



Policy owned: SIMCE
Policy reviewed: Spring 2020
Policy to be reviewed: Spring 2022
or when HFL release new guidance

**'Learn to love and love to learn; in God's love each one will
shine'.**

St. Andrew's Church of England (VC) Primary School
Policy for Managing Medicines including Allergies in school

Rationale:

Our School Vision is led by the example of St Andrew; *"Come, follow me," Jesus said, "and I will send you out to fish for people."* (**Matthew 4: 19**)

Learn to Love- As Jesus showed Andrew how to be the very best of men, so we guide and support our children to become the best that they can be. We teach our children to care and have respect for themselves and others, physically, morally and culturally. Our curriculum is built around the fish symbol to show that the love of God and Jesus is at the very heart of all that we do.

Love to learn- Just as Jesus immediately saw the character and depth of Andrew at that first meeting on the shores of the Sea of Galilee calling him to be his disciple, so we see and encourage the strengths and interests of all our children. We help them become lifelong learners, encouraging and developing their sense of enquiry and aspiration.

In God's love each one will shine- Following Jesus' command; *"Come, follow me," Jesus said, "and I will send you out to fish for people."* (**Matthew 4: 19**) St Andrew brought people to meet, to love and to learn from Jesus. In a similar way we help our children to follow Christian values, to receive the love of God, and to shine that love to others in His grace.

Aims

At St. Andrew's we aim to offer excellence and choice to all our children, whatever their ability or needs. Most children will, at some time, have short term medical needs; others will have more complex or longer term medical needs. Our school is an inclusive school focused on including all children and ensuring access to high quality teaching and learning in order that they achieve their own unique potential. We work in partnership with parents and medical experts to provide the best possible care for all our pupils.

Introduction

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from Herts County Council's Education Health and Safety Manual 2008 and HCC update model policy 2017 Version 4.

All staff working in a LA maintained school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The staff that administer medicines do so in strict compliance with written parental requests expressed in a designated format and stored in a recognised central location. When this permission is not offered, it is expected that parents will come into school at the appropriate time in order to administer medication.

At St Andrew's we ensure that we have sufficient members of staff who are appropriately trained to manage medicines as part of their duties, they have received appropriate training and support from health professionals e.g. annual epipen/asthma pump training.

Most children with medical needs are able to attend school regularly and with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

We recognise that most children will at some time have medical needs either on a short-term or long-term basis and others may require medicines in particular circumstances, such as allergies. The school aims to enable regular attendance. However, it is expected that children are not sent to school when they are clearly unwell or infectious.

Refusing medication

If a child refuses to take medication staff will not force them to do so, but note this in the records and inform parents/carers as soon as possible.

Procedures for managing prescription medicines.

It is helpful, where possible if medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this. However, this might not be practicable and in such a case parents may make a request for medication to be administered to their child at school.

(Appendix form1 Request for school to Administer Medication)

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

Medicines other than inhalers will be stored in a locked cabinet or fridge during the day.

A record will be made of when the medicine was dispensed.

(appendix form 2 Record Of Medication Administered In School).

Medication Administration (Form Attached in 2 parts)

- Request for school to administer medication is completed and handed to the office
- A notification is sent to the class teacher and the class LSA that the child needs to take meds at a specific time
- Request is placed on the clipboard in the Staffroom
- Medication is placed in fridge (if necessary) or first aid cupboard in the Staffroom
- At appropriate time, if lunchtime first aider is not available another trained first aider will administer medication and complete the reverse of form
- At end of day or course of medication the form has to be signed by parent/carer to confirm that meds were administered and that they have been collected.
- These forms are kept for 7 years.

Records

- Records of medical history and needs are kept by medical LSA (currently SR). They are also noted on SIMS recording system by Office Administration (currently JZ)
- These are kept in Staffroom, in individual classrooms as appropriate and Break Time Medical Book.

Asthma

Asthma Registration

- Asthma Registration form and Asthma Card are completed and handed to the Office with medication
- Asthma (Pump) inhaler and card are placed in a green medical bag with child's name and kept in individual classrooms in appropriately marked cupboard. (Card denotes dosage etc. of medication)
- Asthma Form is photocopied. First copy is placed in Asthma Registration File and kept as a master. Other copies are placed in files in classrooms.
- Every time (Pump) inhaler is administered it is entered on form.

- These forms are kept for 7 years.

(Appendix 3a Asthma Register Registration Form)

(Appendix 3b Record of Asthma Medication Self-Administered In School)

Allergies

Allergy Medication

- Allergy Medication form is completed and a photo of the child attached are handed to the office. It is placed on the Whole School Allergy Record.
- Allergy Medication is placed in main first aid cupboard in the Staffroom with child's name marked clearly.
- Allergy Medication form is kept in classrooms and an overview folder is kept in the main office.
- Food allergy notifications with the child's photo are displayed in school kitchen and the school cook keeps a record on file.
- Every time medication is administered it is entered on form.
- These forms are kept for 7 years.

(Appendix form 4 Request for school to administer EpiPen Medication)

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form immediately.

Out of date medication

Any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible it should be returned to a pharmacist for safe disposal.

- Asthma and allergy medication is checked on a regular basis. If this is found to be near expiry a reminder is sent home to the parents.
- These reminders are sent 3 times then parents are contacted by phone.

Defibrillators

The school has 2 Defibrillators in school, which are stored in the staff room.

The staff are trained in their use.

Long term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. In these cases our SENDco, with support by our Medical LSA, will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

(See appendix 5 HealthCare Plan for a pupil with Medical Needs)

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

Ideally controlled drugs are only brought in on a daily basis by parents, but certainly never more than a week's supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non-portable container, such as a safe, and only specific, named staff are allowed access to it. Each time the drug is administered it must be recorded, including occasions when the child has refused to take it.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Non Prescription Medication

At St Andrew's we will only administer non-prescribed medication after clear parental instruction and written permission.

Self-Management

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education. Children should be aware of where their medication is stored.

Offsite visits

At St Andrew's it is an expectation that all pupils with medical needs will participate in offsite visits. All staff supervising visits are aware of any medical needs and relevant emergency procedures.

Where necessary individual risk assessments will be conducted.

We ensure that a member of staff who is trained to administer any specific medication (e.g. epipens) accompanies the pupil that they are responsible for and that the appropriate medication is taken with them on the visit.

In-line with organisational procedures for all trips, risk assessments include access to the school's emergency procedures. (See Policy for Off-site Visits).

Appendix 6: Parental Agreement to administer medicine during a school journey.

Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE will be recorded in their health care plan.

If pupils need to take precautionary measures before or during exercise they will be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

Policy 'overseen and approved' by: SIMCE

Policy written: July 2012

Policy Reviewed: Spring 2020

To be reviewed: Spring 2022

Appendix 1: Request for school to Administer Medication



Mill Race, Stanstead Abbotts,
Herts. SG12 8BZ.
Telephone: 01920-870097 Fax: 01920-877556
Email: admin@standrews323.herts.sch.uk

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, in accordance with school policy.

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

CHILD'S DETAILS

Name:					
Date of birth:		M/F:		Class:	
Condition or Illness:					

MEDICATION

Name/Type of Medication: (as described on the container)	
For how long will your child take this medication:	
Date dispensed:	

Note: Medicines must be in the original container as dispensed by the pharmacy and clearly marked with your child's name.

FULL DIRECTIONS FOR USE

Dosage & method:	
Timing:	
Special Precautions:	
Date & Time of last administered dosage:	
Side Effects:	
Self Administration:	Y/N (Circle as applicable)
Procedures to take in an emergency:	

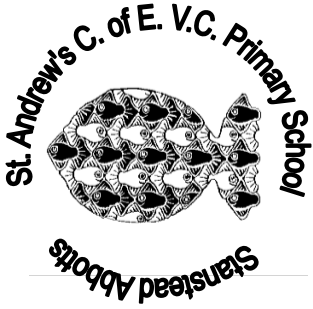
CONTACT DETAILS

Name:	
Relationship to child:	
Address:	
Daytime Telephone No:	
Name & Telephone No. of GP:	

I understand that I must deliver the medicine personally to the school secretary and accept that this is a service which the school is not obliged to undertake.

Signature of Parent/Carer:
Date:

Appendix 3a: Asthma Register Registration Form



Mill Race, Stanstead Abbots,
Herts. SG12 8BZ.
Telephone: 01920-870097 Fax: 01920-877556
Email: admin@standrews323.herts.sch.uk

ASTHMA REGISTER REGISTRATION FORM

If your child is asthmatic, please complete the form below and return to the school office.

We will always inform you if your child suffers an attack at school. In turn, please let your child's class teacher/school office know if she/he comes to school having had a recent attack.

If you require an adult to administer your child's medication, please complete a Request for School to Administer Medication form which is obtainable from the school office.

If your child administers their own medication, please ensure she/he can do so correctly.

Any changes to your child's medication/condition please notify the school office immediately.

CHILD'S NAME:					
DATE OF ENTRY:		YEAR GROUP ENTRY:		PRESENT CLASS:	

How long has your child suffered from asthma?:

Please give some information about the nature and history of your child's attacks, eg frequency, what brings on attacks; any other related allergies:

.....
.....
.....

Medication (Please include even if only administered at home).

Name of medication:.....

How often is medication given?:

Does your child need to take regular medication at school? Yes/No

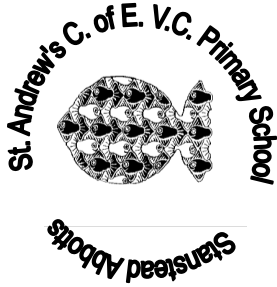
If 'Yes', please give details:

.....
.....

- All medication kept in school should be clearly labelled by Parents with child's name.
- **It is the sole responsibility of parents to update the school's information on their child's medical condition, medication and ensure medication is in date.**
- All medication, whether for daily or occasional administration is kept in a secure place.

Parents signature: Date:.....

Appendix form 4 - Request for school to administer EpiPen Medication



Mill Race, Stanstead Abbots,
Herts. SG12 8BZ.
Telephone: 01920-870097 Fax: 01920-877556
Email: admin@standrews323.herts.sch.uk

**REQUEST FOR SCHOOL TO ADMINISTER
EPIPEN MEDICATION**

In accordance with school policy, the school will not give your child medicine unless you complete and sign this form.

CHILD'S DETAILS

Name:					
Date of birth:		M/F:		Class:	
Condition or Illness: Please give full information about the nature and history of your child's attacks, e.g. frequency, what brings on attack; any other related allergies					

MEDICATION

Name/Type of Medication: (as described on the container)	
Date dispensed:	
Expiry Date:	

Note: Medicines must be in the original container as dispensed by the pharmacy and clearly marked with your child's name.

CONTACT DETAILS

Name:	
Relationship to child:	
Address:	
Daytime Telephone No:	
Name & Telephone No. of GP:	

- **All medication kept in school should be clearly labelled by Parents with child's name.**
- *It is the sole responsibility of parents to update the school's information on their child's medical condition, medication and ensure medication is in date.*
- *All medication, whether for daily or occasional administration, is kept in a secure place.*

Signature of Parent/Carer:
Date:

Appendix 5 HealthCare Plan for a pupil with Medical Needs



St Andrew's C of E VC Primary School

HEALTHCARE PLAN

Child's Name:

Class:

Date of Birth:

Child's Address:

Medical Diagnosis or Condition:

CONTACT INFORMATION

Family Contact 1.

Name:

Phone No: (work)
(home)
(mobile)

Family Contact 2.

Name:

Phone No: (work)
(home)
(mobile)

Family Contact 3.

Name:

Phone No: (work)
(home)
(mobile)

Family Contact 4.

Name:

Phone No: (work)
(home)
(mobile)

Clinic/Hospital:

Name:

Title:

Phone No:

GP:

Name:

Phone No:

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency: (State if different for off-site activities)

Special Instructions:

Form copied to:

Parents, Class Teacher, School Office.

Lead First Aider Signature:

Parent Signature:

Appendix 6: Parental Agreement to administer medicine during a school journey.

MEDICAL CONSENT FORM FOR SCHOOL CLASS VISITS

Child's Name: _____ Class: _____

List any medical conditions your child has _____

My child *does/does not have a medical condition requiring medication on the class visit.

Medical Condition:.....

Name of Medicine and Dose:.....

Time Medicine needs to be taken:.....

Signed:.....

* please delete

St Andrew's C of E VC Primary School

**Mill Race, Stanstead Abbots
Herts SG12 8EZ
01920 870097**

**Parental agreement for St Andrew's C of E VC Primary School staff
to administer medicine during School Visit or Journey**

Staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine when a child is offsite on a school visit or journey.

Name of child

Date of birth

Class

Medical condition or illness

/ /

Medicine

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

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions

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

Self administration

Procedures to take in an emergency

/ /
/ /

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Name and telephone no. of GP

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.

I understand that I must hand this form to the member of staff responsible for First Aid on the day of the visit or on the first day of the journey together with the medication.

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

I accept that this is a service that the school is not obliged to undertake.

Signed: _____ Print Name: _____ Date: _____

FOR SCHOOL USE ONLY

**Record of medicine administered to an individual child
during a School Visit or Journey**

To be administered in conjunction with Parental Agreement as overleaf:-

Name of child	
Class	/ /
Date medicine provided by parent	
Name/type of medicine <i>(as described on the container)</i>	
Quantity received	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date

Time given

Dose given

Name of member of staff

Staff initials

/	/	/	/

Date

Time given

Dose given

Name of member of staff

Staff initials

/	/	/	/