Medication Policy

Tynsel Parkes CE Primary Academy

This policy is an **appendix to the Staffordshire University Academies Trust Policy document "Supporting Students with Medical Conditions"** and outlines the local policy and arrangements for administering medication within our academy.

1. Introduction

1.1 This policy has been developed between the academies Senior Leadership team and the Staffordshire University Academies Trust policy "Supporting Students with Medical Conditions" and is written in accordance with the Department for Education (DfE) Statutory Guidance "Supporting pupils at school with medical conditions" December 2015.
Other supporting documents include:

- Statutory Framework for the Early Years Foundation Stage.
- Special educational needs and disability (SEND) code of practice.
- Equality Act 2010
- Medication Management Arrangements and Guidance (Staffordshire County Council).

2. Definitions

Within this policy administration refers to "the giving of a medicine or treatment".

3. Purpose

This policy outlines the roles and responsibilities of everyone involved in the handling of regular, emergency, and short-term medicines within Tynsel Parkes CE Primary Academy.

4. Scope

This policy covers the administration of all medicines for individual pupils until the end of Year 4 that are expected to be administered in school in accordance with the signed parental request form or Individual Health Care Plan. Individual HealthCare plans are described in detail in Section 27 of the Supporting Students with Medical Conditions Policy available on the school website.

5. Responsibilities

5.1 The Local Academy Council

Will ensure that:

- This policy is reviewed regularly and is readily accessible to parents and school staff.
- The arrangements set out in this policy are implemented.
- There is a named person for the implementation of this policy.

5.2 School Staff

The Senior Leadership Team (SLT) is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff and ensuring adequate cover of trained staff throughout the school. SLT will ensure that:

- A person has been designated to lead on the implementation of this policy, this is the Principal.
- All staff involved in handling and administrating medicines have received the appropriate training.
- An accurate list is maintained of all staff who are declared competent to handle and administer medicines along with the type of medication training they have received.

- A list of all staff authorised to administer medication is maintained along with a sample of their signature and initials.
- There is safe and secure storage for medicines within school.
- This policy is reviewed at least annually.

5.3 Healthcare Professionals

- School Nurse Team – provide support and training for pupil's with specific medical needs.
- Informing the school when a pupil has been identified as having a medical condition that will require support in school.
- Support with implementing a pupil's individual healthcare plan.
- Providing training for school staff.
- Providing advice and support.

5.4 Other professionals (Social Care, local authorities)

- Family support workers
- Staffordshire SEND team

5.5 Parents

Must provide:

- Timely and up-to-date information about their child's medical needs. Especially any changes to medication.
- A completed consent form at the start of each new school year or when medication changes.
- The medicines to be administered in school. All medications sent into school must be in the original container and include a label stating pupil name, dose, frequency of administration and expiry date.
- An adequate supply of emergency/rescue medication held in school.
- Information via email/phone to the school office or inform class teacher if any emergency/rescue medication has been administered prior to the pupil attending school that day along with dose and time.

5.6 Pupils

Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan, where appropriate.

6. Consent

For pupil's taking long term medication an appointment should be made with the SENDCO to complete an individual health care plan, this plan will be reviewed annually or as required if changes need to be made, and signed by the school and parents. Children with asthma (or an inhaler) will require an inhaler consent form and child asthma action plan completing by the parents.

For pupil's taking short term medication (such as antibiotics), prescribed by the GP, the Confirmation of Medication Details forms must be completed and signed by the parent/carer (see Appendix 1).

The school will only administer prescribed medication which is labelled with your child's name. Cough sweets/lozenges/creams/lotions and gels of any kind are not allowed in school unless prescribed by the GP.

Some children may be prescribed medication which is a controlled drug (e.g. ADHD medication, Methylphenidate). In this situation the Trust policy "Supporting Students with Medical Conditions" must be followed (https://www.suatrust.co.uk/wp-content/uploads/2021/08/Supporting-Students-with-Medical-Conditions-Policy-2025-1.pdf) due to additional requirements regarding administration, storage and record keeping. **The arrangements detailed here are not sufficient for controlled drugs**.

7. Communication

This policy will be available on the Policies section of our website.

8. **Administration**

The privacy and dignity of pupils is paramount, and medicines will always be administered in an area where this will not be compromised.

We will ask pupils and parents about any cultural or religious needs relating to the taking of medication or any prohibitions that apply. This information will be recorded as part of the pupil's healthcare plan or in the pupil's personal record.

To minimise the need for medication in school and where clinically appropriate parents are encouraged to ask the pharmacy or prescriber to prescribe medicines in dose frequencies that enable them to be taken outside of school hours. Medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime.

Only medicines prescribed for individual pupils will be administered within school.
Medicines bought over the counter that do not have a label stating pupil name and dose will not be administered.
Instructions such as "when required" or "as necessary" are discouraged.

If a pupil refuses to take their medicine, they will not be forced to do so. Refusal will be documented, parents informed and agreed protocols followed.

9. Safe Storage of Medicine

Access to areas of the school where medication is stored is restricted. Medication is stored in locked cabinets. Inhalers and epi pens are stored out of reach of children but not in locked cupboards so that it is readily available in an emergency.

Antibiotics will be stored in the fridge in the photocopying room in a sealed container out of reach of children. During off site school visits and activities medication will be carried by staff only.

10. Disposal of Medicine

All unwanted/expired medicines will be returned home with the pupil for destruction at a community pharmacy. This school has no facilities for disposing of unwanted medication.

11. Management of Errors and Incidents (Misused medication or suspected theft)

The SLT will be informed of:

- Any medication that cannot be accounted for
- Suspected or known misuse of medication

SLT will instigate an investigation and report the incident following the school's incident reporting systems and disciplinary and capability policies.

This will allow for trends to be monitored with supported improvement actions to be put in place.

12. Training

- The school's SLT are Mrs Chandler and Mr Baxter.
- School staff involved in the administration of medication to pupils will receive suitable training. **Staff must not administer medicines without appropriate training.**
- A record of who delivered the training and who received the training, along with the date the next training is due will be maintained by the school office.
- At least two members of permanent staff will receive pupil specific medication training (additional numbers may be needed to cover for staff absence, busy periods etc). This training will be provided by the relevant healthcare professional.

13. Record Keeping

The following records will be kept by the school:

- Confirmation of Medication Details and Parental consent
- Individual Healthcare Plan
- Inhaler Consent Form
- Medication Incident Report Form
- Medication Administration Record sheet
- Child Asthma Action Plan
- Staff Training Records including Medication In-house Training Record

14. Confidentiality

Whilst the school will strive to maintain confidentiality and comply with GDPR regulations, sometimes it may be in the pupil's best interests to share information about their condition/treatment/medication to other staff within the school and/or with other professionals. In these cases parent consent will be sought.

15. Monitoring and Review

- The school's designated lead for this policy Mrs Chandler will monitor the implementation of this policy and provide the SLT with information regularly on medication incidents.
- The school's SLT will review this policy annually or when there is a significant incident or change in guidance.
- The next scheduled review is December 2026.

16. Forms

- Confirmation of Medication Details and Parental consent
- Medication Administration Record sheet
- Individual Health Care Plan
- Inhaler Consent Form
- Child Asthma Action Plan
- Use of Medication/Inhaler Slip

CONFIRMATION OF MEDICATION DETAILS YOU REQUIRE TO BE ADMINISTERED BY TYNSEL PARKES CE PRIMARY ACADEMY STAFF

Pupil's Full Name	Date of Birth	Telephone Number
Address		
GP Name	GP Telephone Number	
Date of first dose:	Date of last dose:	
Details of any allergies or other special instructions (Take in to account any cultural, religious or communication needs)		

Name of Medication	Amount Received (e.g 10 tablets/ 100ml bottle)	Strength of Dosage	Number/Amount of Medication & time when given

If the details above are correct, please sign and return to the school office

Name: ……Signed (Parent/Carer)…….....

Date:……

Medicine received in office	Date:	Signature:
Medicine returned to parent/carer	Date:	Signature:

Important Note

Should there be any amendment to the following: -

1. Medication or dosage
2. Address or telephone number
3. Doctor or Doctor's telephone number

Please inform us, in writing, immediately.

TYNSEL PARKES STAFF USE ONLY

- ✓ Complete Administration of Medication/Inhaler Form (two members of staff)
- ✓ Complete use of medication/inhaler slip and place in pupil's school bag.

Tynsel Parkes C.E. Primary Academy

Administration of Medication Form

Child's Name	
Year Group	
Medicine Details (please list e.g. Salbutamol inhaler, penicillin etc)	
•	
•	
•	
•	

Medicine Details (e.g. Salbutamol inhaler, penicillin etc)	Date	Time	Dose	Administered by (please initial)	Supervised by (please initial)

Medicine Details (e.g. Salbutamol inhaler, penicillin etc)	Date	Time	**Dose**	**Administered by (please initial)**	**Supervised by (please initial)**

***Completed forms must be retained by the office**

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

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

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)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

INHALER CONSENT

If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (blue inhaler), please complete this form and a Child Asthma Action Plan which gives your consent for school staff to administer their inhaler if required.

I can confirm that my child has been:-

☐ diagnosed with asthma and prescribed an inhaler.

☐ prescribed an inhaler due to _____

I can confirm that my child has a working, in-date inhaler, clearly labelled with their name in school.

Inhaler Type: _____
Expiry Date: (on the actual inhaler not the prescription label) _____

I give my consent for school staff to give my child their inhaler as detailed on their Child Asthma Action Plan. I understand that I will be informed when treatment has been given.

☐ I have completed and attached my Child Asthma Action Plan.
This must be completed for anyone with an inhaler in school, not just a diagnosis of asthma.

Child's name: _____

Child's Date of Birth: _____ Class: _____

Parent/Carer Name: _____

Parent/Carer Signature: _____ Date: _____

ONCE COMPLETED PLEASE RETURN ALL INFORMATION TO THE SCHOOL OFFICE

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01663614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack **asthma.org.uk/child-asthma-attacks**

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm over 16 only)

ASTHMA+ LUNG UK

CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

.....

and its colour is:

.....

I take ..... puff/s of my preventer inhaler in the morning and ..... puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

.....

My reliever inhaler helps when I have symptoms.

It is called:

.....

and its colour is:

.....

I take ..... puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler **(usually blue)** three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take ..... puff/s of my reliever inhaler **(usually blue)** every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Tynsel Parkes C.E. Primary Academy

Use of Inhaler

Name of child: _____used their inhaler today.

Number of Puffs Taken: _____ Time: _____ Date: _____

Any other relevant information: _____

Supervised by: _____

Tynsel Parkes C.E. Primary Academy

Use of Medicine

Name of child: _____ was given the following medicine _____ today.

Quantity given: _____ Time: _____ Date: _____

Any other relevant information: _____

Administered by: _____