



MEDICINES POLICY

2024-2027

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Reviewed by the LGB Governors

"The Governors of Greenbank High School are committed to safeguarding and promoting the welfare of children and young people at every opportunity and expect all staff and volunteers to share this commitment"

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Procedures on the Administration of Medicines in school

Greenbank High School recognises that many pupils will at some time need to take prescribed medication at school. Whilst parent / carer retain responsibility for their daughter's medication, the school has a duty of care to their pupils while at school, and Greenbank High School wish to do all that is reasonably practicable to safeguard and promote pupils' welfare.

This should be read in conjunction with the Supporting Students at School with Medical Conditions policy.

Responsibilities:

Greenbank High School takes responsibility for the administration of prescribed medicines during school time having taken due consideration of Government guidelines and with the written or verbal consent for a parent / carer. The dosage of the medication is determined by the medical practitioner or by the parent/carer. All medication for a pupil, including paracetamol is to be provided to the school by the parent/carer.

The Headteacher will implement the Secondary School policy on a day-to-day basis. The Headteacher will ensure that procedures are understood and adhered to, that training is provided and that there is effective communication and consultation with parent / carers/carers, pupils and health professionals concerning pupils' medical needs.

All staff are expected to maintain professional standards of care though they have no contractual or legal duty to administer medication. Greenbank High School does not require teaching staff to administer medication. This should only be done by qualified First Aid staff.

At Greenbank High School – there are several named First Aiders who hold a current first aid certificate and supports and observes pupils administering prescribed medicines.

However, all staff will have available to them through SIMS, if required, specific information and details regarding particular conditions that may apply to the pupils for which they have charge

Some specified staff (e.g. Designated First Aiders, PE staff and staff taking educational visits) who volunteer their services, may be given training to administer first aid and/or medication to pupils.

Each episode of illness will be treated separately, and no medication can be carried forward. All uncollected medication will be destroyed after one month if not collected, with exception to long term medical conditions such as Epi-Pens and Inhalers. It is the pupils' responsibility to ensure that they receive their medication during the school day at the correct times and to ensure the medication in school is current.

Medicines and /or tablets must be in the original container or packet with the pharmacist's label still attached. Loose tablets will not be accepted.

Staff Indemnity

Greenbank High School fully indemnify all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following Greenbank High School guidelines. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made.

Guidelines

▪ Records

On admission of the pupil to the school, parent / carer will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication in the case of on-going illness or long-term conditions.
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g., dietary)

At the end of each academic year all medication held in school is returned to the pupil. Any medication not collected is destroyed. At the beginning of each academic year all parent / carer will be required to up-date the medical form and should inform the school of changes to contact information throughout the year. It is the responsibility of the parents/carers to supply in date medication for the year and to complete the relevant consent form. All medication permission forms are only valid for one academic year.

▪ Administration of the medication

Parent / carers should ensure that they are familiar with the advice and guidelines the school provides with respect to health, in particular diseases caused by infectious and contagious organisms. The school expects parent / carer to respect the advice and guidelines. The school expects that normally parent / carer will administer medication to their children.

Any requests for prescribed medicine to be administered must come from a parent / carer, in writing, on the school's 'Parent / careral Agreement for Greenbank High School to Administer Medicine Form' which is attached as Appendix A. Each request will be considered on an individual basis.

The Form will include:

- name of parent / carer/carer and contact number
- name of pupil and class
- name of medicine
- name of doctor who prescribed it as well as contact details
- Dosage
- how it is to be administered
- Times to be given
- any other instructions

The form will end with the following consent statement,

“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, which I have read and understood. 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.”

This must be signed and dated by a parent / carer or someone with parental consent control before any medicines are administered.

A separate form must be completed for each medicine to be administered.

Parent / carer will be expected to notify any requests for the administration of medicines at the earliest opportunity to the main First Aider. This applies to medication for an on-going condition, e.g., epilepsy and asthma for self-administered medication, such as an inhaler. In the case of common, but long-term conditions, such as epilepsy and asthma, the facts of the illness, and the action to be taken by the school, should be highlighted out by the medical practitioner, and recorded in the pupil's school records.

The Headteacher (or person authorised) will decide whether any medication will be administered in school, and by whom. In appropriate cases the Headteacher and Parent / carer (and anyone else the Headteacher deems necessary) will draw up a healthcare plan in accordance with DFE guidelines indicated in Appendix B.

The medication must be in the original container or packaging as prescribed by the doctor and dispensed by a pharmacist, with the pharmacist's label attached, and with the pupil's name and instructions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely the responsibility of parent / carers/carers. Parent / carers are responsible for checking medication in school is the correct dosage and is 'in date'.

If the pupil is required and able to administer her own medicine (e.g., inhaler for asthma) the first aider will check that the pupil fully understands what must be done and will organise or supervise the administration. All information regarding assigned medication to pupils, the expiry date and when it was administered, will be recorded centrally on the school 'Smart Log' system.

Medication will be stored centrally with the main school First Aider. Pupils should not have on their person or administer medication without the involvement and knowledge of a First Aider. If a person is able to self-medicate the relevant consent, form needs to be completed.

Normally medication will be kept under the control of the school administration office unless other arrangements are made with the parent / carer.

The school will not in any circumstances administer non-prescription medicines in school unless it has a written request from a parent / carer/carers following advice from an appropriate medical practitioner stipulating the required dosage and frequency. Such medicine must be in a named container. No sharing of medication is allowed, and the school will not, under any circumstances, supply medication to pupils.

- **Intimate or Invasive Treatment**

The school will not normally allow these to take place in school unless it is part of an Individual Health Care Plan.

- **Long-term Medical Needs**

Greenbank High School will do all it reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parent / carers/carers, and medical practitioners. The Governors reserve the right to discuss the matter with a medical adviser of their choosing.

- **Internal Records of Administered Medication**

The school maintain a record of what medication has been administered, the date it was administered and the time as part of the accident / record of illness logbook. This is kept in the school office or wherever the first aider is situated.

- **Training**

Greenbank High School is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines and first aid.

- **Monitoring and Review**

The Headteacher will be responsible for monitoring the implementation of the policy. The policy is reviewed every three years.

Guidance for the use of Individual Health Care Plans in Sefton Schools

Two Health Care Plan formats have been developed for use in schools, Individual Health Care Plan for Pupils with Medical Needs and Individual Health Care Plan for Pupils with Complex Medical Needs. (Attached to the rear of this guidance)

Individual Health Care Plan for Pupils with Medical Needs

This proforma should be completed for a pupil who has an additional medical need. The pupil may take medication at home or at school, or may have a medical condition that requires staff to be aware of an emergency procedure. For example, pupils who have diabetes, epilepsy, asthma or hydrocephalus would benefit from this type of plan.

Schools should complete this form with Parent / carer supported by their school nurse, who will act as a link with other health professionals involved with the pupil. School needs to ensure that a copy of the completed form is passed to the school nurse, who will file a copy on the pupil's health record. Every effort must be made to involve the pupil in this process where appropriate.

We recommend that the health care plans are produced as a word document and saved electronically for ease of future update.

Individual Health Care Plan for Pupils with Complex Medical Needs

This proforma should be completed for a pupil who may have one or more medical/physical needs that require staff to have more comprehensive information in order to provide appropriate support. This document contains information about the pupil's condition, daily management issues, equipment and emergency procedures. It also details how the curriculum should be made more accessible.

Schools should complete this form with parent / carer supported by the school nurse and/or SENDCO and Head of Year. School must ensure that the completed form is passed through to school health so that it becomes part of the pupil's health record.

Every effort must be made to involve the pupil in this process where appropriate.

For a 'Looked After' pupil or a pupil with a Statement of Special Educational Need, the Individual Health Care Plan should not take the place of a Health Action Plan that is completed annually. Where a 'Looked After' pupil requires an Individual Health Care Plan, the two documents should be reviewed together. This is completed by the SENDCO not the main First Aider.

Reviewing Individual Health Care Plans

The Individual Health Care Plan should be reviewed on an annual basis or as needs or medication change. It is the responsibility of the SENCO or other designated member of school staff, to ensure that plans are reviewed. Pupils with complex medical needs, like pupils who have a Statement of Educational Need, are likely to have an annual review, which Parent / carer and support agencies attend. The Individual Health Care Plan could be reviewed at this meeting.

Where a pupil's medical needs are less complex, the school nurse and parent / carer are involved in the review process. A copy of the plan is sent home for review and amendments. Once updated the updated document should be forwarded to the main school First Aider for school records. It is the responsibility of Parent/ Carer to return the form. Parent / carer have a responsibility to inform school of changes in their pupil's medical condition/medication, which would render a Health Care Plan out of date.

A selection of forms taken from, 'Managing Medicines in Schools and early Years Settings' are attached to this guidance and will provide schools and settings with additional resources for recording information on a pupil's medical needs. These are:

- Contacting Emergency Services
- Parent / carer agreement for school to administer medicine
- Record of medicine administered to an individual pupil
- Record of medicines administered to all pupils
- Request for a pupil to carry her own medicine
- Staff training record-administration of medicines
- Authorisation for the administration of Rectal Diazepam/Buccal Midazolam

SEFTON CHILDREN'S SERVICES

INDIVIDUAL HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS

Name of pupil:	DOB:	Year Group:
Medical Diagnosis: Any known allergies:	School: Greenbank High School	
Child's Address:		
Family Contact Details		
Name:	Name:	
Address:	Address:	
Phone (home):	Phone (home):	
Mobile:	Mobile:	
Work:	Work:	
Clinic/Hospital Contact		
Name:		
Phone number:		
G.P:		
Phone number:		
<u>Describe medical needs/ child's symptoms:</u>		

Daily care requirements:

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

Who is responsible in an emergency?

Care plan completed by.....

Date.....

Plan to be reviewed by.....

Parent / carer/guardian consent

I consent to the staff named in this plan administering these procedures for my child, and I give my consent to the information in this healthcare plan being shared with the necessary staff in school

Name.....

Relationship to child/young person.....

Signature..... Date.....

Child's consent

I consent to staff/carers administering the above procedure/medication to me

Signature..... Date.....

Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.

SEFTON CHILDREN'S SERVICES

INDIVIDUAL HEALTH CARE PLAN FOR PUPILS WITH COMPLEX MEDICAL NEEDS

Name of Pupil:	DOB:	Year Group:				
Medical / Physical Condition: Any known allergies:	School: Greenbank High School					
Family Contact Details						
Name:	Name:					
Address:	Address:					
Phone (home):	Phone (home):					
Mobile:	Mobile:					
Work:	Work:					
IHCP drawn up on: People present at meeting: SEN (Code of Practice Stage): Date for review (may be alongside Annual Review): Person responsible for IHCP: <u>Additional Support</u> Amount of additional support needed: (e.g. Formal Assessment / SA+) Funding for additional support: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Current Support Workers</u> Name:</td> <td style="width: 50%;"><u>Backup Support Worker</u> Name:</td> </tr> <tr> <td>Designation:</td> <td>Contact:</td> </tr> </table>			<u>Current Support Workers</u> Name:	<u>Backup Support Worker</u> Name:	Designation:	Contact:
<u>Current Support Workers</u> Name:	<u>Backup Support Worker</u> Name:					
Designation:	Contact:					

**Date of
Training:**

**Date of
Training:**

Professional Contacts:

Copies of IHCP to:

Important information regarding the condition

Equipment used in schools: (Who provided it? Contact for repair. Where it is kept. Who is responsible for its upkeep? Its purpose and details of use):

Daily Management Issues:

(Toileting. Self-help skills. Mobility around school. Additional support needed)

Educational Implications (Including advice to different subject areas)

P.E.

Off-Site Activities: (to include school trips and appointments when accompanied by school staff)

Emergency Procedures: (copy of this section should be given to all relevant people e.g. MDS office staff etc)

Who has responsibility in an emergency?

Medication (Please complete the following table)

Medication	Dose	Route of administration	Frequency	Home/school	Stored	Administered by

List all medications including those administered at home by parent / carers/carers.
 Please attach additional forms: Parent / careral agreement for school to administer, Record of medicine administered, Request for child to carry his/her own medication)

This healthcare plan was completed by

Signature..... Date.....

Healthcare plan agreed by

Name.....

Designation.....

Signature..... Date.....

Parent / careral/guardian consent

I consent to the staff named in this plan administering these procedures for my child, and I give my consent to the information in this healthcare plan being shared with the necessary staff in school

Name.....

Relationship to child/young person.....

Signature..... Date.....

Child's consent

I consent to staff/carer administering the above procedure/medication to me

Signature..... Date.....

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Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template B: parent / Carer agreement for setting to administer medicine

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

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

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.

Template C: record of medicine administered to an individual child

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Name of school/setting	
Name of child	
Date medicine provided by parent / carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent / carer _____

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

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

Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.

C: Record of medicine administered to an individual child (Continued)

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

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Template E: staff training record – administration of medicines

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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].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.

Template F: 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 - Greenbank High School, Hastings Road, Southport, Merseyside, PR8 2LT
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

Template G: model letter inviting parent / carers to contribute to individual healthcare plan development

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Dear Parent / carer

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, parent / carers, 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



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