

THE ADMINISTRATION OF MEDICINES IN EDUCATIONAL ESTABLISHMENTS AND SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Issue: October 2018

The Administration of Medicines in Educational Establishments

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1. INTRODUCTION

- 1.1. All Governing bodies, Head teachers and Managers must make arrangements for supporting pupils in their establishment with medical conditions. They should follow the guidance in this document which has been drawn up in accordance with the DfE statutory guidance 'Supporting Pupils at School with Medical Conditions' (August 2017).
- 1.2. All educational establishments should have a policy, procedures and suitable arrangements in place to ensure that individuals with medical needs are properly supported so that they can play a full and active role in school life and achieve their academic potential.
- 1.3. Most young people will at some time have short-term medical needs e.g. finishing a course of antibiotics. Some young people will also have longer term, more complex medical needs and may require medicines or on-going support to help manage their condition and stay healthy. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection or those with severe asthma may have a need for inhalers or additional doses during an attack.
- 1.4. Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
- 1.5. In most cases children with medical needs are able to attend school, and have the right to receive a full education, with appropriate access to the entire National Curriculum, including PE, Food Technology, Design and Technology. Governing bodies should ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child, including access to the broader School Curriculum such as school trips, residential visits etc. For those children who have a disability, the school also has an obligation under the Equality Act 2010, not to discriminate against a pupil in the way it provides education, or in the way in which it affords a pupil access to a benefit, facility or service. This means all school activities including extracurricular and leisure activities, afterschool and homework clubs, sports activities and school trips. An Individual Health Care Plan (Wirral IHCP 2018) Template H can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk. Additional one-off planning may be necessary for activities such as residential trips.
For children who are unable to attend full-time, schools should be flexible in their approach and consider programmes of study that rely on part-time attendance in combination with alternative provision arranged by the Local Authority. Referrals for alternative provision for children who cannot attend school due to health needs should be made to:

Wirral Home Education Service, Hilbre High School.

- 1.6. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A schools' ability to provide effective support will depend on working co-operatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate social care professionals), local authorities and parents and pupils is critical.
- 1.7. Parents have the prime responsibility for their child's health and should provide schools with sufficient and up to date information about their child's medical needs. Parents should be involved in the development and review of their child's Individual Health Care Plans (IHCP) where one is considered appropriate. They should carry out any action they have agreed e.g. providing medicines and equipment or notifying any changes in a timely manner and ensuring they or another nominated adult are contactable at all times.
- 1.8. No child should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- 1.9. In line with their safeguarding duties, Governing bodies, Head teachers and Managers should ensure that a pupils' health is not put at risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 1.10. School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Please see paragraphs 3.24 – 3.33 for further information on training.

2. DEVELOPING A SCHOOL'S MEDICINES POLICY

- 2.1 Educational establishments should develop a policy and associated procedures for the administration of medicines that aims to enable regular attendance. The policy needs to be clear and should be made available to all staff, parents and young people.
- 2.2 The school policy should cover the following:-

Policy Implementation and Roles and Responsibilities

- Procedures to be followed whenever a school is notified that a pupil has a medical condition
- A named person who has overall responsibility for the policy implementation
- A commitment that all relevant staff will be made aware of a child's medical condition including briefing for supply teachers.
- A clear statement on parental responsibility in respect of their child's medical needs
- Child's role in managing their own medical needs

Staff Training and Support

- A named person who is responsible for ensuring that sufficient staff are suitably trained.
- Suitable, appropriate and timely staff training in dealing with medical needs.

- Set out how staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed.
- Specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Administration of Medication & Record Keeping

- Who parents should liaise with regarding medicines management
- The need for prior written agreement from parents for any medicines to be administered
- Procedures for managing prescription medicines which need to be taken during the school day
- The circumstances in which young people may take non-prescription medicines
- Risk assessment and management processes
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines, including suitable cover arrangements in case of staff absence etc. to ensure someone is always available.
- Policy on young people carrying and taking their medicines themselves
- Access to school's emergency procedures
- Procedures for managing prescription medicines on school visits and trips and any other activities outside the normal timetable
- Safe storage of medicines
- Record keeping

Individual Health Care Plans

- The school policy on assisting young people with long-term or complex medical needs, including Individual Health Care Plans (IHCP) and their review periods

School Curriculum, Day Trips, Residential Visits and Sporting Activities

- Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate fully in school
- School should consider what reasonable adjustments they might make to enable children with medical needs to participate fully in school life – links should be made to the school's accessibility plan.

Transition

- Procedures to cover transitional arrangements between home and school ,setting/school and school.

Reintegration after Periods of Absence

- Addressing educational impact
- Addressing social impact
- Addressing emotional impact

Unacceptable Practice

- Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Complaints

- Set out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

2.3 This policy should be reviewed annually or more often if changes occur.

3. MANAGING MEDICINES ON SCHOOL PREMISES

The following guidance should be observed in cases where medicines are administered within educational establishments:-

- 3.1 The Head teacher is ultimately responsible for developing a policy and detailing practices for administration of medicines in their school and to ensure that all parents and staff are aware of the procedures.
- 3.2 Medicines should only be administered in educational establishments when it would be detrimental to a child's health or school attendance not to do so. Where possible, parents/carers should be encouraged to discuss with the prescriber the suitability of medicines being prescribed in dose frequencies which enable them to be taken outside school hours.
- 3.3 It is generally unacceptable practice to require parents or make them feel obliged to attend school to administer medication or provide medical support to their child.
- 3.4 Each request for medicine to be administered to a young person in school should be considered on an individual basis. Where it is thought necessary for medicines to be administered the Head teacher or Manager should ensure that their school policy and these guidelines are followed carefully.
- 3.5 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- 3.6 The school must receive a written request from the parent giving clear instructions regarding how to administer the required dosage. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Template B: parental agreement for setting to administer medicine).
- 3.7 School staff should be aware of, and must take into account the needs of pupils with medical conditions that they teach. There is no legal duty that requires school teaching staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent.
- 3.8 The school should also consider the requirements for whole school awareness training so that all staff are aware of the school's policy and individual roles and responsibilities.

Prescribed Medicines

- 3.9 Staff should never give prescription medicine to a young person under 16 without their parents written consent.

- 3.10 Prescribed medicines are those that have been prescribed by a doctor, dentist or other healthcare professional. These medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions without first consulting with the parent and the prescriber and/or community pharmacist.** Ideally medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents should be encouraged to ask their prescriber about this.

Non- Prescribed Medicines

The school policy should set out the circumstances in which non-prescription medicines may be administered

- 3.11 Staff should never give a non-prescribed medicine to a young person under 16 without their parent's written consent. See **NHS Wirral Commissioning Group Letter "Over the Counter Medicines in schools and nurseries"** states- *"This is clear that administration of non-prescription medicines (over the counter medicines) can be administered following written permission by the child's parent and/or carer. GPs and other prescribers should not be required to write to confirm that it is appropriate to administer over the counter medicines – parents can provide this consent"*
- 3.10 Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written agreement for the school/setting to administer medicine. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Template D: record of medicine administered to all children.
- 3.11 If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- 3.12 No child under 16 should be given medication-containing aspirin unless prescribed by a doctor.
- 3.13 The school's medication policy should detail whether the school is prepared to administer non-prescribed pain relief drugs e.g. paracetamol. Pain relief drugs should only be given to children under the age of 16 when parents have given prior written permission. Medication should never be administered without first checking the maximum dosage and when any previous medication was taken. In these circumstances, specific members of staff should be authorised to issue the medication, keeping a record of child's name, time, date, dose given and the reason. Parents should be informed of any doses given.
- 3.14 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent as specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in the Edsential Policy and Guidance for Educational Visits and Offsite Activity.

Delivery, Receipt and Storage Arrangements

- 3.15 Prescribed medicines should only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and include the young person's name, instructions for the administration, dosage and storage arrangements. The label on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin which still must be in date but will be generally supplied in a pen or pump rather than its original container.
- 3.16 It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the Head teacher or another nominated responsible person by the parent or carer.
- 3.17 Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be readily available and not locked away.
- 3.18 Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required.
- 3.19 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container, clearly labeled and kept in the main body of the fridge to reduce temperature fluctuations. There should be restricted access to refrigerators holding medicines.
- 3.20 In the event of storage of a controlled drug the storage container should be secured to a wall. Only named staff should have access to the medication. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 3.21 Where individuals have an Individual Health Care Plan (IHCP) this should detail where their medication will be kept in the event of an emergency and for day-to-day use.
- 3.22 A young person should know where their own medicines are being stored and who holds the key.
- 3.23 It is recommended that the master file of parental consent and record of administration forms is kept in close proximity to the medication store for ease of reference.

Training and Instruction

- 3.24 Schools must ensure that they have robust systems in place to manage medicines safely. Staff who are responsible for the administration of medicines should be fully aware of the school's policy and procedures and have received suitable training (including refresher training) to achieve the necessary level of competency and feel confident in their ability before they take on responsibility to support children with medical conditions.
- 3.25 The level of staff training is dependent upon the amount of support they may be required to give pupils with medical conditions. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient. In other circumstances, for example, where a child has an Individual Health Care Plan (IHCP), more specific training will be required.

- 3.26 The policy should consider the requirements for whole school awareness training so that all staff are aware of the school's policy and individual roles and responsibilities.
- 3.27 Healthcare professionals, including the school nurse, can provide awareness sessions for the administration of medicines. (Wirral CT NHS Complex Needs Lead for 0-19 service)
- 3.28 For those pupils with an Individual Health Care Plan (IHCP) it is ultimately for the school to decide the level of training required - having taken into consideration the view of Healthcare Professionals and parents and this should be documented in the IHCP.
- 3.29 A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 3.30 Schools should ensure suitable cover arrangements are in place in case of staff absence to ensure someone is always available to administer the medication and support pupils with medical conditions.
- 3.31 The family of a child will often play a key role in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They may provide specific advice, but should not be the sole trainer.
- 3.32 Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra support.
- 3.33 School Managers and Head teachers may wish to develop a link with their local community pharmacist. This 'buddying-up' arrangement is intended to give immediate access to professional advice about administration of medicines.

Record Keeping

- 3.34 Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing.
- 3.35 Schools should keep written records each time medicines are given and staff should complete and sign this record (see Template C: record of medicine administered to an individual child and Template D: record of medicine administered to all children). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in the individual healthcare plan. Parents should be informed of the refusal as soon as possible – immediately in potentially life threatening circumstances e.g. refusal to take insulin.

Self-Management of Medicines

- 3.36 It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and the young person, the appropriate time to make this transition. This should be recorded in the young person's Individual Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.
- 3.37 A young person should know where their own medicines are being stored. They should be able to access their medicines for self-medication quickly and easily.
- 3.38 If a child refuses to take a medicine or carry out a necessary procedure, staff should not force them to do so (see 3.35 above), but follow the procedure agreed in the Individual Health Care Plan, where one exists.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

- 3.39 Controlled drugs are a special category of medicines which are subject to separate legislation which defines how they should be prescribed stored and administered. Examples are morphine, diamorphine and methylphenidate (also known as Ritalin). They are subject to special legislation because they are either extremely toxic or subject to misuse or both.
- 3.40 A nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.
- 3.41 Schools must keep controlled drugs in a separate, fixed, locked cupboard and only named staff should have access. A record of every administration should be kept along with the number of tablets/ volume of drugs received. The record book should always be available for external inspection. Reducing numbers of tablets should be noted after each administration.

Emergency Procedures

- 3.42 Schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures. Individual Health Care Plans (where they exist) should also include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.
- 3.43 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. A record of preceding events, including any medications given should be recorded.

Educational Visits

- 3.43 Schools should consider what reasonable adjustments they may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures

and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan (that details arrangements for the medicines management) should be available during the visit and this will be beneficial in the event of an emergency.

- 3.44 If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.
- 3.45 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent as specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in the Edsential Policy and Guidance for Educational Visits and Offsite Activity.

Disposal of Medicines

- 3.47 All Medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.
- 3.48 Where syringes and needles are used on site, staff should ensure safe disposal of these items into a sharps box. Where students are self-administering insulin or any other medication with a syringe, they should be assisted by staff in the proper disposal of sharps (for further advice on this see Wirral Council Health & Safety Arrangements on Infection Control).

4. MEDICATION ARRANGEMENTS FOR STUDENTS WITH AN INDIVIDUAL HEALTH CARE PLAN (IHCP)

- 4.1 Individual Health Care Plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when a health care plan is appropriate. An IHCP should be reviewed at least annually, more frequently if changes occur.
- 4.2 The format of individual IHCP's may vary but should capture the key information and actions that are required to support the child. The level of detail will depend on the complexity of the child's condition and the degree of support required. **A sample IHCP is provided in Template H.**
- 4.3 The IHCP should be drawn up in partnership between the school, parents, and a relevant healthcare professional, for example a consultant or nurse specialist. Pupils should also be involved whenever appropriate.
- 4.4 The IHCP should consider the following:
- The medical condition – its triggers, signs, symptoms and treatments;
 - the student's resulting needs including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where it is

used to manage their condition), dietary requirements and environmental issues e.g.: crowded corridors, travel time between lessons;

- Specific support for the student's educational, social and emotional needs (e.g.: how will absences be managed, requirements for extra time to complete exams, use of rest periods, counselling sessions);
- The level of support needed including in emergencies. If a student is self-medicating this must be clearly stated;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional and cover arrangements;
- Who needs to be aware of the student's condition and the support required;
- Arrangements for written permission from parents for medication either to be administered by a member of staff or the student;
- Separate arrangements or procedures for school trips or other school activities outside the normal school timetable;
- If there are confidentiality issues, the designated individuals to be entrusted with the information;
- What to do in an emergency including whom to contact and contingency arrangements.

4.5 Staff should not give prescription medicines or undertake health care procedures without suitable training (see Training & Instruction paragraphs 3.24 -3.33 above). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupils individual health care plan. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Home-to-establishment Transport

4.6 Most individuals with medical needs do not require supervision on transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the parent and health professionals as to whether supervision may be required. This should be included on the Individual Health Care Plan.

5 COMMON CONDITIONS AND PRACTICAL ADVICE

5.1 The medical conditions in young people that most commonly cause concern in schools are the administration of antibiotics, asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following are sources of advice and further information as follows:-

Asthma - <https://www.asthma.org.uk/>

Epilepsy - <https://www.epilepsy.org.uk/>

Diabetes - <https://www.diabetes.org.uk/>

Attention Deficit and Hyperactivity Disorder (ADHD) - <http://www.nhs.uk/Conditions/Attention-deficit-hyperactivity-disorder/Pages/Symptoms.a>

6. **RELATED PUBLICATIONS**

DfE Publications (<https://www.gov.uk/government/publications>):-

- DfE Supporting pupils at school with medical conditions
- DfE Templates - Supporting pupils at school with medical conditions
- DfE Statutory guidance -Supporting pupils with medical conditions: **links to other useful resources** (Updated 16 August 2017)
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>
- DfE Automated external defibrillators (AEDs). Advice for schools, illness and medical conditions, emergency planning, first aid, security
- The Early Years Foundation Stage
- Special Educational Needs and Disability Code of Practice.
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Public Health England

- Health protection in schools and other childcare facilities (December 2017):-
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Appendices

Template A: Wirral IHCP 2018 (Individual Health Care Plan)

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to an individual child

Template D: record of medicine administered to all children 22

Template E: staff training record – administration of medicines

Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development

Document H: Wirral NHS Commissioning Group -Over the counter (OTC) medicines in nurseries and schools

Template A:

WIRRAL INDIVIDUAL HEALTH CARE PLAN

School must have regard to the following DFE Statutory Guidance Document:
 'Supporting Pupils at School with Medical Conditions'.

Name of Pupil:	School:
Medical/Physical Condition or Diagnosis:	School Policy for Supporting Pupils with Medical Needs is Available Through:
D.o.B:	Named Person at School with Overall Responsibility for Policy Implementation:
Year Group:	Author of IHCP:
Date of IHCP:	Date for IHCP Review:

Copies of Information Professionally Held by the Pupil's Medical/Physical Condition or Diagnosis			School Provision
Additional Support Name	Contact Details: Telephone & E-mail		
Additional support provided through: (please circle)	EHCP: Education, Health & Care Plan	PFA: Pupil Funding Agreement	
Support Worker/s			
Name:		Name:	
Designation:		Designation:	
Designation of their Health Needs and Support for the Pupil (Likes and Dislikes)			
Hours:		Hours:	
Back-up Support Worker			
Name:		Name:	
Designation:		Designation:	

If the pupil currently has a Person Centred Plan, please attach it to this IHCP.

Medication Administered in School	
Medication:	Medication:
Dose & Method:	Dose & Method:
Timing:	Timing:
Side Effects:	Side Effects:
Expiry Date:	Expiry Date:
Storage:	Storage:
Administered By:	Administered By:
Other Instructions:	Other Instructions:

Parental Agreement for School to Administer Medication to the Child Named in this IHCP

The information contained in the above section 'Medication Administered in School' is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff to administer the medication detailed above in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver the medication personally to:

Parental Signature:

Print:

Date:

Governing bodies should ensure that written records are kept of all medicines administered to children.

Health Related Emergency Situations and Intervention

Fire – Personal Emergency Evacuation Plan (PEEP)

NO

YES

If 'YES' has been ticked please attach PEEP to this IHCP.

Wirral's Personal Emergency Evacuation Plan format can be found on Wescom.

Daily Management Issues/Summary of Additional Support

Specific Moving/Handling Advice

School should consider, in liaison with the pupil's occupational therapist and physiotherapist, the need to draw up a Manual Handling Plan to supplement this IHCP.

Equipment Used in School

New equipment may need to be set up by the occupational therapist who ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.

Educational Needs

Yes No

Is the pupil on the school's SEN Register?

Has advice been sought from external agencies to support learning?

If advice has been sought please detail:

Detail any identified barriers to learning and Advice to Subject Areas:

Exam Dispensation or Special Considerations:

Off Site Activities (School Trips, Residential and Work Experience)

For advice about accessible transport contact Wirral Local Authority's Transport Department

Social and Emotional Needs

Identified Training Implications for School Staff

Wirral Training Directory

Transition Planning

Any Other Issues

Risk Assessment

A risk assessment/s may need to be carried out in support of this plan – for guidance and advice school should contact Wirral Local Authority Health & Safety Department.

Parents Declaration

I agree to provide school with sufficient and up-to-date information about my child's medical needs. I will, where possible, attend IHCP meetings and reviews for my child. I agree to the support outlined in this IHCP, and will carry out any action I have agreed to as part of its implementation.

Parental Signature:

Date:

Child or Young Person's Signature:
(where appropriate)

Template B: parental agreement for setting to administer medicine

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.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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 – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand 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 school/setting staff administering medicine in accordance with the school/setting 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.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
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. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: 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 – please note that postcodes for satellite navigation systems may differ from the postal code
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

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Over the counter (OTC) medicines in nurseries and schools

Wirral Clinical Commissioning Group has implemented a self-care policy for minor health problems, which says that patients should access advice and purchase such homely remedies as they and their family need rather than being prescribed by their GP or other clinicians.

To support implementation of this, Wirral CCG would like to clarify the interpretation around the current guidance around use of medicines in nurseries and schools.

Nurseries

Childcare providers sometimes ask parents to obtain prescriptions for over the counter medication such as paracetamol before they will administer to the children in their care.

In April 2014, the Department for Education produced the following guidance – “Statutory framework for the early years foundation stage. Setting the standards for learning, development and care for children from birth to five”.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335504/EYFS_framework_from_1_September_2014_with_clarification_note.ppt

Page 25 of this guidance relates to medicines, in particular the two paragraphs 3.45 and 3.46. The relevant sentences are underlined below.

3.45. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

This relates to medicines that must be prescribed, not over the counter medicines (paragraph 3.46 makes clear that there are prescription and non-prescription medicines). GPs and other prescribers should not therefore be required to prescribe over the counter medicines (see also 3.46).

3.46. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

This is clear that administration of non-prescription medicines (over the counter medicines) can be administered following written permission by the child's parent and/or carer. GPs and other prescribers should not be required to write to confirm that it is appropriate to administer over the counter medicines – parents can provide this consent.

Schools

In December 2015, the Department for Education produced the following guidance –

“Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England”.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

This guidance includes the following statements relating to medicines, and the relevant sentences are underlined below:

“Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

This highlights that children should be allowed to self-medicate wherever possible

“No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered

This is clear that non-prescription medicines (over the counter medicines) can be administered following written permission by the child's parent. GPs and other prescribers should not be required to write to confirm that it is appropriate to administer over the counter medicines – parents can provide this consent.

“Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin,

which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

This relates to where prescribed medicines are managed by the school, not over the counter medicines (the paragraph above makes clear that there are prescription and non-prescription medicines). GPs and other prescribers should not therefore be required to prescribe over the counter medicines.