

KINGSNORTH CHURCH OF ENGLAND PRIMARY SCHOOL

Name of Policy:	Adminstration of Medicat	Adminstration of Medication					
Date Written:	November 2016						
Date Updated:	July 2020	July 2020					
Updated By Who:	Head of School						
Policy Originated from:	Kingsnorth Primary School / Aquila/						
Date To Be Reviewed:	Sept 2022						
Policy Approved By:	SLT:	A AOUII A A					
	Staff:	AQUILA Diocese of Canterbury					
	Governors:	Academies Trust					

Our Vision Statement:

Kingsnorth...the best days of OUR lives!

Kingsnorth Values Statement

At Kingsnorth we ACHIEVE by...

Aiming high Academically, Spiritually, Socially and Emotionally

Challenging ourselves constantly to improve our learning

Helping each individual reach their potential

Inspiring others and being inspired

Encouraging risk taking

Valuing others and feeling valued

Enriching lives through our Christian Values to become future citizens of the world

Our 5 Key Christian Values are:

Thankfulness, Friendship, Trust, Compassion and Endurance

Statement of Intent

'Recognising its historic foundation, the school will preserve and develop its religious character in accordance with the principles of the Church of England and in partnership with the Church at parish level and the Diocese of Canterbury.

The school aims to serve its community by providing an education of the highest quality within the context of Christian belief and practice. It encourages an understanding of the meaning and significance of faith and promotes Christian values through the experience it offers all pupils.'

Inclusion and Equal Opportunities

This policy should be read while referencing our school's Single Equality Scheme. All children have equal access to the curriculum regardless of their race, gender, or disability. Our behaviour policy underpins all that we do at Kingsnorth and should be closely linked to our other policies.



This policy is written using the Kent County Council Guidlines Oct 2009.

1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Prescription states 4 doses in one day.
- Medicine in original containers with pharmacy despending label. Guidelines are found in school handbook, given to every parent when child starts at the school.

Medicines fall into two types:

- a) Prescription medicines and b) Non-prescription medicines
- a) Prescription
 - Only trained members of staff and members of Senior Leadership Team or those named on care plan
 may administer such a drug for whom it has been prescribed, according to the instructions
 - The school will keep the drug safely locked up with access only trained members of staff and members of Senior Leadership Team or those named on care plan will have access to the locked cupboard for record keeping, audit and safety purposes.
 - Prescription drugs should be returned to the parents when no longer required or expired.
 - Ritalin, a prescription drug known as a "controlled drug" will be kept in a more secure cupboard attached to a structural wall in the medical room or locked away in the medical room fridge, when needed.
 - Medication to be handed in to school reception by parent or nominated adult with signed consent form.
 The member of staff who receives the medication should also sign the form. The procedure for must be completed on the form. Each part will be completed.
 - All medication should be given by member of staff and counter signed and witnessed by the second
 member of staff. The procedure must be followed. The child's name date of birth is checked. This is
 then cross checked with the prescription. A record will be kept of all medicines administered by
 members of staff. Name, date, time and amount will be recorded, witnessed and counter signed by
 the second member of staff.
 - Staff will be trained

b) Non-prescription

- Paracetomol/Calpol and anti-histamine will only be given to children once parents have been contacted and verbal permission received. On residentials, a separate form will be issued for the duration of the trip and we have written permission.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.
- In the absence of written consent, and in the event of emergency medication being required, parent will be contacted by telephone for verbal consent and witnessed by a second member of staff.
- On a parent administering medication
 In the event of a parent, administering medication in school a consent form is to be completed by the parent and administering of medication witnessed by a member of staff.

2. Managing medicines on trips and outings



Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. We will translate these documents to the language of the country visited or ask the medical team looking after the child ie. Diabetic, Epileptic, Haemophilia consultant. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

A record will be kept of all medicines administered by members of staff. Name, date, time and amount will be recorded, witnessed and counter signed by the second member of staff.

Meidcal bags and care plans are taken on all trip out of school. These are to be taken from the first aid room. Any medication used needs to be reported to First Aid on return.

PE / Sports and activities out of the classroom

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum). Yellow medication bag /care plan folder which is stored on the hook provided in the classroom cupboard should be taken by the class teacher to any activity/visit outside the school perimeter. (School Field, Church or Local Walks) All class teachers are responsible for knowing and understanding the medical needs of pupils in their care.

3. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Guidance about Risk Management and Insurance is contained in KCC document 'Insurance Provision for Medical Treatment/Procedures' and can be found on

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Head of School is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

Be aware of emergency plans where children have life-threatening conditions and



 Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

4. Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see attached form) The Head of Schoolshould seek their agreement before passing information to other school staff.

5. Parents' written agreement

The attached form is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

6. Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment (see attached form) (as advised in Including Me) and a care plan, PEEP, with the agreement of parents, and advice from health professionals

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

7. Policy on children taking and carrying their own medicines

When administered by staff, drugs will be kept in a locked secure place and only named staff will have access. When drugs are administered, the school will keep records. Epipens need to be kept with or near the pupils who need them. All medication should be given by members of staff, counter signed and witnessed by a second member of staff. The procedure must be followed. The child's name, date of birth is checked. This is then cross checked with the prescription, lable or parental instruction. A record will be kept of all medicines administered by members of staff. Name, date, time and amount will be recorded, witnessed and counter signed by the second member of staff. Where younger pupils have their insulin administered by staff then records will need to be kept. The same procedure followed.

Asthma medication to be kept in or near children's classrooms so that children can use it independently but with adult supervision. Adults must record the usage of this medication on the forms provided. A copy of the child's care plan is kept in the bag with the medication for reference purposes. Name, date, time and amount will be recorded, witnessed and counter signed by the second member of staff. Medication must be taken on school trips

8 Advice and Guidance to Staff



The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- MacMillan Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

Appendices

- 1. Health Care / Emergency Plan (translate when taken abroad on school trips)
- 2. Contacting Emergency Services (translate when taken abroad on school trips)
- Risk assessment forms
- 4. Letter to parents from Head od School re: admin of medication
- 5. School medication record.
- 6. Policy for Asthma pumps in school

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

11. Storing medicines

The school will keep medicines in a locked secure place, (not asthma pumps or epipens) with access only by trained staff. Where refrigeration is needed, medication is in a locked tin in a fridge.

12. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

13. Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed Samples are available from the Health Needs Education Service and Specialist Nurses



Dear Parent

Re: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Mrs S Sullivan Head of School



Individual Pupil Healthcare Plan

Name of school	Kingsnorth CEP School
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	



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



Parental agreement to administer medicine

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

Date for review to be initiated by	
Name of school	Kingsnorth CEP School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original	container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	A member of the Admin or Pastoral Team:
consent to school staff administering med	y knowledge, accurate at the time of writing and I give icine in accordance with the school policy. I will inform is any change in dosage or frequency of the medication Date



Record of medicine administered to an individual child

This medication has been prescribed by a doctor FOUR times a day and is clearly labelled by a pharmacist for administering to my child. Or the child is on a school residential.

Name of school		Kingsnorth CEP School							
Nam	e of child								
Chilo	l's Date of Birth								
Clas	S								
Quai	ntity/Date returned								
Pare	nt Emergency Con	tact Number							
Date	Name of Person Name of Medica who brought medication in		ation	Amount supplied	Form supplied	Expiry Date	Dosage Regime	Signature of reciever	
								_	
Any	other instructions:								
Paren	t PRINT name			Signature	of parent				
Staff I	PRINT Name			_Signature	of Staff				
	fer of Information to	-	dicatio	n' sheet con	nplete				
Name	·								
Signe	d:								



			Regis	ter of I	Medic	ation				
Child N	ame:						Date of Birth:			
Registe	er of Medication Admi	inistered								
Date	Name of Medication	Pupil ID	Dose	Dose left	Time	Administered	Counter-	Comment		
	Wedication	checked DOB	given	leit		by	Signed by			
		+						+		



Staff Training

Staff training record – administration of medicines

Name of school	Kingsnorth CEP School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	
I confirm that to carry out any necessary treatmer	has received the training detailed above and is competent nt.
I recommend that the training is upo	dated [name of member of staff].
Trainer's signature	
Date	
I confirm that I have received the	training detailed above.
Staff signature	
Date	
Suggested review date	



Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- 1. your telephone number **(01233 622673)**
- 2. your name
- your location as follows: Kingsnorth CEP School Church Hill, Ashford, Kent.
- 4. state what the postcode is please note that postcodes for satellite navigation systems may differ from the postal code **TN23 3EF**
- 5. provide the exact location of the patient within the school setting
- 6. provide the name of the child and a brief description of their symptoms
- 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. put a completed copy of this form by the phone



RISK ASSESSMENT

KINGSNORTH SCHOOL RISK ASSESSMENT September 2020

Not to be completed by NQT's unless for an event only being undertaken by an NQT. In this case this assessment <u>MUST</u> be shown to your Year Team

LxS	Likelihood	Severity	Risk Rating
= R	1 Seldom	1 Low	1 = Very low or no risk
	2 Frequently	2 Medium	2 = Low risk
	3 Certain	3 High	3-4 = Medium risk
			6 = High risk
			9 = Very High risk

A <u>school</u> assessment <u>MUST</u> be completed for each trip.

Without one you WILL NOT be covered by school insurance in the event of an accident

ocation, activity	, or issue	being	looked at:
-------------------	------------	-------	------------

Activity or Task Being Assessed.	Hazard (something with the potential to cause harm) What could go wrong?	Who may be harmed?	L	S	R / R	What is done now, that helps control the risk?	R / R	What extra controls need to be put in place?	By when?	By whom?
Main reception.										



Name of Assessor: _	 Date:	Review Date:	July 2021	
Job Title:	 Sign here to confirm	here to confirm when all actions have been completed		