

Greenfield and Pulloxhill Lower Schools' Federation Administering Medicines Policy

Introduction

- In August 2008 Bedfordshire County Council issued Guidance on Managing Medicines in Schools and Early Years Settings (available in the school office). This policy reflects this guidance.
- Greenfield and Pulloxhill Schools are inclusive schools; we recognise that children with medical needs have the same rights of admission to a school or setting as other children.
- Parents have the prime responsibility for their child's health and should provide information about their child's medical condition. There is no legal duty that requires a school or early years setting staff to administer medicines. However, we are committed to ensuring that children with medical needs receive proper care and support enabling them to participate in all activities appropriate to their own abilities. Staff have a duty of care to act like any reasonably prudent parent. Staff will treat medical information confidentially.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a longterm basis to keep them well. Others may require medicines in particular circumstances, such as children with asthma or allergies. Most children with medical needs can attend school regularly and take part in normal activities, sometimes with support. However some staff may need to take extra care in supervising some activities to make sure that these children, and others are not put at risk. Information is requested on the admissions form, should the child's needs change it is the responsibility of the parent/carer to inform the school in writing so that records can be changed accordingly.

Aims and objectives

- We aim, as a school, to produce a safe and secure environment where all can learn without anxiety, and measures are in place to support children with medical needs.
- This policy aims to produce a consistent school response to supporting children with medical needs who require access to their medicines in school.
- We aim to make all those connected with the school aware of catering for children with medical needs, and make clear each person's responsibilities with regard to the administering medicines in our school, providing training where necessary.
- We aim to enable regular attendance for children who require medicine during the school day.

Medicines in school

No child will be given medicines without their parent/guardian's written consent.

- Medicines should only be sent to school where it would be detrimental to the child's health if it were not administered during the school day.

- Large volumes of medicines should not be kept in school.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

- The schools will keep written records of each time a medicine is given. (See Appendices)
- All emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children.
- Non-emergency medicines should be kept in a secure place, not accessible to children. Medicines that are required to be refrigerated can be kept in a fridge used for food but should be kept in an air-tight container and clearly labelled.
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor due to the risk of serious side effects from these medications to some individuals.**
- A record of staff training will be maintained.
- Children will only self-administer medicines with agreement of the headteacher and parents.
- Emergency Procedures
 - An ambulance should be called - staff should not take a child to hospital in their car.
 - All staff should know how to call emergency services. (See Form1 in the school office). A member of staff should accompany a child to the hospital and stay until the parent arrives.

The role of the headteacher

- It is the responsibility of the headteacher to implement the school policy on administering medicines, and to ensure that all parents and staff (both teaching and non-teaching) are aware of the school policy, and procedures to deal with children with medical needs.

The headteacher -

- Will agree with the parents what support can be provided and agree what information will be shared with staff.
- Agrees when a non- prescribed medicine will be administered.
- Will seek advice from the school nurse, or doctor or a child's GP or other medical advisor as appropriate.
- Ensure a health care plan is drawn up where necessary with parents, medical and school staff. Any child requiring the administration of medicine over a prolonged period (> 6 days) will require a health care plan.
- Ensures that all staff, including lunchtime staff, receive sufficient support and training to be equipped to deal with children with medical needs.
- Reports to the governing body about the effectiveness of the policy on request

The role of the teacher and support staff

- Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.
- Staff will give a child medicine only with their parent's **written** consent.
- Each time will check:
 - name of child
 - name of medicine
 - dose
 - method of administration
 - time/frequency of administration
 - any side effects
 - expiry date
 - Will administer medicines in accordance with the prescriber's instructions.
 - Will check that any details provided by the parents are consistent with the instructions on the container (Form 5).
- Will be aware of possible side effects and what to do if they occur.
- Will **only** give a non prescribed medicine to a child when there is a specific prior written permission from the parents. N.B. medicines containing aspirin or ibuprofen should never be given unless prescribed by a doctor.
- Will record all administering of medicines, including non- prescribed medicines (Form 5).
- Will record if a child refuses to take a medicine and contact the parent.
- Will discuss any concerns with the parents.
- Will contact the parents of a child who is not well enough to be in school.
- Identified staff will ensure that controlled drugs are kept in a lockable, non portable container (the school safe) and maintain a record for audit and safety purposes.
- Will return any controlled drug to the parent when no longer required (parent to collect)
- Identified staff will take any medicine not collected by parents to the pharmacy for safe disposal at the end of every term.
- Will consider whether a risk assessment is necessary for some children (e.g. for sporting activities or educational visits) and be aware of relevant medical conditions and any preventative medicine that may be needed to be taken and emergency procedures. A named individual will be responsible for ensuring that any medication accompanies the child when off-site.
- Identified members of staff routinely attend training, which equips them to administer medicines and to follow school policy and procedures with regard to dealing with children with medical needs.

The role of parents and carers

- Parents and carers
- Should provide full information about their child's medical needs, including details on medicines their child needs.
- Should provide details of any changes to the prescription or support required.
- Should develop a health care plan where necessary with the school and relevant health professionals.
- Will keep their child at home when s/he is acutely unwell.
- Should only send medicines to school when essential - where it would be detrimental to the child's health if it were not administered during the school day
- Will complete the relevant form to give written consent for any medicine to be taken in school.

Administering of Medicines Policy

- Are encouraged to ask the prescriber to prescribe in doses that can be taken out of school hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- Will provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Will collect any medicines held in school at the end of each term.
- Are responsible for arranging the safe disposal of the medicine when no longer required or are date-expired.
- Have a responsibility to support the school's administering of medicines policy.
- It only requires one parent to give consent to administer medicines. Should parents disagree the school will continue to administer the medicine in line with the consent given. If no resolution is achieved, it must be resolved by the Courts.

The role of governors

- The governing body has general responsibility for this policy and take account of the views of the headteacher, staff and parents in developing this policy.

Monitoring and review

- This policy is monitored by the governing body and will be reviewed every two years or before if necessary.

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

.....01525 712426.....

2. Give your location as follows

.....Greenfield Lower School.....

.....Pulloxhill Road.....

.....Greenfield.....

3. State that the postcode is:

.....MK45 5ES.....

4. Give exact location in the school/setting (insert brief description)

...Enter Greenfield Village.....

...Turn at the classic car garage towards Pulloxhill and the school is 100m on left

5. Give your name:

6. Give name of child and a brief description of child's symptoms

.....

.....

7. Inform Ambulance Control that the crew will be met at the roadside and taken to the child.

FORM 2

HEALTH CARE PLAN

Date of birth _____ / _____ / _____

Child's address _____

Medical diagnosis or condition _____

Date _____

Review date _____

Family Contact Information

Name _____

Phone no. (work) _____

(home) _____

(mobile) _____

Clinic/Hospital Contact

Name _____

Phone no. _____

G.P.

Name _____

Phone no. _____

Describe medical needs and give details of child's symptoms

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

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to

- _____

Greenfield & Pulloxhill Lower Schools' Federation

FORM 3A

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.

Name of child _____

Date of Birth ____/____/____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____
(as described on the container)

Date commenced ____/____/____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the School/setting should know about? _____

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

I understand that I must deliver the medicine safely to school office

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.

Parent/Guardian's signature _____

Print Name _____ Date _____

- If more than one medicine is to be given a separate form should be completed for each one.

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

Greenfield & Pulloxhill Lower Schools' Federation

FORM 4

Headteacher/Head of setting agreement to administer medicine

It is agreed that (*name of child*) _____ will receive
(*quantity and name of medicine*) _____ every day at
(*time medicine to be administered e.g. lunchtime or afternoon break*) _____.

This arrangement will continue until (*either end date of course of medicine or until
instructed by parents*) _____.

Date _____

Signed _____

- (The Headteacher/Head of setting/named member of staff)
-

Greenfield & Pulloxhill Lower Schools' Federation

FORM 5

Record of regular medicine administered to an individual child

Name of child _____

Date of medicine provided by parent ____/____/____

Class _____

Name and strength of medicine _____

Dose _____ Time medicine to be given _____

Staff signature _____

Signature of parent _____

•

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

• Date	•	•	•	•	•	•
• Time given	•	•	•	•	•	•
• Staff Name	•	•	•	•	•	•
• Initials	•	•	•	•	•	•
• Observations	•	•	•	•	•	•

FORM 7

Epilepsy Care Plan

PHOTO

NAME

D.O.B..

ADDRESS

RESCUE MEDICATION AND DOSE PRESCRIBED:

ROUTE TO BE GIVEN:

USUAL PRESENTATION OF SEIZURES AND ACTIONS TO TAKE

USUAL RECOVERY FROM SEIZURE:

When medication has been given:

If no medication is needed:

Any Further ACTION TO BE TAKEN:

FORM 7

Emergency contact numbers:

Mother:

Father:

Other:

- **Only staff trained to administer epilepsy rescue medication by Bedfordshire PCT nursing staff will be authorised to perform this procedure.**
- **All seizures in school/respice, will be recorded using the Form provided.**
- **This plan will be reviewed annually unless change of recommendations instructed sooner.**
- **This information will not be locked away to ensure quick and easy access should it be required**
- All medicines are in a container dispensed by the chemist, with the child's name and date of dispensing.
- School/Respice **must** be informed in writing of any changes made to medication.
- This information may be shared with other agencies, who are designated to care for this child.

Signed parent/guardian: Print name:.....

Relationship to child: Date agreed:

Signed Paediatrician: Print name:.....

Care Plan written/ updated by: Date:

Review date:

It is the responsibility of the parents to inform school/other carers of any changes that may affect this care plan

DATE/ TIME	MEDICATION GIVEN/route of administration	GIVEN BY (sign and print name)	OBSERVATIONS/EVALUA TION OF CARE (sign/date/time)

EpiPen®

**FORM 8A
EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

CHILD'S NAME:

ADDRESS:

PHOTO

DOB:

ALLERGIC TO:

ASSESS THE SITUATION

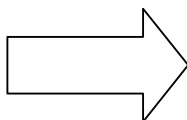
Send someone to get the emergency kit which is kept in:

.....

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell / Nausea
- Vomiting

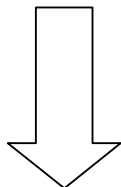


ACTION

- Give _____ (antihistamine immediately)
- Monitor child until you are happy he/she has returned to normal
- Inform parents
- If symptoms worsen see **SEVERE REACTION**

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

- 1. Get Epi-Pen® out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'**
- 2. Sit or lie child on floor**
- 3. Take EpiPen® and remove the grey cap**
- 4. Swing and jab the black tip of EpiPen firmly into outer aspect of mid thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS**
- 5. Remain with the child until ambulance arrives. Place used EpiPen® into container without touching the needle**
- 6. Contact parent /carer as overleaf.**

Emergency Contact Numbers:

Mother:

Father:

Other:

- **All allergic reactions in school, will be recorded.**
- **This plan will be reviewed annually unless change of recommendations instructed sooner.**
- **This information will not be locked away to ensure quick and easy access should it be required**
- All medicines are in a container dispensed by the chemist, with the child's name and date of dispensing.
- School **must** be informed in writing of any changes made to medication by parents

This information may be shared with other agencies, who are designated to care for this child

Signed parent/guardian..... Print name.....

Relationship to child..... Date agreed.....

Signed Paediatrician/GP..... Print name.....

Care Plan written by..... Date:

DATE/ TIME	GIVEN BY (sign and print name)	OBSERVATIONS/EVALUATION OF CARE (sign/date/time)

Check expiry date of EpiPen every few months

Administering of Medicines Policy

Administering of Medicines Policy

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