

Administering Medication and Medical Needs Policy Byker Primary School



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Pro forma attached

1. Individual Medication Record
2. Medical Care Plan
3. Residential Visits – Administering Non-prescription Medication Record

1.0 Administering Medications and Medical Needs Policy Statement

1.1 Rationale

Byker Primary School recognises that for a small number of children, being able to take prescribed medication or have their medical needs met during the school day will enable them to remain in mainstream lessons and/or function better within the School and improve their ability to learn. All young people who take prescribed medications during the school day and staff that administer these medications should be able to do so in a safe and managed way.

1.2 Aims

- To be as inclusive as possible with pupils with medical needs; that need to be addressed in School or during residential activities.
- To provide a safe and reliable method of administering medications and meeting the medical needs of pupils.
- To provide appropriate information to all members of the School community relating to the management of medications and medical needs.
- To identify all protocols relating to the management of medications and medical needs.
- To identify protocols for supporting children with additional medical needs.
- To ensure all practices conform to recent legislation and guidance.

1.3 Objectives

- To communicate key aspects of managing pupils' medical conditions effectively with all members of the School community.
- To work in partnership with pupils, parents, staff and other key professionals.
- To ensure all pupils taking medication regularly or requiring their medical needs to be met, have a Medical Care Plan.
- To have an identified 'Medical Needs' manager.
- To ensure all staff know what to do in a medical emergency.
- To ensure Medical Care Plans are reviewed every 12 months.
- To ensure the Head teacher agrees to every pupil taking prescribed medications and their medical care.
- To maximise the pupils learning opportunities by keeping them in School.
- To forge effective links and work in partnership with all appropriate outside agencies.
- To identify clear administration and storage protocols.
- To clarify School procedures relating to handling incidents of misuse.
- To identify key roles and responsibilities within the School.

- To produce appropriate documentation and procedures to monitor medications brought into School.
- To document procedures for pupils to have their medical needs met whilst on visits out of School.
- To ensure all members of the School community, receive effective INSET relating to the management of medication and medical conditions.
- To establish systems where children regularly taking medications can be identified and supported.

2.0 Guidelines and Additional Information for Staff

2.1 The location & dissemination of this policy

- A reference copy of the policy will be kept, reviewed and updated by the member of staff who is responsible for Managing Medicines, with assistance from a member of SLT.
- A reference copy of this policy will be located on the School website and in the School documentation folder on the School network.

2.2 Advice on common medical conditions

- The NHS 'Orange book' identifying the symptoms of common conditions and what to do in an emergency relating to: anaphylaxis, asthma, diabetes, seizures and meningitis will be used. <https://northeastnorthcumbria.nhs.uk/media/4wtpronz/thelittle-orange-book-2021.pdf>
- First aid folders will be accessible by staff and will contain:
 - ✓ Individual pupil Medical Care Plans where it is important all staff are aware of specific pupils with medical needs, their condition, what constitutes an emergency and what should be done in an emergency. Consent will be obtained from parents to do this.

2.3 The Context of the policy and links with other policies and practice

This policy aims to identify the School's position on all aspects of managing medications and medical needs both within School, off site provision and on visits. The policy will document procedures for staff, pupils and parents to follow when setting up a Medical Care Plan, administering and storing medications. This policy links with the Health and Safety policy of the School.

2.4 Health & Safety for all staff and pupils – 'Risk Assessment'

This policy and guidelines aim to identify all the correct procedures for managing medications in School to ensure the H & S of all staff is maintained and that staff, do not put themselves in

potentially dangerous or vulnerable positions. The SLT have a duty to protect staff in these matters and all staff, have a duty to cooperate with the School and follow the safe procedures laid down in this policy.

Each pupil requiring the School to support their medical needs will have their needs risk assessed. This can be done during the completion of a Medical Care Plan with the Managing Medicines lead (Rob Watson) or for short term medication through the First Aid staff member in each of the phases in which the child is currently educated.

Each assessment will take into consideration:

- ✓ The medical needs of the pupil.
- ✓ The advice given by health professionals.
- ✓ Whether or not staff at the School, are confident, willing and able to manage the pupil's medical needs.
- ✓ The potential risks to other members of the School community.
- ✓ Whether it is possible to meet these needs on a practical level within the School due to staff commitments, training and other resourcing issues.
- ✓ The age and ability of the pupil to manage their own medical needs within the School environment and their peer group.

The responses to the above assessments will influence the School's decision to manage a pupil's medical needs and whether or not we allow pupils to manage their own medical needs (if applicable i.e. inhalers).

2.5 What To Do - if a parent or member of the health profession asks the School to administer prescribed medication or to assist a pupil with their medical needs.

If this is a simple case of a pupil needing to take medication within School, refer parents to the Managing Medicines lead, who will discuss with them the circumstances and ascertain if it is **both necessary** and **appropriate** that the School agrees to do this.

If it is necessary and appropriate the Managing Medicines lead will then meet with the parents to complete a Medical Care Plan and the Managing Medicines lead will then manage the pupil's needs or assign others to.

2.6 Staff responsibilities towards pupils

All staff have a common law duty of care to all pupils to act like any reasonably prudent parent in an emergency situation. All staff will have regular refreshers on this policy.

All staff should know what to do in an emergency and be familiar with the symptoms and actions required for the most common conditions. Where teachers and support staff observe any problems with pupils behaviour or physical appearance they should pass this on to first raiders immediately.

School staff will coordinate the pastoral care and support for pupils in their particular School.

They work in partnership with parents and other agencies both within and external to the School. The School will ensure there is an appropriately trained member of staff to oversee the writing of Medical Care Plans and managing the medical needs of all pupils.

The Managing Medical Needs lead will ensure all the correct procedures have been followed before accepting any medication from a parent or responsible adult. They will also ensure the safe and secure storage, and administration of medication.

The Head teacher will be informed of any new Health Care Plan and ensure staff receive appropriate training to carry out their duties.

2.7 Managing medical needs or administering medication

longer term

If this is a straight forward case of administering medication the Managing Medicines lead will meet with the parents to complete the Medical Care Plan and the Phases First Aid leads will then manage the pupil's needs over the longer term.

Where a pupil's medical needs require more than simply administering medication. A case conference may be held to discuss the pupil's needs and to see if the School can help manage these needs. Case conferences can involve: the Managing Medicines lead, Health Professionals, Deputy Head teacher, School nurse and Health and Safety officer depending upon the needs being discussed.

If the case conference agrees that the School can support a pupil's needs, they will complete a Medical Care Plan during the conference, which will then be managed by the Managing Medicines HLTA and monitored by other key staff.

3.0 Medical Care Plan: see proforma Individual Care Plan

- All fields need to be completed
- Ensure as much information about the child's medical history can be retrieved from your conversation with the parent and full details are recorded

For example

- If the child has an allergy – what are they allergic to, and ask the parent to obtain a letter from the doctor confirming this
- If the child is asthmatic – is their asthma donated by a cough, pain, wheeze etc

4.0 Administering Medication on School visits and Residential activities

Most school visits will be straightforward as they will take place in school time and the normal school procedures will apply.

Where a child has medication they need to take during the visit – say at lunchtime the organiser will take with them the child’s Medical Care plan, administration record and medication so they can administer the medication during the visit following the School policy and guidelines. The Phases First Aid lead will oversee this process. If these leads are not present then another member of staff may be asked to complete this.

4.1 Pupils who do not have a Medical Care Plan and administration record that fall ill during the visit may require medication such as Paracetamol to be administered. Here a Residential Visits Pro forma will be used to keep a record of any non-prescription medication administered to any pupil. The pro forma will include the following information:

- Date
- Name of pupil
- A check that parental consent has been given on the EV3A form
- Pupil’s symptoms
- Name of medication given
- Dosage given
- Name of person administering the medication
- Time medication was given
- Maximum dosage of medication in 24 hours
- Any comments, issues, side effects

4.2 Non-prescription medication on School visits

The School will also provide an emergency supply of Paracetamol and travel sickness medication that could be administered to pupils during residential activities in an emergency situation. The School will purchase these medications and keep them and any prescription medication in a lockable metal box provided for the visit.

4.3 Parental consent to administer non-prescribed medications during visits

All parents must complete the EV3A consent form for any visit. The EV3A form includes the following sections: (Eg from abroad trips or residentials)

- Details of the visit
- Three emergency contacts with addresses and phone numbers
- Name and contact of GP
- Dietary information
- Allergy information including allergic to any medications
- List any medications their child might be
- A parental consent to sign agreeing to the member of staff leading the visit to administer non-prescription medication in an emergency
- A statement from the parent that any other medication their child is currently taking will not interact with either Paracetamol, travel sickness medication or hay fever medication.

- Has your child been in contact with any contagious infections or diseases in the last four weeks
- Parental signed consent agreeing to their child receiving emergency any medical, dental, and surgical treatment including anaesthetic or blood transfusion as considered by the medical authorities.

4.4 Storage of medication on visits

For all visits and residential activities all medications will be stored in a lockable metal box kept secure by the member of staff leading the visit.

4.5 Inset for staff leading visits

The Managing Medical lead will ensure all staff leading visits will be given appropriate training to ensure they are competent in administering medications safely following the School's policy and guidelines

5.0 Key information regarding administering Medication

5.1 Byker Primary School will **not usually administer any non-prescribed medication to pupils** such as painkillers even if their parents say this is ok. Pupils will need to go home to be treated if necessary or parents can attend school to administer this.

The only exception to this rule is when pupils are out of School on a **visit, away from medical assistance**, and only in **an emergency** (Section 3(5) of the Children Act 1989). Here members of staff can administer non-prescription medication to pupils if their parents have **signed and consented to this on the EV3A Form and/or Medical Care Plan**. It is also advisable in an emergency and if possible **to contact parents by phone to explain the nature of the emergency** and to **check again if it is okay to give their child non-prescribed medication in this situation**. In an emergency situation the School would only give Paracetamol and travel sickness pills.

Should symptoms persist for 24 hours School staff will then seek medical assistance for the pupil.

Under no circumstances will the School administer Ibuprofen or Aspirin without a prescription.

Pupils are **not allowed to bring non-prescribed or over the counter medications into School**.

If however a pupil suffers from regular headaches or requires regular painkillers for a medical condition, **medication can be prescribed** by a doctor to be administered in School.

5.2 Prescription Medication

The School is under no obligation to administer prescribed medication to pupils. We choose to do this because there is a clear benefit to the pupils and in question and their education.

Prescribed medications can be administered within School following the guidance and protocols identified in this policy.

If parents have difficulty getting their child's prescription into the School they can arrange for the doctor to prescribe a split prescription, one for home and one for School. They can also arrange for a local chemist to make up and deliver the prescription.

5.3 Storage of Medication

The School uses a recommended metal medication cabinet to store some medication such as Ritalin. This type of medication must be kept in this cabinet (unless requiring to be refrigerated) and the cabinet is kept locked at all times, other than when medication is being administered. Keys to the cabinet are in the possession of the Medical Manager in the Administration Area lock box and a spare key is kept in the School's key cabinet in the Safe cupboard. Medications requiring to be kept cool will be kept in locked fridge bought for and used only for this purpose. Children's medication will be stored in admin office which are clearly marked as First Aid or on top of a high shelf. Medicines will be stored in individual clear zipped bags clearly labelled with childrens names. The medication will be stored with the correct paper work for administering the medication.

Inhalers and Spacers are stored in baskets in classrooms. They are marked with the child's name and accessible by the child when required under the supervision of an appropriate adult.

Medical Care Plans and individual medication records will be stored in first aid files in each class under the children's name.

5.4 Accepting, Recording & Storing Medication

When the parent or other responsible adult brings the medication into School, the Managing Medical Needs officer will check to ensure the following key points are adhered to.

All medication:

- **MUST** be brought into School by a responsible adult otherwise it will not be accepted.
- **MUST** be in the official box with the chemist's label showing the pharmacy name and contact number on it.
- **MUST** clearly show the pupils name.
- **MUST** clearly state the medication, the dosage and the maximum that can be taken in 24 hours (when required **is not allowed** and it is illegal for a chemist to write this on a prescription for a child).
- **MUST** show the expiry date.

- **MUST** contain the same number of tablets as it says on the box. If not a receipt will state how many tablets are handed in.

If the label has been changed i.e. dosage on front has been changed from one tablet to two in pen the School will not accept the medication. It is **illegal for a chemist to do this** – he must print a new label if there is a mistake and we cannot accept the parent’s word – this information **MUST** come from the chemist.

In exceptional circumstances when the pharmacy is unable to print the label due to an equipment failure the pharmacist is permitted to hand write the entire label this is a very rare occurrence and should be corroborated by a telephone call to the pharmacy to validate the labelled instructions.

The School **will not accept any medication** that **does not meet all the criteria set out above.**

Once the Managing Medical lead is happy to accept the medication they will then complete an **Individual Medication Record**. On this record they will enter:

- Pupils name and date of birth
- Parents name and telephone contact
- Address
- Medication received
 - Date medication received
 - Name of person who brought it in - Name of medication
 - Amount supplied/brought in
 - Form supplied (tablet or liquid)
 - Expiry date
 - Dosage regime
- Any side effects – List the main side effects of the medication if there are any.

The Managing Medical Needs lead will then place the Individual Medication Record in the pupils file and the pupil’s medication will be locked or stored in the medical cupboard in their phase.

5.5 Administering Medications and Individual Medication Record

Each time the child comes to take their medication the First Aid lead or named adult will note on their Individual Medication Record:

- The date
- Name of medication
- Amount Given
- Amount left
- Time

- Name of person who administered the medication
- Any issues/comments
- **Two signature are required**

The member of staff administering the medication will take due care and regard for the individual pupil's privacy and will administer their medication out of sight of other pupils & staff so their rights to privacy are not compromised. (Data Protection – medical records)

If a mistake is made during an entry on the Individual Medication Record do not cross it out or use Tippex.

* asterix the line with the mistake on it and if possible

* asterix the line underneath then write - line above should read

If the correction cannot be entered on the next line write it on the bottom of the page

It is very important that the Individual Medication Record is kept in this way to avoid accusations of tampering which could lead to accusations of theft, which could lead onto unlawful possession.

5.6 Example: Register of Medication Administered

Date	Medication	Amount Given	Amount Left	Time	Administered by	Comments/Issues /Side Effects
2/5/99	Ritalin	1 x 20mg tablet	27 x 20mg tablets	1.00	B. Smith	Can make Rip Van Winkle drowsy
*1/5/99	Ritalin	1 s 20mg tablet	26 x 20mg tablets	1.02	B. Smith	As above
* Line above should read 3/5/99						
4/5/99	Ritalin	1 x 20mg tablet	25 x 20mg Tablets	12.58	B. Smith	As above

5.7 Pupils not taking their medication Alert

If parents or School staff are concerned that a particular pupil may not be in a 'fit' state to be in School or may be at risk if they do not take their medication the teacher/HLTA will ask the Managing Medical lead to alert them if the pupil fails to turn up and take their medication.

First Aid lead's can then remind the pupil in question and arrange for them to go along to take their medication. If a pupil refuses to take their medication parents should be contacted and asked to come in to School to administer the medication or to take them home to administer it.

5.8 Medical Care Records and confidentiality

Pupils have the same rights as adults when it comes to confidentiality and their medical records.

Once it has been agreed who can have knowledge of a case it is a breach of confidentiality and illegal to discuss the case with anyone else. The only exception to this is in an emergency where disclosure would be necessary to safeguard the pupil's welfare.

Pupil's records will be stored in First Aid files in high cupboards within classes and in the main office to ensure quick access in an emergency.

Where it is deemed necessary and consent is given by the pupil and their parent/s during the discussion that accompanies the completion of a Medical Care plan, that all staff who would come into contact with a particular pupil know about their condition and what to do in an emergency, this information will be made more widely available to all staff. This will be done via the School network that only staff can access. An email will be sent to all staff to check the pupils Medical Care Plan so they are familiar with it and what to do in an emergency.

5.8a Destruction of Medical Care records

All Medical Care records will be kept for two years after the pupil has left the School then they will be destroyed. If a pupil moves school their records will transfer with them.

5.9 Privacy

When administering medication a pupil's has the right to and should expect privacy. As adults we would object to other people knowing what medications we were taking and would want any discussions carried out in private. Pupils should be treated with the same care and respect that they would get from their doctor. The confidentiality of medical records comes under the same legislation.

The Managing Medications officer will ensure Medical Care plans are discussed and written in private and that medications are administered in a private area away from prying eyes.

5.9a IHPs

For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the headteacher, the SENCO and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role

- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

The governing board will ensure that IHPs are reviewed at least **annually**. IHPs will be routinely monitored throughout the year by a designated staff member.

5.10 Disposal of unwanted medications & End of Term

Arrangements

At the end of each school year the Medication Cabinet and cupboards should be emptied. Parents will be contacted by the Managing Medical lead and asked to come in and collect any unused/unwanted medication. If medication is not collected it will be destroyed and disposed of. When medication is handed back to the parents and a receipt will be given. It also needs to be entered on the Individual Medication Record exactly what has been handed back. The police will take any leftover medication to the local chemist for destruction and ask them to fill out a return of medicine form. A copy will be kept in the school office and against the child's folder in the green first aid file within phase.

5.11 Training for staff

A Member of the Senior Team will attend training to ensure the School's policy and practices reflect current good practice in the area of managing medications and pupil's medical needs in School.

First Aid lead's and assistants that administer medications will attend the Managing Medicines course to ensure they understand the dangers and know how to administer medications correctly in an educational setting. All other staff will receive training on this policy and the implications for them. In addition, staff that take pupils on visits will receive in house additional training to help them carry out their duties whilst away from the School.,

Additional inset to meet specific medical needs will be carried out as and when required. All staff are trained on the use of the Auto Injector.

5.12 Communication with parents/carers

The School will discuss and review a pupil's medication regime through the setting up and review of a Medical Care Plan. If there are any issues relating to the delivery of a Medical Care Plan the Managing Medical lead will contact home and speak to the parents or carers about the issues. If necessary, parents will be invited into School to discuss any issues with the Managing Medical lead.

If parents have any concerns they can contact the School and speak to Managing Medical lead at any time also.

5.13 Managing Incidents of Medication Misuse

Should any incidents of misuse occur the School would first investigate the incident to identify what has happened, who was involved and what medications were involved? A member of SLT would then speak to both parents and the pupil/s concerned. If the incident involved a controlled drug then the School will follow the agreed procedures documented in the School's Drugs Policy.

If there are child protection concerns surrounding this misuse then Social Care will be informed and a referral made. In an incident requires the police to be informed they will automatically inform Social Care.

5.14 Working with Outside Agencies

Links with other agencies; Police, Social Care and outside support agencies will depend on the circumstances and whether or not the parent has given us permission to work and discuss their child with these agencies.

The exception to this will be where the law has been broken and the protocols identified in the Drugs Policy will need to be followed or where there is a Child Protection concern. In both these circumstances the Deputy Head teacher needs to be informed immediately.

6.0 Staff responsibilities when taking medications in School

6.1 Storage of medication

All staff must make sure any medications they bring in are for personal use only. They should under no circumstance give any medications to pupils. Any medication administered to pupils must follow the practices documented in this policy.

It is the responsibility of every member of staff to ensure all medication brought into School is stored safely and securely so pupils are unable to access it. Medication **MUST NOT**, be left in coat pockets. Inhalers and spacers will be placed in a basket to enable the children to have easy access. All other medication will be stored in the appropriate place.

Powerful medication such as, Ritalin; etc. should be stored in the Schools lockable medication cabinet until needed. Whilst this may be a minor inconvenience to members of staff concerned it will be an important part of safeguarding the pupil population. The key will be kept in the First Aid Room and a First Aider will administer with someone else watching.

6.2 Notifying SLT when bringing in powerful drugs or when needing to carry them with you

Any member of staff bringing powerful or potentially dangerous medications into School or who need to carry their medication with them, need to inform the SLT member responsible for personnel issues. A safe procedure for self-administering medication within the School can then be agreed. This information will be treated in the strictest confidence.

6.3 Staff taking Medication or other substances and their ability to work directly with pupils

When working directly with pupils, staff must not be under the influence of alcohol or any other substance, which may affect their ability to care for the pupils.

It is a requirement **of all providers** that **where staff are taking powerful medications** they will be **required to seek medical advice** to ensure they are able to carry out their duties and that their ability to work directly with pupils is not impaired. If any substance they have taken impaired an individual member of staff's ability they must not be working directly with pupils.

7.0 Medications and the Law

The Home Office through the Misuse of Drugs Regulations 1985, amended on 2001 defined drugs **within 5 schedules** linked to their medicinal use and risk of being abused.

With Schedule 1 containing drugs with no current known medicinal use and you must hold a Home Office licence to possess these drugs legally. They can be legally held for medical research.

For Schedule 2, 3, 4 & 5 drugs are licensed to be used in medications but Schedule 2 and some Schedule 3 drugs must be kept in a correct medical cabinet and all schedule 2 drugs recorded in a drug register when used in Primary care (when under the control of Doctors, Dentists, Pharmacists).

Schedule 4 drugs part 1 – it is illegal to possess them without a prescription, part 2 it is legal as long as they are within a medication. Schedule

5 drugs are where the risk is considered to be negligible and are treated the same as schedule 4 part 2 drugs.

Schedule 1 drugs LSD, Coca Leaf & Mescaline – 35 of the 36 Ecstasy type substances

Schedule 2 drugs Mostly Opiates, also Methylphenidate (Ritalin) N-Hydroxyamphetamine (Ecstasy)

Schedule 3 drugs Barbiturates, Tamazepam

Schedule 4 part 1 drugs 33 Benzodiazepines – Diazepam

Schedule 4 part 2 drugs Anabolic Steroids

Schedule 5 drugs Migralve OTC, Nicocodine, Kaoline & Morphine mix, Co-codamol

Non Scheduled Medications

Prescription Only Medicines – the majority of drugs listed in Schedule 2 – 5 are prescription only, however, there are a large number of Prescription Only medicines that are not scheduled as Controlled Drugs.

Over the Counter Medications – can only be purchased over the counter in a pharmacy - such as Nurofen Plus

General Sales List – can be purchased from unlicensed retail - e.g. Paracetamol.

Many prescription medications contain controlled drugs and as a consequence it is illegal to possess them without an authorised prescription in your name. E.G. Co-codamol contains Codeine, which is

obtained from Morphine a Class B drug. Possessing or passing to someone else (supplying) a controlled drug can carry the following sentences.

Possession – this means being caught with an illegal drug for your own use. Punishments can include, up to seven years prison and/or a fine.

Possession with intent to supply – if you had any intention of dealing (this can include giving and sharing drugs) you may be charged with this more serious offence. Punishments can include up to 14 years in prison and or a fine.

The Misuse of Drugs act divides drugs into the following three classes and gives guidelines and penalties for each:

Class A

Cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, speed (amphetamines) if prepared for injection and in some instances cannabis oil.

Possession - Seven years in prison and/or a fine.

Supply Life imprisonment and/or a fine.

Class B

Speed (amphetamines).

Possession - Five years in prison and/or a fine.

Supply Fourteen years in prison and/or a fine.

Class C

Cannabis, Rohypnol, supply of anabolic steroids & tranquillisers/possession of Tamazepam.

Possession - Two years in prison and/or a fine.

Supply Five years in prison and/or a fine.

In the recent survey carried to ascertain the medications that pupils and staff were bringing into School, and taking, there were drugs from all three of the above classes.

8.0 Further Guidance

This policy draws upon information and guidance from the following legislation and guidance:

- The Misuse of Drugs Regulations 1985
- The Misuse of Drugs Regulations 2001 (*came into force Feb 2002*)
- Managing Medicines in Schools and Early Years Settings. DfE Ref: 1448-2005DCL-EN
- Special Educational Needs & Disability Act 2001
- Management of Health & Safety at Work Regulations 1999

- Control of Substances Hazardous to Health Regulations 2002
- The Education (School Premises) Regulations 1999
- DfEE – Supporting pupils at school with medical conditions September 2014
- Equality Act 2010
- Statutory Framework for Early Years Foundation Stage 2012
- Managing Medical Needs in Schools and Early Years Settings, Newcastle LA revised guidance February 2013.

9.0 Defibrillator in school

We have 2 defibrillators in school. One in the main office and the other in the staff room next to lunch hall. All current members of staff have watched videos on how to use the defibrillator. The defibrillator can be used on both adults and children.

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	
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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, contraindications, 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 for setting to administer medicine

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

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form	Year			
Medical condition or illness				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting 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	

The above information is, to 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.

Signature(s)

Date

Record of medicine administered to an individual child

Name of school/setting				
Name of child				
Date medicine provided by parent	/	/		
Group/class/form				

Quantity received				
Name and strength of medicine				
Expiry date	/	/		
Quantity returned				
Dose and frequency of medicine				

Staff signature

Signature of parent

Date	/		/		/		
Time given							
Dose given							
Name of member of staff							
Staff initials							
Date	/		/		/		
Time given							
Dose given							
Name of member of staff							
Staff initials							

C: Record of medicine administered to an individual child (Continued)

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									

Staff initials			
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Staff Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of 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 any necessary treatment. I recommend that the training is updated [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
2. your name
3. your location as follows [insert school/setting 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 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

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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

Managing Medicine Co-ordinator

