



Lady Boswell's C.E. (Aided) Primary School

*Learning Together, Christ at
the Centre, Learning for Life*

Supporting Pupils with Medical
Needs

&

Administration of Medicines
Policy

Date of Policy: March 2023

Policy Reviewed: March 2024

Approved: March 2024

Date of Next Review: March 2025

Revised Review Date: March 2027*

Policy authorised by: Full Governing Body

Signature:

*Upon review of this policy, the Governors have agreed that an extension to a 3-year cycle is appropriate. As a result, a revised review date is shown above.

We value every member of our community as a unique child of God and seek to demonstrate His love through our words and actions. We enable every child to achieve their full potential so that they leave us with their heads inspired and their hearts enriched.

As a result, our children will:

Develop a positive sense of self and well-being; confident to make the right choices and keep themselves safe in an ever-changing society

Strive for academic excellence, developing a thirst for knowledge and a love of learning

Become effective communicators, collaborators and leaders

Be resilient, resourceful and courageous

Be curious, creative individuals and confident problem solvers

Grow in spiritual awareness and develop a strong moral compass and a deepening understanding of the Christian faith in a multi-faith British society

Become responsible and tolerant global citizens who value diversity, forgive readily, and have concern for the needs of each other, the school, the wider community, and the planet.

INTRODUCTION

This is based on additional guidance from:

- “Managing Medicines in Schools and Early Years Settings” by DCSF and Department of Health.
- “Including Me (Managing Complex Health Needs in Schools and Early Years Settings)” by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission “Principles of Sensible Risk Management” 2006
www.hse.gov.uk
- “Medical Conditions at School” Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- “Medical Conditions Awareness Sessions” A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014 and December 2015

- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equality Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies: SEND Policy, Safeguarding Policy, Educational off-site visits policy, Complaints Policy, Children with Health Needs who cannot attend School policy.

This policy is fully compliant with our GDPR & Data Protection Policy which is available on our website.

This policy was developed with engagement and participation from the governing body, healthcare professionals (as appropriate) and the school Senior Leadership team and will be reviewed annually.

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However in cases of confidentiality the Health & Safety of the child must take precedence.

The Policy needs to be understood and accepted by staff, parents, and children. The aim of the Policy is to enable regular attendance at school.

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#)

1. Definitions of medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code

of Practice and the school's SEND Policy and the individual healthcare plan will become part of the EHCP.

2. The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Lady Boswell's School will fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions. Additionally, the School should be able to demonstrate an understanding of how a medical condition impacts a child's ability to learn and look at ways to increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including the person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support/provide support for pupils with medical conditions to allow them to participate in school trips and visits, or in sporting activities, and ensure they are not prevented from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).
- Ensuring that the school holds an asthma inhaler and auto injection pen for emergency use
- Ensuring the defibrillator is kept on site and accessible in an emergency

3. Policy implementation

The Inclusion Manager

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling its statutory duty.

The overall responsibility for the implementation of this policy is given to the Inclusion Manager. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absence or staff turnover to ensure that someone with an appropriate level of training is always available and onsite. The Inclusion Manager will be supported by The Office team in the administrative functions of supporting pupils with medical needs.

The Inclusion Manager will ensure that all staff who need to know are aware of a child's condition, will be responsible for briefing supply teachers, checking and finalising risk assessments for school

visits and other school activities outside of the normal timetable and ensuring, through pupil progress meetings, that Class Teachers are fully aware of individual needs.

The Inclusion Manager will be responsible, in conjunction with parents/carers and the office team, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

The office team will ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs

- Be involved in the development and review of their child's IHP annually if required and be involved in its drafting

- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment

- Ensure they or another nominated adult are contactable at all times

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School health service and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

4. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

5. Individual healthcare plans (IHPs)

The Inclusion Manager has overall responsibility for the development of IHPs for pupils with medical conditions although the task may be delegated to administrative staff. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Co-Headteachers will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician if appropriate, who can best advise on the pupil's specific needs. The pupil will also be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the Co-Headteachers, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and 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, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Co-Headteachers for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- PE / Sport - Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

6. Administration of Medicine

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

Prescription medicines and Non-prescription medicines

a) *Prescription*

- Only authorised staff may administer such a drug for whom it has been prescribed, according to the instructions. This is normally the child's Class Teaching Assistant or another nominated Teaching Assistant.
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by authorised staff and with record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Any "controlled drug", eg equasym will be stored in a locked cupboard

b) *Non-prescription*

Non-prescription drugs will only be allowed in school

- i) If it is required more than 3 times a day and a parent has completed an Administration of Medicines Appendix 4 written consent form clearly stating the dosage, timing and frequency of medication . Medication must be in the original packaging with the expiry date clearly visible, and have the child's name and date of birth labelled on the packaging.
- ii) In exceptional circumstances and ONLY at the discretion of the Co-Headteachers/Senior member of staff, non-prescribed painkillers may be administered for short term ailments such as period pain, broken bones etc when a written request from parents has been received and maximum dosage/previous dose taken has been verified.

c) Cream

- i) If a child needs cream in school, they must be able to administer it themselves to prevent the spread of infection. Parents must complete an Administration of Medicines Appendix 4 stating the dosage and frequency of application to which area, cream must be in the original packaging with the expiry date clearly visible, and have the child's name and date of birth labelled on the packaging.

7. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Further detailed advice is found in "Including Me" by Jeanne Carlin. Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

8. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Co-Headteachers, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Parents' written agreement

ALL children for whom medicine is to be administered should have a completed form which gives Parental consent (appendix 4 – section 1) or a completed care plan (appendix 1).

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

9. Children taking and carrying their own medicines & Storing medicines

With the exception of asthma pumps, all medication is to be kept in a locked secure place in the medical room and administered by authorised members of staff.

Epipens are to be kept **unlocked** in the medical room and all staff members are to be made aware of this.

When drugs are administered, the school will keep records (appendix 5).

Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication is to be kept in or near children's classrooms. It must be taken on school trips (see Appendix 9/9a).

Where refrigeration is needed, medicine will be kept in the medical room fridge.

10. Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

11. Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

12. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

13. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

14. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Inclusion Manager.

Training will be kept up to date. Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

15. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

16. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

17. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Co-Headteachers in the first instance. If the Co-Headteachers cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

19. Links to other policies

This policy links to the following policies

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendices

1. Health Care / Emergency Plan (translate when taken abroad on school trips)
2. Contacting Emergency Services (translate when taken abroad on school trips)
3. Risk assessment forms
4. Parental agreement for the administration of medicines/Record of medicine administered

- 5 Continuation sheet for Record of medicine administered
6. Record of advice and support to School
7. Authorisation for the administration of rectal diazepam
8. Buccal Midazolam or Insulin : Agreed individual care plan
- 9 Asthma Appendix – sample letter to parents
- 9a Asthma Pumps in Schools – information to be kept with pumps in classrooms

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

Related Documents

- Including Me by Jeanne Carlin
- Managing Complex Health Needs in Schools and Early Years settings.
- Department of Education and Skills Council for Disabled Children
ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/Department of Health
March 2005 ISBN 1-844178-459-2
- Health and Safety Commission "Principles of Sensible Risk Management" 2006 www.hse.gov.uk
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource.
Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

Administration of Medicines in School - Appendix 1

Individual Health Care / Emergency Plan

Section 1: CONTACT DETAILS

Child's Name: _____ Class _____

School: **LADY BOSWELL'S C.E. PRIMARY SCHOOL** D.O.B. _____

Home Address: _____

Next of Kin: _____

Contact Numbers: Home: _____ Mobile: _____

GP Name and Practice: _____

GP Contact Number: _____

Hospital Contacts: _____

Date of Review: _____

Section 2 : MEDICAL DETAILS

Description of Medical Condition and details of treatments/facilities/equipment/devices/environmental issues to be considered:

.....
.....

Description of Signs and Symptoms:

.....

Daily care requirements needs in school:

.....
Name of medication, dose, method of administration, when to be taken, side effects:

.....
Describe what is an emergency for the pupil:

.....
Describe actions should this emergency occur:

If: shows the following signs and symptoms:

- a) _____ Action* _____
- b) _____ Action* _____
- c) _____ Action* _____

***When this is an emergency then please include what action should be taken:**

For example:

(a) Call an ambulance / (b) Then call parents / (c) Then call community nurse

Or Call parents / community nurse to assess

Section 3 : SUPPORT ARRANGEMENTS IN SCHOOL

TO BE COMPLETED BY CLASS TEACHER & INCLUSION MANAGER IN CONJUNCTION WITH PARENTS (AS REQUIRED)

Staff responsible for providing support in school:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips:

Staff responsible in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who/what/when:

Section 4 : PARENT AND SCHOOL AGREEMENT

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____

Head teacher’s signature: _____ Date: _____

Inclusion Manager: _____ Date: _____

Nurse’s signature: _____ Date: _____

(to confirm advice and training has been provided to school if necessary)

Plan copied to: CT / IM

Administration of Medicines in School Appendix 2

This form is to be kept by the telephone

CONTACTING EMERGENCY SERVICES

To request an ambulance:

Dial 999 and be ready with the following information:

- 1. Your telephone number (01732 452851)**
- 2. Your location (*Lady Boswell’s School, Plymouth Drive, Sevenoaks*)**
- 3. Your postcode (*TN13 3RW*)**
- 4. Exact location (South of Sevenoaks Rugby Club)**
- 5. Your name**
- 6. Child’s name and brief description**
- 7. The best entrance for ambulance crew and advise**

**Administration of Medicines in School
Appendix 3**

Risk Assessment Form

CONTACT DETAILS

Name of person completing the form _____

Date: _____

Child's Name: _____

Age: _____ Year Group: _____

School: _____

Medical Condition: _____

List significant hazards	Who is at risk?	Existing controls	List additional controls needed	Date of assessment	By Whom (e.g. Parent, School, Doctor)

Administration of Medicines in School – Appendix 4

Section 1 - Parental agreement for the administration of medicines

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

Name of child: _____

Class: _____ Date of Birth: ____/____/____

School: **LADY BOSWELL'S C.E. PRIMARY SCHOOL**

Name & Strength of medicine: _____

Dose and frequency of medicine : _____

When to give it: _____ Review Date : _____

Side Effects: _____

Date medicine provided	Quantity received	Expiry date

Note: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER. ALL MEDICINES WILL BE KEPT IN MEDICAL ROOM

Daytime contact number of parent or adult contact _____

Name & number of GP _____

My child attends the Orchard After School Club on the following afternoons:

Monday	Tuesday	Wednesday	Thursday	Friday

(Please tick appropriate days)

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school staff to administer the 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.

Parent/Guardian signature: _____ Date: _____

Administration of Medicines in School - Appendix 5

Record of medicines administered to an individual child

Continuation sheet for _____ Year _____

Name & dose of medicine _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

**Administration of Medicines in School
Appendix 6**

Record of advice, awareness raising, support and guidance to the school

Name of school / setting: **Lady Boswell's CE Primary School**

Type of awareness raising received _____

Date of Session: _____

Training provided by: _____

Profession: _____ Title: _____

I confirm that (list staff)

have received awareness training detailed above and are competent to carry out the appropriate procedures

I recommend that the training is updated _____
(State frequency)

Signature of health professional _____ Date _____

**Administration of Medicines in School
Appendix 7**

Authorisation for the administration of Rectal Diazepam

Name of school/setting _____

Child's name _____

Date of birth _____

Home address _____

GP name and address _____

Hospital name and address _____

_____ (name) should be given Rectal Diazepam _____mg if:

He/she has a prolonged epileptic seizure lasting over _____ minutes

OR

Serial seizures lasting over _____ minutes

OR

If the seizure has not been resolved after _____ minutes (please delete as appropriate)

Doctors signature _____

Parents signature _____

Date _____

Administration of Medicines in School

Appendix 8

Buccal Midazolam

Agreed Individual care plan to prevent status epilepticus
Agreed between parent/carer and school

Child's name _____

Date of birth _____

Name of Parent / Carer _____

Contact details _____ (Home / Work) _____ (mobile)

Alternate contact name _____ (number) _____

Condition _____

Known allergies Current medication

For Seizure type: _____

Buccal Midazolam, ___ mg in: _____ ml may be given by a trained individual if

(Name) _____ has either a seizure lasting longer than FIVE (5) minutes, or....has one seizure after another without recovery in between lasting longer than FIVE (5) minutes or...has THREE (3) seizures in HALF (1/2) an hour, (give at onset of 3rd seizure)

This should result in the seizure stopping within TEN (10) minutes. If the seizure does not stop within TEN (10) minutes a second dose of Buccal Midazolam ___ mg in ___ ml may / may not be given. If the seizures do not stop after TEN (10) minutes of the first / second dose **CALL AN AMBULANCE ON 999** and inform the operator that you have someone who may be in **Status Epilepticus**

An ambulance should also be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have breathing problems after a seizure

It is recommended that no more than 2 doses may be given in any 24 hour period. If more seizures occur within this 24 hour period then it would be wise to seek a medical opinion.

IF IT IS THE FIRST TIME THAT THIS CHILD IS HAVING THE MEDICINE AN AMBULANCE SHOULD BE CALLED, AFTER IT HAS BEEN GIVEN, IN CASE THERE ARE ANY UNEXPECTED REACTIONS TO IT

Date of first ever dose* / / *

Buccal Midazolam and the agreed individual care plan to prevent status epilepticus should be carried with the person at all times

The child's **main carer** is responsible for the safe storage of Buccal Midazolam ensuring that it is not out of date or gone off (turned milky) during storage.

Current expiry date is _____

Locations where this care plan may be found include :

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

This agreed care plan is due to be reviewed in _____

Signed _____ date _____

Dr prescribing medication

Signed _____ date _____

Parent / Carer

Signed _____ date _____

School

**Administration of Medicines in School
Appendix 9**

Asthma Pumps in Primary Schools

Dear

Asthma Pumps

Your child _____ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in a red asthma bag, of which there is one in every classroom.
2. All asthma pumps are required to be labelled with the name of the prescribed user.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed (Appendix 9a)
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure the Midday Supervisor is given it, and to take it back to class following lunch.

If you wish to see the *Administration of Medicines Policy*, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

Form 9

Asthma Pumps

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school

Signed _____ Parent/Guardian

Date _____ Child's name _____

**Administration of Medicines in School
Appendix 9a**

Asthma Pumps in Primary Schools

Name of Child: _____

Date of Birth _____/_____/_____

Name of school **LADY BOSWELL'S C.E. (AIDED) PRIMARY SCHOOL**

Class _____

Name and Strength of medicine _____

Dose and frequency of medicine _____

Parent/Guardian Signature _____