



Ysgol Bro Gwaun

ADMINISTRATION OF MEDICINES POLICY

Polisi Gweinyddu

Meddyginiaethau

Amendments 2013:

Adopt LEA Appendix 3, & 7 from LEA Policy & Guidance document & rename appendix 1 & 2

Other minor amendments

Approved – September 2017

Last review 2013

Review every 3 years

Next Review: 2020

Signed:	
Headteacher:	<u><i>[Signature]</i></u>
Governor:	<u><i>P. J. Thomas</i></u>
Parent:	<u><i>S. Maycock</i></u>
Pupil:	<u><i>M. J. Lewis 6.10.17</i></u>

The Governors adopt the guidelines for administering medicines outlined in Bulletin 3 of the Education Services, Health and Safety for Education Establishments. (Director of Education – September 2007) and comply with the requirements imposed by the local authority's insurers.

The main points are that:

- a. In most cases, pupils are able to take medicines before leaving for school and on arriving home. If medicines must be taken during school hours, we require a doctor's note to this effect, and it should give clear instructions on dosage.
- b. Administration of medicines is the responsibility of parents.
- c. Only staff with appropriate Health Authority training can administer medicines on parents' behalf. Under normal circumstances, staff will supervise pupils administering their own medicines.
- d. Pupils should deposit any medicines with the school first-aider. Medicines must be clearly labelled with the pupil's name and all dosage information.
- e. The school DOES NOT issue Asprin, Paracetamol, or any other analgesics.
- f. The school reserves the right not to administer medicines that may be dangerous or where the failure to administer medicine at set times could have any adverse consequences.
- g. The school will only administer medicines provided full information

has been given, on the appropriate form regarding medical condition, medicine dosage, type, timing and side effects, and any additional special care needed to cope with the child's medical condition.

h. The school does not provide medical advice.

An exception to these rules concerns the use of inhalers. Where pupils require inhalers for asthma, the school should still be notified, but the pupils will be allowed to carry them around themselves and administer their own medication. Written parental consent would be required. There may be other agreed exceptions where pupils carry medication.

Other Medical Needs

The school will try to respond to pupil's short-term medical needs by making reasonable adaptation. For example, with fractured limbs, we allow the pupil to leave lessons earlier with the support of another pupil to avoid congestion in corridors. Parents must not assume that the school will automatically make such arrangements. Before sending a pupil with temporary medical needs into school, the parents must contact the Head of School to explain what will be required.

Contagious Diseases

Parents should not send children to school if they have serious diseases that could be spread easily. Equally, minor coughs and colds are not an acceptable excuse for pupils to stay away from school.

GUIDANCE Administration of Medicines

MEDICATION

The school must maintain an internal written record of the medical details and specific precautions to be taken and symptoms to be monitored for any child with an allergy or illness. The Headteacher and staff will treat all medical information as confidential.

Parental consent and advice is to be obtained prior to the child being admitted. The nominated person should advise staff of side effects which may be relevant.

GP input should be sought in order to ensure that best advice is always received.

Staff training - regular updates on serious medical conditions should be communicated to staff and recorded

General awareness of any child's conditions should be made to staff and students if it is necessary for the safety of the child

Food allergies - packed lunches need to be provided by the parents.

Parents must also submit full and detailed information with regards any materials, foods or substances which may cause an allergic reaction

Storage - some medication may require refrigeration

Needles must be locked away until they are to be used and disposed of correctly in a 'sharps' container.

A. General codes of practice regarding the administration of medication

1. No medication should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so. It must be understood that all staff are acting voluntarily in administering medicines.
2. Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that child is fit enough to return to school, the dosage can usually be adjusted so that none is required the school day.
3. Medicines should be administered by a named individual member of school staff (with specific responsibility for the task) in order to prevent any errors occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report.
4. The parents or legal guardians must take responsibility to update the school of any changes in administration for routine or emergency medication and maintain an in date supply of medication. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.
5. All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. Oral medication must be in a child proof

container.

6. Emergency treatment medication and inhalers must follow the child at all times. Inhalers and other emergency treatment medication must follow the child to the sports field/swimming pool etc. Where it is agreed by the parents and teachers the inhalers will be carried by the child. All other medicines (except inhalers) should be kept securely. If appropriate, children may carry their own emergency treatment medication or inhalers in "bumbags". If this is not appropriate the medication should be kept by the teacher in charge in a box on the touch-line or at the side of the pool. The school may hold emergency spare inhalers, if they are provided by the parents/guardians, or other treatment medication in the event that the child's medication is lost.

7. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness - this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool bag or box with packs, provide by the parent/guardian. Some medication may need to be kept out of direct sunlight.

8. If there is any difficulty about the use of medicines, including injections or inhalers, the school nurse or school doctor should be contacted for advice.

B. Long Term Medication

1. The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instruction, otherwise the management of the medical condition is hindered.

2. In addition, the parents/guardian must be informed that they must use a proforma to report any changes in medication to the school. Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

3. It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

4. Long term medication is particularly applicable to the management of asthma. There are two types of inhaler treatment:

Preventers: These medicines are taken regularly to make the airways less sensitive

Relievers: These medicines quickly open the narrowed airways to help the child's breathing difficulties

i. Advice for school staff on the management of asthma for individual children (including emergency care) will be provided by the school nurse or school doctor as requested.

ii. Any difficulties in the use of an inhaler or understanding about medication usage should be referred to the school nurse or doctor for further advice.

- iii. It is important that the reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity and outing as instructed by the Medical Practitioner.
- iv. If a midday dose of a preventer inhaler is prescribed, this must be given in accordance with section A - see above.

C Injections

There are certain conditions e.g. Diabetes Mellitus which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (currently employed in a nursing capacity). It is not envisaged that it will be necessary to give injection in schools unless the child is away on a school visit.

D Emergency Treatment

- 1.
 - i. No emergency medication should be kept in the school except those specified for use in an emergency for an individual child.
 - ii. Advice for school staff about individual children will be provided by the school nurse or school doctor on request.
 - iii. In the event of absence of trained staff, it is essential that emergency back-up procedures are agreed in advance between the parents, school and medical adviser.

iv. Storage must be in accordance with Section A. These medications must be clearly labelled with the child's name, the action to be taken with the child's name, route, dosage and frequency and the expiry date.

v. If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy retained by the school.

2.

i. When specifically prescribed a supply of antihistamines or adrenaline should be made available by parents or legal guardians if it is known that an individual's child is hypersensitive to a specific allergen e.g. wasp stings, peanuts, etc. Immediate treatment needs to be given before going to the nearest emergency hospital/or calling an ambulance. Notes regarding the protocol for establishing the administration of adrenaline injections and a parental consent form need to be prepared.

ii. A supply of cryoprecipitate for injection should be kept in school where it is required for children suffering from haemophilia. If this is necessary it is usual for the child to be able to give their own injections.

iii. A small supply of rectal diazepam may be kept in school for administration to specifically identified children suffering from repeated prolonged fits. Rectal diazepam where prescribed should

be readily available for use by a qualified nurse (currently employed in a nursing capacity) or medical staff in an emergency. Where specific training has been undertaken, member of staff may administer rectal diazepam with the prior knowledge and the prior agreement of the child's medical advisers or parents. Where this emergency treatment has been administered by staff, arrangement must be made for the child to go to the nearest hospital receiving emergencies after treatment has been given.

iv. Detailed guidance about the administration of rectal diazepam including instructions form procedures, an instruction form for completion by the Consultant, parent and school, report form procedures, flow chart and a report form should be prepared and completed as necessary.

v. A supply of glucose (tablets, drink, etc) for the treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools where any pupil suffers from Diabetes Mellitus. If a second attack occurs, the child must go to the nearest hospital receiving emergencies.

E. School Visits

1. A form must be completed and returned to the LEA prior to the commencement of any school visit outside of the County boundary for a period of more than 24 hours.
2. A school consent form from the child's parent or guardian must be

received prior to participation in any school trip. Any medical problems must be highlighted by the parent/guardian.

3. Where insurance cover is obtained, medical conditions must be disclosed, otherwise insurance cover may be refused.

4. A named person must be identified to supervise the storage and administration of medication.

5. Wherever possible, children should carry their own inhalers for the treatment of asthma, but it is important that the named person is aware of this.

Adopt modified LEA Appendices

Appendix 1 – Request for School to Administer Medication

Including:

**Confirmation of the Headteacher / named member of staff's agreement
to Administer Medication**

Appendix 2 – Request for Pupil to Carry his / her Medication

On headed paper

Request for School to Administer Medication

Ysgol Bro Gwaun

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

PUPIL DETAILS

Surname: _____

Forename(s): _____

Address: _____ M/F: _____

Date of Birth: _____

Tutor Group: _____

Brief details of medical condition: _____

MEDICATION

Name/Type of Medication (as described on the container) _____

Method of administration (eg measured liquid dose / tablets to be taken with food or water) _____

For how long will your child take this medication?: _____

Date dispensed: _____

Full Directions for use: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in an Emergency: _____

CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to Pupil: _____

Address: _____

- I hereby give permission for the Headteacher or nominated person to administer the medication above in accordance with the details given.
- I understand that neither the County Council nor its agents will be held liable for any injury or death which may arise either directly or indirectly from or out of the administration of any prescribed medication by an appointed member of staff, other than through the County Council's negligence.
- I will be responsible for updating the school of any changes in administration for routine or emergency medication.
- I will maintain an in-date supply of medication.
- I agree that emergency treatment medication and inhalers must follow the child at all times, including to the sports field / swimming / educational visits etc.
- I will request the appropriate pro-forma from school in order to inform the school of any changes

Signature(s): _____

Date: _____

Relationship to pupil: _____

Notes: _____

SCHOOL USE ONLY

**Confirmation of the Head Teacher's / nominated person's Agreement to
Administer Medication**

I agree that [name of child]: _____

will receive [quantity and name of medicine]: _____

every day at [time medicine to be administered e.g. lunchtime or afternoon
break].

[Name of child] will be given/ supervised whilst he/she takes their medication
by [name of member of staff]. _____

This arrangement will continue until [either end date of course of medicine / or
until instructed by parents]

Date: _____

Signed: _____

(Headteacher/Named Member of Staff)

Ysgol Bro Gwaun

- Request for Pupil to Carry his / her Medication
- This form must be completed by parent / guardian

Pupil's Name: _____

Tutor Group: _____

Address: _____

Condition or illness: _____

Name of Medicine: _____

Procedures to be taken in an
emergency: _____

Date of completion of course of medication: _____

CONTACT INFORMATION

Name: _____

Daytime Phone No.: _____

Relationship to child: _____

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

Signed: _____ Date: _____

Relationship to child: _____

**Pembrokeshire County Council
Cyngor Sir Penfro**



Education Services

**HEALTH & SAFETY
FOR EDUCATIONAL
ESTABLISHMENTS**

**3. POLICY & GUIDANCE
FOR ADMINISTERING
MEDICINES**

G W Davies
Director of Education

September 2007
(Revised)

POLICY & GUIDANCE FOR ADMINISTERING MEDICINES

1. Introduction

- 1.1 This document has been written to assist schools in producing their own policies with regard to managing medication and thus have systems in place which will support individual pupils with medical needs. It offers guidance to Headteachers and school staff where it may be considered reasonable under certain circumstances for such members of staff to be involved in the administration of medicines.
- 1.2 Headteachers and their staff generally make provision to assist pupils who are ill and who need to take medication. There are two groups that these pupils generally fall into:
- those affected in the short-term e.g. completing a prescribed course of medication;
 - those who have long-term medical conditions that, if not properly dealt with, could curtail their education. Most of these children, with some support, can take an active part in many school activities. It is important that staff are aware of these medical conditions in order that organised activities do not put individuals and their peers at risk.

2. Policies Linked With The Arrangements For The Administering Of Medicines

- 2.1 Headteachers have an unquestioned duty to all the children in their care; but **there is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it - this is a voluntary role.** Support staff may have specific duties to provide medical assistance as part of their contract. However, swift action would have to be taken by a member of staff to assist any pupil in an emergency.
- 2.2 Employers (Pembrokeshire County Council or Governing Body in VA schools) should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.
- 2.3 All schools should draw up clear policies and procedural guidelines for supporting children with medical needs and should ensure that the appropriate safety measures are in place. Under the Health and Safety at Work Act 1974 the employer must ensure that a school has a health and safety policy which includes procedures for supporting children with medical needs, including the management of medication.
- 2.4 In all community and VC schools, the governing body should follow the guidelines set out in this document. In VA schools, it is recommended that the governing body also adopt these guidelines.

- 2.5 The Governing Body should ensure that staff who are named persons are adequately trained and receive the correct guidance on their responsibilities as employees (see **Appendix 1**).
- 2.6 All members of staff should be made aware of the policy and the arrangements that exist.
- 2.7 Parents should be advised of the policy and the procedures linked to the administration of medicines. This information should be given to parents on the child's admission and should be included in the school prospectus or a separate leaflet. Any changes to the policy must be communicated to all parents.
- 2.8 Education Services supports schools that decide to include a **named person/s** to administer medicines, provided that headteachers ensure that:

- named persons avail themselves of any specialised training programmes arranged by Education Services in conjunction with the Local Health Board. Only when training has been completed to LHB satisfaction will named personnel be covered by the County Council's Insurance;
- reference to the named person/s is included in all policy documents and information to parents;
- all members of staff are made aware of school policies and practices with regard to administering medicines in their school;
- a risk assessment is carried out with regard to each individual case.

In the case of VA schools, the Governing Body is asked to make the necessary arrangements with its employees to ensure that the guidelines laid out above are adhered to.

- 2.9 Schools should ensure that correct procedures are followed:
- the keeping of accurate records;
 - that staff act promptly and properly in emergencies;
 - that willing staff have the correct training to support children with medical needs;
 - that any training given to staff is relevant and adequate in order that staff have a clear understanding, the confidence and expertise to carry out their role.

A check list of items which should be included in a school's policy is to be found in Appendix 2.

3. Contact With Parents

- 3.1 It is the parents' responsibility to ensure that their child is well enough to attend school. When a child receiving medication is deemed well enough to attend school, the parents and headteacher must agree that the child can be adequately supported within the guidelines of the school's policy for administering medicines.

Parents should provide the headteacher with:

- information regarding their child's medical condition;
- any treatment or special care needed whilst the child is away from home;
- the type of medication needed by the child, including dosage, route (e.g. oral, injection), timing, any side effects;
- all the available information regarding that medication or treatment.

(See Appendix 3 for proforma). Parents should reach an agreement with the headteacher on the school's role in helping with their child's medical needs and be fully conversant with the school's policy.

Headteachers should:

- be aware of and respect parents' cultural and religious views;
- obtain parental permission before passing on information about their child's health to other members of staff. It should be stressed that the confidential sharing of information with staff is important if the best care for the child is to be ensured.

- 3.2 Where it is evident that parents have difficulty in understanding and supporting their child's medical condition, additional support may be provided by the School Health Service subject to the parent/s consent. In the event of any isolated, rather than long term illness, the same criteria should apply.

3.3 Further safeguards regarding medicines:

- a doctor's note should be received, preferably delivered by the parent, to the effect that it is necessary for the child to take medicines during school hours. The note should give clear instructions regarding the required dosage. This note should be kept on file;
- long term illnesses such as epilepsy and asthma should be recorded on the child's record card together with appropriate instructions;
- the medicine, in the smallest practicable amount, should be brought by the parent, not the child, and delivered personally to the headteacher or a nominated member of staff.

3.4 Parents should be made aware of their own responsibilities:

- the importance of correctly completing documentation requested should be stressed at all times;
- parents must inform the school if there are any changes to their child's medical condition or medication requirements;
- parents should not use school staff as a surrogate medical service.

4. The Safe Keeping And Administering Of Medicines

4.1 Storing Medication

The headteacher is responsible for making sure that medicines are stored safely.

All medicines must:

- be clearly labelled with contents;
- have owner's full name and date of birth and dosage (which should include the frequency of administration) clearly stated;
- be kept in separate containers (where a pupil requires two or more prescribed medicines);
- not be transferred from one container to another;
- be kept in a locked cupboard;
- be kept away from other children.

In addition:

- children should know where their medication is stored and who the key holder is;
- a few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Schools may allow pupils to carry their own inhalers / medicines (see **Appendix 7**);
- all staff should know where the medication cupboard is and who the key holder is;
- medication that requires refrigeration may be kept in a refrigerator but should be kept in an airtight container and must be clearly labelled;

- staff administering medication should be aware of hygiene procedures and have ready access to disposable gloves etc.;
- all date expired medicines should not be disposed of by staff – parents are responsible for disposal and should collect all medication from the school at the end of each term.

4.2 Administering of Medicines

- Medication should only be taken at school when absolutely necessary;
- Whenever possible medicine should be self-administered under adult supervision;
- When possible medication should be prescribed in dose frequencies that enable it to be taken outside school hours – parents should request this when visiting their child's doctor or dentist;
- When schools agree to administer medicines, parents should be informed and a confirmation slip returned to them (see Appendix 4);
- A written record of dates and times of the administration must be kept; it would be good practice to have this witnessed by a second adult (see Appendix 5);
- Staff should not give non-prescribed medication to children;
- **A child under the age of 12 years should not be given aspirin unless prescribed by a doctor;**
- In the event of a child suffering regularly from acute pain, parents should authorise and supply the appropriate painkillers together with written instructions. Staff should supervise the pupil taking the medication and inform the parents in writing on the day that the painkillers were taken;
- The headteacher should obtain written permission from the parent in favour of the headteacher or the nominated person involved in the administration of medicines (see Appendix 3). It must be stressed that in all instances the headteacher will need to continue to exercise responsibility.

Extreme caution must be taken before accepting responsibility when:

- administering dangerous tablets and medicines when parents are not able to visit the school to do this themselves;
- the timing and the nature of the administration are vitally important;
- there could be serious consequences where a dose is not taken;

- special medical knowledge is required;
- intimate contact is necessary – the administration of suppositories, injections and the changing of catheters should not be carried out by teaching staff.

In the event of any isolated rather than long term illness the same criteria should apply.

5. The Individual Health Care Plan

5.1 The main aim of a health care plan is to identify the level of support required at school for pupils with long-term illness. This should take the form of a written agreement with parents, clarify the steps to be taken by all parties and illustrate the support that the school can provide and receive.

5.2 Once an Individual Health Care Plan is drawn up, it should be reviewed at regular intervals.

5.3 When the Health Care Plan is drawn up it should include contributions from:

- the headteacher;
- the parent/s;
- the child (dependant on his / her age and degree of maturity);
- the class teacher in an infant / primary school
- the form tutor / head of year in a secondary school;
- a learning support assistant / NNEB etc. if applicable;
- the member of staff who has agreed to administer medication or who has been trained to deal with emergencies in regards to the pupil;
- the child's G.P. and / or school health service and / or any other medical professional involved with the child's illness, as applicable.

(See Appendix 6).

6. Disseminating And Coordinating Medical Information

6.1 It is vital that headteachers and their staff treat all medical information confidentially. Headteachers should have the permission of the parent to communicate information to other members of staff.

6.2 If permission is not granted and information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

- 6.3 Ensuring that information is sensitively disseminated can be a difficult task in large schools. This task may be given as a specific responsibility to an individual member of staff, e.g. Special Educational Needs Co-ordinator.
- 6.4 Staff who may deal with an emergency will need to know about medical records and needs.
- 6.5 Staff may use the guidelines for requesting an ambulance in an emergency (see Appendix 8).
- 6.6 Supply teachers must be aware of the medical needs of children they are likely to be in contact with.
- 6.7 Secondary school Heads should ensure that any chosen work experience placements are suitable for students with specific medical needs.
- 6.8 Students on long term placements should be encouraged to share relevant medical information with employers.



Exemplar form for parents to complete if they wish the school to administer medication

Pembrokeshire County Council

Request for School to administer Medication

School _____

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

PUPIL DETAILS

Surname: _____

Forename(s): _____

Address: _____ M/F: _____

_____ Date of Birth: _____

_____ Class/Form: _____

Condition or illness: _____

MEDICATION

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication: _____

Date dispensed: _____

Full Directions for use:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____



Procedures to take in an Emergency: _____

CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to Pupil: _____

Address: _____

I hereby give permission for the Headteacher or nominated person to administer medicine to my child.

Signature(s): _____

Date: _____

Relationship to pupil: _____

Notes:



Exemplar form for schools to complete and send to parent if they agree to administer medication to a named child.

Pembrokeshire County Council

Confirmation of the Head Teacher's Agreement to Administer Medication

I agree that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break]. [Name of child] will be given/ supervised whilst he/she takes their medication by [name of member of staff]. This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date: _____

Signed: _____

(Headteacher/Named Member of Staff)



Exemplar form
Pembrokeshire County Council

Healthcare Plan for a Pupil with Medical Needs

School _____

Name _____

Date of Birth _____

Condition _____

Class/Form _____

Date _____

Review Date _____



CONTACT INFORMATION

Family contact 1

Name _____

Phone No (work) _____

(mobile) _____

Relationship _____

Family contact 2

Name _____

Phone No (work) _____

(mobile) _____

Relationship _____

Clinic / Hospital contact

Name _____

Phone No _____

G.P.

Name _____

Phone No _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. at breaktimes, before sports etc.):

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Follow-up care:

Who is responsible in an emergency? (state if different for off-site activities):

Plan approved by:

Parent/s _____

Headteacher _____ Date _____

Form copied to:



Exemplar form for parents to complete if they wish their child to carry his / her own medication.

Pembrokeshire County Council

Request for Pupil to Carry his / her Medication

This form must be completed by parents / guardian

Pupil's Name _____ Class / Form _____

Address _____

Condition or illness _____

Name of Medicine _____

Procedures to be taken in an Emergency _____

CONTACT INFORMATION

Name _____

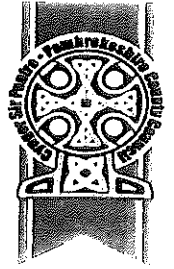
Daytime Phone No _____

Relationship to child _____

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

Signed _____ Date _____

Relationship to child _____



Pembrokeshire County Council

Procedure when requesting an ambulance in an emergency

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number

2. Give your location as follows: (insert school address and postcode)

3. State that the A – Z or grid reference is

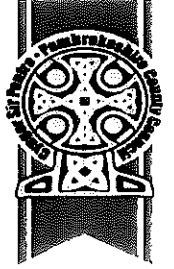
4. Give exact location in the school (insert brief description)

5. Give your name

6. Give brief description of pupil's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked.



Staff Training Record – Administration of Medical Treatment

Name:

Type of training received:

Date of training completed:

Training provided by:

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Suggested Review Date: _____

Details to be included in a school policy for supporting pupils with medical needs:

Notes:

The policy for enabling children with medical needs to benefit from support and care whilst at school / centre should be clearly written and easily understood and accepted by staff, parents and pupils.

The policy details should be included in the establishment prospectus.

The policy should cover the following points:



No	Item	Check
1.	Whether or not the headteacher accepts responsibility, in principle, that named staff may administer or supervise children taking prescribed medication whilst in their care.	
2.	The circumstances in which children may take non-prescribed medication e.g. pain killers.	
3.	The school's policy with regard to supporting children with long term or complex medical needs.	
4.	The need for full details and for prior written agreement from parents for any type of medication either prescribed or non-prescribed to be administered to a child.	
5.	The school's stance towards children carrying and taking their own medication. (see Appendix 7)	
6.	A staff training programme for dealing with pupils with medical needs.	
7.	Record keeping.	
8.	Storage of and access to medication.	
9.	Procedures in operation when children are on educational visits including day visits and overnight stay.	
10.	Procedures in operation during sporting activities.	
11.	The school's emergency procedures (see Appendix 8)	
12.	The parent's role in providing the school with full information about their child's medical needs.	
13.	The confidentiality associated with medical records.	
14.	Methods used to monitor medical support.	