

**Maesyrhandir C P School**

 **Health Care Policy**

**Policy Adopted: January 2019**

**Policy Reviewed: May 2020**

Signed……………………………………..Headteacher

 **Signed………………….………….Chair of Governors**

**Administration of Medication**

**GUIDANCE AND PROCEDURES**

# Introduction

Where the Headteacher agrees to administer medicine to a child they are advised to follow the **Welsh Assembly Government – Access to Educational Support for Children and Young People with Medical Needs 2010** and ensure that the following safeguards should be observed:

* a doctor’s note, or clear medical direction, should be received, preferably delivered by the parent, confirming that it is necessary for the child to receive medication during the school day and the required dosage.
* parents should inform the school if their child has a medical condition or long term illness and this information should be included in a child’s records’.
* medicines, not prescribed by a doctor, should not generally be administered. Medicines, in the smallest practicable amount, should be taken to the school by the parent and delivered personally to the Headteacher or an appropriate member of staff.
* medicines should be clearly labelled with the child’s name, contents and dosage and should be kept in a locked cupboard away from children in the office or the fridge in the staffroom.
* Before medication is brought into school, the parent must complete a school form providing the school with permission to administer medicines. On school receipt of this form, it should be signed by the Headteacher or Deputy Headteacher authorising permission.

# Parental Responsibilities

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable if, for example, the child's home is a considerable distance from the school. In such a case parents may make a request for medication to be administered to the child in school.

When the medication is being prescribed the parents should seek whether it is possible to have the administration intervals out of school time. The parent should also seek the opinion of the GP as to whether the child should be in school, and it is on this opinion that the decision should be made whether to send to the child to school or not, and not what is the more convenient solution. The flow chart in annexe 1 shows the procedure that should be followed if a request to administer medication is to be made.

It is the parents responsibility to ensure that the medication the school holds is within date. Expired medication should be collected from school by parents within 7 days of the expiry date. The school will contact parents/guardians immediately if medication remains uncollected.

# School Responsibilities

It is not in school staff terms and conditions to administer medication (unless specifically detailed in the job description). However, school staff have a general duty of care and are expected to take action as a reasonably prudent parent would. So if a child in their care is ill, they should secure either the attendance of a parent or of medical assistance.

When a parent requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher should consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

The Headteacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. In the case of a pupil with complex needs, a Healthcare Plan will be developed with all parties including parents, school and health professionals. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

**Annexe 1**

# Flow Chart for the Administration of Medication

No

No

No

Child is ill and is prescribed

medication

Has GP given advice

that child

is well enough to be at school?

Child stays a

t

home

Does medication have to be

administered during school

hours?

Medication

given at home

Parent/guardian completes

Form

3

 or 5

Headteachers/schools decision

Child either remains at

home or parent/guardian

comes to school to

administer medication

Yes

Yes

Medication is administered and

recorded

Medication is brought into

school with child’s and GPs

details

Headteacher confirms that

medication will be administered

on Form 4

Yes

# Health Care Plan for Pupils with Complex Needs

The health plan should specify:

* The child or young person’s view where possible.
* Parental wishes for the child.
* The care co-ordinator/key worker for the child.
* Any anticipated changes in the child or young person’s care routine.
* The contact details of the paediatric healthcare team providing medical advice, care and support.
* Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
* The medication the child or young person takes both in and out of school hours.
* The request of parents and the permission of the headteacher for the administration of medicines by staff or self administration by the child or young person
* Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
* Any special health care needs which may affect the child or young person’s use of services such as transport or play activities at the school, implementation of therapy programmes etc. The use, storage and maintenance of any equipment.
* Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
* Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.
* Health care plans should be reviewed annually at the child or young person’s annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
* The importance of very clear procedures for emergency treatment for all children and young people with complex health needs.
* The plan should also be made available to all staff coming into contact with the child or young person.
* Copies of any relevant forms should form part of the healthcare plan.

**Annexe 2**

**Maesyrhandir C P School**

# Healthcare Plan

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|   |

Name of School

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|   |

Child's Name

|  |
| --- |
|   |

Group/Class/Form

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Date of Birth

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|     |

Child's Address

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|    |

Medical Diagnosis or Condition

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| --- |
|   |

Date

|  |
| --- |
|   |

Review Date

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|   |

Contact Member of Staff

# Family Contact Information

|  |
| --- |
|   |

Name

|  |
| --- |
|   |

Phone No. (Work)

|  |
| --- |
|   |

Phone No. (Home)

|  |
| --- |
|   |

Phone No. (Mobile)

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|   |

Name

|  |
| --- |
|   |

Phone No. (Work)

|  |
| --- |
|   |

Phone No. (Home)

|  |
| --- |
|   |

Phone No. (Mobile)

# Clinic/Hospital Contact

|  |
| --- |
|   |

Name

|  |
| --- |
|   |

Phone No.

**G.P.**

|  |
| --- |
|   |
|   |

Name

Phone No.

Describe medical needs and give details of child's symptoms

|  |
| --- |
|        |

Daily care requirements, e.g. before sport, at lunchtime, home, school trips

|  |
| --- |
|        |

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

|  |
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|        |

Who is responsible in an emergency? State if different for off-site activities

|  |
| --- |
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Form copied to

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**Annexe 3**

**Maesyrhandir C P School**

# Parental Agreement for School to Administer Medicine

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|   |

Name of School

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Date

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| --- |
|   |

Child's Name

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Group/Class/Form

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Name and Strength of Medicine

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| --- |
|   |

Expiry Date

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| --- |
|   |

How much to give, i.e. dose to be given

|  |
| --- |
|   |

When to be given

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| --- |
|   |

Any Other Instructions

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| --- |
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Number of tablets/quantity to be given to school

***Note: Medicines must be in the original container as dispensed by the pharmacy***

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| --- |
|   |

Daytime phone no of parent

|  |
| --- |
|   |

**or,** adult contact

|  |
| --- |
|   |

Name and phone no of GP

Agreed review date to be initiated by *[ ………………………………………………………name of 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 of if the medicine is stopped.

|  |
| --- |
|   |

Print name

|  |
| --- |
|   |

Parent’s signature

|  |
| --- |
|   |

Date

If more than one medicine is to be given, a separate form should be completed for each one.

 **Signed on behalf of Maesyrhandir School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

# Record of Medicines Administered to all Children and Young People Annexe 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date & Time**  | **Child's Name**  | **Name of Medicine & Dose**  | **Any Reactions**  | **Signature of Staff**  |
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**Annexe 5**

**Maesyrhandir C P School**

**Request for Child to Carry His / Her Own Medicine**

*This form must be completed by parents/guardian*

# If staff have any concerns discuss this request with healthcare professionals

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Name of School

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|   |

Child's Name

|  |
| --- |
|   |

Group / Class / Form

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| --- |
|      |

Address

|  |
| --- |
|   |

Name of Medicine

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Procedures to be Taken in an Emergency

# Contact Information

|  |
| --- |
|   |

Name

|  |
| --- |
|   |

Daytime Phone No.

|  |
| --- |
|   |

Relationship to Child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed Date

# Signed on behalf of Maesyrhandir C P School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_