



HAILSHAM COMMUNITY COLLEGE  
ACADEMY TRUST

*'Be the very best you can be'*

# Administration of Medicines Policy

<b>SLT responsible:</b>	Head of Business Services
<b>Last reviewed:</b>	July 2024
<b>Ratified by Trustees:</b>	11 July 2024

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## 1. Key roles and responsibilities

- 1.1. The Board of Trustees has overall responsibility for the implementation of the Administering Medication Policy and procedures of Hailsham Community College (Academy Trust)
- 1.2. The Board of Trustees has overall responsibility for ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.3. The Board of Trustees has responsibility for handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.4. The Board of Trustees has responsibility for ensuring the correct level of insurance is in place for the administration of medication.
- 1.5. The Executive Principal will be responsible for the day-to-day implementation and management of the Administering Medication Policy and procedures of Hailsham Community College (Academy Trust)
- 1.6. First Aid Staff are responsible for overseeing insulin injections for diabetic pupils.
- 1.7. Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for also ensuring pupils do so also.
- 1.8. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.
- 1.9. Parents and carers will be expected to keep the school informed about any changes to their child/children's health.
- 1.10. Parents and carers will be expected to complete a [medication administration form](#) prior to bringing medication into school.
- 1.11. Parents and carers will be expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

## 2. Definitions

- 2.1. Hailsham Community College (Academy Trust) defines "medication" as any prescribed or over the counter medicine.
- 2.2. Hailsham Community College (Academy Trust) defines "prescription medication" as any drug or device prescribed by a doctor.
- 2.3. Hailsham Community College (Academy Trust) defines a "staff member" as any member of staff employed at Hailsham Community College, including teachers.

### 3. Training of staff

- 3.1. Relevant staff will receive training on the Administering Medication Policy as part of their new starter induction.
- 3.2. Relevant staff will receive regular and ongoing training as part of their development.

### 4. Guidelines

- 4.1. Prior to First Aid Staff administering any medication, the parents / carers of the child must complete and sign a medication administration form.
- 4.2. No child will be given medicines without written parental consent, or aspirin unless prescribed by a doctor.
- 4.3. Medicines **MUST** be **in date, labelled**, and provided in the **original container** with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 4.4. A maximum of four weeks supply of the medication may be provided to the school. Exceptions apply in the case medicines such as of AAI's (EpiPen's), asthma pumps, and other similar medicines for long term conditions that can be kept until the expiry date.
- 4.5. For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHCP) will be developed in liaison with the pupil, parents/carers, Executive Principal, SENCO and medical professionals.
- 4.6. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 4.7. Medications will be stored securely in the First Aid Room
- 4.8. Only qualified staff may administer a controlled drug, countersigned by another staff member.
- 4.9. Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the Executive Principal will delegate the responsibility to another staff member.
- 4.10. Any medications left over at the end of the course will be returned to the child's parents.
- 4.11. Records will be kept of any medication administered to children on the college's Medical Tracker system.
- 4.12. Pupils will never be prevented from accessing their medication.
- 4.13. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member.

4.14. Hailsham Community College (Academy Trust) cannot be held responsible for side effects which occur when medication is taken correctly.

## Appendix 1 – Individual Healthcare Plan Template

# HEALTH CARE PLAN

**Please only complete if your son/daughter has a medical diagnosis or condition**

Name of school/setting	Hailsham Community College
Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### **Family Contact Information**

1. Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

2. Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

### **Clinic/Hospital Contact**

Name	
Phone no.	

### **G.P.**

Name	
Phone no.	

Continued overleaf

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, contra-indications, administered by/self-administered with/without supervision

Daily care requirements (if necessary)

Arrangements for school visits/trips etc (if different from on-site arrangements)

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*)

Name of Parent \_\_\_\_\_ Parent

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use: PLEASE PASS TO THE MEDICAL ROOM

(please tick when actioned)

Tracker

Medical

SIMs

## Appendix 2 - Parental agreement for school to administer medicine

**To be completed by the Parent/Carer of any child/young person to whom drugs may be administered under the supervision of school/setting staff. 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.**

If you need help to complete this form, please contact the school/setting or the Health Visitor attached to your doctor's surgery.

*Please complete in block letters*

Date for review to be initiated by

Name of School/setting

Name of Child

Date of birth

Year/Mentor Group

Medical Condition or illness


### **Medicine**

Name/type of medicine

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 – Yes/No

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

**A separate form must be completed for each medicine.**

I accept that I must deliver the medicine personally to (agreed member of staff). The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their 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.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school/setting, the school/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signatures(s) \_\_\_\_\_ Date \_\_\_\_\_