



# Medication Policy

## Review Summary

<b>Adopted:</b>	<b>May 2017</b>
<b>Review Cycle:</b>	<b>Bi-annual</b>
<b>Last Review:</b>	<b>October 2018</b>
<b>Next Review:</b>	<b>October 2020</b>

## 1. Introduction

- 1.1. The Trust wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
- 1.2. The academy's insurance will cover liability relating to the administration of medication and the provision of first aid treatment by a member of staff.

## 2. Staff Responsibilities:

- 2.1. Staff will be responsible for ensuring the following:
  - a. Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support) are circulated and adhered to.
  - b. Procedures to be followed when a student moves to the academy mid-term or when a student has a new diagnosis are circulated to appropriate staff and any necessary changes are put in place.
  - c. Procedures are in place and circulated for the location and use of the school defibrillator.

## 3. Individual Healthcare Plans (IHCP)

- 3.1. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the individual school within the Trust to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. *Refer to the Managing Pupils at Schools with Medical Conditions Policy for further information.*
- 3.2. The relevant Head teacher will have the final decision on whether an Individual Health Care Plan is required.

## 4. Students with asthma and the use of an Emergency Inhaler/spacer

- 4.1. The XXXXXXXXXXXX team will be responsible for the storage, care and disposal of asthma medication not held by individual students.
- 4.2. XXXXXXXXXXXX will be responsible for ensuring the following:
  - a. Instructing all staff on the symptoms of an asthma attack
  - b. Instructing all staff on the existence of this policy
  - c. Instructing all staff on how to check the asthma register
  - d. Making all staff aware of who are the designated first aid staff and how to access their help

- e. ensuring that designated staff:
  - Recognise the signs of an asthma attack and when emergency action is necessary
  - Know how to administer inhalers through a spacer
  - Make appropriate records of attacks

## 5. The Administration of Medicine

- 5.1. The Head teacher will accept responsibility in principle for members of academy staff giving or supervising a student taking medication during the day, where those members of staff have volunteered to do so. Where it is appropriate to do so, students will be encouraged to administer their own medication and if necessary under staff supervision.
- 5.2. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the academy's Nurse Service.
- 5.3. Prior written parental consent is required before any medication can be administered. Any parent/carer requesting the administration of medication will be given a copy of this policy.
- 5.4. Medication will be accepted and administered in the establishment, providing it is in keeping with what is stated on the bottle/packaging. Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container and handed directly to the Student Support Team authorised by the Headteacher.
- 5.5. Each item of medication should be clearly labelled with the following information:
  - a. Student's name
  - b. Name of medication
  - c. Dosage
  - d. Frequency of dosage
  - e. Date of dispensing
  - f. Storage requirements (if important)
  - g. Expiry date (if available)
- 5.6. It is the responsibility of parents/carers to notify the academy if there is a change in medication, such as a change in dosage requirements, or the discontinuation of a student's need for medication.
- 5.7. Unless otherwise indicated, all medication to be administered will be kept in the first aid room and will be made available as and when required unless parents/carers have confirmed in writing that they wish their student to carry their medication with them. This excludes non-emergency prescribed drugs such as Methylphenidate (Ritalin), which must be held in the central secure location.

- 5.8. The academy will make every effort to continue the administration of medication to a student whilst on activities away from the premises. Specific Trip Parental consent forms must be in place and adequate risk assessments will be undertaken, which include the checking of consent forms and logging of medicines provided.
- 5.9. Sun Creams can be administered, using over the counter propriety brands and in original containers. Parental consent forms must also be in place and it will be the responsibility of the student to apply their own sun cream when needed.

## **6. Policy Circulation**

- 6.1. This Policy will be published on the Trust's website and included in the Trust's Policy Monitoring Schedule.
- 6.2. The Trustees, are responsible for overseeing, reviewing and organising the revision of this Policy.

## **Adoption of the Policy**

This Policy has been adopted by the Trustees of the Ted Wragg Multi Academy Trust.

Signed

(Chair of Trust)



**Date: 19 November 2018**

**PARENTAL AGREEMENT TO ADMINISTER MEDICINE**

**Name of the Academy**

**Notes to Parent / Guardians**

Note 1: This academy will only give your student medicine after you have completed and signed this form.

Note 2: All medicines must be in the original container, with the student's name, its contents, the dosage

Note 3: The information is requested, in confidence, to ensure that the academy is fully aware of the medical needs of your student.

**Prescribed Medication**

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions	

The Ted Wragg Multi Academy Trust

(e.g. to be taken with/before/after food)	
Are there any side effects that the academy needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to <i>Isca Academy Reception staff</i>	
Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the Academy and medical staff	Yes / No / Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that I give my permission for the Headteacher (or her nominee) to administer the medicine to my son/daughter during the time he/she is at the Academy.

I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/person with parental responsibility)

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**SCHOOL TRIPS ONLY**

**Name of the Academy**

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