



## Foxhills Federation Administration of Medicines Policy, Procedures and Guidelines

<b>Status</b>	Current	<b>Approval</b>	FGB
<b>Review frequency</b>	Two years	<b>Author (role)</b>	Headteacher
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<b>Date of next review</b>	May 2026	<b>Date withdrawn</b>	N/A

### Policy Statement

Foxhills Federation (Foxhills infant and Foxhills junior schools) will ensure compliance with all relevant legislation and guidance in Health Guidance for Schools, with regard to procedures for supporting children with medical requirements, including managing medicines.

Responsibility for all administration of medicines across both schools is held Headteacher, Mrs Lucy Howe, who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

### Aims & Objectives

Our administration of medicine requirements are achieved by establishing and adhering to principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- emergency medicine

To ensure all administration is safe and compliant we ensure:

- staff are provided with clear guidance on the administration of medicines
- there are sufficient numbers of appropriately trained staff to manage and administer medicines
- there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines

Medicine administration provisions are clear and regularly shared with staff. This policy and all procedures are held under review and considered in light of changes or events that may affect or influence the management of or administration of medicines.

### Administration

The decision to administer medication is the overall responsibility of Parents. At Foxhills schools (infants and juniors) trained staff support children with their medical needs whilst on site, and this may include managing medicines



where appropriate and agreed with parents. No medicines are to be kept in a classroom, with the exception of asthma inhalers and epipens, and all medication must be in the original packaging, clearly labelled, with clear administration guidelines.

Before any medication can be administered, written consent and clear administration guidelines must be obtained from Parents in advance.

Where emergency medication is required, such as antihistamine, verbal consent will be sought from Parents. In exceptional circumstances, usually when permission from parents has not been possible, and medication is vital, the Headteacher, in loco parentis, will provide consent for the administration of emergency medication. This decision is usually made with advice from medical professionals or from the 111 service.

### **Routine Administration**

#### **Prescribed medicines**

We will manage prescribed medicines (eg. antibiotics, inhalers) as required following consultation, agreement and written consent from the parents (Appendix 1).

#### **Non-prescribed medicines**

Both schools hold supplies of paracetamol and inhalers. In the infant school there are named paediatric first aiders and in the junior school first aiders who are responsible for administering these medicines in accordance with the dosage instructions on original packaging. All medications will be stored in all original packaging only.

Written consent must be obtained before paracetamol or an inhaler can be offered. Verbal consent will be obtained every time it is considered necessary and administration will be in agreement between parents and school staff.

School staff are not permitted to administer paracetamol or use an inhaler without first obtaining consent from parents or carers, unless advised to do so by a medical professional. Paracetamol will only be administered to a child once consent from a parent has been obtained. An inhaler will be administered as required. Both schools understand that the maximum dosage of ten puffs can be offered at any time.

Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor

Responsibility for final decision-making about the administration of all non-prescribed medicines will always be at the discretion of the Headteacher who may decide to administer under certain miscellaneous or exceptional circumstances

### **Maintenance drugs**

We will manage the administration of maintenance drugs (eg. Insulin) as instructed, after consultation, agreement and written consent from the parents. Children who require maintenance drugs will have a health care plan to assist them and school staff.

### **Non-Routine Administration**

#### **Emergency medicine**

We will manage the administration of emergency medicines, including but not limited to:



- Injections of adrenaline for acute allergic reactions
- Rectal diazepam for major fits
- Injections of Glucagon for diabetic hypoglycaemia

In all cases, professional training and guidance from a competent source will be received before either school commits to administration.

### **Procedure for Administration**

When a child requires medication, we will discuss this with their parents so we can agree the level of care required. Any child who needs medication will have an 'administration of medicines/treatment' consent form that must be completed by the parent and kept on file.

A 'record of prescribed medicines' will be kept for every child who receives medication. (Appendix 2). Individual health care plans will be completed for children, if required, and reviewed periodically, in consultation with the parents, to ensure their continuous suitability (Appendix 3)

If a child refuses to take medication the parents will be informed immediately and this will be reviewed as part of the health care plan process.

### **Contacting Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, medical advice will be immediately sought.

### **Medical Accommodation**

The Medical Rooms in both schools are used for medicine administration/treatment purposes.

### **Residential Visits**

Parents are required to complete a separate medical questionnaire for their child, give consent and confirmation that their child is fit to take part in the visit. The medical questionnaire gives permission for a member of staff to administer any medication mentioned and that allergies are clearly stated (Appendix 4).

### **Training**

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought to ensure the school can safely and appropriately administer.

Staff training records are kept to log levels of training and dates. Refresher training is scheduled at appropriate intervals to ensure both schools have up to date knowledge and guidance.

### **Storage**

Medications are stored in locked cupboards in each school's medical room. Emergency medication is stored in classroom cupboards. The storage of medicines are in accordance with product instructions which is why both schools insist that we must receive medication in the same packaging that was supplied when it was first dispensed.



It is the responsibility of the paediatric first aider (who will be administering the medication) to ensure that the medication container is clearly labelled with:

- The child's full name
- Dosage instructions, including frequency
- In date medication

### **Disposal**

It is not the responsibility of either school to dispose of medication. Used medicines, or those that are no longer required, will be given back to Parents (who are expected to safely dispose of medication). In date, unused and unopened medication, may be returned to the pharmacy but this will be down to the parents to coordinate.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.



## Administration of Medicines & Treatment Consent Form



Name of Child	
Date of Birth	
Class	
Parents' Daytime telephone No	
Relationship to Child	
Name of GP/Surgery	
GP's Telephone No.	

*What type of help does your child need with this medication – Please tick the appropriate box*

My child will be responsible for the self-administration of medicines as directed below		
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary		
I recognise that school staff are not medically trained		
Signature of parent or carer		Date:

*Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings. If your child refuses to take the medicine, we will make every effort to inform you on the same day.*

Date Medicine received	Medicine Name	Required Dose	Frequency & time of day	Course Finish	Medicine Expiry	Date Medicine returned





## INDIVIDUAL HEALTHCARE PLAN

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

email

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

email

### Clinic/Hospital Contact



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Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements including breaktimes, lunchtimes and other activities

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)





Staff training required/undertaken – who, what, when

**Plan developed with and agreed by**

	Name	Signature	Date
Young person / child			
Parents/ carer			
School representative (include job title)			
Health visitor / school nurse			

**Form copied to**



# MEDICAL HISTORY FORM

This form is to be used for support us in administering welfare to your child and the data within it will be held under personal and special category data. The information will be stored in school systems and may be shared with health professionals with your expressed permission.

Date:.....

**PLEASE COMPLETE AND RETURN TO OFFICE**

**NAME:** .....

**D.O.B.:** ...../...../.....

**DOCTORS Name and address:**.....

.....  
.....

**NAT. HEALTH NO.:**.....

Emergency Contact Name .....

Relationship to child.....Telephone:.....

## Medical History – please complete in full:

1. Have they had: Measles? ..... German Measles? .....  
Chickenpox? ..... Mumps? .....

2. Do they suffer from any allergies: Asthma? ..... Eczema? .....  
Hay Fever ..... Other? .....

3. Do they have a normal diet? Is there any foodstuff to which they are known to be allergic to? YES / NO  
(If yes, please give details here)

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4. Do they currently take regular medication of any kind? (If yes, please give details here) YES / NO

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5. Do they have particular advice to follow in an emergency? (If yes, please give details here) YES / NO

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6. Is there any drug or medication (e.g. plasters or Penicillin) to which they are known to be allergic YES / NO  
(If yes, please give details here)

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8. Do they receive regular treatment from a family doctor or hospital? YES / NO  
(If yes, please give details here)

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.....  
.....

9. Is their hearing normal? (If no, please give details) YES / NO

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10. Is their eyesight good? (If no, when were his/her eyes tested?) ..... YES / NO  
Do they wear or need glasses?.....

11. Have they had a surgical operation? (If yes, please give details here) YES / NO

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12. Have they had any medical investigations? e.g. x-rays, pathological tests. etc. YES / NO  
(If yes, please give details here)

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.....  
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13. Have they suffered from any other significant illness or is he/she disabled in any way? YES / NO  
(If yes, please give details here)

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.....  
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14. Do they sleep walk, have problems sleeping (nightmares/terrors) or regularly wet the bed? YES / NO (Please give details here)

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.....

15. Is there any other information you think we should know about your child?

16. Have they ever suffered from the following?

Blood disorder YES / NO

Headaches/Migraines YES / NO

Diabetes YES / NO

Heart Condition YES / NO

Blackouts or fainting fits YES / NO

Digestive Problems YES / NO

Do they get travelsick? YES / NO

(If yes to any of the above, please give details here)

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## ADMINISTERING OF MEDICINES POLICY

- All medicines are kept in a locked cupboard in the office for day pupils.
- All treatments are recorded at the time or as soon as is practicable.
- Asthma reliever inhalers are kept in the child's classroom with immediate access. An additional "spare" inhaler may be left at school.
- If your child carries an EpiPen, please complete the Allergies Alert sheet available from the office. Pupils that are prescribed EpiPens (or equivalent) keep their pens in their classroom and a spare is kept in the office.
- We request that any prescribed medicine which must be administered during the day is handed to the office staff along with completion of the consent form. These medicines must be in the original packaging with the pharmacy label present.
- The following homely/household medicines are kept in school and may be administered with your consent. We would be grateful if you could complete the attached consent form.
  - Paracetamol suspension
  - Piriton suspension

Please note we do not use Ibuprofen per Dfes guidelines.

### CONSENT FOR ADMINISTRATION OF MEDICINES AND FIRST AID AT Foxhills Infant School:

I/we have read the medicines policy and consent to (Print name) .....having the following medication if needed.

Paracetamol suspension YES ..... NO.....

Piriton YES ..... NO.....

Miscellaneous items as listed in the policy YES ..... NO.....

I/We also consent to any first aid treatment and administering of medicines above for my/our child in school.

I agree to update the school of any changes in my child's medical history and contact details for me/ourselves ASAP.

Signature .....

NOTE: The medical profession takes the view that Parents Consent for medical treatment cannot be delegated. Thus consent forms have no legal status and a doctor will insist on the consent of a parent for treatment. However, it can be a comfort to have general consent in advance from parents and to have an adult who is able to complete some of the forms required by the Medical Authorities.

Should the occasion arise that your son or daughter may need emergency medical treatment and it proves impossible to contact you immediately, it is required by the D.S.S. that we have your written permission to act in loco parentis should we feel that emergency treatment be necessary. The most usual course of action would be to take your son/daughter to a local Emergency Hospital.

I give my permission for Foxhills Infant School to act in loco parentis for emergency treatment for my son/daughter including a transfer to hospital. I understand that I will be contacted ASAP.

Name in full.....Signature .....

Date .....





## **Staff training record – All Medical related training**

### **Excel Spread sheet Training log**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

### **Contacting Emergency Services**

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Model letter inviting parents to contribute to individual healthcare plan development



Dear Parent

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

A handwritten signature in black ink, appearing to read "Lucy Howe".

Lucy Howe  
Headteacher  
Foxhills Federation (infant and junior Schools)