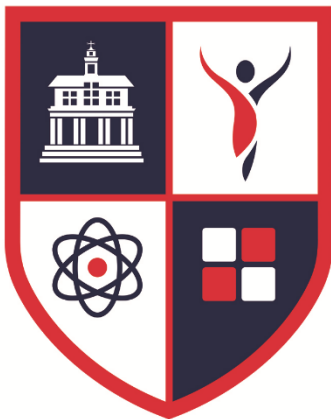




CHILDWALL
SPORTS &
SCIENCE ACADEMY

Medication Policy



CHILDWALL
SPORTS &
SCIENCE ACADEMY

LYDIATE
LEARNING TRUST

Medication policy

CONTENTS PAGE

| | |
|---|---|
| General Information | 3 |
| Individual Health Care Plan..... | 3 |
| Documentation | 4 |
| Storage of Medication | 4 |
| Administration of Medication | 4 |
| Disposal of Unused/Contaminated Medication | 5 |
| Offsite Procedures..... | 5 |
| Self-Administration | 5 |
| Emergency Medication..... | 5 |
| Staff Training..... | 5 |
| Sample form - Medication Administration Instruction Form (Appendix I) | 6 |
| Sample Letter to Parents – Medicines to be given during school letters (Appendix II)..... | 7 |
| Sample Form – Administration of Medication (Appendix III) | 8 |

| | | | | |
|--------------------|----------------------|------------------|--------------------|-------------|
| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 2 of 9</i> | <i>Date</i> |
| | | | | |

Medication policy

MEDICATION PROCEDURES

General Information

This policy will facilitate regular school attendance wherever possible and minimise disruption to the education of students with medical needs.

The Headteacher accepts, in principle, responsibility for:

- a) the administration of prescribed medication by school staff
- b) the supervision of students taking prescribed medication

Non-prescription medication will not be administered in school.

A child should never be forced to accept medication. The parents / guardian should be contacted if this happens.

The local chemist has been asked not to sell tablets to any students in school uniform but refers them to school nurse or first aider.

Individual Health Care Plan (IHCP)

An IHCP for students with significant medical needs will be drawn up by health practitioner in partnership with health care professionals, parents/carers and SENCO. They should include details of formal systems and procedures; any precautions, side effects etc. The health care practitioner will identify the need for an IHCP.

The IHCP should also identify:-

- a) where the medication is stored
- b) who should collect it in an emergency
- c) who should stay with the child
- d) who will 'phone for an ambulance / medical support
- e) contact arrangements for parents / carers
- f) supervision of other students
- g) support for students witnessing the event
- h) recording systems

| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 3 of 9</i> | <i>Date</i> |
|--------------------|----------------------|------------------|--------------------|-------------|
| | | | | |

Medication policy

Documentation

The following documentation will be required for administration of prescribed drugs:

- a) written confirmation of administration from a health practitioner (Medication Administration Instruction Form – Appendix II). **VERBAL MESSAGES ARE NOT ACCEPTABLE.**
- b) a clear, officially labelled container from a pharmacist which illustrates the name of the student, medication, dosage, frequency and storage requirements for the medication.

The following documentation will be required for students who require significant medical needs e.g.: epi pens, inhalers etc.:-

- a) written confirmation of administration from a health practitioner (Medication Administration Instruction Form – Appendix II). **VERBAL MESSAGES ARE NOT ACCEPTABLE.**
- c) student record of medication administered (Administration of Medication Form – Appendix IV)
- d) IHCP drawn up by the Health Practitioner

there is a standard letter to request information from parents – see Appendix III

Storage of Medication

On arrival at school, all medication is to be handed in to the office by the parent, unless there is prior agreement with school and student for the student to carry medication (e.g. asthma inhalers). Medication will be stored in the Student Support Office in a locked cabinet. All medication must be in the original container. If two medications are required, these should be in separate, clearly and appropriately labelled containers. All medication **MUST** be clearly labelled with:-

- a) the child's name
- b) the name and strength of the medication
- c) the dosage and when the medication should be given
- d) the expiry date

| | | | | |
|--------------------|----------------------|------------------|--------------------|-------------|
| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 4 of 9</i> | <i>Date</i> |
| | | | | |

Medication policy

Administration of Medication

The Student Support Officer or First Aider will be responsible for administering medication in school (List available in medical cabinet). Once removed from the cabinet, medication should be administered immediately and never left unattended.

Staff to consult with School Nurse for correct training and advice.

Designated staff will be appointed as and when specific complex procedures are required, e.g.: medication, via gastrostomy tube, oxygen therapy, and will receive a certificate following training accreditation of their ability to perform the procedure. Designated staff are responsible for notifying the school when their training requires updating and for insuring this is arranged.

Medication to be administered in an appropriate / confidential room.

Before medication is administered, the child's identity must be established by checking with another competent adult.

Staff will follow directions for administration provided in writing by the health practitioner (Medication Administration Instruction Form – Appendix II).

Staff will record details of each administration on 'Administration of Medication' form – Appendix IV.

Reasons for not administering regular medication must be recorded and parents informed immediately within the timescale agreed by the health practitioner.

Disposal of Unused / Contaminated Medication

A record of all disposed of medication must be kept. All unused, contaminated, out of date medication must be taken to a pharmacist for disposal.

Offsite Procedures

Member of staff in charge of activity should follow instructions as laid down in the Learning Outside the School Policy and Procedures documentation.

Each trip must have adequate medical insurance cover.

Copies of all documentation for students on prescribed medication, as laid down in this policy, must be taken on the trip by the Trip Coordinator and may be obtained from the office.

Self-Administration

Parents / guardians must complete the parental section of the Medication Administration Instruction Form' – Appendix II. (Examples would include Insulin and or asthma medication). This is not a conclusive list. This would only be allowed if a child has been trained and is competent to administer their own medication.

| | | | | |
|--------------------|----------------------|------------------|--------------------|-------------|
| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 5 of 9</i> | <i>Date</i> |
| | | | | |

Medication policy

Emergency Medication

Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written IHCP.

This type of medication will be readily available.

The IHCP must be kept with the medication.

The IHCP must be checked and reviewed termly.

It is the parents' / guardians' responsibility to notify school of any change in medication or administration.

Staff Training

Staff training on the use of an eip pen will be carried out by the school nurse on an annual basis. Scheduled for 22.09.17.

| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 6 of 9</i> | <i>Date</i> |
|--------------------|----------------------|------------------|--------------------|-------------|
| | | | | |

Medication policy

APPENDIX I

MEDICATION ADMINISTRATION INSTRUCTION FORM

| | | | |
|---|--|----------------|--|
| FOR COMPLETION BY HEALTH PRACTITIONER FOR STUDENTS WITH SIGNIFICANT MEDICAL NEEDS | | | |
| Name of School: | | | |
| Name of Child: | | D.O.B.: | |
| Address: | | | |
| G.P.: | | G.P. Tel. No.: | |

LIST OF PRESCRIBED MEDICINES

| Name of Medication and Strength | Dosage | Frequency | Duration | Date to Commence |
|--|--------|-----------|----------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| Any Other Instructions: | | | | Prescriber's Stamp: |
| Doctor / Consultant: Signature: | | | | |

| | | | |
|--|--|--------------|--|
| FOR COMPLETION BY PARENT / GUARDIAN | | | |
| I give permission for School to administer medication of my child / ward | | | |
| I give permission for my child / ward to self-administer – e.g. inhalers | | | |
| Has your child received relevant training for this | | | |
| I accept responsibility for ensuring replacement or change in medication is given to the School and give permission for the school to dispose of all medication which is contaminated, unused or beyond expiry date. | | | |
| Signature of Parent / Carer: | | Date: | |

| | | | |
|------------------------|--|-------|--|
| FOR OFFICE USE | | | |
| RECEIVED IN SCHOOL BY: | | Date: | |

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|--------------------|----------------------|------------------|-------------|
| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Date</i> |
| | | | |

Medication policy

APPENDIX II

To:

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Dear

Re: (Student name) Form:

MEDICINES TO BE GIVEN DURING SCHOOL HOURS

It is very important that medicines you wish the school to administer are authorised by your General Practitioner, Hospital Consultant or appropriate health professional. Without their signature, authorised staff cannot give any type of medicines to the children in school.

I have attached a Medication Administration Instruction Form. Could you kindly ask your G.P. to complete the first section and that you complete the second section and return it, with the medicines prescribed, to me. You will need to have a new form completed if the type and dosage of medicine is changed. These forms are available from the school.

Yours sincerely,

Pastoral Manager

| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 8 of 9</i> | <i>Date</i> |
|--------------------|----------------------|------------------|--------------------|-------------|
| | | | | |

Medication policy

APPENDIX III

ADMINISTRATION OF MEDICATION

| | | | | | |
|--|----|---------|------|--------|--|
| Child's Name: | | D.O.B.: | | Class: | |
| Name of Medication and Strength: | | | | | |
| Emergency Contacts: | 1. | | | | |
| | 2. | | | | |
| Medication Administration Instruction Form Completed by: (please select one option:) | | | G.P. | Parent | |

| | | | |
|--|---|---|----------------|
| IHCP Received- only applicable for students with significant medical needs e.g. epi pen: | Y | N | Not applicable |
|--|---|---|----------------|

PLEASE ENSURE THE ABOVE THREE DOCUMENTS ARE ATTACHED TO THIS BOOKLET AND KEPT IN CHILD'S FILE IN THE OFFICE

| DATE | DOSAGE | TIME DUE | ADMINISTERED BY (Signature) If self-administered, child must sign here | ACTUAL TIME GIVEN | Expiry Date of Medicine |
|------|--------|----------|---|-------------------|-------------------------|
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|--------------------|----------------------|------------------|--------------------|-------------|
| <i>Origination</i> | <i>Authorised by</i> | <i>Issue No.</i> | <i>Page 9 of 9</i> | <i>Date</i> |
| | | | | |