



HEATHSIDE SCHOOL  
HAMPSTEAD

# ADMINISTRATION OF MEDICINE POLICY

# Introduction

This policy has been drawn up with reference to the DFE's Guidance on First Aid for Schools and the Statutory Framework for the Early Years Foundation Stage.

Legally schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. However wherever possible, it is the school's policy to assist children and parents by administering medicines in school time in line with Covid safe procedures.

## Responsibilities

The Senior Leadership Team (SLT) is responsible for developing the Administration of Medicine Policy and for devising detailed procedures.

Parents are responsible for ensuring that their child is well enough to attend school and will be responsible for collecting their child from school if he/she is too ill to attend. Parents are required to provide emergency contact details before each child starts attending the school and responsible for updating this information on the portal as soon as there are any changes.

Parents are responsible for providing the School with sufficient information about their child's medical condition, including any dietary requirements, allergies and treatment or special care needed at school either for short-term or long-term needs and updating on the portal when necessary.

The Senior Leadership Team is responsible for ensuring children with medical needs to have the appropriate care plan in place. This task may be delegated to the child's Teacher or Teaching Assistant. See attached information for specific AAls and asthma instructions.

A copy of the plan will be kept with the medication in a clearly named transparent plastic zip wallet. Another copy will be kept in the class orange medical file.

Children who have Adrenaline Auto Injectors (AAls) and other life saving medication such as asthma reliever pumps will be asked to bring in two. One to be kept in the classroom, the other with the child in a pouch (supplied by parents) at all times.

The SLT are responsible for making staff aware of pupils with medical conditions and alert to the need for prompt action. A list with photos of all children with medical needs is stored securely by the Health & Wellbeing Team. A condensed version containing essential information is shared with teaching staff containing such information as food allergies etc. is available internally via the Teacher Portal in the medical and dietary information section.

A list of children with medical needs is compiled by the Deputy Head - Safeguarding and Inclusion for each class. A full list is to be discreetly displayed in each staff room, and a copy given to the Deputy Head of each site. Individual class lists will be kept in the medical file for each class along with any relevant Asthma or Allergy care plans. The class teacher must share this information with all staff who have contact with the child including sports coaches, music teachers and club leaders. All pupil medicational information is kept secure and for those staff who need to have access under Data Protection guidance.

There are occasions when the school has to work closely with community partners such as Public Health England. If this is the case, parents will be informed of the procedure for children and families should this happen.

# Administering medication

Only First Aiders should give medicine to a pupil ensuring that they adhere to the school's policy and procedures and have been appropriately trained where necessary. Another member of staff must witness the administration. Both will sign the record to say the medication has been given.

The exception to this is staff which have a current administration of medicines training and certification. No medication may be given to children in school without a signed consent form from the parents.

Medication prescribed by a doctor should be administered according to the instructions on the individual medication and **only given to the named pupil for whom it has been prescribed**. They should be kept in the original container which is clearly marked with the original dispensary label.

The law states that medicines can only be administered to a person in accordance with the directions of the prescriber. The dispensary label is a copy of the prescription and therefore the member of Staff's legal authority to administer the medication as it contains the prescribers instructions.

## **No member of staff may administer medication if:**

- The pharmacy label is not present
- The label is defaced or altered

If the administration of prescription medicines requires technical/medical knowledge, then individual training should be provided for staff from a qualified health professional. Training should be specific to the individual child concerned.

When the pharmacist's label gives variable instructions, for example: Take one or two when required, An individual healthcare plan using the proforma given in the appendix should be agreed providing the following information:

- What is the medication for
- When to give one measure or when to give two
- When the last dose was given
- How often the dose should be repeated
- What is the maximum dose in a 24hr period

Parents will be informed on the same day, or as soon as reasonably practicable, when medication that is kept in the school for long term medical needs has been administered. The expiry dates of pupil's own medications which are kept in school are checked every half term by school staff.

All medications administered are to be recorded in order to provide a complete audit trail across the school. Any unused prescribed medicines are to be returned to the parents for disposal.

## Controlled Medicines

Sometimes a doctor may prescribe a pupil a medication which is controlled under the Misuse of Drugs Act 1971 and its associated amendments. These medicines are clearly marked with a **C** on their pharmacy label and require strict control and are kept under lock and key with specific control measures in place. These Medicines may only be administered by staff members holding current training in the administration of medication. A Controlled Medicines Book for the administration of controlled drugs is held by the Deputy Head Pastoral and kept in a locked cabinet, in a locked room, together with all medicines for the use of the named recipient.

## Non-prescribed Medicines

Parents will have completed the school's Medical Questionnaire, detailing any medical problems. Included in the form is a list of non-prescribed medicines which the school keeps a stock of. The parents then indicate which medicines they are happy for the First Aid trained staff, to administer and sign their consent for these to be given.

As of the 2020/21 Academic year the only non- prescribed medicines the school will administer are:

Paracetamol  
Antihistamine

Medications can cause adverse reactions in some people. If a pupil has an adverse reaction to the medication, no further doses will be given, and the parents will be notified and advised to seek further medical advice. If a serious reaction occurs, medical attention should be sought immediately.

If an error is made with any medication, it must be recorded and reported immediately to the Headteacher, and the Deputy Head (Inclusion and Safeguarding). The parents must be notified. Medical advice must be sought by contacting 111 NHS helpline/emergency services.

## Safe Storage and Reporting

School stock, **non-prescribed** medicines are kept in the relevant labelled Medicine Box located:

82 and 84a Heath Street - first aid cupboard in the staff room (at 84a)  
16 New End, Old White Bear and Shul - behind the receptionist's desk in 16 New End

Medicines should be stored strictly in accordance with product instructions and in the original container. Any non-prescribed medication given in school will be administered according to Covid safe rules. All liquids will be administered by disposable cups. staff administering medication will wear appropriate PPE, including gloves.

## Lower School:

Each class has an orange medical file containing accident/incident forms, blank 'head bump' letters, medication consent forms, medication record forms, children's medical issues, any care/crisis plans and list of children with medical needs.

Pupils own, **prescribed** medications will be kept in a locked metal cupboard in their classroom, or if required in the fridge in the staffroom, except for adrenaline auto injectors and asthma inhalers which are kept in the child's classroom and on the child's person.

All medicines are kept in an individual plastic bag along with a copy of the parent consent form. The original parent consent form is kept in the child's class orange medication file and then collected and stored along with

the accident/incident forms once the course of medicine is finished. All medicines should be clearly marked with the child's name and expiry date. They should include the prescriber's instructions for administration.

No medication may be given to children in school without a signed consent form from the parents, both for short-term as well as long-term medical needs. This can be done on the parent portal or using a paper form from the class teacher. Medications administered are recorded to provide a complete audit trail for all medications. Any medication given in school will be administered according to Covid safe rules. All liquids will be administered by disposable cups. staff administering medication will wear appropriate PPE, including gloves.

## Upper School:

In the upper school pupils move around to different classrooms with different teachers. This situation combined with their increased maturity means that, wherever appropriate, pupils are encouraged to take greater responsibility for their own medical treatment. However, before a pupil can self administer a risk assessment must be undertaken to ascertain the risks involved to both the pupil and others.

Medications are stored in the school medical cabinet located behind the reception desk along with a paper based inventory of current stock which is updated every time a medication is administered or stock replenished. A First aid form will be completed on the school database at the time of administration detailing the reason for the administration as well as details of dosage.

Whenever a child comes to school with a prescribed medication, the medicine must be accompanied by the relevant short term or long term consent forms on which a full record of administration will be kept.

If the pupil is deemed competent to safely manage their own prescription medication, then they will be granted permission to carry no more than is needed for the school day about their person.

## School Trips and Outings (see Educational Visits Policy)

### **Procedures for managing medicines on trips**

The school encourages pupils with medical needs to participate in safely managed trips. The school will consider reasonable adjustments to enable all children to participate fully and safely on school trips. This might include a separate risk assessment for specific pupils.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. A copy of any health care plan will be taken on trips and all trips must have at least one member of staff who will be first aid trained. There must always be two members of staff involved in the administration and witnessing the administration of medicine.

### **Managing medicines on trips and outings**

If children are going on outings, staff accompanying the children must include the class teacher for the child with a risk assessment, or the year groups TSA who should be fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the medication book entry, with the details as given above.

on returning to the setting the class teacher signs the medication record book and returns any unused medication to the child's parent(s) or guardian.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication.

This procedure is to be read alongside the School Educational Visits Policy' and the specific trip risk assessment.

## Pupils Own Self Held Medicines

Before a pupil can self administer a risk assessment must be undertaken to ascertain the risks involved to both the pupil and others. After discussion with parents, competent pupils with certain medical conditions, e.g. severe allergy, asthma, diabetes, epilepsy, cystic fibrosis, should be encouraged to take responsibility for keeping and self-administering their own medications, e.g. adrenaline, Ventolin, insulin. This risk assessment and discussion with parents will form the basis of an Individual Health and Care Plan (IHCP). A template for such a plan is included in Appendix 1 of this policy.

Children who can administer their medication themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, the relevant staff should administer the inhaler and manage procedures for them. Self-held medication must be clearly marked with the pupil's name and kept securely in their bags or on their person and **NEVER** given to anyone else, even if they have the same symptoms.

### **Staff**

A list of emergency contacts and medical issues will be kept for all School Staff.

## MEDICAL EMERGENCIES

1. Ensure patient is safe.
2. Ask Reception to locate a First Aider to attend the patient.
3. The First Aider must decide the next course of action.
4. NHS non-emergency advice DIAL 111.
5. If the patient's condition is serious DIAL 999.
6. Advise Duty Houseparent and/or the Headteacher.

**You may need to give instructions on how to get to Heathside School.**

In cases where it is not possible to take the patient by car, for example a broken limb, severe head injury or transport is unavailable, DIAL 999 and ask for an ambulance stating exactly where you are and the nature of the injury. Ensure someone goes to the front of the school to direct the ambulance.

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
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

## **Pupils with Chronic or Complex Medical Needs, Conditions or Disabilities**

The School's Admissions Policy and Medical Form upon application considers students with chronic or complex medical needs, conditions or disabilities in accordance with DfE guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306952/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

### **Under Section 100 of the Children and Families Act 2014:**

- This policy is available to potential students and their parents to encourage disclosure of medical information on application.
- On application, any special or physical needs disclosed will immediately be brought to the attention of the Headteacher for consideration.
- Parents are made aware that if due to non-disclosure of information adjustments cannot be made in a planned, proactive manner there is a risk that the school will not be able to accommodate their child safely.
- If appropriate the parents should meet with the Headteacher to consider the needs of the student and the expectations of the student and their parents. This will take place before the pupil is accepted.
- Following the meeting and assessment the school will decide if any reasonable adjustments need to be made to accommodate the student safely within the school.
- For students with chronic or complex medical needs, conditions or disabilities a risk assessment will be performed and reviewed at least annually.
- Students at the School will be properly supported so that they have full access to education, including school trips and education.
- The Headteacher will ensure that arrangements are in place to support students at school with medical conditions.
- The Headteacher and leadership team will consult with health and social care professionals, pupils and parents to ensure that the needs of the children are effectively supported.
- Protocols for students with medical needs (such as diabetes or epilepsy) can be found electronically on the teacher's portal in the section titled Medical/ Diet Notes.

### **List of Forms:**

1. School medical questionnaire
- 2a. Lower and Middle School over the counter medicine permission form
- 2b. High School over the counter medicine permission form
3. Lower and Middle School Record of Administration
4. Short term (prescription) consent form
5. Long term (prescription) consent form
6. Staff training record form

Dear Parent

### **School Medication Policy**

Legally, schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. However, it is the school's policy to assist children and parents by administering medicines in school time wherever possible, by a first aider.

The school does impose certain conditions before it will administer medicine to the children in its care.

Parents must ensure that all medicines are clearly marked, with the name of the child, the dosage and times that the medicine should be administered all stated. In the case of prescription medicines, the original label with the child's name must be on the medication.

Parents must hand the medicine directly to the school reception along with the appropriate short or long term medication form.

After discussion with parents, competent pupils with certain medical conditions, e.g. severe allergy, asthma, diabetes, epilepsy, cystic fibrosis, should be encouraged to take responsibility for keeping and self-administering their own medications, e.g. adrenaline, Ventolin, insulin.

Parents are responsible for collecting the medicine from the School at the end of the day.

Parents must complete a medical consent form (available from the parent portal in the 'Forms' section), giving permission for the medicine to be administered at the school. The completed form, along with the medication will be handed to the class teacher.

Yours sincerely,

**Kate Vintiner**  
**Headteacher**

# Heathside School

## Medical Questionnaire

Medical Form 1

Confidential questionnaire to be completed by parent/guardian, signed and returned to Heathside School.

**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL AND WRITE N/A IN RESPONSE TO ANY QUESTION THAT DOES NOT APPLY.**

|   |   |
|---|---|
| <p><b>Personal Information</b></p> <p>Full name of child</p> <p>Address</p> <p>Date of Birth</p> <p>Town and country of birth</p> |   |
| <p><b>Emergency Contact 1</b></p> <p>Name:</p> <p>Relationship to child:</p> <p>Telephone Number:</p>                             | <p><b>Emergency Contact 2</b></p> <p>Name:</p> <p>Relationship to child:</p> <p>Telephone Number:</p> |
| <p>NHS Number of Child:</p>   |   |
| <p><b>NHS GP</b></p> <p>Name:</p> <p>Address:</p> <p>Telephone Number:</p>  | <p><b>Private GP</b></p> <p>Name:</p> <p>Address:</p> <p>Telephone Number:</p>                        |

| <b>Immunizations</b>                        |  |  |
|---|--|--|
| When  | Immunization   | Dates  |
| As a baby                                   | DTP, Polio, Hib<br><br>Pneumococcal<br><br>MenB<br><br>Rotavirus | 1.<br>2.<br>3.<br><br>1.<br>2.<br><br>1.<br>2.<br><br>1.<br>2. |
| 12 months                                   | Hib and MenC<br>Pneumococcal<br>MMR<br>MenB                      |  |
| 2 – 7 years                                 | Influenza (yearly)   | 1.<br>2.<br>3.<br>4.<br>5.                                     |
| 3 <sup>1/2</sup> years – pre-school booster | DTP and Polio<br>MMR   |  |
| Girls 12 – 13 years                         | HPV  | 1.<br>2.   |
| 14 years                                    | DT and polio<br>MenACWY  |  |

## Medical Conditions

Does your child suffer from, or ever suffered from the following?

**Please specify exact condition:**

|  |          |
|--|----------|
| Breathing problems e.g. asthma         | Yes / No |
| Skin problems e.g. eczema              | Yes / No |
| Allergies                              | Yes / No |
| - Anaphylactic reaction                | Yes / No |
| Endocrine problem e.g. diabetes        | Yes / No |
| Neurological problem e.g. epilepsy     | Yes / No |
| Headaches / migraine                   | Yes / No |
| Ear, nose and throat problems          | Yes / No |
| Visual or eye problems                 | Yes / No |
| Anxiety/ Low mood /Depression          | Yes / No |
| Dental problems                        | Yes / No |
| Musculoskeletal problems               | Yes / No |
| Urinary problems e.g. bedwetting / UTI | Yes / No |
| Heart problems                         | Yes / No |
| Abdominal symptoms                     | Yes / No |
| Hearing problems                       | Yes / No |
| Speech difficulties                    | Yes / No |
| Travel sickness                        | Yes / No |

Any other information you feel the school should know about?

## Medical Conditions continued

Does your child have any past or current emotional, personal, family issues that may be helpful for us to know about?

Yes / No

Does your child have any special educational needs? Yes / No

Any special dietary requirements?

Yes/No

If you have answered yes to any of the questions above, please provide as much information below about the condition:

## Medication

Please provide details of any medication your child takes regularly:

| Medication | Dose | Frequency |
|------------|------|-----------|
|            |      |           |
|            |      |           |
|            |      |           |

Please provide details of any medication that your child takes on an 'as and when' basis (this may include medication for period pain or headaches and antihistamines).

| Medication | Dose | Circumstances under which your child should use/take it |
|------------|------|---|
|            |      |   |
|            |      |   |
|            |      |   |
|            |      |   |
|            |      |   |
|            |      |   |

## Consent

I understand that it is my/our responsibility to inform the school in writing if my child develops or experiences a change in any known medical condition, health problems or allergy, educational needs or has been exposed to a contagious disease.

All health information or prescribed medication, held by the school, must be kept up to date throughout the child's time at the school.

Print name:

Sign:

Date:

Please ensure that any medication that needs to be given during school hours, by the school staff, is accompanied by **CLEAR INSTRUCTIONS OR CARE PLAN IN ENGLISH** from your GP or Consultant.

Please note:

- The Heathside School Health and Wellbeing team is here to support your child during school hours but it is not here to replace your child's usual GP/ NHS services.
- All pupils must be registered with their own GP.
- Emergency first aid will be given as and when necessary and parents/guardians will be informed what they have received.
- Parents should ensure that children's eyesight is to be checked regularly and concerns about a child's hearing should be looked into promptly by your GP.
- Wherever possible, parents or guardians will be advised before a pupil is taken to hospital. Occasionally, it is difficult to contact the parent or guardian. In such circumstances, the Headmistress will give consent, should emergency treatment be necessary.

Health and Wellbeing Service  
Heathside School  
84A Heath Street, Hampstead  
London NW3 1DN

email [health@heathsideprep.co.uk](mailto:health@heathsideprep.co.uk)

## Heathside Preparatory School Parental Consent for the Administering of Non- Prescribed Medication

Children may sustain injuries or become unwell at school but are still well enough to remain in school. The administration of non-prescribed medication may be needed to help them recover and allow them to return to lessons.

Please complete this form by circling yes or no to each question and initialing each declaration for each non-prescribed medication.

### Child's Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

#### Paracetamol Suspension

I consent to school staff administering Paracetamol Suspension for the treatment of pain, headaches and fever.

**YES / NO**

I confirm that he/she has never had an adverse reaction to taking Paracetamol Suspension.

**Parents Initials:** \_\_\_\_\_

#### Antihistamine Suspension (e.g. Cetrizine Hydrochloride)

I consent to school staff administering Antihistamine Suspension for the treatment of Hayfever, rash, insect bites or stings.

**YES / NO**

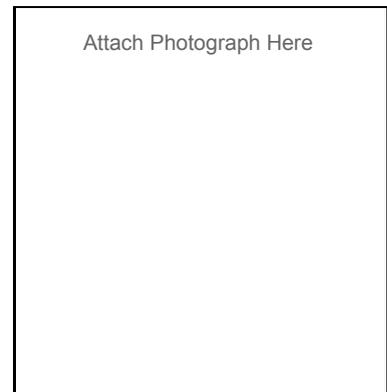
I confirm that he/she has never had an adverse reaction to taking Antihistamine Suspension.

**Parents Initials:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**HEATHSIDE PREPARATORY SCHOOL RECORD OF MEDICATION ADMINISTERED**



Full Name of Child:

D.O.B:

Class:

Boarder: Y / N

|                   |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|
| Name of Medicine: |  |  |  |  |  |  |  |  |
| Strength:         |  |  |  |  |  |  |  |  |
| Date:             |  |  |  |  |  |  |  |  |
| Time:             |  |  |  |  |  |  |  |  |
| Dose Given:       |  |  |  |  |  |  |  |  |
| Given By:         |  |  |  |  |  |  |  |  |
| Sign:             |  |  |  |  |  |  |  |  |
| Witness Name      |  |  |  |  |  |  |  |  |
| Witness Sign      |  |  |  |  |  |  |  |  |

|                   |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|
| Name of Medicine: |  |  |  |  |  |  |  |  |
| Strength:         |  |  |  |  |  |  |  |  |
| Date:             |  |  |  |  |  |  |  |  |
| Time:             |  |  |  |  |  |  |  |  |
| Dose Given:       |  |  |  |  |  |  |  |  |
| Given By:         |  |  |  |  |  |  |  |  |
| Sign:             |  |  |  |  |  |  |  |  |
| Witness Name      |  |  |  |  |  |  |  |  |
| Witness Sign      |  |  |  |  |  |  |  |  |



Heathside School

**Short Term Medication Consent Form**

I hereby consent to Heathside School administering the following medication to my child in accordance with the school’s Administration of Medicine policy.

Name of Child:

Class:

Medical condition/illness:

Name of Parent/Guardian:

Relationship to Child:

Signature:

Contact Number:

**Administration of Medicine:**

Medicine:

Expiry Date:

Dosage:

Qty handed over:

Times to be Administered:

Start Date:

End Date:

| Date | Time | Dosage | Name and Signature of First Aider | Name and Signature of Witness | Qty Remaining |
|------|------|--------|-----------------------------------|-------------------------------|---------------|
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |
|      |      |        |                                   |                               |               |



**Long Term Medication Consent Form**

I hereby consent to Heathside School administering the following medication/s to my child in accordance with the school’s Administration of Medicine policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

|                            |  |                 |  |
|----------------------------|--|-----------------|--|
| Name of Child:             |  | Class:          |  |
| Medical condition/illness: |  |                 |  |
| Parent/Guardian Name:      |  | Signature:      |  |
| Relationship to Child:     |  | Contact Number: |  |

**Administration of Medicine/s:**

Self-Administration: Yes/No

If “Yes”, do they need supervision? Yes/No

|   |
|---|
| Medication:<br>Expiry Date:<br>Dosage:<br>Times to be Administered: |



# Heathside School

## Staff training record – administration of medicines

Name of school/setting: -----

Name: -----

Type of training received: -----

Accreditation (where appropriate) -----

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 covered by it. I recommend that the training is updated

(please state how often).

Trainer's signature: ----- Date: -----

I confirm that I have received the training detailed above.

Staff signature: ----- Date: -----

Suggested review date: -----