Hitchin Girls' School

Administration of Medicines Policy



Date of issue:February 2023Board of Trustees approval:February 2023Review date:February 2026

INTRODUCTION

- 1. This policy sets out the basis on which the school may agree to administer medicines to students. It is based on the June 2022 guidance document from Hertfordshire County Council entitled 'Managing medication in schools 'and should be read in conjunction with the 'Supporting students with medical needs policy'. The document makes a series of "good practice" recommendations and the school has adopted these in producing this policy.
- 2. The purpose of this policy is to put into place effective management systems and arrangements to support students and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

ROLES AND RESPONSIBILITIES

- 3. All staff in schools have a duty to maintain professional standards of care and to ensure that students and young people are safe. It is expected good practice that schools will review cases individually and administer medicines in order to meet the all round needs of the student. However, there is no legal duty requiring staff to administer medication or to supervise a student when taking medicines. This is a voluntary role.
- 4. The Headteacher, in consultation with the Board of Trustees, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school can assist a student with medical needs. The Headteacher is responsible for:
 - (a) implementing the policy on a daily basis;
 - (b) ensuring that the procedures are understood and implemented;
 - (c) ensuring appropriate training is provided;
 - (d) making sure there is effective communication with parents/carers, students and young people, school/settings staff and all relevant health professionals concerning the student's health needs.
- 5. Staff, including supply staff must always be informed of a student's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.

PARENTS/CARERS

- 6. It is the responsibility of parents/carers to:
 - (a) inform the school of their student's medical needs;
 - (b) provide any medication in a container clearly labelled with the following;
 - THE STUDENT'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS
 - (c) collect and dispose of any medicines held in school at the end of each term;
 - (d) ensure that medicines have not passed the expiry date.

STUDENT INFORMATION

- 7. Parents/carers should be required to give the following information about their student's long term medical needs and to update it at the 'start of each school year':
 - (a) Details of student's medical needs;
 - (b) Medication, including any side effects;
 - (c) Allergies;
 - (d) Name of GP/consultants;
 - (e) Special requirements eg. dietary needs, pre-activity precautions;
 - (f) What to do and who to contact in an emergency;
 - (g) Cultural and religious views regarding medical care.

ADMINISTERING MEDICATION

- 8. It is expected that parents/carers will normally administer medication to their children at home. Medicines should only be taken to school where essential i.e. where it would be detrimental to a student's health if the medicine were not administered during the school day.
- 9. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber and are in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, with the exception of over the counter medication (eg painkillers) which should still be in a named container and will require a parent/carer to complete permission to administer Form Med1 to be completed.
- 10. Staff will not give a non-prescribed medicine to a student unless there is specific prior written permission from the parents and approval of the Headteacher. (Note. A student under 16 should never be given aspirin unless prescribed by a doctor).
- 11.No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form (Form Med1)** must be completed. As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a student when taking medicine. This is a voluntary role.
- 12. The Headteacher will decide whether any medication will be administered in school and following consultation with staff, by whom. If agreeable, a Form Med2 will be completed. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Students will be told where their medication is kept and who will administer it.
- 13. Any member of staff giving medicine to a student should check on each occasion:
 - (a) Name of student
 - (b) Name of medicine
 - (c) Prescribed dose
 - (d) Expiry date
 - (e) Written instructions provided by the parents/carers or doctor/prescriber

14. Written permission from the parents/carers will be required for students to carry and selfadminister medicine(s). A **Request to Self - Administer Medication Form** (Form Med3) must be completed.

STORAGE

15. All medicine will be kept in a locked cabinet in the school administration office. Emergency medicines, such as asthma inhalers and epipens, should be readily available and not locked away.

RECORDS

- 16. Staff will complete and sign the record sheet (Form Med1) each time medication is given to a student and these will be kept in the school office. The sheets will record the following:
 - (a) Name of student
 - (b) Name of medicine
 - (c) Dose
 - (d) Date and time of administration
 - (e) Who supervised the administration
 - (f) A note of any side effects
 - (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so.

REFUSING MEDICATION

17. If a student refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the student's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

TRAINING

18. Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

INDIVIDUAL HEALTH CARE PLAN

19. Where appropriate, an Individual Health Care Plan will be drawn up in consultation with the school, parents/carers and health professionals. The Health Care Plan will outline the student's needs and the level of support required in school. Health Care Plans will be reviewed annually. It is the responsibility of parents/carers to provide information relating to updates or amendments of the Health Care Plan as necessary.

INTIMATE OR INVASIVE TREATMENT

20. This will only take place at the discretion of the Headteacher and Trustees, with written permission from the parents/carers and only under exceptional circumstances. Two adults, at least one of the same gender as the student, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

SCHOOL TRIPS

- 21. To ensure that as far as possible, all students have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all students and staff. No decision about a student with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.
- 22. Residential trips and visits off site:
 - (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip, unless a risk assessment identifies that these should be carried by the student;
 - (b) If it is felt that additional supervision is required during any activities eg. swimming, the school may request the assistance of the parent/carer.

EMERGENCY PROCEDURES

23. The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

CARRYING MEDICINES

24. For safety reasons students are not allowed to carry medication (excluding asthma inhalers and epipens which should be carried by the student) unless approved using a Form Med3. All medicines must be handed to the school administration staff on entry to the school premises.

HITCHIN GIRLS' SCHOOL

REQUEST TO ADMINISTER MEDICATION (FORM MED1)

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

| Student's Name | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| Name and strength of medicine | | | | |
| Expiry date | | | | |
| How much to give (i.e. dose to be | | | | |
| When to be given | | | | |
| Any other instructions | | | | |
| Number of tablets/quantity to be given to school in total | | | | |
| Note: Medicines must be the original container as dispensed by the pharmacy | | | | |
| Daytime phone no. of parent or adult | | | | |
| Name and phone no. of GP | | | | |
| The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Parent's signature: Print Name: | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Parent's signature: Print Name: If more than one medicine is to be given a separate form should be completed for each one. | | | | |
| inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Parent's signature: Print Name: Print Name: If more than one medicine is to be given a separate form should be completed for each one. Date Time Given | | | | |
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HITCHIN GIRLS' SCHOOL

AGREEMENT TO ADMINISTER MEDICATION (FORM MED2)

Confirmation of the Head's agreement to administer medicine

| It is agreed that | t [name of student] will receive | | |
|--|---|--|--|
| | [quantity and name of medicine] every day | | |
| at | [time medicine to be administered e.g. Lunchtime or break]. | | |
| | [name of student] will be given/supervised whilst she takes their | | |
| nedication by [name of member of staff]. | | | |
| This arrangem | ent will continue until [either end date of course of | | |
| medicine or un | til instructed by parents]. | | |
| | | | |
| | | | |
| Date: | | | |
| Signed: | | | |
| [Headteacher |] | | |

HITCHIN GIRLS' SCHOOL

Request for child to carry his/her medicine (Form Med 3)

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

| Name of School: | Hitchin Girls' School | | |
|--|-----------------------|--|--|
| Child's Name: | | | |
| Form: | | | |
| Address: | | | |
| | | | |
| Name of Medicine: | | | |
| Procedures to be taken in an emergency: | | | |
| Contact Information | | | |
| Name: | | | |
| Daytime Phone No: | | | |
| Relationship to child: | | | |
| | | | |
| I would like my daughter to keep her medicine on her for use as necessary. | | | |
| Signed: | Date: | | |

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