

Eastbank Primary School

Administration of Medicine Policy



Arrangements for the Supervision and Administration of Medication and Support of Healthcare Needs – MC97 – School Summary

As detailed in MC97 all staff at Eastbank Primary will support the supervision of the administration of medicines and the content of Individual Healthcare Plans (IHP) as required following all guidance provided within MC97.

Individual Healthcare Plans (IHP)

An IHP must be completed for each child/young person who has been diagnosed as suffering from a condition which may require healthcare support, or give rise to the need for emergency or essential medication.

An IHP should contain information on the particular medical condition, provided by the appropriate health professional, and describe clear action steps to be taken in the event of the child/young person becoming unwell.

An essential part of the IHP is a written agreement to the administration of emergency medication, completed jointly by the parent/carer of the child/young person and a member of the SLT.

A number of children and young people with complex health needs, though not requiring medication, do require a co-ordinated approach to their care, which takes account of health and safety issues for children, young people and staff. The individual plan should contain information relating to:

- Child/young person's details
- Emergency contacts
- Details of physical/medical condition
- Daily care requirements
- Roles, responsibilities of staff if appropriate
- Training/briefing of staff

In addition, any specific information on the following should be included:

- Transport arrangements
- Movement and supervision around the school
- Curriculum accessibility arrangements, e.g. swimming

- Toileting arrangements
- Break and lunchtime arrangements
- Fire evacuation procedures, and
- Any other specific arrangements

The IHP should be signed jointly by the parent/carer and a member of the SLT.

The IHP and any supplementary information, should be stored in the **locked Medical Cabinet located within the Staffroom** and reviewed annually or as required.

All relevant staff should understand the agreed procedures and know where to access the plan.

Administration of Prescribed Medication

- Before medication can be administered to a child in school, the child's parent must sign a consent form (MC97 Appendix 2).
- It is imperative that all sections of the consent form is completed and **signed by the parent** so that there is clear instructions and a record of the following information:-
 - a. Details of what is to be administered.
 - b. The reason the medication has been prescribed.
 - c. Instructions on when and how much to administer.

IMPORTANT: Permission from parents will be time limited and reviewed regularly.

- The school will talk to the parent to establish if the child has already been given a dose of the prescribed medicine and that she/he has had no adverse reaction. **The school must not give the first dose of a new medicine to the child.**
- The school should check dosage with the parent and against the label. If there is a discrepancy between the parent's instructions and the dispensing label this should be queried by the school with the parents. School staff should only administer the medicine as per labelled instructions.
- The school should ensure the information leaflet accompanies the medication. This should be read before administering the medicine.
- Medication must only be administered if the person giving the medication knows what the medication is and what it is for. If medication is to be given on a 'when required' basis the person administering the medication must record in the Record of Drug Administration (MC97 Appendix 4) the judgement made as to why the medication has been given *e.g. child has high temperature, is wheezing, eyes running or itchy, sneezing etc.* The school should inform the parent that they have administered medicine to the child including time and dosage.
- Before a staff member administers medication it is important to check the following:-
 1. the medication is for the child's current condition
 2. the medication is in the original container
 3. the medication is clearly labelled or marked with the identity of the child
 4. expiry dates and dispensed dates

***N.B. Time or course expired medication should always be returned to the parents.**
- The person who has administered medication must complete the 'Record of Drug Administration' form (MC97 Appendix 4), making sure to record the following information. If practical a second member of staff should be present during the supervision or administration of medicine and this should be noted on the record.

Non-prescribed Medication

Non-prescribed medication is medication that has been bought over the counter in a pharmacy, supermarket etc.

The School will not administer any non-prescribed medication to any child. Medication to be administered must be prescribed for the child and clearly labelled with a GP/Pharmacy prescription bearing the child's name.

Storage of Medication

- All medication is to be stored in the **locked Medical Cabinet located within the Staffroom**. Children's medication should be stored separately in an individual folder alongside all official paperwork and clearly marked with the child's identity.
- If the medication requires storage in a fridge, the medication should be stored within the **locked storage box in the fridge in the School Staffroom**, again clearly marked with the child's name.
- All spoons, syringes, spacers for inhalers should be labelled with the child's identity if appropriate and stored alongside medication within the individual folders. These should be cleaned regular.
- Medication should be reviewed on a monthly basis and returned to parents if necessary.

Record Keeping

- All paperwork will be reviewed and updated on an on-going basis and master copies stored within a digital folder on the shared area and in paper form within the **locked Medical Cabinet located within the Staffroom**.
- Class lists will be shared with teachers at the start of the session and clearly marked to indicate those children/young people with any medical condition which might require action to be taken to maintain well-being, e.g. allergy, asthma, diabetes, epilepsy.
- School Overview Records will also be maintained for all Administration of Medicines, Allergies, Inhalers, IHP and Risk Assessment.

Accident and Illness Procedures

- Edith Kelly is our school First Aider.
- All staff can apply basic first aide and should seek a First Aider when necessary.
- First Aid boxes are located in the Staffroom Medical Cabinet and a basic First Aid Kit Box is in each classroom. Class Teachers should take this as they travel around the school to communal areas such as the Gym Hall.
- Support for Learning Workers and SLT will carry a basic First Aid Kit bag with them whilst on supervision at interval and lunchtime.
- Mrs Edith Kelly, First Aider will replenish all First Aid Supplies as needed. School staff are responsible for monitoring class First Aid Kit Boxes and should alert Mrs Kelly if they need to be replenished. Mrs Kelly will check all communal First Aid Supplies on each Inset Day.
- Ice Packs are located in the freezer within the Star Hotel and should be returned there after use.
- The Accident Book is located on the First Aid Wall with the Staffroom and should be used each time an injury/accident occurs.
- Whilst on school outings Class Teachers are responsible for organising medicines and first aid supplies as well as securing an emergency contact list and updating the Accident Book as appropriate on return from an outing.

ACCIDENT / ILLNESS PROCEDURES

<p>If a child has minor injury eg. slight bump (except head bump) cut or graze</p>	<p>Member of staff supervising should assess child's injury based on look of injury, movement and pain the child's in.</p>	<p>If staff member judges it is safe and appropriate they should tend to first aid eg. antiseptic wipe and plaster. Children should be given 'I was given first aid' sticker.</p>	<p>If staff member judges further assessment or first aid is required the child should be sent to First Aider. Parents should be contacted</p>	
<p>If a child bumps their head</p>	<p>If safe to do, the child should be sent to First Aider either with another child or adult support (if needed). If not safe an adult should support the child and the First Aider should be called (send a child) to attend to the child in situ.</p>	<p>First Aid given. Bumped Head Letter completed: one copy sent home which Class Teacher should sign to inform them of the injury. Child given Bumped Head Sticker. Class Teacher to monitor child and send for First Aider if concerned.</p>	<p>Parents will be notified if their child bumps their head.</p>	<p>Any accidents which cause injuries to children or staff requiring medical attention should be recorded in the Accident Book located on the Staffroom Wall as part of the First Aid Information Display.</p>
<p>If a child feels ill e.g sore head or sick</p>	<p>Child should be sent, accompanied by another child to First Aider</p>	<p>First Aider will assess child's condition / follow any Medical Alert Procedures.</p>		
<p>If a child has a major injury e.g a serious fall/trip.</p>	<p>A child should be sent for First Aider, or if a second staff member available and it is safe, they should be taken to the First Aider.</p>	<p>First Aider tends to First Aid, referring to First Aid manual if required.</p>	<p>Parents should be contacted. Child/member of staff to be sent home if required after discussion with parent. First Aider should seek further medical support if required. Eg 999</p>	<p>Any accidents which cause injuries to children or staff requiring medical attention should be recorded in the Accident Book located on the Staffroom Wall as part of the First Aid Information Display.</p>
<p>Complete a HANDS incident report for the following:</p>	<p>Following an accident – child/staff member/visitor to the school requires Medical attention from a Medical Professional</p>	<p>Accident resulted from a faulty or broken piece of equipment or a hazard</p>	<p>Accident resulted in Parents being contacted</p>	<p>Accident resulted in staff member/another child being in contact with blood or other bodily fluid.</p>

NOTE: Procedures above should also be followed if the subject is a member of staff (with appropriate measures adapted e.g Next of Kin should be contacted in place of parent)



Appendix 1

Education Services

PLEASE USE BLACK INK AND BLOCK LETTERS

Name		Establishment	
Year		Date of Birth	
Child/Young Person's Address			
Medical diagnosis or condition			
Date		Review date	
Name		Relationship	
Phone No's			
work	home	mobile	
Name		Relationship	
Phone No's			
work	home	mobile	
Clinic/Hospital Contact			
Name		Phone No	
G.P.			
Name		Phone No	
Who is responsible for providing support in school/nursery			
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:

Head of Establishment

Name

Signature

Date

Parent/Carer

Name

Signature

Date

Young Person

Name

Signature

Date



Parental Agreement

PLEASE USE BLACK INK AND BLOCK LETTERS

The school/nursery will not give your child medicine unless you complete and sign this form in line with Glasgow City Council's current arrangements:

Date for review to be initiated by	
Name	Establishment
Date of birth	Group/class/form
Medical condition/illness	
Date	Review date
Medication	
Name/type of medication <i>(as described on the container)</i>	
Expiry date	Dosage and method
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration Yes <input type="checkbox"/> No <input type="checkbox"/>	
Procedures to take in an emergency	
NB: Medication must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	Phone No <i>(daytime)</i>
Relationship to child	
Address	
I understand that I must deliver the medication to <i>(insert agreed member of staff)</i>	

Request for Training

Mainstream Nurse Trainer



PLEASE USE BLACK INK AND BLOCK LETTERS

1 CONTACT DETAILS OF CHILD/YOUNG PERSON

Name	Date of Birth
Address	Postcode
Name of Parent/Carer	
Phone	Mobile
Email	

2 DETAILS OF NURSERY/SCHOOL

Name of Nursery/School	
Address	Postcode
Name of Headteacher	Phone

3 DETAILS OF REFERRER

Name of Referrer	Designation
Address	Postcode
Phone	Mobile
Email	

4 MEDICAL CONDITION *if known (please provide as much detail as possible)***5 OTHER AGENCIES/THERAPISTS INVOLVED** *if known***6 IDENTIFIED TRAINING NEEDS****7 IDENTIFIED PERSON/PERSONS TO BE TRAINED**

Signature _____

Date _____

Please return completed form to:

Mainstream Nurse Trainers, Possilpark Health and Care Centre,
99 Saracen Street, Glasgow G22 5AP

Phone 0141 800 0743. Email gg-uhb.mainstreamnursetrainers@nhs.net



Staff Training Record

Supervision/Administration of Medication

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Name (<i>child/young person</i>)	
Establishment	Training received
Date training completed	Training provided by
Profession and title	

I confirm that (*name of member of staff*)

has received the training detailed above and is competent to carry out this healthcare support.

Trainer's Signature _____

Date _____

I confirm that I have received the training detailed above and am confident to carry out this healthcare support.

Employee's Signature _____

Date _____

Review date _____



Contacting Emergency Services

PLEASE USE BLACK INK AND BLOCK LETTERS

If you are required to contact an ambulance in an emergency situation - 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
2. your name
3. your location as follows (*insert school/ address*)
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the establishment
6. provide the name of the child/young person 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



Template Letter
Education Services

Invite Letter

Development of Individual Healthcare Plan

PLEASE USE BLACK INK AND BLOCK LETTERS

Dear (Name),

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN

Thank you for informing us of your child's medical condition. Please find enclosed for your information a copy of the Council's Arrangements for the Supervision and Administration of Medication.

A central requirement of these arrangements is the development of an Individual Healthcare Plan (IHP) to be prepared, setting out what support a child/young person needs and how this will be provided.

IHPs are developed in partnership between the establishment and parents/carers 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 IHPs 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 healthcare needs impacts on their ability to participate fully in school/nursery 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 IHP has been scheduled for **(Date/time)**. I hope that this appointment 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 at the earliest possible opportunity.

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.

Please do not hesitate to contact me **(or another member of staff involved in the plan development or pupil support)** by email or telephone at **(insert contact details)** if you wish to discuss this matter.

Yours sincerely,