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Overview

This policy is designed to provide a reference point within the Peak Tor Federation when addressing the needs of Pupils within short term or long-term conditions which require the administration of medicines in an educational setting. This document sets out a clear framework ensuring that pupils requiring medicines and care receive the support they need.

Peak Tor Federation is welcoming and is supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both schools based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

At Peak Tor Federation we listen and respect parents' views and instil confidence that the care provided at Peak Tor Federation is of the highest level. We aim to promote a school environment that is inclusive to all pupils including those who have a medical condition. As of 1st September 2014, Section 100 of the Children and Families Act 2014 placed a statutory duty on school governing bodies to make arrangements for supporting pupils with medical conditions ([Children and Families Act 2014 \(c 6\) Part 5](#)).

Scope of the Medicine policy

The administration of any medicine is ultimately the responsibility of parents/carers/ legal guardians. The staff at Peak Tor Federation have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

The Department of Education document (2015) ***Supporting Pupils at School with Medical Conditions*** contains both statutory guidance and non-statutory advice and is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school

In summary this policy addresses the following key areas:

1. Addressing the needs of pupils with long-term medical/health needs including the requirement, development and management of health care plans.
2. Assessing needs and managing risk
3. Meeting the needs of pupils who require a medication to be administered
4. Meeting the needs of pupils with short-term and long-term medical health needs.
5. Agrees a robust system which is clear and auditable to gain Parental/ legal guardian consent to administer prescribed and non-prescribed medicines
6. The administration of medicines

7. Provide clear guidance about medicines administration and record keeping
8. Emergency procedures
9. Responsibilities of Peak Tor Federation
10. Responsibilities of parents/carers/legal guardians
11. Core Principles of Safe and Appropriate Handling of Medicines
12. Receipt, Storage and disposal of Medicines
13. Staff training
14. Indemnity and Insurance

All pupils with medical/health needs have the same rights of admission to Peak Tor Federation as other children who do not have medical needs. For example, this will include children or young people with asthma, epilepsy, diabetes, anaphylaxis or incontinence.

Equality Act 2010- Access to education and associated services

From the 1st of October 2010 the Equality Act 2010 replaced most of the Disability Discrimination Act 1995. However, the Disability Equality Duty in the Disability Discrimination Act continues to apply.

The Equalities Act 2010 still provides protection for children with medical needs from being discriminated against. The Act defines a person as having a disability if s/he has a physical, sensory or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

Under the Equalities Act 2010, responsible bodies for schools (including nursery schools) must not discriminate either directly or indirectly against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children, including those with medical needs at different levels of school life; and for the individual disabled child who has a disability, in their practises and procedures and in their policies.

Schools are also under a duty to plan strategically to increase access, over time, for disabled children who have a disability, including those with medical needs.

The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

1. Setting suitable learning challenges
2. Responding to pupils' diverse needs
3. Overcoming potential barriers to learning

Definition of short term and long-term conditions

Short term conditions

Occasionally children and young people who are in your care may wish to manage their own medication. In these cases, the pupil's parent/carer should be encouraged to complete **Form 1 in the forms annex of this policy** providing permission for them to carry their own medication (where this is not already stated in a health care plan).

If a child is not deemed Gillick competent and does not have the capacity to consent to manage their own medication, someone with parental responsibility can consent for them. This should be recorded and fed back to parents/carers. If parent/carer consent is unobtainable the individual acting in loco parentis should record this and encourage the young person to manage their medication in accordance with the dosage information on the original packaging. The young person should be advised to seek medical advice from a GP or Healthcare provider if their symptoms persist and the school/setting must speak to the parent/carer as soon as is practically possible and obtain written consent if the situation is to continue.

Long term conditions

It is good practice to support and encourage children and young people who can take responsibility, manage their own medicines. This might be managing their inhaler if they suffer from asthma or injecting insulin if they are diabetic. If such medicines are taken under supervision this should be recorded, such as on **Form 3 in the forms annex of this policy**. There is no set age when a child or young person can take responsibility for their own medication, this needs to be a joint decision between the school/setting, parents/carers and the child/young person.

Where children and young people have been prescribed controlled drugs, these must be kept in safe custody. Access arrangements for self-medication could be put in place, if it was agreed that this was appropriate.

The management of both prescription and non-prescription medication for children and young people with a long-term condition (lasting for over 8 days including weekends) must be included in Their individual health care plan.

Assessing needs and managing risks

Medicines, if used, must adhere to the prescribers' indications for administration. This ensures that the medicine is administered correctly. There are some main risks which require assessment relating to the storing, administering and discarding of medicines that are to be used by Pupils. Some of the risk which may be associated include:

Medicines given to wrong child
Medicines not given to child at appropriate time
Medicines not given at all
Wrong dose of medicine given to children
Medicines not available when required (particularly rescue medication)
Medicines being lost
Medicines stored incorrectly
Medicines not in correct containers and not labelled correctly
Young people giving medicines to other young people
Incorrect disposal and recording of wastage of medicines

Peak Tor Federation have a **general risk assessment for the storage and administration of medicines** indicating how the above risk is being controlled using this guidance to inform the control measures.

For Pupils with medical conditions who have an individual healthcare plan a separate risk assessment is **not required** as the **general risk assessment** will deal with issues such as storage and labelling of medicines and the **treatment plan** will provide detail on the administration of the medicines.

Supporting pupils with medical conditions

NEW SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY TO BE INSERTED

Pupils may need to take medicines during the day at some time during their time in school and/or any services they use. This may be for a short period only. To allow pupils to do this will minimise the time that they need to be absent from the education setting. However, such medicines should only be taken to school or educational settings in the case that it would be detrimental to a child's health if it were not administered during the school day.

It is important that Peak Tor Federation has sufficient information about the medical condition of any pupil with a specified medical condition. If a pupil's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a service. The impact may be direct in that the condition could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Peak Tor **must be informed** about any such needs before a pupil is admitted to the Peak Tor Federation or immediately when the pupil develops a medical need. For all pupils who have a medical condition all pupils and the parent/ guardian/ caregiver need to meet with the Executive headteacher to formulate an agreed **Individual healthcare plan (IHP)** this may be also alongside additional wide agency and professional input.

Peak Tor Federation will hold a central register of IHPs, and an identified member of staff would be allocated the responsibility to secure and update this register.

- IHPs will be regularly reviewed at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

See Form 7 .

The form can also be access at the following location:

<https://docs.google.com/document/d/1cIQORPjRBqmBwY1wVr2A4nau5pZmTBfs/edit>

Unacceptable practice

The Executive Headteacher at Peak Tor Federation will use their discretion and assess each case individually with reference to the pupil's Individual Health Plan.

To ensure good practices the following behaviours would not be accepted within the Peak Tor Federation:

Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
Assume that every pupil with the same condition requires the same treatment
Ignore the views of the pupil or their parents
Ignore medical evidence or opinion
Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments
Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
Require parents, carers/ legal guardians or otherwise make them feel obliged to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer/legal guardian should have to give up working because the school is failing to support their child's medical needs.

Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany their child.

Administer, or ask pupils to administer, medicine in school toilets.
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Emergency Procedures for pupils with an IHP

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance

Administration of medicines

Administering prescription medicines

In many cases a pupil's medication will have been prescribed for them by a GP, Prescribing Nurse, Dentist, Pharmacist or Allied Health Care professional that has prescribing rights. In these instances, the staff at Peak Tor Federation should follow the policy surrounding receiving, storing, administering and discarding of medicines. Peak Tor Federation staff should have received appropriate training and be competent and to administer these medicines if the pupil is not self-administering.

Administering non-prescription medicines/common remedies

If a pupil arrives at Rowsley or Stanton in the Peak with a medicine or a common remedy such as Paracetamol or antihistamines that haven't been prescribed for them by a GP, Prescribing Nurse, Dentist, Pharmacist or Allied Health Care professional that has prescribing rights, a parent/carer legal guardian consent **should always be sought and documented before the medicine is administered. The Form 1 can be found in the forms annex included in this policy.**

A pupil and their parents/carers/ legal guardians should not be routinely told that they require a prescription for over-the-counter medicines/common remedies as this could impact on their attendance. If a pupil's symptoms persist, they should be advised to seek medical attention. If a pupil is deemed too unwell to be in school, they should be advised to stay at home or be sent home if they are too unwell to attend.

Non-medical creams and lotions, such as sun cream and moisturisers, should not require a prescription or medical note; however, Peak Tor Federation should encourage parents/carers/legal guardians to ask the pupil to arrive at school with this applied. parents/carers/legal guardians can provide these in labelled original packaging however written consent will need to be provided and a **Form 1 completed this can be found in the forms annex included in this policy.**

A best practice sun protection policy is available from Cancer Research UK at www.sunsmart.org.uk.

Staff authorised to apply creams/lotions on behalf of those pupils not capable of undertaking this task themselves should be suitably competent to do so, and will be provided with protective equipment (e.g., gloves) and ensure cross contamination/infection is prevented

Loco parentis legislation the Children's Act 1989

In all cases written Parent/Carer/ guardian consent should be sought in the first instance. It is only in exceptional circumstances where parental consent is unobtainable that staff should act under the “*loco parentis legislation within the Children's act 1989*” which states “*those individuals who have the the authority delegated by parents have a responsibility to care for a child and may do what is reasonable under all circumstances for the purpose of safeguarding or promoting the child's welfare*”.

Under the Children Act 1989, anyone caring for children including teachers, other school staff and day care staff in charge of children, have a common law duty of care to act like any reasonably prudent parent traditionally referred to as 'in loco parentis'. Legally, while not bound by parental responsibility, teachers/school staff must behave as any reasonable parent would do in promoting the welfare, health and safety of children in their care.

In exceptional circumstances where parental consent is unobtainable, the member of staff acting in loco parentis should use their judgement to determine if the non-prescription medication should be given if a health care plan is not in place and this action should be recorded.

This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips and after-school/hours sessions/clubs that are running in schools/settings before or after the end of the school day.

Process for managing medicines which need to be taken during the school day

Parents/carers must provide full *written* information about their child's medical condition

Short-term prescription requirements should only be brought to the school/setting if it is detrimental to the child or young person's health not to have the medicine during the day. If the period of administering medicine is prolonged for any reason (more than 8 days including weekends) an individual health care plan is required.

Peak Tor Federation will **not accept medicines** that have been taken out of the container as originally dispensed, which aren't labelled with the child's details or make changes to prescribed dosages on parental or child instructions.

In some cases, Peak Tor Federation may administer a non-prescribed medicine/common remedy if parent/carers/ legal guardian **consent is gained** or in exceptional circumstances where parental consent is unobtainable and a member of staff is acting in *loco parentis*, for a period not exceeding eight days (including weekends).

Minimum information required to be received from a parent/carer/ guardian
Name of child
Date of Birth
Any known drug allergies? If yes what are they and what was the reaction?
Name of medicine
Dose
Route of administration
Time/frequency of administration
Timing of Last Dose
Any side effects that Peak Tor Federation needs to know about
Expiry date
Quantity of medication being provided this can be in millilitres or quantity of tablets
Signature from the parent/carer/ legal guardian

Peak Tor Federations responsibilities under this Medicine policy

The Responsibilities of the Executive Headteacher at Peak Tor Federation

The Executive headteacher has a shared responsibility with parent/ carers/ legal guardians to ensure good communication and information sharing to ensure a pupil receives the right medicine at the right time and, furthermore, at the end of the school day when a pupil is returned to the care of the family, carer, legal guardian that they are explicit with what medicines have been given and when the next doses are due. **A copy of the medicines administration record will be provided to the parent/ carers/ legal guardian to ensure continuation of accurate administration of the medicine in accordance with the legal prescription. This Form 2 can be found in the forms annex of this policy.**

It is the responsibility of the Executive Headteacher of Peak Tor Federation to have a clear medicines policy as outlined in this document which is understood and accepted by staff, parents/ carers/ guardians and pupils. This medicines policy is clear and readily accessible and is accessible to all on both school websites.

The Executive Headteacher of Peak Tor Federation will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training. The Executive Headteacher of Peak Tor Federation will ensure that any member of staff who has responsibility for administering prescribed medicines to a pupil will receive appropriate training, instruction and guidance. The Executive Headteacher of Peak Tor Federation will ensure that all Staff will be made aware of any possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual cases. All such training should be relevant to the individual child's needs and documented.

For staff where the conditions of their employment do not include giving or supervising a pupil taking medicines, agreement to do so must be voluntary. Within Peak Tor Federation the Executive Headteacher has a legal duty of care to their pupils that includes meeting their health needs to enable them to participate in education. It is therefore, the Executive Headteacher's responsibility to ensure systems are put in place within their school to ensure that the health needs of their pupils are met. The same approach should apply to whoever has the legal duty of care within a given setting.

In line with the contractual duty the Executive Headteacher will ensure that staff receive appropriate support, information and training where necessary. The Executive Headteacher or member of staff nominated by the Executive Headteacher will agree when and how such training takes place, in partnership with the health professional and parents/carers involved.

The Executive Headteacher of Peak Tor Federation will make sure that all staff and parents/carers are aware of the local authority guidance and procedures for dealing with medical and health care needs.

Staff who have a pupil with a medical/health need in their class or group will be informed about the nature of the condition, and when and where the pupil may need additional support. The pupil's parents/carers/ legal guardians, health professionals, and school/setting staff must work in full partnership to provide the information specified above.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Backup arrangements must be in place in advance and any relevant training provided for when the member of staff with principal responsibility is absent or unavailable.

The Local Authority wishes to point out to school staff, governors, parents and staff in other services that participation in the administration of medication is on a voluntary basis unless staff have accepted job descriptions that include duties in relation to the administration of medicines. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to consent.

When employing care and support staff, schools and services will need to consider including the management and administration of medicines and associated tasks within their job descriptions to ensure enough staff are employed to carry out this role.

The Executive Headteacher must make sure school staff are appropriately insured to support pupils with medical conditions

Notifiable Diseases

UK Health Security Agency (UKHSA) is a Category 1 Responder (Civil Contingencies Act 2004)

Process for reporting notifiable diseases:

1. Contact the health protection team via the UK Health Security Agency and follow any advice given.
2. Record the incident detailing the child's or staff member's details and the type of infection.
3. Number of cases
4. Presenting symptoms
5. date(s) when symptoms started
6. number of classes affected

7. Ensure any advice received is also noted and ensure that the incident is recorded.
8. Ensure that staff are made aware of procedures or of any symptoms that are likely to occur.
9. Ensure strict confidentiality

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-4-what-to-do-if-you-suspect-an-outbreak-of-infection>

<https://www.gov.uk/guidance/emergency-contacts-public-health>

UK Health Security Agency

<https://www.gov.uk/government/organisations/uk-health-security-agency>

Health protection in schools and other childcare facilities Public Health England:

Public Health England outlines the following guidance for managing cases of infectious diseases in schools

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

The Spotty Book Notes on infectious diseases in Schools and Nurseries 2018

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

The Executive Headteacher of Peak Tor Federation will ensure that accurate and up to date information is available across the Peak Tor Federation websites

The Responsibilities of the Governing Body at Peak Tor Federation

This medicines policy has been written based on ‘Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies’ (DfE Dec 2015). This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to support any arrangements for pupils at their school with medical conditions.

This policy has also been informed by the guidance from the Department for Education’s statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy will also operate within the context of the school/setting’s Health and Safety Policy.

The following guidance and model policy draw directly on advice contained within DfES publication ‘Managing Medicines in Schools and Early Years Settings’: DfES/Department of Health 2005 Ref 1448-2005 DCL-EN.

The Peak Tor governing body will support the Executive Headteacher at Peak Tor Federation to ensure compliance and governance regarding the above and to ensure compliance of staff training and the safe implementation of this policy.

The Peak Tor governing body will hold the Executive headteacher to account to ensure a robust record is kept surrounding the administration of medicines specifically; assessing risk, the safe administrations of medicines, any errors or near misses are reported to ensure audit and compliance. This will be captured and fed into the Head teachers reporting to the full governing body.

The Peak Tor governing body will hold the Executive headteacher to account to ensure adequate insurance and indemnity is in place to cover staff administering medicines and that this is up to date and enacted.

Parental/carers/legal guardian responsibilities under this policy

The Responsibilities of Parents/ Carers/ Guardians

It is the parents/carers, and guardians' responsibility to provide the Executive Headteacher at Peak Tor Federation with sufficient written information about their child's medical/health needs if any treatment or special care is required

Parents/carers and guardians are expected to work with the Executive Headteacher at Peak Tor Federation to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the Peak Tor Federation policy.

Parents must supply the medication in the original container with the original dispensing label. Parents cannot request a change in dosage from that on the dispensing label. Any prescribed changes to the dose must be communicated to the school

The responsibility for administering non-prescribed medicines or common remedies to a pupil in Peak Tor Federation lies with the pupil's parent/carer guardian. It is the pupil's parent/carer guardian who is responsible for providing permission for the issuing of non-prescribed medicines in the first instance. It requires only one parent/carer/ guardian to agree to or request that medicines are administered to a pupil. It is likely that this will be the parent/carer/ guardian with whom has day-to-day contact with Peak Tor Federation. Parents/carers/ guardians will be advised that Peak Tor Federation will not administer non-prescribed medications for a period exceeding 8 days (including weekends) without a written care plan.

Parents/carers/legal guardians are advised not to allow pupils to bring medication into school except as covered by this document and the relevant codes of practice.

In some cases, parents/carers may have difficulty understanding or supporting their child's medical condition themselves and, in these cases, they should be encouraged to contact a health professional or key

health worker from the setting to advocate for them, either the school nurse or the health visitor, as appropriate.

Parental/ legal Guardian Consent to the administration of medicines

Before administering medicine to a child, there needs to be written evidence of full parental or legal guardian consent to undertake the administration of the. This must be given by a parent or person with parental responsibility. Copies of relevant documentation are at the end of this document.

Core Principles of Safe and Appropriate Handling of Medicines

Staff should know which medicines each child has, and the school keeps a complete account of medicines.

Medicine records are essential in every service/setting and especially those providing full-time care. All staff should know which children need someone to administer, or oversee the self-administration of, medicines. Those who help children with their medicines should:

Know what the medicines are and how they should be taken and what conditions the medicines are intended to treat;
Be able to identify the medicines prescribed for each person and how much they have left;
Have access to a complete record of all medicines - what comes in, what is used, what goes out - the 'audit trail';
Schools and services are dependent upon the cooperation of parents to enable them to meet this requirement.

Minimum information required to be received from a parent/carer/ guardian
Name of child
Date of Birth
Any known drug allergies? If yes, what are they and what was the reaction?
Name of medicine
Dose
Route of administration
Time/frequency of administration
Timing of Last Dose
Any side effects that Peak Tor Federation needs to know about
Expiry date
Quantity of medication being provided this can be in millilitres or quantity of tablets
Signature from the parent/carer/ legal guardian

Medicines are given safely and correctly, and staff preserve the dignity and privacy of individuals when they give medicines to them

Safe administration of medicines means that they are given in a way which minimises any harm which may come to a pupil.

They should only be given to the person for whom they were prescribed
Children should receive the right medicine at the right time and in the right way
Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking

This also includes ensuring confidentiality of an individual's personal medical records and information for example, a person's medicines administration record should not be kept in an identified secure location.

Medicines are available when required and the school makes sure that unwanted medicines are disposed of safely

Medicines are stored safely

Prescribed medicines must be available when needed and so continuity of supply of medicines for ongoing treatment is essential. Regular communication should occur with the pupil's parent/carer/legal guardian to ensure supply.
Out-of-date, damaged or part-used medicines that are no longer required should be returned to the parent/carer/legal guardian to be disposed of with a clear record of the medication return and the circumstances by which it has been returned. The parent/carer/legal guardian should dispose of this with advice if needed from the local pharmacy and or GP or legal prescriber.

Medicines need to be stored so that the products:

Are not damaged by extremes of heat or exposed to conditions such as but not limited to only dampness
Cannot be mixed up with other people's medicines
Cannot be stolen
Do not pose a risk to anyone else
Should always be stored in accordance with manufacturer's instructions
That any additional instructions provided by the prescriber or dispensing pharmacist are followed

The school has access to advice from a pharmacist

Every school/service should ensure that it has the contact numbers for their local pharmacy readily available:

Lloyds Pharmacy
Pharmacy
3-5, Granby Croft
01629 813215

Boots
Cosmetics Shop & Pharmacy
1 Granby Rd
01629 812043

Staff who help people with their medicines should be trained and deemed competent

The Executive Headteacher at Peak Tor Federation should ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to pupils. The arrangements for inducting and supervising new staff should also identify the training and skills that each new staff member has and what training they will need in order to ensure that they are adequately trained and knowledgeable to give medicines to children with specific medication needs identified within an individual treatment plan.

The Executive Headteacher at Peak Tor Federation should identify where specific training is needed to administer a medicine or carry out a procedure, only staff who have been given appropriate training *and* have demonstrated their competence, should be permitted to do this.

The Executive Headteacher at Peak Tor Federation is responsible for assessing a worker's competence to give medicines to the children for whom they care. Evidence of competence needs to be confirmed by a health professional

Detailed information surrounding the receipt, storage and disposal of medicines

Prescription medicines

Medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

Non-prescription medicines/common remedies

If a pupil arrives at Rowsley or Stanton in the Peak with a medicine or a common remedy such as Paracetamol or antihistamines that haven't been prescribed for them by a GP, Prescribing Nurse, Dentist, Pharmacist or Allied Health Care professional that has prescribing rights, a parent/carer legal guardian consent **should always be sought and documented before the medicine is administered. The Form 1 can be found in the forms annex part of this policy**

Receipt of medicines

The handover of medicines should be between adults. **Under no circumstances should a child be given medicines to keep on their person without knowledge of the Executive Headteacher or staff.** This handover also includes satisfactory completion of **Form 1 which can be found in the forms annex part of this policy.** Staff must have a record of the medicines they have received and what they will be required to administer. They must know and record:

Minimum information required to be received from a parent/carer/ guardian
Name of child
Date of Birth
Any known drug allergies? If yes, what are they and what was the reaction?
Name of medicine
Dose
Route of administration
Time/frequency of administration
Timing of Last Dose
Any side effects that Peak Tor Federation needs to know about
Expiry date
Quantity of medication being provided this can be in millilitres or quantity of tablets
Signature from the parent/carer/ legal guardian

Labelling of medicines

The label should clearly state:

Name of pupil as the medicine will only be administered to the named pupil – not siblings or other relatives
Date of dispensing;
Dose and dose frequency (<i>This may read “as directed” or “as before” if this is what is on the prescription</i>)
The maximum permissible daily dose;
Cautionary advice/special storage instructions;
Name of medicine (Generic name)
Expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form. Where the information on the label is unclear, such as “*as directed*” or “*as before*” then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered, and the parents should be asked for clarification.

Safe storage of medicines

At Rowsley C of E Primary School medicines are be stored in a lockable cupboard in the school office

At Stanton-in-Peak C E Primary school medicines are stored in the staff room.

All medication other than emergency medication will be stored safely in a locked cupboard, where the hinges cannot be easily tampered with and cannot be easily removed from the premises.

Medicines storage at ambient temperature

Most medication should be stored in a locked cupboard or locked container which is out of reach of children in an area that is below 25 degrees 0 C.

The medication’s packaging and accompanying patient information leaflet will include instructions about how to store the medicine. These should be stored with the medication.

The Peak Tor Federation should not store large volumes of medication. Parents/carers/ legal guardians should be asked to supply weekly or monthly supplies of the doses to be taken at the service in their original container with the name of the child, the name of the drug, the dosage frequency and expiry date.

Medicine spoons and oral syringes should be cleaned and stored with the child’s medication. Devices such as inhaler ‘spacers’ should be cleaned as directed in the product information and stored with the child’s medication.

Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the container as dispensed by a pharmacist in accordance with the prescriber’s instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. The Executive Headteacher must take overall responsibility to ensure that medicines are stored correctly and communicate to staff who hold the keys. Non-emergency medicines should be kept in a secure place not accessible to children. National standards for under 8’s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at a steady ambient temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of Individual Health Care Plans (**IHP**) will be taken off site to ensure appropriate procedures are followed.

Controlled drugs

Any controlled drugs which have been prescribed for a child/young person will be kept in safe and secure custody by a nominated person within the school.

Medicines requiring refrigeration

The Patient Information Leaflet that is supplied with a medicine will state whether the medicines are required to be kept in a fridge. This should also be communicated clear by the parent/carer/legal guardian. Where medicines need to be refrigerated, they will be stored in a fridge in the Resource Room in a clearly labelled container. The medical fridge should be lockable and be kept at a temperature between 2°C - 8°C.

The temperature should be checked each day using a maximum and minimum thermometer. Record both the maximum and minimum temperature. If there is any variation to the temperature outside of the listed parameters, the Executive Headteacher should be informed immediately. Where a medical fridge is not available medication requiring refrigerated storage can be kept in a clearly labelled airtight container in a domestic fridge. The refrigerator must be cleaned and defrosted regularly, and the temperature should be monitored daily, and the temperature recorded (when medicines are being stored within).

Pupils are to be made aware of where their medicines are at all times and have access to them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Storage of Emergency Medicines

These are medicines which need to be readily available in an “emergency situation” and include medicines such as asthma inhalers and adrenaline pens - these should always be readily available to children as and when they need them.

Many children will have the capacity to keep and administer their own medication of this type and should be enabled to do so. Where pupils are deemed not to have this capacity then the medicines should be stored in such a way that they are readily accessible i.e., not locked away in a central store cupboard. Inhalers are kept in a box in the classrooms and taken with the class during PE lessons or other lessons out of the classroom to ensure they are readily available.

The administration of medicines

There are three general situations which apply to the administration of medicines in schools and services. These are as follows.

The pupil self-administers their own medicine of which the school is aware
The pupil self-administers the medication under supervision
A staff member administers the medicine to a pupil

Children who are competent to manage their own medication/care will be supported to do so, where parent consent is given, or young people are judged to be Gillick competent. Peak Tor Federation will refer to the current DfE guidance document when dealing with any other issues relating to managing medicines.

If a child refuses to take medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures set out in this policy, such as recording “refused “or the terms agreed in the child’s health care plan. The Executive Headteacher and parents/carers/ legal guardian will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting’s normal emergency procedures will be followed.

If in doubt about a procedure, staff will not administer the medicine, inform immediately the Executive Headteacher and will check with the parents/carers/ legal guardian and or a health professional before taking further action.

Key responsibilities of staff:

1. Parental consent form must be filled out in full prior to 1st administration of any medicine as previously detailed. If there is no consent form completed, then we will be unable to administer the medication unless under “*loco parentis legislation within the Children’s act 1989*”
2. Forms are stored securely in the school office on both school sites
3. **Two of the named staff administer** and record the administration recording the medicine, date/time, dosage and sign the administration of medicine record accurately and ensuring it is clear. To make any necessary comments on the administration for example: *if it has been refused or if a child has vomited post medication dosing.*

Each person who administers medication must:
Receive a copy of these guidelines and Code of Practice
Read the written instructions/parental/ carer/legal; guardian consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication
Confirm the dosage/frequency on each occasion and consult the medicine record to ensure there will be no administration errors e.g., double dosing.
Be aware of symptoms which may require emergency action, e.g., those listed on an individual treatment plan where one exists
Know the emergency action plan and ways of summoning help/assistance from the emergency services
Check that the medication belongs to the named pupil and is within the expiry date
Record all administration of medicines as soon as they are given to the child
Understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
Ensure that all medicines are returned for safe storage
<p>Ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure that the Executive Headteacher is aware of this lack of training/information.</p> <p>It is the Executive Headteachers joint responsibility with the members of staff to ensure staff are up to date and compliant with training needs. This summary report will be communicated to the governing body to ensure adequate staff training</p>

Peak Tor Federation ADMINISTRATION OF MEDICINES CHECKLIST

All Staff at Peak Tor Federation must always use this check when medicines are being administered
Confirm the child's full name against the medication label
Confirm the child's date of birth in cases where there are two pupils with the same name
Confirm the prescribed dose on the label and against any individual health care plan if one exists
Check the expiry date of the medication
Check to ensure that the medicines packaging is intact and has not been tampered with
Check to see if the appropriate storage instructions have been adhered to ensure the safety of the medication being administered
Check route of administration
Check to see if there any specific written instructions provided by the prescriber on the label or container that need to be followed
Check the date and time of the last administration
Check to confirm if the child has any known allergies. This should be checked against the consent form
Prior to administration, the medicine administration records to ensure that a dosage is due and has not already been given by another person.
Check against the instructions on the pupil's individual treatment plan where one exists
Is it safe to proceed to administration?
Once administered a record should be made immediately on the medicines record in accordance with the guidance
Return the medication to the appropriate place where it can be safely stored

Staff must never give:

A non-prescribed medicine to a child unless there is specific written consent from the parents on the appropriate form, and it is the medicine supplied by the parent
Medicine to a child that does not belong to them
Stocks of non-prescription medicines to give to children
A child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor

Staff should not undertake the following unless they have satisfactorily completed additional training:

Rectal administration, e.g., suppositories, Diazepam (for epileptic seizure)
Injectable drugs such as Insulin;
Administration through a Percutaneous Endoscopic Gastrostomy (PEG);
Administer Oxygen.

Schools and services **must** keep written records each time medicines are given. The administration of **controlled drugs require 2 people**. One should administer the drug, the other witness the administration.

Refusal to take a medicine

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal. If a child refuses to take medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures set out in this policy, such as recording "refused" or the terms agreed in the child's health care plan. The Executive Headteacher and parents/carers/ legal guardian will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed.

Record Keeping

Medication administration records must be

An accurate and up-to-date list of current medicines prescribed for each child that has been confirmed in writing
For children with medical conditions, an Individual Healthcare Plan care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them
Completed accurately and reflect what has been administered
The records must be complete
Up to date
Legible
Written in ink
Dated and signed to show who has made the record.
Anyone should be able to understand exactly what the staff member has done and be able to account for all the medicines managed for an individual.
Stored safely maintaining confidentiality

Emergency Procedures

Where children have conditions which may require rapid intervention, parents/ carers/legal guardians **must notify the Executive Headteacher of the condition, symptoms and appropriate action following onset** – advice may need to be sought on an appropriate response. They should also share any Individual Health Plan **IHP**. All schools and services should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school or service, including off-site activities. Planning should consider access to a telephone in an emergency in order to summon medical assistance or an ambulance.

The Executive Headteacher must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

1. Which children have Individual Health Care Plans (**IHP**)
2. Possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action i.e., summon the trained person, call for ambulance, if necessary, etc. and the emergency instructions contained within them
3. Who is responsible for carrying out emergency procedures in any event of this occurring?
4. How to call the emergency services
5. What information from the individual treatment plan needs to be disclosed

Procedures for managing medicines on trips/outings and during sporting activities

Peak Tor Federation will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children/young people with medical needs. It might also incorporate risk assessments for such children and information from their individual health care plan.

If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and advice from a health professional or the child's GP.

Peak Tor Federation will support pupils wherever possible in participating in physical activities and extracurricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. Any restriction on a pupil's ability to participate in PE should be recorded on their health care plan. All relevant adults should be aware of issues of privacy and dignity for children and young people with needs.

Some pupils may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities should be aware of relevant medical/health conditions and will consider the need for any specific risk assessment to be undertaken.

The minimum requirements are:

A risk assessment is completed and overseen by the Executive Head Teacher ahead of any trip/outing or sporting activity
There must be a named person responsible for safe storage and administration of the medicine;
Where possible, a second person will witness the administration;
The named person should carry the medicine with him/her at all times; or
A lockable/portable device such as a cash box should be used to prevent ready access by an unauthorised person
Only the minimum amount of medicine needed whilst off-site should be taken
The controlled drugs register may also be taken where that is appropriate (e.g., a long absence where the register is not required elsewhere in respect of another young person); alternatively, a record kept, and the register updated on return to base.

Staff training

All staff must be appropriately trained in the handling and use of medication, and have their competence assessed. The school's policy on the administration of medicines should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each staff member and records kept in the staff file.

The minimum training requirements are:

1. The supply, storage and disposal of medicines

2. Safe administration of medicines
3. Quality assurance and record-keeping
4. Accountability, responsibility and confidentiality

Three levels of training need to be delivered:

1. Induction training
2. Basic training in safe handling of medicines
3. Specialised training to give medicines

INDUCTION TRAINING

The Executive Headteacher must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children and young people in their care and their needs. Staff who have never worked in a children's, health or social care service should not administer any medicines until the headteacher or manager is satisfied that they are competent to do so. Induction training should therefore focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicine

Agreeing a procedure for intimate, personal care, and managing continence within the Peak Tor Federation

Peak Tor Federation have clear written guidelines for staff to follow surrounding the engagement in Intimate and Personal Care.

<https://docs.google.com/document/d/1c5-A4kuooT21SMP6y4miMtrrvY-K1NK8/edit>

This policy ensures that staff follow correct documented procedures and are not worried about false accusations of abuse. Parents should be informed of the procedures the school will follow should their child need changing during school time. This policy will enable staff to:

- Work to ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010
- Work to provide help and support to pupils with becoming fully independent in personal hygiene
- Treat continence issues sensitively to maintain the self-esteem of the pupil
- Work with parents in delivering a suitable care plan where necessary
- Ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved (link to Health and Safety (H&S) Policy and guidelines and Safeguarding Children Policy) and in line with government guidelines for working in schools.

Schools may also need to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the child's medical practitioners will need to be closely involved in forward planning.

As part of the administration of a medicine it may in some circumstances be necessary to support a child to maintain their personal hygiene needs. Where this is necessary the intimate and personal care policy will be followed to ensure the process.

Medicines audit and managing risk

In order to ensure the Executive headteacher is compliant with this policy, procedure and guidance audits should be undertaken at agreed intervals that are commensurate with the level of medicines administered. Audit reports provide evidence not only to staff teams about their practice but assure external managers and inspectors that responsibilities are taken seriously, and actions taken to address any areas of deficit

The aim of all medication-related guidance is to minimise the risk of an administration error occurring. An error in medication administration is defined as **any deviation from the prescribed dose**.

Errors fall into three different categories (plus the temporary category of unresolved at the time):

- (a) **Major Error** - is an incident which results in major harm or death, admission to hospital for 24 hours or more or in the service user being rendered unconscious.
- Major errors must be reported immediately to the Manager - Head Teacher, Head of Service, Service Manager or equivalent
 - The Manager will contact the Health and Safety Section.
 - The manager should report the incident to the HSE in line with CAYA Accident Reporting Guidance if it results in a fatality or the pupil/service user going straight to hospital for treatment from the scene of the incident. This can be found at:
 - <https://www.hse.gov.uk/pubns/edis1.pdf>
 -
- The Manager should obtain any witness statements immediately or as soon as possible after the event.
- A written report detailing the facts must be completed within 24 hours and sent to the Health and Safety Section together with this form. A copy must also be filed at the workplace.
 - The Manager and a Health and Safety Officer will then compile a detailed accident investigation report
 - Services subject to inspection will also need to notify the regulatory body
- (b) **Unresolved Error** - is an incident the outcome of which for the service user is unknown at the time,
- (c) **Minor Error** - is an incident which results in no significant harm to the service user
- (d) **Near Miss Incident** - A near miss in medication administration is defined as an incident which might have resulted in an error if it had not been noted and rectified before the error occurred. There have been no consequences for the service user.

In all circumstances where there has been a failure to comply with written instructions, whether resulting in an over or under administration:

1. advice as to what action should be taken should immediately be sought from the person who has prescribed the medication
2. If this person is not available, advice from another medical practitioner or pharmacist should be sought
3. Where none of these are available, the local hospital accident and emergency department should be contacted
4. A full record of the incident and action taken is to be recorded
5. The following should be informed:
6. Child's parents/carers/Legal guardian
7. Health & Safety section at County Hall: Jerry Sanderson 01629 536499
8. Where the child is in care, the child's social worker and Richard Corker, Head of Quality Assurance, 01629 538906 to identify whether or not notification to Ofsted is required.
9. The incident should be discussed and a debrief given with the staff team to ensure that any lessons are learned and any changes to practice/procedure introduced to ensure there is no recurrence.

Management of Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in schools and other educational settings are, for example, Methylphenidate and Dexamphetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply to every social care service, and they do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into a school or service/setting it should be stored securely in a locked container within a locked cabinet to which only named staff should have access. A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, **two people should normally be present** - unless it has been agreed that one person may administer the drugs or that the child may administer the drugs to him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other will witness the administration.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover

- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, should be safely disposed of by returning it to the pharmacy from which it was obtained or returning to the parent when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the parent/carer/ Legal Guardian who will take it to the pharmacy for disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools and settings should have a policy in place for dealing with drug misuse.
- Settings providing full time care should not store more than 28 days' supply of a controlled drug.

Lone working

It is not always possible to ensure that 2 workers are available to comply with this requirement and strict adherence at all times may lead to a child being denied access to services. In such circumstances, consideration should be given to alternative ways of providing managerial oversight. For example:

- on return to base, an outreach worker's record of medicine administered should be checked and countersigned by a second worker
- a single foster carer's records should be retrospectively checked by their supervising social worker

If staff are concerned that a medicine that is not a controlled drug should be managed in the same way, it can be treated as a controlled drug.

Hygiene and infection control surrounding the administration of medications

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will have access to protective disposable gloves to avoid infection or risks of cross contamination when administering medicines/lotions, in addition staff will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Ofsted guidance provides an extensive list of issues that early year's providers should consider in making sure settings are hygienic. The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

Liability and Indemnity

The Governing body of Peak Tor Federation ensures that appropriate insurance is in place and that it reflects the level of risk taken. At present the Schools' Insurance cover and Employers Liability Insurance are with the local authority provider and within the local authority's policy respectively. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school will need to review the level of cover for healthcare procedures and any associated related training requirements (such as may be the case with specific children with complex needs).

Useful Contacts

Local Organisations

Children's Community Nurse Training Team (North County)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514563 Fax: 01246 512630
Children's Community Nurse Training Team (Countywide)	The Den, Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, Derbyshire, S44 5 BL	Tel: 01246 514511 Fax: 01246 514424

National Organisations

Allergy UK

Allergy Help Line: (01322) 619898
Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Asthma UK (formerly the National Asthma Campaign)
26. Asthma UK Adviceline: 0800 121 62 44 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children

Tel: (0207) 843 1900; cdc@ncb.org.uk
Website: <http://www.councilfordisabledchildren.org.uk/>

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Mon – Thurs 9am to 4.30pm, Fri 9am to 4pm)
Fax: (01133) 910300 (UK)
Email: epilepsy@epilepsy.org.uk
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915
Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313
Website: www.hacsg.org.uk

Contact a Family for families with disabled children
 Helpline: 0808 808 3555; helpline@cafamily.org.uk
 Website: www.cafamily.org.uk

MENCAP
 Learning Disability Helpline: 0808 808 1111
 Mencap Direct: 0300 333 1111
 Website: www.mencap.org.uk

Cystic Fibrosis Trust
 27. Helpline: 0300 373 1000
 Website: www.cftrust.org.uk

National Eczema Society
 Helpline: 0800 089 (Mon-Fri 8am to 8pm)
 Website: www.eczema.org

Diabetes UK
 Supporter Services: 0845 123 2399, Monday to Friday
 9am to 5pm.
supporterservices@diabetes.org.uk
 Website: www.diabetes.org.uk

NHS Direct
 Helpline: 0845 4647
 Website: www.nhsdirect.nhs.uk/

Department for Education
 Telephone: 0370 000 2288
 Typetalk: 18001 0370 000 2288
 Fax: 01928 738248
 Website: www.education.gov.uk/

Epilepsy Society
 Helpline: (01494) 601 400 (Mon-Fri 10am to 4pm)
 Website: <http://www.epilepsysociety.org.uk/>

Department of Health
 Phone: 020 7210 4850 (Office opening hours 08:30-
 17:30 Mon-Fri)
 Textphone: 020 7210 5025 (for people with impaired
 hearing)
 Fax: 020 7210 5952
 Online: [web contact form](#)
 Website: www.dh.gov.uk

Psoriasis Association
 Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri
 9.15am to 16.15pm)
 Fax (01604) 251621
 Email: mail@psoriasis-association.org.uk
 Website: www.psoriasis-association.org.uk/

Equalities & Human Rights Commission (DRC)
 Equality and Human Rights Commission
 Helpline: 0845 604 6610
 Monday - Friday 8am - 6pm
 Textphone: 0845 604 6620
 Fax: 0845 604 6630
 Email: englandhelpline@equalityhumanrights.com
 Website: <http://www.equalityhumanrights.com/>

SHINE (formerly Association for Spina Bifida and
 Hydrocephalus)
 Tel: (01733) 555988 (9am to 5pm)
 Website: www.shinecharity.org.uk

References

Children and Families Act 2014 (c 6) Part 5 Pupils with medical conditions. Section 100:
<https://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

Department for Education. Supporting pupils at school with medical conditions: Statutory guidance for
 governing bodies of maintained schools and proprietors of academies in England (2015):
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Health conditions in school alliance (2022): <http://medicalconditionsatschool.org.uk>

National Education Union (2022) Administering medications: <https://neu.org.uk/advice/administering-medicines>

National Union of Teachers. Health and Safety Briefing: Administration of Medicines (2022): <https://neu.org.uk/advice/administering-medicines>

NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (2019): <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/>

UNISON branch advice on the statutory guidance supporting pupils at school with a medical condition (2022): <https://shop.unison.site/product/supporting-pupils-at-school-with-medical-conditions-branch-advice-on-statutory-guidance/>

The Education (School Premises) Regulation 1999: <https://www.legislation.gov.uk/uksi/1999/2/contents/made>

Forms Annex

Form 1

Peak Tor Federation Parental Consent for Schools to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

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

Name of School/Setting	
Date	Day / Month / Year
Child's name	
Date of birth	Day / Month / Year
Class	
Medical condition or illness	
Any known allergies? Yes/No If yes, what is the reaction?	

Medicine

Name/type of medicine/strength (As described on the container)	
Date dispensed	Day / Month / Year
Expiry date	Day / Month / Year
Agreed review date to be initiated by (Name of member of staff)	
Dosage and method	
Timing – when to be given	
Special precautions	

Any other instructions

Number of tablets/quantities to be given to School/Setting

Are there any side effects that the School needs to know about?

Self-administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be 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 or if the medicine is stopped.

I accept that this is a service that the School/Setting is not obliged to undertake.
I understand that I must notify the School/Setting of any changes in writing

Date _____ Signature(s) _____

Parent's signature

Print name

Date

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

Form 2 part 1**Peak Tor Federation Record of medicine administered to an individual child****Front Sheet**

Name of School/Setting	<input type="text"/>
Child's name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Class	<input type="text"/> ANY ALLERGIES Y/N If yes, what is the Reaction?
Date medicine provided by parent	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Quantity returned	<input type="text"/>
Dose and frequency of medicine	<input type="text"/>
Staff signature	<input type="text"/>
Signature of parent	<input type="text"/>

Form 2 part 2
Peak Tor Federation
Medication Administration Record sheet

Name:	Start date of form:	End date of form:
D.O.B.	Any Known allergies: Y/N	
Total number of medicines included on this record sheet		
Emergency contact		
Notes		

Medication 1	Frequency	Date	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
Medication 2	Frequency	/ /	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
		/ /							

Medication 3	Frequency	Date	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
Medication 4	Frequency	/ /	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
		/ /							

Medication 5	Frequency	Date	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
Medication 6	Frequency	/ /	Time	Dose	Any Reaction	Name of Staff	Signature	Name of Staff	Signature
		/ /							
		/ /							
		/ /							
		/ /							
		/ /							

Form 3**Peak Tor Federation - Request for Child to Carry Own Medicine**

This form must be completed by parents/guardian/pupil over 16 (delete as appropriate)

If staff have any concerns discuss this request with healthcare professionals

Name of School/Setting	<input type="text"/>
Child's name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Class	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Name of medicines	<input type="text"/>
Procedures to be taken in an emergency	<input type="text"/>

Contact Information

Name	<input type="text"/>
Daytime phone number	<input type="text"/>
Mobile Number	<input type="text"/>
Relationship to child	<input type="text"/>

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

Signed	<input type="text"/>
Date	<input type="text"/>

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

Form 4**Peak Tor Federation- Staff Training Record – Administration of Medicines**

Name of School/Setting	
Types of training received	
Date of training completed	
Training provided by	
Profession and title	
I confirm that the staff listed overleaf _____ have received the training details above, is competent and has agreed to carry out any necessary treatment. *	
* See sheet where more than one member of staff has been trained	
I recommend that the training is updated (please state how often) _____	
Trainer's signature	
Date	
I confirm that I have received the training detailed above.	
Staff signature	
Date	
Suggested review date	

Sheet for staff team members who have received the training are competent and who have agreed to carry out the necessary treatment

[illegible]

Suggested review date	
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Form 5**Peak Tor Federation Medication Error/Near Miss Incident Report**

1.	Level of Error			✓
	(a) Major Error	(Incident resulting in major harm or death)		
	(b) Unresolved Error	(The outcome at present unknown)		
	(c) Minor Error	(No serious harm suffered)		
	(d) Near Miss	(Error was avoided)		
2.	Service details			
	Service name			
	Address			
	Telephone			
	Person in Charge			
3.	Person completing this form – <i>sign and date at end of form</i>			
	Name			
	Job Title			
4.	All Staff / Person(s) involved in the incident			
	Name		Job title	
	Name		Job title	
	Name		Job title	
	Name		Job title	
	Name		Job title	
	Name		Job title	
	Name		Job title	
5.	Details of the medication error or near miss			
	Name of Child/ Young Person			
	Date and time error occurred			
	Date and time error discovered			
	Details of the error - attach separate report if necessary			

6.	Health professionals involved with the child/young person	
	GP	
	Consultant	
	Nurse	
	Pharmacist	

7.	Who was contacted for advice?					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No			
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				

8.	Advice and Action			
	By whom - name and contact details		Time	
	Advice given			
	Action Taken			
	By Whom		Time	
	Advice given			
	Action Taken			

9.	Who has been informed about the incident			
				If no, give reasons
	Child/young person	Yes	No	
	Parent/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Manager	Yes	No	
	H&S Officer	Yes	No	
	Head of Quality Assurance	Yes	No	If child/young person is in care

10.	Type of incident	Detail	✓
	Wrong service user		
	Wrong quantity given		
	Wrong strength of medicine administered		
	Wrong form of the medicine		
	Dose omitted		
	Wrong medicine given		
	Medicine out of date		
	Recording error		
	Medicine given at wrong time		
	Medicine refused/staff unable to administer		
	Other		
11.	Cause of incident	Detail	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service username		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
Other cause			

12.	Immediate action to be taken	✓
	Investigation by manager	
	Investigation by Health and Safety Officer	
	Investigation under complaints procedure	
	Investigation by external body	

13.	Action to prevent a recurrence	✓
	Workplace procedures/systems review	
	Workplace training	
	Wider procedures/systems review	
	Wider training	

14.	Additional Notifications – Major Incident Only	✓
	Health & Safety Officer	
	Health & Safety Executive	
	Senior Departmental Manager	
	OFSTED	
	CQC	

Name		Position	
Signed		Date	

Form 6**Peak Tor Federation Administration of Medicines: Manager's Audit Tool**

Outcome of last audit	Audit Satisfactory?	Yes		No	
Actions required following audit					
Actions taken following audit					

Date of this audit					Time	
Have staff been trained to carry out tasks that are/may be required	Yes		No		Comments	

CONSENTS, INSTRUCTIONS, RECEIPT OF MEDICINES

Number of children receiving a service		Number on medication	
Number of children with correct details of medicines		Number of children with correct medicine received/instructions	
Number of children with copies of complete and signed consents			

Findings	
Actions required following audit	
Actions taken following audit	

ADMINISTRATION & RECORDING

Number of children whose medicine was administered correctly		Number of children whose record of administration is complete and correct	
Findings			
Actions required following audit			
Actions taken following audit			

STORAGE OF MEDICINES					
Are all medicines stored in a lockable cupboard?	Yes		No		
Was the temperature below 25°C?	Yes		No		
Did any medicines require refrigeration?	Yes		No		
Were they correctly stored?	Yes		No		
Were there any controlled drugs on the premises?	Yes		No		
Were they stored correctly?	Yes		No		
Were there any emergency medicines?	Yes		No		
Were they readily accessible?	Yes		No		
Findings					
Actions required following audit					
Actions taken following audit					
OUTCOME OF AUDIT	Audit Satisfactory?	Yes		No	
Actions required following audit					

Audit undertaken by:		Signed	
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Report distribution:	
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Form 7:

- **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