



## **Blaydon West Primary School**

### **Medication and Illness Policy**

#### **AIMS**

It must be recognised that the responsibility for administering drugs in school and the health of a child rests firmly with the parents.

#### **PURPOSE**

##### **For Medication**

- to enable children on regular medication to self-administer drugs
- to enable occasional drug requirements to be administered
- to safeguard staff from liability
- to safeguard other children in school

##### **For Illness**

- to prevent the rapid spread of contagious diseases

#### **Guideline on dealing with illness**

##### **Medication**

1. No child may bring medication to school without prior consent. Such medication will be immediately confiscated and parents contacted as soon as possible.
2. Only drugs to be taken orally may be administered by school staff.
3. Other medication may, at the discretion of the Head Teacher, be self-administered but supervised by designated staff.
4. Only professionally prescribed drugs, clearly marked with the child's name, may be taken in school.
5. Children requiring occasional drug treatment, eg antibiotics, may only be treated in school following direct instructions from parents to designated staff.

6. All drugs will be kept in one place.
7. Clear directions for dosage must be given by parents in writing (form to be dated)
8. Drugs can only be administered by designated staff, shortly before or after the lunch break.
9. Designated staff are the first aiders.

### **Illness**

1. If a child has been sick he/she must be kept away from school for at least 48hours.
2. Children who are feeling unwell and/or exhibit symptoms will be sent home. Parents are advised to seek medical advice before allowing children to return to school if in doubt.
3. For further information on other illnesses look at the latest guidance on communicable diseases available from the Head Teacher.

The above conditions cannot be changed without referral to the Governing Body. It is up to individual parents to decide whether or not their children can operate within these conditions.

It is possible that individual pupils may require individual policies following consultation with an appropriate range of involved parties.

### **Evaluation**

The policy document will be reviewed and amended as necessary particularly in the light of changes in pertinent legislations or the adaption of new initiatives.

## Supporting Pupils with Special Medical Needs in School

### Administration of Medication Policy

#### RATIONALE

Blaydon West Primary School endeavours to ensure that all its pupils achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our pupils are likely to have medical needs which means that additional measures are required to ensure that they are enabled to have full access to the curriculum, that the impact of their medical difficulties upon their life in school is minimised as far as possible and that all staff who work with the pupils understand the nature of their difficulties and how best to help them.

While there are no legal obligations on the part of the school to administer medicines or supervise pupils taking medications we would wish to support our pupils where we can. Pupils with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone.

Teachers and support staff are in Loco Parentis and may need to take swift action in an emergency both in school and off site, for example on school trips.

The prime responsibility for a pupil's health lies with the parents or carer. This includes medication so any relevant information should be supplied to the school immediately.

#### AIMS

Our school aims to:

- Have a named person to undertake responsibility for their service.
- Assist parents in providing medical care for their children.
- Educate staff and pupils in respect of special medical needs.
- Adopt and implement any national or LA policies in relation to medication in schools.

- Arrange training for staff who volunteer to support individual pupils with medical needs.
- Liaise as necessary with medical services in support of the pupil.
- Ensure that pupils with special medical needs are enabled to access the full life of the school where possible.
- Maintain appropriate records.

### **ENTITLEMENT**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to access full education as available to other pupils.

The school believes that children with medical needs should be enabled to achieve full attendance and receive necessary care, treatment and support.

The school accepts the rights of all employees involved with this service in respect of:

- Choosing whether or not to become involved.
- To receive appropriate training.
- To work to clear guidelines.
- To have concerns around legal liability.
- To bring concerns they have about supporting pupils with medical needs to the senior management team.

### **EXPECTATIONS**

We do not expect parents to ask staff to administer medication unless it is absolutely essential.

Where the parents have asked school to administer the medication for their child we expect them, wherever possible, to ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible. School staff will not accept any medication not correctly presented.

We expect, wherever possible, that an appropriate adult delivers medication to school; however, we will negotiate alternative arrangements with parents who find this difficult.

The school will deal with each request to administer medication or offer other support to a pupil with special medical needs separately.

The school will liaise with school health service for advice and information about a pupil's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

### **PRACTICE**

- The designated first aider based within school will take responsibility for the administration of medication within school.
- Each request will be assessed individually and it will be the decision of the designated person as to whether this will be undertaken. This person reserves the right to refuse a request if safe administration cannot be guaranteed. The child also has a right to refuse medication. If this occurs then parent/carer should be contacted immediately and this should be documented in the child register.
- Once the administration has been agreed we will then work with the parent/carer to set up a care plan for the pupil if required.
- We will ensure that the medication is kept safely stored in a locked, robust, medical cabinet that is bolted to the wall. Only designated staff will have keys for this cabinet. Each child will have an individual medicine bag, clearly labelled, in which to put their medication.
- Safe administration of this medicine is essential. See Guidelines/Procedure Sheet AOM1. This ensures that school complies with the Medicines Act 1968.
- Record keeping should be completed correctly at the time of administration and, following the completion of the treatment, both the register and the care plan should be marked "Treatment Completed" but will be retained in the child's records until the age of 17 for future reference.

- At the end of the school day, or week for short courses of medication, should be collected and returned home. For long sustained treatment a longer storage time can be agreed. At the end of term/half-term medication should be removed from school if this is not undertaken then this medication will have to be destroyed using appropriate methods and this will be recorded in the medication register.
- When children are off-site for school trips etc a member of staff will be asked to take responsibility for the administration of medication. This includes safe-storage, administration and recording. Medication registers should be taken as a matter of course.
- All staff should be aware of this Policy and care plans and, where, necessary, other agencies should also be aware.
- Head Teacher and Deputy Head Teacher should provide essential safety supervision to those staff that have to carry personal medication. This medication should be stored securely at all times, and never left unattended in bags. Staff who have a potential to become ill and may require emergency medication should ensure that relevant colleagues are aware of the potential risk. The School Nurse will endeavour to assist staff with any aspect of their health or treatment of condition.

### Glossary of attached forms

- Register of Medication Administered by School Staff
- Medical Permission and Record
- Medical Register
- Healthcare Plan and letter
- Strategy and Schedule for Minimising Triggers for Medical Conditions at School
- Staff Training Record - Administration of Medication
- Staff Training Record - Other Medical Training
- Residential Visits and Out of School Activities
- Letter and Medical Conditions which School should be aware of

Agreed Date: September 2019

Review Date: September 2022







# MEDICATION PERMISSION AND RECORD:

## INDIVIDUAL PUPIL

### Pupil's information:

Name of school: **Blaydon West Primary School**

Name of Pupil: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date medication provided by parent: \_\_\_\_\_

Dose and method (how much, when taken and what time):

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Quantity received: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date and quantity of medication returned to parent: \_\_\_\_\_

Any other information:

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Staff signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

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







Dear Parents/Carers

**RE: HEALTHCARE PLAN**

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, relevant voluntary organisations and the Schools' Governing Bodies, our school has recently established a new Medical Conditions Policy for use by all staff.

As part of this new policy we are asking all parents of children with a medical condition to help us by completing a school Health Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan, or if you have any questions, then please contact us on 0191 4143286.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Yours faithfully

SIMON BROWN

Head Teacher



## **HEALTHCARE PLAN**

For pupils with medical conditions at school

### **1. Pupil information:**

Name of Pupil: \_\_\_\_\_ Class: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_

### **2. Contact information:**

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

#### **Family contact number 1:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

#### **Family contact number 2:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

#### **GP:**

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

#### **Specialist Contact:**

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

### **3. Details of pupil's medical conditions:**

Signs and symptoms of this pupil's medical conditions:

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Triggers or things that make the pupil's condition(s) worse:

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#### 4. Routine healthcare requirements:

(For example: dietary, therapy, nursing needs or before physical activity)

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#### 5. What to do in an emergency

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#### 6. Regular medication taken during school hours

##### Medication 1

Name/type of medication  
(As described on the container)

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Dose and method of administration  
(The amount taken and how the medication is taken, eg tablets, inhaler, injection)

When is it taken (time of day)?

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Are there any side effects that could affect this pupil at school?

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Are there any contra-indications?  
(signs when this medication should not be given)

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Self-administration: Can the pupil administer the medication themselves?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Yes, with supervision by \_\_\_\_\_  
Staff member's name: \_\_\_\_\_

Medication expiry date:

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##### Medication 2

Name/type of medication  
(As described on the container)

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Dose and method of administration  
(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

When is it taken (time of day)?

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Are there any side affects that could affect this pupil at school?

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Are there any contra-indications?  
(signs when this medication should not be given)

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Self-administration: Can the pupil administer the medication themselves?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Yes, with supervision by \_\_\_\_\_  
Staff member's name: \_\_\_\_\_

Medication expiry date:

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## 7. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

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Describe what signs or symptoms indicate an emergency for this pupil

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Dose and method of administration (how the medication is taken and the amount)

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Are there any contra-indications (signs when medication should not be given)?

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

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Self-administration: Can the pupil administer the medication themselves?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Yes, with supervision by \_\_\_\_\_  
Staff member's name: \_\_\_\_\_

Is there any other follow-up care necessary?

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Who should be notified?

Parents \_\_\_\_\_  
Specialist \_\_\_\_\_  
GP \_\_\_\_\_

**8. Regular medication taken outside of school hours**

(for background information and to inform planning for residential trips)

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

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

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**9. Members of staff trained to administer medications for this pupil**

Regular medication \_\_\_\_\_  
Emergency medication \_\_\_\_\_

**10. Specialist education arrangements required**

(eg activities to be avoided, special educational needs)

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**11. Any specialist arrangements required for off-site activities**

(Please note the school will send parents a separate form prior to each residential visit/off-site activity)

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**12. Any other information relating to the pupil's healthcare in school?**

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## Strategy and Schedule for Minimising Triggers for Medical Conditions at School

Trigger	Where trigger affects pupils	When trigger affects pupils	Action to take	Person responsible	Date action to be taken	If action is ongoing who is responsible to ensure it continues to happen





## **Staff Training Record:** **Administration of Medication**

### **Individual's information**

Name of School: Blaydon West Primary School

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

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

\_\_\_\_\_

Trainer job title and profession: \_\_\_\_\_

**I confirm that the following people have received the training details above:**

Name of people attending:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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

Use a separate sheet if more than six people have received training.

**I confirm that the people listed above have received this training.**

Head Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested date for update training: \_\_\_\_\_



## **Staff Training Record:** **Other Medical Training**

### **Individual's information**

Name of School: Blaydon West Primary School

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

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

\_\_\_\_\_

Trainer job title and profession: \_\_\_\_\_

**I confirm that the following people have received the training details above:**

Name of people attending:

1. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_

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

Use a separate sheet if more than six people have received training.

**I confirm that the people listed above have received this training.**

Head Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested date for update training: \_\_\_\_\_



# **Blaydon West Primary School**

## **Residential visits and out-of-school activities**

For pupils with medical conditions at school

The school will not give your child medication unless you complete and sign this form for medication that your child will need on the visit no earlier than seven days before the start of the visit. For more than two types of medication repeat page 2. This form will be attached to the Healthcare Plan for the visit

### **Contact details**

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

Relationship to pupil: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone (evening): \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Visit destination: \_\_\_\_\_

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

Class: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medication 1**

Name/Type of medication  
(as described on the container)

\_\_\_\_\_  
\_\_\_\_\_

Expiry Date: \_\_\_\_\_  
Dose and method: \_\_\_\_\_

\_\_\_\_\_

Are there any contra-indications  
(signs when medication should not be  
given)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Self-administration: Yes/No  
Yes with supervision by (staff member  
below)

What to do in an emergency

\_\_\_\_\_  
\_\_\_\_\_

**Medication 2**

Name/Type of medication  
(as described on the container)

\_\_\_\_\_  
\_\_\_\_\_

Expiry Date: \_\_\_\_\_  
Dose and method: \_\_\_\_\_

\_\_\_\_\_

Are there any contra-indications  
(signs when medication should not be  
given)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Self-administration: Yes/No  
Yes with supervision by (staff member  
below)

What to do in an emergency

\_\_\_\_\_  
\_\_\_\_\_

**Please provide any other information that the school needs to be aware  
of regarding your child's medical condition and recent health before the  
residential visit or out of school activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child well enough to attend the visit?      Yes/No

**I understand that I must deliver the medication personally  
to:**

Agreed member of staff: \_\_\_\_\_

Signature(s) Parent(s)/Carer(s): \_\_\_\_\_

Print Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

Dear Parents/Carers

I would like to welcome your child(ren) to our school.

As part of our continued drive to meet the needs of children with medical conditions in school I would appreciate it if you could complete the form overleaf and return it to school if your child has any medical conditions we should be aware of.

This information is used to compile a Medical Register so that all school staff, supply teachers etc are aware of childrens' medical conditions to enable us to carry out our duty of care effectively for the benefit of your children.

Parents of children identified as having possible life-threatening conditions will be invited to come into school to draw up a detailed Healthcare Plan to ensure that their needs are met at all times.

If you have any problem with this please do not hesitate to contact me.

Yours faithfully

**SIMON BROWN**  
Head Teacher

**BLAYDON WEST PRIMARY SCHOOL**  
**(Medical Condition(s) which school should be aware of)**

**Name of Child:** \_\_\_\_\_ **Class:** \_\_\_\_\_

Medical Condition	Medication Prescribed to be taken in school hours or on residential trips	Dosage	Additional Comments

Medical conditions we should be notified about are:

Asthma  
Allergic Reactions  
Epilepsy or  
Diabetes

Please feel free to let us know about any other conditions affecting your child ie problems with eyesight, hearing etc. If there is any other condition you feel the school should be aware of please let us know. We are more than happy to discuss your concerns.