



**Thurlaston CE (Aided) Primary School**  
**Teaching and Living the Christian Way of Life**  
**Building Our Lives on Jesus**

## Medication and Management Procedures

26<sup>th</sup> October 2023

# Medication & Management Procedures

**School/Academy/Establishment Name:**  
**Thurlaston CE (Aided) Primary School**

**Author: Leicestershire County Council**

**Reviewed by: Amanda Chamberlain**

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**Review Due Date: 24/04/2020**

**Issue No: 4**

*This document is produced in conjunction with the Leicestershire Partnership Trust. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland. This policy document is required to be made site specific for your establishment and signed off by the Senior Management Team as current and valid.*

***An annual review is required.***

*Please note additional information is available in the appendices listed on the schools website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk) relating to Individual Care Plans and specific medical needs/conditions.*

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## **1.0 Introduction**

- 1.1. This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' (September 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- 1.2. The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.
- 1.3. This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.
- 1.4. Guidelines and information on administration of specific medicines for specific conditions are included in the appendices of the Leicestershire Traded Services website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk).

## **2.0 General Principles**

- 2.1 The Board of Governors and staff of Thurlaston CE (Aided) Primary School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- 2.2 The head teacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.
- 2.3 Where possible, pupils will be encouraged to self-administer their own medication.
- 2.4 When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- 2.5 Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or guardian.
- 2.6 Medication must be in its original packaging.
- 2.7 Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- 2.8 Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- 2.9 Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed. Aspirin should not be given to children under 16 years of age unless prescribed.

- 2.10 Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed regularly. Pupils who require temporary, short term medication only require a consent form to be completed.

## **3.0 Responsibilities**

### **3.1 Training**

- 3.1.1 Educational settings should ensure that members of staff who volunteer to administer medicines will be offered professional training and support as appropriate and required.

### **3.2 Storage**

- 3.2.1 Medication should be kept in a known, safe, secure location. This may need to be a fridge depending on the medication and manufacturer requirements.
- 3.2.2 In certain instances, pupils may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the pupil and whether parental/guardian consent has been received.
- 3.2.3 Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil at all times.
- 3.2.4 Parents/guardians are responsible for ensuring that the education setting has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.

### **3.3 Disposal of medication**

- 3.3.1 Procedures using sharp items should be disposed of safely using a sharps bin. These are available on prescription where needed.
- 3.3.2 Parents/guardians are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.
- 3.3.3 Parents/guardians are responsible for ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal.

### **3.4 Record keeping**

- 3.4.1 Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should include:
- The pupil's name, age and class
  - Contact details of the parent/guardian and GP
  - Details of any allergies the pupil may have.
  - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed for.
  - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
  - A dated signature of the parent/guardian.

- 3.4.2 Changes to prescriptions or medication requirements must be communicated to the educational setting by the pupil's parent/guardian and a new consent form signed.
- 3.4.3 Individual care plans should be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/guardians, the educational setting and other professional input as appropriate.
- 3.4.4 A record of medication given or supervised being taken should be kept including the date, time and dose taken. Parents/guardians should be informed that medication has been taken on the same day or according to the individual care plan.

## **4.0 Medical Emergencies**

- 4.1 In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 4.2 A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).
- 4.3 Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan.

## **5.0 Signatures**

**Name of Head Teacher: Gavin Beetham**

**Signature of Head Teacher:**

**Date:**

**Name of Chair of Governors : Dan Barley**

**Signature of Chair of Governors:**

**Date: 26<sup>th</sup> October 2023**

**This policy will be reviewed annually. Date of next review: \_\_Autumn 2024\_\_**

## **6.0 Further relevant information**

Appendices for information and completion can be sought from the Schools website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk) system under 'A' for Administration of medicines and Medication and Management Procedures. This includes:

Appendix 1	Parental consent form for medicines (Appendix A within this document)
Appendix 2	Individual Health Care Plan (IHCP) for pupils: complete at school
Appendix 3	Epilepsy Health and record forms from health professionals
Appendix 4	Emergency action plans for anaphylaxis from health professionals
Appendix 5	Diabetes health forms from health professionals
Appendix 6	Supporting pupils at school with medical conditions - Department of Education document.
Appendix 7	Guidance on the use of emergency asthma inhalers in schools - Department of Education guidance.
Appendix 8	Template letter for purchase of emergency asthma inhalers (for use by schools to pharmacy). Should be generated by school on letter headed paper

## 7.0 Summary of updates to this document

This document has been reviewed in line with current up to date legislation dated August 2015 and with the support of the Leicestershire Partnership groups/healthcare professionals.

August 2014	Template of policy reviewed; to be made site/establishment specific
August 2014	Appendices made available on the Schools intranet system (old EIS) for specific medical needs/conditions
August 2015	Anaphylactic details updated; new fax number
June 2016	Amendments regarding prescription and non-prescription medicines to enforce parental consent form
June 2016	Anaphylactic forms from health updated to include Emerade EAP and email reporting address
January 2017	Amendments regarding prescription and non-prescription drugs; addition of template letter to pharmacies for purchase of emergency inhalers.



# Thurlaston CE (Aided) Prima

## Teaching and living the Christian way (C)

### Medicine Consent Form

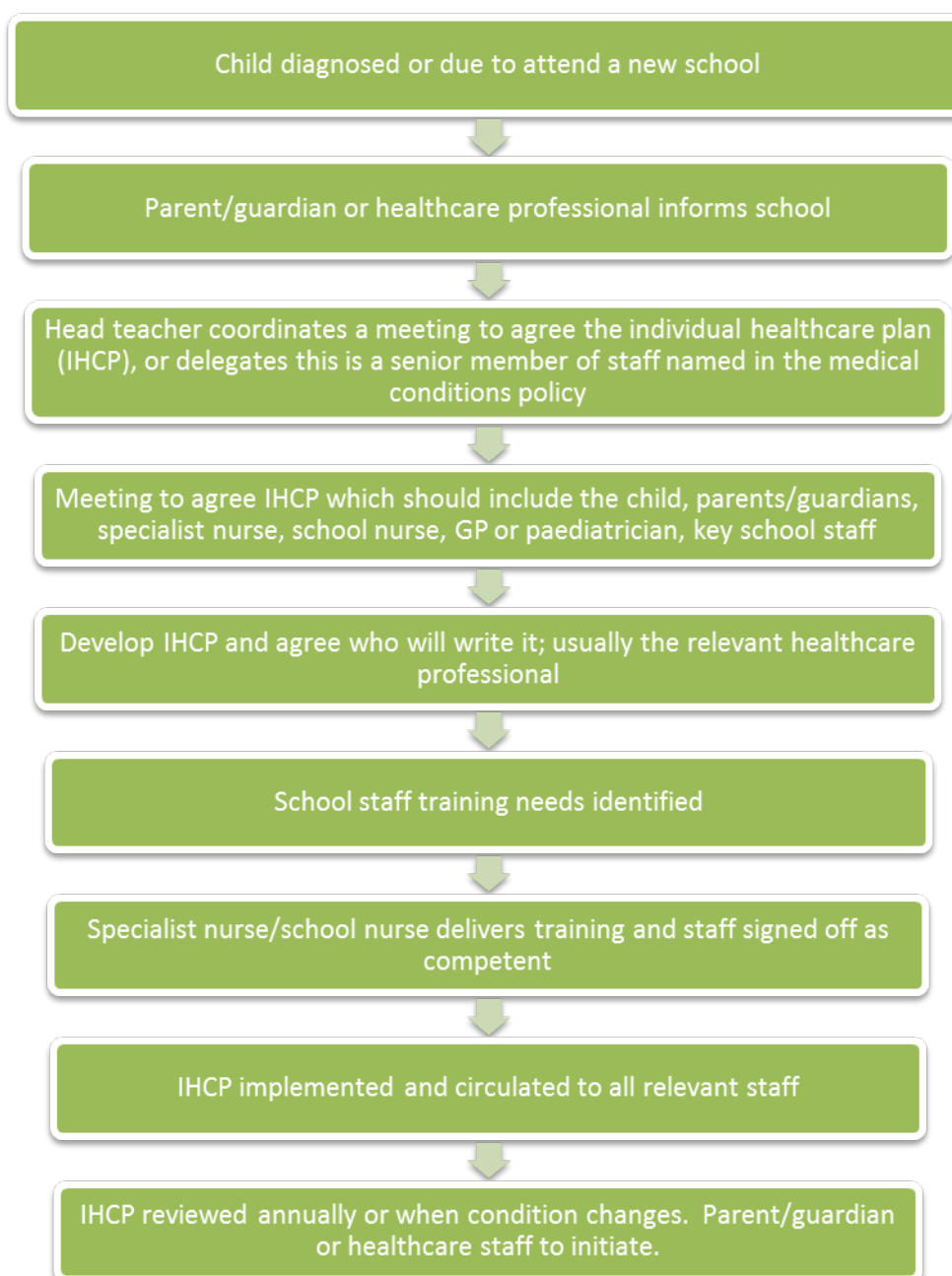
Child's name and class	
Child's date of birth	
My child has been diagnosed as having ( <i>condition</i> )	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by ( <i>mouth, nose, in the ear, other: please provide details as appropriate</i> )	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. ( <i>Please delete as appropriate</i> )	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. ( <i>Please delete as appropriate</i> )	
<b>By signing this form I confirm the following statements:</b>	
<ul style="list-style-type: none"> <li>• That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.</li> </ul>	
<ul style="list-style-type: none"> <li>• That I will update the school with any change in medication routine use or dosage</li> </ul>	
<ul style="list-style-type: none"> <li>• That I undertake to maintain an in date supply of the medication</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand the school will keep a record of medicine given and will keep me informed that this has happened.</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand staff will be acting in the best interests of my child whilst administering medication.</li> </ul>	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	



## Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk) system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



## Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, an selection of which are listed below.

<b>Asthma</b>	
General information	Asthma UK: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: <a href="http://www.gov.uk">www.gov.uk</a>
<b>Epilepsy</b>	
General information	Epilepsy action: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
<b>Infectious diseases</b>	Public Health England: <a href="http://www.gov.uk">www.gov.uk</a> ; Tel: 0344 225 4524 option 1
<b>Haemophilia</b>	The Haemophilia Society: <a href="http://www.haemophilia.org.uk">www.haemophilia.org.uk</a> ; Tel: 0207 939 0780
<b>Anaphylaxis</b>	
General information	Anaphylaxis Campaign: <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a> ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to <a href="mailto:childrensallergy@uhl-tr.nhs.uk">childrensallergy@uhl-tr.nhs.uk</a>
<b>Thalassaemia</b>	UK Thalassaemia Society: <a href="http://www.ukts.org">www.ukts.org</a> ; Tel: 020 8882 0011
<b>Sickle Cell Disease</b>	The Sickle Cell Society: <a href="http://www.sicklecellsociety.org">www.sicklecellsociety.org</a> ; Tel: 020 8961 7795
<b>Cystic Fibrosis</b>	Cystic Fibrosis Trust: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a> ; Tel: 020 846 47211
<b>Diabetes</b>	
General information	Diabetes UK: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on <a href="http://www.leicestershiretradedservices.org.uk">www.leicestershiretradedservices.org.uk</a> and funded by Diabetes UK Diabetes Specialist Nurse: 0116 258 6796 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
<b>Other useful contact numbers</b>	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: <a href="mailto:healthandsafety@leics.gov.uk">healthandsafety@leics.gov.uk</a>
<b>County Community Nursing Teams</b>	
<b>East Region</b> Market Harborough Rutland Melton	Locality managers: 1. Maureen Curley (PA: Janet Foster, Tel: 01858 438109) 2. Jane Sansom (PA: Clare Hopkinson, Tel: 01664 855069)
<b>West Region</b> Hinckley & Bosworth Charnwood	Locality managers: 1. Chris Davies } PA: Sally Kapasi, tel: 01509 410230 2. Teresa Farndon }

