



*'ALIS VOLAT PROPRIIS'*

**SEATON HOUSE SCHOOL**

**POLICY ON TREATMENT AND**  
**ADMINISTRATION OF MEDICINE IN**  
**SCHOOL**

Date Reviewed: September 2020

Next Review Date: Autumn 2021

Reviewed by: Head and SLT

## **This policy applies to the EYFS, Key Stage 1 and Key Stage 2.**

Seaton House School believes that inclusion and equal opportunities for pupils with medical needs are an entitlement and as a school we are committed to providing pupils with medical needs with as much education as their condition allows in order to minimise disruption. Our emphasis is on continuance of the learning process for all pupils, including those with medical needs.

Pupils at this school may be affected by a wide range of medical needs.

These may include:

- Long term conditions
- Recurring medical conditions
- Life threatening conditions
- Operations and injuries
- Effects of treatment for diagnosed medical conditions
- Infectious diseases

### **Aims**

- To enable pupils with medical needs to participate as fully as possible in school activities
- To facilitate the attendance of pupils who have medical needs
- To ensure the safety of pupils requiring medication, other pupils, staff and other people who have access to the school
- To ensure the safe and correct storage and administration of medication to pupils.
- To ensure the appropriate training and support for any teacher or school employee who volunteers to administer medicine.

### **Administration of medicines**

The administration of medicines to pupils is the responsibility of parents and there is no legal or contractual duty on the Headteacher or school staff to administer medicine or supervise a pupil taking it.

Pupils who are clearly unwell e.g. vomiting, diarrhoea or high temperature or have an infectious condition, should not be in school and they should be kept at home.

This school operates a policy of no medicines, (except inhalers and allergy treatments) administered by staff within school and no medicine prescribed or bought over the counter must come into school with a child, unless a specific Health Care Plan has been agreed with the Headteacher.

If a pupil requires medication during the school day, a parent or other nominated adult should come to the school or should take the pupil home to administer it.

All Health Care Plans are set up at the discretion of the Headteacher. In these circumstances the School will endeavour to ensure that pupils and the parents of pupils requiring medication feel secure in the school's ability to support them, and to administer the medication efficiently and in accordance with relevant instructions.

The school reserves the right to withdraw this concession at any time.

## **Administration of medicines in the Early Years Foundation Stage.**

As in the rest of the school, the administration of medicines to children is the responsibility of parents. The policy of no medicines administered by staff and no prescribed or over the counter medicines brought into school by pupils applies. Likewise, in certain exceptional circumstances, a special protocol for administering medicines to a pupil may be agreed. In this case parents must give permission for each single dose of medicine and if administered parents must be informed daily in writing.

### **Treatment of pupils**

In the event of a minor accident the school will administer first aid as appropriate and according to the School's First Aid Policy. In the event of a more serious accident, the school will seek medical attention - probably at the local Accident and Emergency Unit. Although a member of staff will accompany the pupil to the local hospital, parents will be informed and they have a responsibility to come to the hospital as soon as is practicable.

All staff are familiar with precautions for avoiding infection and will follow normal hygiene procedures. Additional precautions will be put in place during pandemics or other exceptional circumstances. During Covid all staff treating or administering First Aid to a pupil will wear PPE, (gloves, apron and mask), full details are on the risk assessment.

### **Medication:**

In those cases where a protocol has been agreed and set up, the parent should arrange delivery of all agreed medicines to be taken or administered in school. Medicines should be supplied in a suitable container, clearly labelled with the pupil's name and should be accompanied by written instructions from the parent or prescribing doctor specifying the preparations, storage arrangements, expiry date, dosage and circumstances under which it should be given.

When all the documentation has been completed satisfactorily and where teaching and non teaching staff have been trained in the administration of medicines procedures and are familiar with the school policy, they will be deemed to be acting within the scope of their duties when they administer medicines to a pupil.

NB A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.

*The School's public liability policy provides indemnity to its employees against any legal liability/claims in the unlikely event of legal action by a parent.*

The following documentation should be completed in all cases. [Appendix 1]

- Administering Medicine & HealthCare Form
- All HealthCare Plans to be signed by the Headteacher

And, if the medicine is self administered. [Appendix 2]

- Request for pupil to carry their own medicine

When medicine is administered/supervised. [Appendix 3]

- Record of Medication Given to Pupils

## **The Health Care Plan**

This is to identify the level of support required by pupils who have medical needs. It clarifies for staff, parents and the pupil the help that the school can provide and receive. The will be reviewed every year and more frequently if necessary. The information on the form will be treated sensitively and confidentially.

The form will help identify any training which is needed by staff who have agreed to administer medicines.

## **Storage of medicines**

Medicines are potentially harmful substances and they will be stored safely in a secure place not accessible to pupils. All medicines will be kept in a suitable container and will be labelled with the child's name, the name and dose of the drug, its expiry date and its frequency of administration.

Medicines which require refrigeration will be kept in the refrigerator in Junior House which will be locked. Each will be stored in an airtight container which is clearly marked on the outside with the name of the child, name of the drug and the condition for which it is to be administered.

Pupils will know where their medicines are stored and, if the container is locked, who holds the key. If the school holds medication which may be needed in an emergency all staff should know the location of the key. A few medicines such as asthma inhalers or adrenaline injectors must be immediately available to pupils and will not be locked away. Large

quantities of any drug are not kept on the School premises and any expired medicine or any medication left at the end of term should be collected by the parent.

## **Emergency procedures**

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All staff know the School's emergency procedures and the names of staff responsible for medical incidents and emergencies and how to call the emergency services. Any pupil taken to hospital will be accompanied by a member of staff who will remain with the pupil until a parent or other nominated adult arrives. If the pupil is taken to hospital by car they will be accompanied by 2 adults, one of which should be fully trained first aider.

A copy of the emergency details is posted in each building next to the telephone.

### **REVIEW**

This policy will be reviewed every two years.

**Reviewed September 2020**

**Judith Evans**

Chair of Governors

**Ruth Darvill**

Headteacher

### **Appendix 1**

## **Administering Medicine & Healthcare Plan Form**

**Name**

**Date of Birth**

**Form**

**Condition(s)**

### **Contact Information**

**Family Contact 1**

Name

**Family Contact 2**

Name

Relationship to child  
Address

-----  
-----  
-----

Work Phone:  
Home Phone:  
Mobile number:

-----  
-----  
-----

Relationship to child  
Address

-----  
-----  
-----

Work Phone:  
Home Phone:  
Mobile number:

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-----  
-----

**Clinic/Hospital  
Contact Name**  
Address

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-----  
-----

Phone number:

-----  
-----

**G.P. Name**  
Address

-----  
-----  
-----

Phone number:

-----  
-----

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

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-----  
-----  
-----

**Name of Medication 1**

**Medication Type**

**Dosage**

**Timing**

**Possible Side Effects**

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**Name of Medication 2**

**Medication Type**

**Dosage**

**Timing**

**Possible Side Effects**

-----

**Daily care requirements** e.g. before sport/ lunchtime etc.

.....  
.....  
.....  
.....

**Describe what constitutes an emergency for the pupil and the action to be taken if this occurs**

.....  
.....  
.....  
.....

**Follow up care/ Any other information which may be useful**

.....  
.....  
.....  
.....

I confirm that the above information is accurate at the time of writing and I give consent to school staff administering\*/supervising my daughter taking her medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in my daughter's condition or the medication required.

Signature: ..... Print name: .....

Date: .....

**\*Please note: medication will only be administered by school staff in a medical emergency.**

**Confirmation of the Headteacher's agreement to Pupil Healthcare Plan.**

I agree that ..... will receive

the medication described in their Healthcare Plan as required by their condition.

..... will be supervised/supported whilst he/she takes

their medication by a member of staff.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**One copy of this form should be retained by the pupil parent/guardian and one by the School.**

**Appendix 2**

**Request form for parents to complete if they wish their child to carry their own medication.**

**Part One**

To be completed by the pupil's parent/guardian

**Details of Pupil**

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Form \_\_\_\_\_

Medical Condition \_\_\_\_\_

\_\_\_\_\_

**Medication**

Name of medication \_\_\_\_\_

As described on the \_\_\_\_\_

container \_\_\_\_\_

Type of medication \_\_\_\_\_

Tablet/liquid/inhaler etc. \_\_\_\_\_

Date prescribed \_\_\_\_\_

\_\_\_\_\_

**Full directions for use:**

Dosage \_\_\_\_\_

Method \_\_\_\_\_

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Possible side effects .....  
Procedure to take in an .....  
emergency .....  
.....

**Contact Details**

Name .....  
Relationship to pupil .....  
Daytime phone .....  
number .....  
Address .....  
.....  
.....

*I would like my daughter to keep her medication with her for use as necessary.*

*I understand that the medicine must be clearly named and that my daughter must be able to administer it correctly and unaided.*

Signature .....

Date .....

**Part Two**

**Confirmation of the Headteacher's agreement for a pupil to carry their own medicine.**

I agree that..... will be allowed to carry and administer  
..... as required.

Signature.....

Date .....

**One copy of this form should be retained by the pupil parent/guardian and one by the School.**

