



MEDICATION POLICY

Date of approval by Governors: January 2015

Next review date: January 2016

This policy document and the content contained therein remains the responsibility of the Senior Leadership Team and the Trustees. No amendments can be made without their express instruction. The Senior Leadership Team remain the final arbiters in all matters relating to this policy

Medication Policy

1. Introduction

Great Sankey High School is committed to assisting students with short term, long term or complex medical needs. This policy aims to provide a sound basis for ensuring that students with medical needs receive proper care and support at school to minimise dis.

The Headteacher accepts responsibility, in principal, for school staff administering or supervising students taking prescribed medication during the school day.

The Headteacher and Governors will support staff within the school, Jan Malone are willing to administer medication. These staff will be insured in the event of a claim for negligence so long as they have followed the procedures set out in this policy.

The medical room staff are responsible for issuing/recording administration of medication.

2. Receiving medication in school

On arrival at school, all medication should be brought to the medical room and passed on to the medical room staff – Mrs K Cahill, Mrs L Canning and Mrs G Buchan.

All medication MUST be in its original labelled container in which it was received from the pharmacy/chemist and clearly labelled with:

- The students name
- The name and strength of the medication
- The dosage and when the medication should be given
- The expiry date

When a student is prescribed with two or more medicines, each should be in a separate container and the combination verified by the student's GP.

2.1 Storing Medication

The school *will not* store large volumes of medication.

The students will be informed where their own medication is stored and Jan Malone holds the key.

Medical room staff – Mrs K Cahill, Mrs L Canning and Mrs G Buchan

After 3.00 – students to ask for Jan Malone. She has a spare set of keys to get into the medical room.

Medication is stored in a locked medication cabinet. They keys are stored in an accessible but restricted place known to the medical room staff and Jan Malone.

A few medicines, such as asthma inhalers, must be readily available to students. The school will allow students to carry their own inhalers but this will depend on the aptitude of the student concerned. Medical room staff will store a spare inhaler if parents/carers would like their child to have one in school in case they forget to bring one.

The medication will be stored in a container with the students name on it. A medication ID card with the student's details and photograph will be made and put into the container with the medication so that staff can be sure that the medication is being administered to the appropriate student.

3. Documentation

Verbal messages for school to administer medication are not acceptable

Formal systems and procedure will be backed up by:

Form **MED1** – *Request for school to administer medication*

Form **MED2** – *Health Care Plans for a Pupil with medical needs (for long term medication)*

Form **MED3** – *Request for student to administer medication*

Medication administered to pupils will be recorded in the Adminstrating of Medication record book or an individual student record sheet may be kept.

A student ID medication card will be made for each pupil requiring medication.

4. Administering Medication

Staff Jan Malone volunteer to administer medication will receive training/advice from the appropriate health practitioner/school nurse. This will be updated when required.

Before medication should be administered, the student identity must be established by checking the pupil's medication ID card or another member of staff.

Staff will only follow directions for administration provided by the health practitioner.

These details *are not to be deviated from* unless further officially prescribed dose details are given to the school in writing using the parental request form MED1.

Staff will record details of each administration in the Adminstrating of Medication record book or individual student record sheet.

If students refuse to take medication, school staff will not force them to do so. Medical room staff should inform the students Head of Year and Parents/Carers straight away.

4.1 Self-Administration of Medication – Parent/Carer must complete a written request form for their child to self-administer medication (e.g. insulin or asthma medication). This will only be allowed if a student is competent to administer their own medication.

4.2 Disposal of Medicines

On request, parents should collect medicines held at school that are date-expired. Parents are responsible for the disposal of date-expired medicines. School will only do this in exceptional circumstances.

5. School Trips

Great Sankey High School encourages students with medical needs to participate in school trips. However, this will be dependent on the successful outcome of an individual risk assessment by the trip leader. Before any student can go on a school trip a parental consent

form must be completed and returned. This form requires details medical information to be provided and school retains the right to refuse to allow a student to take part in an activity if this form has not been filled in accurately.

Sometimes, the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising trips should always be aware of any medical needs, and relevant emergency procedures. Students with individual Health Care Plans will need to have these reviewed prior to any school trip. In some cases, it may be appropriate for an additional member of staff or the parents/Carers to accompany that particular student.

6.0 Emergency Procedures

Great Sankey High School has a core of first aid trained staff (support and teachers). An up to date list of these staff is held by Jan Malone and there is a copy in the medical room. Courses are arranged to update staff once their certificate is due to expire. (see First Aid emergencies and first aider on-call procedures)

Signed..... Date

Chair of Governors

GREAT SANKEY HIGH SCHOOL –FORM MED 1

The school will not give your child medication unless you complete and sign this form. The Headteacher has agreed that school staff Jan Malone volunteers to do so can administer the medication in line with school policy.

DETAILS OF STUDENT

Name:	Year group:
Address:	Date Of Birth:
	Male/Female
Condition or Illness: _____ _____ _____ _____	

MEDICATION

Name and strength of medication (as described on the container):	
Form (e.g. tablet, syrup, cream):	
For how long will your child take this medication?	
Date dispensed by pharmacist/doctor:	
FULL DIRECTIONS FOR USE	
Dosage and method to be taken:	
Time to be taken:	
Details of any side effects:	
Can you child self-administer?	
Procedures to take in an emergency:	

CONTACT DETAILS

Name: _____ Daytime Telephone: _____
Relationship to Student: _____
Address (if different to Student's given above): _____

I understand that I must deliver the medicine personally to the school reception and accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.

Parent/Carer Signature: _____ Date: _____
Relationship to Student: _____

GREAT SANKEY HIGH SCHOOL
HEALTHCARE PLAN FOR A STUDENT WITH MEDICAL NEEDS
FORM MED 2

Name: _____

Date Of Birth: _____

Year/Group: _____

Condition: _____

CONTACT INFORMATION

Family Contact 1

Family Contact 2

Name: _____

Name: _____

Phone No: _____

Phone No: _____

Relationship: _____

Relationship: _____

G.P

Name: _____

Phone No: _____

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

Medication:

Daily Care requirements: (e.g. before sport/at lunchtime)

Describe what creates an emergency for the student, and the action to take if this occurs:

Follow up care:

Date completed _____

Signature: _____

Position: _____

Self-Administered Medication Permission –FORM MED

3

Parent/Carer Consent:

Please allow my child _____ Group: _____

To carry out and administer his/she inhaler by his/her doctor. I will take responsibility for monitoring my child to insure that he/she is carrying and administering the medication responsibly and as ordered.

Parent/Carer Name (Print)

Parent/Carer signature:

Date: