in First Aid and are supported by another appropriate adult to witness the administering of the medication. A record will be kept of medication taken by pupils in school, and this is as agreed with and confirmed by parents. Particular care should be taken, as staff may not be aware, if the pupil has previously taken non- prescription medication and the effects this may have if the pupil is already taking other prescribed medication.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated documents (Managing Medicines in Schools DfE 2015) and NICE guidance NG46 (2016). Some may be prescribed as medicine for use by children, e.g., methylphenidate.

A designated member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine need to do so in accordance with the prescriber's instructions. It is permissible for our schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. We will keep them in a locked non-portable container and only named staff will have access. A record will be kept for audit and safety purposes. All staff are aware of the responsibility of handling and administering controlled drugs.

A controlled drug, as with all medicines, will be returned to the Parent/Guardian when no longer required. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

6. Medical devices

Asthma inhalers

The school will allow pupils who are capable of carrying their own inhalers to do so, provided that parental consent for this has been obtained. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

AAIs

The school will allow pupils who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare AAIs for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found at the following locations:

- **Class medical needs bag**
- **Medical room (Hornsea Burton)**

- **School office (Skipsea)**

There will be a stock of AAI, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g., the dining hall. The school will ensure that risk assessments regarding the use and storage of AAI on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare AAI in emergency situations. The spare AAI will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the pupil's IMNP.

Pupils' and spare AAI will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

7. IMNPs

For pupils with chronic or long-term conditions and disabilities, an IMNP will be developed in liaison with the pupil, their parent, the headteacher, the SENCO and any relevant medical professionals. When deciding what information should be recorded on an IMNP, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support 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 out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom 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

The governing board will ensure that IMNPs are reviewed at least **annually**. IMNPs will be routinely monitored throughout the year by a designated staff member.

As a part of the established admission procedure and transition to HBSFED, relevant school staff will seek information and records regarding any actual or potential health issues. This will involve the HBSFED Senior Management team. Where necessary an Individual Medical Needs Plan (IMNP) will be developed and put in place (see below).

A 'team around the child' approach within school will be adopted and used to consider and formulate the school response to any identified medical conditions requiring support. This will extend to consideration of staff training needs, any 'reasonable adjustments', sharing of information and specific arrangements required to deliver the identified level of care.

As part of the routine admission process HBSFED will proactively and as soon as possible, communicate with parents / carers to gather information relating to any medical conditions and use this as a basis for profiling

associated support needs and risk. This will, where appropriate, involve consultation with relevant health professionals and partner agencies involved, to inform decision making and the introduction of the best possible support. HBSFED will treat medical information with appropriate confidentiality, sensitivity and discretion and following discussion with parents / carers and pupil, agreed information will be shared on a 'need to know basis' within school. Any written records and correspondence will be stored securely and only available to appropriate, key staff. Modified IMNPs will be available in the staffroom so all staff will be aware of their needs and able to respond appropriately if needed.

To ensure consistency of support, HBSFED will also share all relevant information relating to medical conditions and required support when a pupil leaves HBSFED, with the new education setting.

Specific consideration will be given on a case-by-case basis when identified needs extend to any form of intimate or invasive care. Support will be formulated in line with identified best practice, statutory guidance and local protocols and routinely documented in an IMNP.

Please see Appendix 2- Process for Developing Individual IMNPs and Appendix 3 for the HBSF Individual Health Care Plan (IMNP) Template.

Record Keeping

A written record will be kept of all medicines administered to pupils on each occasion that this takes place and will document relevant information and be signed by staff (See appendix 4 Individual Medication Log). Good records help demonstrate that staff have exercised a duty of care and these will include the following:

- a) Name of pupil and their Class
- b) Name of medication and expiry date
- c) Date and time of administration
- d) Dose given*
- e) Who administered the medication
- f) Who supervised the administration
- g) A note of any side effects

*Dosage is always checked by a second member of staff before administration.

8. Educational trips and visits

In the event of an educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g., for asthma inhalers. Sufficient essential medicines and appropriate Individual Medical Needs Plans will be taken and controlled by the member of staff supervising the child. If it is felt that additional supervision is required during any activities e.g., swimming, our school may request the assistance of the parent/carer.

If the medication is of a type that should not be carried by pupils, e.g., capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g., timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period of time, e.g., an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g., what to do if an epileptic pupil has a seizure. Staff supervising sporting activities will be asked to consider whether risk assessments are necessary for some children (risk assessment template can be obtained from designated First Aider). Staff will be made aware of relevant medical conditions and any preventative prescribed medicine that may need to be taken and emergency procedures.

9. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it, and is not locked away. For all emergency medication kept in the possession of a pupil, e.g., AAI's, the school will ensure that pupils are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept by the school in the school nurse's office.

10. Refusing medication

If pupils refuse to take medication or carry out a necessary procedure, staff will not force them to do so, but follow the procedures agreed in the IMNP. Parents will be informed as soon as is practicable, so that alternatives can be considered. The Headteacher and Deputy Designated Safeguarding Lead will be advised.

Appropriate recording of the refusal will be made identifying the subsequent action taken, by whom and at what time. Depending upon the potential implications of any refusal to take medication, it may be necessary to contact emergency services and / or NHS helpline Tel: 111. The safeguarding implications (self and other's) will be considered in the event of a refusal to comply with an agreed regime of medical support / prescribing – particularly if this impacts upon behaviour, mood or generates risk concerns.

11. Emergency Procedures

The Head Teacher will ensure that all staff are aware of the school's planned emergency procedure in the event of medical need, and that pupils know what to do in the event of an emergency, such as telling a member of staff.

A member of staff will accompany a child taken to hospital by ambulance and will stay until the Parent/Guardian arrives. Health Professionals are responsible for any decisions on medical treatment when Parents/Guardians are unavailable, not the member of staff. Wherever possible, staff will avoid taking children to hospital in their own car; it is safer to call an ambulance.

Individual Medical Needs Plans should include instructions as how to manage a child in an emergency, and identify who has the responsibility in an emergency. Specific child emergency procedures are in the medical file in the school office, displayed discreetly in the staffroom and the class teachers also have a copy in their class folders.

There is a prompt sheet regarding contacting emergency services on display in the school office above the telephone. Information about Staff medical needs are kept in a file in the locked cupboard in the school office.

12. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, **it is not generally acceptable practice to:**

- 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Medical Needs plan.
- 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, e.g., 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, e.g., by requiring parents to accompany the child.

13. Insurance

Staff who undertake responsibilities within this policy and individual IMNP's are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head Teacher.

14. Complaints

In the event of dissatisfaction with medical support being provided, the HBSF Complaints Policy can be found on the school web site and is also available from the Head Teachers, who can be contacted via the main school office (Hornsea Burton 01964 536594; Skipsea 01262 468394 or by email (hornseaburton.primary@eastriding.gov.uk; skipsea@eastriding.gov.uk). The HBSF Senior Leadership Team is committed to supporting pupils and parents / carers and would always encourage and welcome the opportunity to resolve any concerns through direct communication and where appropriate meeting.

15. Monitoring and review

This policy will be reviewed [annually](#) by the governing board and headteacher. The next scheduled review is [September 2023](#).

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made

to this policy will be communicated to the relevant stakeholders, including pupils whose medication is stored at school and their parents.

Medicine Administration Protocol

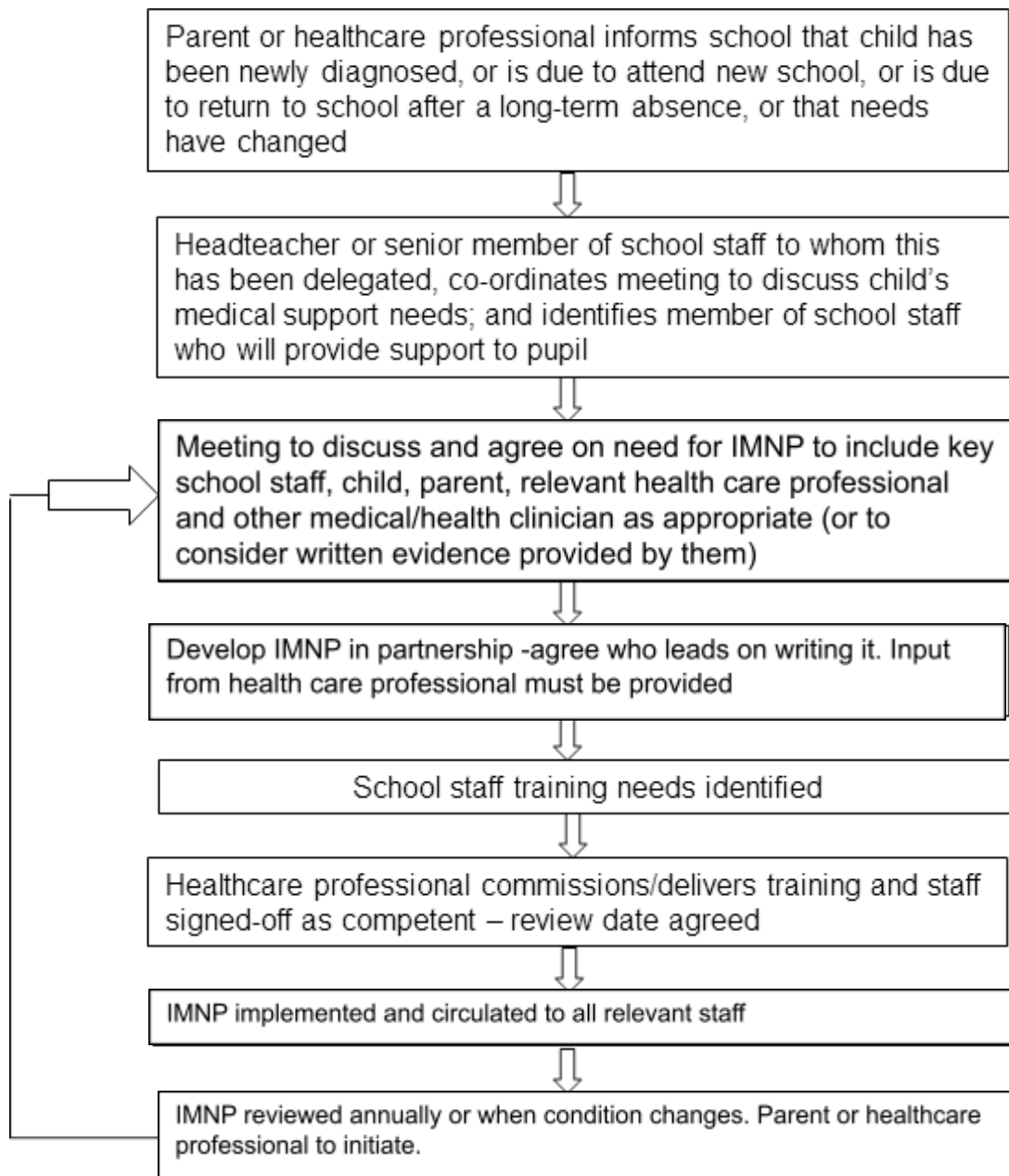
Administering medication is potentially one of the highest risk activities we carry out as staff.

To make this important activity as safe as possible you must follow this procedure:

1. Medication must only be administered in the Medical Room to one pupil at a time.
- 2 Medication must be administered by 2 trained adults who are both giving their **full attention** to the task.
3. You must wear a new pair of nitrile gloves
4. Make sure the name of pupil who is present matches the name on the label of the medication. Second adult must confirm pupil's name
5. Check that the medication is the correct one as written in the pupil's Individual Medical Needs Plan which is stored with the medication. Second adult must confirm the medication name is correct
6. Check that the current time of administration matches the pupil's Individual Medical Needs plan. Second adult must confirm the time.
6. Read the correct dose on the label of the medication. Second adult must confirm the dose
7. Liquid medication must only be given on a plastic spoon or cup with a scale on to mark the correct dose. Second Adult to confirm the dose is accurate
8. Check that the pupil has swallowed the medicine.
9. Complete the Individual Medication Log **straight away**. Both adults should sign this.
- 10 Ensure that the medication cabinet is locked.

IF IN DOUBT, ASK.

Process for Developing Individual Health Care Plan



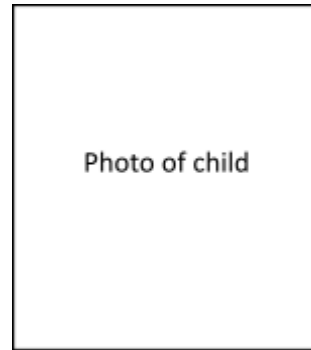
Appendix 3 – Individual Medical Needs Plan



Individual Medical Needs Plan (IMNP)



Name:
Date of Birth:
Address:



Diagnosis/Condition:

Year group / Class:
Date set:
Review date:

Contact Information:

Family Contact 1

Family Contact 2

Name		Name	
Relationship		Relationship	
Phone no. work		Phone no. work	
home		home	
mobile		mobile	

Clinic / Hospital Contact

G.P.

Name		Name	
Phone no.		Phone no.	

Who is responsible for providing support in school? _____

Describe condition and give details of pupil's individual symptoms, triggers, signs treatment, equipment or devices, environmental conditions:

Daily care requirements:-

Medication to be administered:

Name of medication: Type of Medicine:	
Dosage and Method of administration:	
Time to be taken:	
Person who will be administering:	
Special Precautions:	
Side Effects:	
Date:	

Arrangements for school trips/visits, including sporting activities:

--

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Follow up care:

Mum will take him to hospital or home depending on emergency

Who is responsible in an emergency (state if different on off-site activities):

First aider

Staff training needed (who, what, when):

I agree that _____ will receive the medication s/he needs
Date: _____
Signed: Headteacher
Signed: Parent/Guardian/carer

Signed by parent/carer: _____

Date set:

Review: (sooner if required)

It is the parents' responsibility to provide the head teacher with full information about their child's medical needs if treatment or special care is needed. Parents are expected to work with the head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

Information will be shared with relevant staff to ensure the best care for a child. Consultation with the school nurse, specialized nurse or GP/pediatrician may need to ensure the best care for a child. The school will agree with parents how often they should jointly review the health care plan. This will be reviewed annually, but if the child's particular needs are as such then they will be reviewed more frequently. Parents will be sent the health care plan annually at the end of the school year: to be checked, update and inform school of any changes. If no response is received from the parent, then a second letter will be sent stating that they have not responded so it is assumed that there are no changes. It will be documented that contact was attempted and the response.

Form circulated to (please tick): -

- Admin team / pupil file
- Class teacher and support staff
- Pupil information file for supply teachers
- School nurse
- Parents

Appendix 4 - Individual medication log



Individual Medication Log

This must be completed following the drug administration protocol



Name of child:

Date of birth:

Year: Class:

Medication to be administered:

Name of medication:	
Type of Medicine:	
Dosage and Method of administration:	
Time to be taken:	
Person responsible for administering:	
Special Precautions:	
Side Effects:	
Expiry date:	

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff member 1					
Staff member 2					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff member 1					
Staff member 2					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff member 1					
Staff member 2					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff member 1					
Staff member 2					

Appendix 5 – Roles and Responsibilities

The Hornsea Burton and Skipsea Primary Federation Governing Body ensures that

- this policy is developed, reviewed and implemented in order that students with medical conditions can participate fully in school life
- sufficient staff are competent and have received suitable training
- any member of school staff who volunteers to provide support to students with medical conditions is able to access all relevant information

The Hornsea Burton and Skipsea Primary Federation Headteacher ensures

- that the policy is developed and effectively implemented with partners
- that all staff are aware of the policy and understand their role in its implementation
- that all staff who need to know are aware of the child's condition
- that sufficient trained numbers of staff are available to implement the policy and requirements of IMNP's
- that the school's guidance on developing IMNP's is followed
- that staff are appropriately insured and are aware that they are insured to support students in this way
- that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Parents and Carers

- should provide sufficient, up-to-date information about their child's medical needs and treatment and ensure this is updated annually at the start of each school year.
- should be involved in the development and review of their child's Individual Medical Needs Plan
- should carry out any action they have agreed to as part of its implementation
- have prime responsibility for their child's health and are responsible for ensuring their child is well enough to attend school
- should, where possible, arrange with their doctor for medication to be administered outside of school hours
- should liaise with the identified member of staff to agree the school's role in helping to meet their child's medical needs
- are responsible for supplying written information about the medical condition and medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- should, where possible and required, arrange for a separate supply of medication for use in school
- should provide details of possible side effects, other special needs (e.g., dietary requirements, allergies etc)
- Details of GP and any specialists' medical practitioners involved and emergency contact details
- are responsible for the supply, collection and disposal of medication

The Individual Pupil Should

- be fully involved in discussions about their medical support needs and contribute as much as possible
- comply with, their Individual Medical Needs Plan

Other Healthcare Professionals

- should notify the school staff (Headteacher / Class teacher) and work jointly when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing Individual Medical Need plans and support / advice for particular medical condition



Appendix 6 - Record of IMNP and Medical Conditions Requiring Support



Name	Medical Condition	IMNP Yes / No	IMNP Last Review	IMNP Next Review	Notes



FORM 7

PARENTAL CONSENT FOR CHILD TO CARRY HIS/HER OWN PRESCRIBED MEDICINE

(OPTIONAL FOR SECONDARY SCHOOL USE)

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff has concerns, they should discuss this request with healthcare professionals

Name of school/setting	
Name of child	
Group/class/form	
Address	
Name and strength of medicine	

Procedures to be taken in an emergency

CONTACT INFORMATION

Name	
Daytime phone no.	
Relationship to child	

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

Parent/guardian signature	Date
Relationship to child	

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

Appendix 8



Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.



Administration of medication form

Date for review to be initiated by	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instructions	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name	
Telephone number	

Relationship to pupil	
Address	
I will personally deliver the medicine to	<u>Name and position of staff member</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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

Date