



## ADMINISTERING MEDICATION POLICY

**To be read in conjunction with:**

- Complaints Policy
- Equal Opportunities Policy and Practice.

**Headteacher: David Bishop**

**Policy Review Date: October 2021.**

**This policy will be reviewed annually.**

Version	Date	Updated By
1.0	September 2020	D. Bishop
1.1	October 2020	A. Quigley

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**Statement of intent**

Wetheringsett Manor School (WMS) will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This policy has been developed in line with the DfE’s guidance: “Supporting pupils at school with medical conditions”.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child’s medical condition, and make the pupil feel safe whilst at school.

**1) Legal framework**

This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE ‘Supporting pupils at school with medical conditions’ 2015

**2) Definitions**

2.1 WMS defines “medication” as any prescribed or over the counter medicine.

2.2 WMS defines “prescription medication” as any drug or device prescribed by a doctor.

2.3 WMS defines a “staff member” as any member of staff employed at the school, including teachers.

2.4 For the purpose of this policy, “medication” will be used to describe all types of medicine.

**3) Key Roles and Responsibilities**

3.1 The governing body has overall responsibility for the implementation of the Administering Medication Policy and procedures of WMS.

3.2 The governing body has overall responsibility of ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation, in line with our Equal Opportunities Policy and Practice.

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- 3.3 The governing body is responsible for handling complaints regarding this policy, as outlined in the school's Complaints Policy.
- 3.4 The governing body is responsible for ensuring the correct level of insurance is in place for the administration of medication.
- 3.5 The governing body is responsible for ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.
- 3.6 The governing body is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.
- 3.7 The Head Teacher is responsible for the day-to-day implementation and management of the Administering Medication Policy and relevant procedures of WMS.
- 3.8 The Head Teacher is responsible for ensuring that appropriate training is undertaken by staff members administering medication.
- 3.9 The Head Teacher is responsible for ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- 3.10 Staff, including teachers, support staff and volunteers, are responsible for following the policy and for ensuring pupils do so also.
- 3.11 Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.
- 3.12 If a pupil is sent to hospital, at least one member of staff will accompany the pupil until their parent/carer has arrived.
- 3.13 Parents/carers are expected to keep the school informed about any changes to their child/children's health.
- 3.14 Parents/carers are expected to complete a medication administration form (appendix A) prior to bringing medication into school.
- 3.15 Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.
- 3.16 The Head Teacher and Pastoral Team are responsible for ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

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3.17 In the case of staff absence, the Head Teacher is responsible for organising another appropriately trained individual to take over the role of administering medication.

### **4) Training of staff**

4.1 Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction.

4.2 Teachers and support staff will receive regular and ongoing training as part of their development.

4.3 The Head Teacher will ensure that a sufficient number of Staff are suitably trained in administering medication.

4.4 All relevant staff will be made aware of a pupil's medical condition.

4.5 The Head Teacher will ensure that supply teachers are appropriately briefed regarding pupils' medical conditions.

4.6 A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

4.7 The governing body will provide staff members with opportunities and details of CPD.

4.8 WMS will provide whole-school awareness training so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.

### **5) Medication**

5.1 Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form.

5.2 No pupil under the age of 19 will be given medicines without written parental consent.

5.3 Under no circumstance will a pupil under the age of 19 be given aspirin unless there is evidence that it has been prescribed by a doctor.

5.4 Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.

5.5 Before administering medicine, maximum dosages and when the previous dose was taken will be checked.

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- 5.6 A maximum of four weeks' supply of medication may be provided to the school.
- 5.7 When medicines are no longer required, they will be returned to the parents/carers of the pupil.
- 5.8 Medications will only be administered at school if it would be detrimental to the child not to do so.
- 5.9 Medications will be stored securely in a locked cabinet in the First Aid room.
- 5.10 In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 5.11 Only suitably qualified staff will administer a controlled drug.
- 5.12 Staff members have the right to refuse to administer medication. If a class teacher does refuse, the Head Teacher will delegate the responsibility to another staff member.
- 5.13 Any medications left over at the end of the course will be returned to the pupil's parent/carer.
- 5.14 Written records will be kept for any medication administered to pupils.
- 5.15 Pupils will never be prevented from accessing their medication.
- 5.16 Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
- 5.17 Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication. These arrangements will be reflected in their Individual Healthcare Plan (IHCP).
- 5.18 If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- 5.19 WMS cannot be held responsible for side effects which occur when medication is taken correctly.
- 5.20 Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, and instruction given by medical professionals.

## **6) Individual Healthcare Plans (IHCP)**

- 6.1 For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the pupil, parents/carers, medical professionals and Pastoral Team.

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6.2 When deciding what information should be recorded on an IHCP, the governing body will consider the following:

- The medical condition, as well as its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements.
- The specific support needed for the pupil's educational, social and emotional needs.
- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs.
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role.
- Which staff members need to be aware of the pupil's condition.
- Arrangements for receiving parental consent to administer medication.
- Separate arrangements which may be required for school trips and external activities.
- Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised.
- What to do in an emergency, including whom to contact and contingency arrangements.
- What is defined as an emergency, including the signs and symptoms that staff members should look out for.

6.3. The governing body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year by the Pastoral Team.

### **7) Monitor and review**

7.1 This policy is reviewed every year annually by the governing body and the Head Teacher.

7.2 Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.

7.3 Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.

7.4 WMS will seek advice from any relevant healthcare professionals as deemed necessary.