Policy on the Administration of Medicines at Shakespeare Primary School

This policy was circulated for consultation to the named First Aiders (3 day) within school, our School Nurse (Sarah Bedford) and Designated Governor for Safeguarding. This policy was agreed with staff on 2nd July 2013. The next review date is during 2015/2016 unless legislation or Local Authority policy review dictates otherwise.

Rationale:

This policy has been written to ensure consistent practice in the safe and clear administration of medicines, so that pupils with medical needs achieve regular attendance. It has been based upon guidance within the document ‘Managing Medicines in Schools and Early Years Foundation Stage (EYFS) Settings’ (DfES, 2005) and The Administration of Medicines in Educational Establishments’ (Plymouth City Council, 2008)

Aims:

- To ensure the safe administration of medicines to pupils where necessary and to help to support attendance
- To ensure the on-going care and support of pupils with long term medical needs via a health care plan
- To explain the roles and responsibilities of school staff in relation to medicines
- To clarify the roles and responsibilities of parents in relation to pupils’ attendance during and following illness
- To outline to parents and school staff the safe procedure for bringing medicines into school, when necessary, and their storage
- To outline the safe procedure for managing medicines on school trips

Definition: ‘Medicines’ include liquid medication, tablets, eye and ear drops, lotions, creams and ointments.

Procedures for managing prescription medicines, that need to be taken during the school day

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the pupil’s health if the medicine were not administered during the school day
- Only prescribed medicines (including eye drops) in the original container labelled by the pharmacy, with the pupil’s name and dosage will be accepted in school
- All medicines must be brought to the school office by an adult. Medicines must never be brought to school in a pupil’s possession (except asthma inhalers, see Asthma Policy)
- Controlled drugs, required by pupils, must be brought to the attention of the Head teacher.
Tablets, which are controlled drugs, should be counted and recorded when brought to the office and when collected again.

**Procedures for managing prescription medicines on trips and outings**

Pupils with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all pupils to participate fully and safely on school trips. Staff should discuss any concerns about a pupil’s safety with parents.

- The Educational Visits Leader is responsible for designating a school First Aider for the trip, with at least the Emergency First Aid qualification for day trips and preferably at least Paediatric First Aid for residential trips.
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any pupil with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip.
- The designated school First Aider on the trip will administer any medicines required (prescribed, controlled or non-prescribed) in line with prior written permission from the parents, using Appendix A. The administration of all drugs will be recorded on the 'Record of Medicines Administered to Pupils' form (See Appendix C).
- The First Aider will return the forms and any unused medicines to the School Office/First Aid room or parent as appropriate, on return to school.
- **For Residential Journeys**, Appendix D may be used to record the medical needs and medication requirements for the duration of the trip. The administering of medication will be recorded on Appendix C and handed back to the school office on the completion of the trip.

**Roles and responsibility of staff managing and supervising the administration of medicines**

- A health care plan (See Appendix B) should be completed in conjunction with parents and relevant healthcare professionals for pupils with complex or long term medical needs.
- Administration of medicines at school must be recorded in the Medicines Folder (See Appendix C) by the appointed First Aider in the School Office.
- Parents may come to the school office to administer medicines in the Medical Room, if necessary. Parents are asked to complete an entry on the 'Record of Medicines Administered to Pupils' form (See Appendix C).
- Some pupils may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form. This should be overseen by a First Aider (other than ventolin).
- If a pupil refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed, the same day.
Parental responsibilities in regard to their pupil's medical needs

- To give the school adequate information about their pupil’s medical needs prior to a pupil starting school
- To follow the school’s procedure for bringing medicines into school. **Pupils must never be asked to carry medicines to school.**
- The adult, with parental responsibility, is required to complete a parental agreement form (See appendix A) at the school office for the medicine to be administered by school staff.
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a pupil’s medical needs, e.g. when medicine is no longer required or when a pupil develops a new need, e.g. asthma
- Parents are responsible for the safe return of expired medicines to a pharmacy

The circumstances in which pupils may take any non-prescription medicines

- The school will not be able to store or give medicines that have not been prescribed to a pupil (e.g. Calpol, Piriton or cough medicines). Parents or carers are invited to make arrangements to come into school if they wish to administer these medicines, preferably at break or lunchtimes. Parents are asked to complete an entry on the ‘Record of Medicines Administered to Pupils’ form (See Appendix C).
- Non-prescribed drugs can be made available for administration on residential trips if necessary. Drugs must only be administered in line with prior written permission from the parent.

Policy on assisting pupils with long-term or complex medical needs

- Where a pupil has a long term medical need, a written health care plan (See Appendix B) will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

Policy on pupils carrying and taking their medicines themselves

- Pupils are encouraged to take responsibility for their own medicine from an early age. This will include encouraging supervised independence, which is age-appropriate, for example, pupils using Movicol, to prepare, mix and administer the medicine. See Asthma policy for advice on pupils using their own asthma reliever.
- Parents/carers must still complete a medicine record form, noting that the pupil will self-administer and sign the form. The school will store the medicine appropriately.
- Pupils requiring controlled drugs should attend the school office to access their medication from locked storage, and have the dose checked and recorded.
- We recognise that sometimes pupils need access to products to relieve discomfort, such as throat lozenges or lip balm. Teachers should allow this to happen, with
verbal consent from the parent, encouraging appropriate independence according to the age and responsibility shown by the pupil.

- In sunny months, pupils may need to self-administer suntan lotion. Any lotion used should be provided by the parent and not shared between pupils, due to possible allergies. Pupils must self-administer or pupils can support one another. Younger pupils are encouraged to bring in spray lotions, so an adult can direct the spray onto the skin, allowing pupils to apply the lotion independently.

**Staff training in dealing with medical needs**

- Staff, who are identified to administer routine medicine, are First Aid trained and a list is held in the school office and First Aid Room notice board.
- There are identified staff, who have current Epi-pen training within the school. This group is re-assessed each September, around the location of pupils with the potential for anaphylaxis.
- Records are maintained of trained staff for first aid and the administering of the Epi-pen. A current list of staff is available from the school office.
- Additional needs-led staff training will be implemented, as required. (i.e. Training of the administration of Midazolam must be undertaken by the School’s Nursing Service)

**Record keeping**

- All medicines administered by school staff will have the correct parental consents in place, prior to administering the medication. In an emergency, the Head teacher may accept verbal consent via the telephone, which is followed up in writing the same day.
- All medicines administered by school staff will be recorded within the Medicines Folder in the school office, at the time of administration by the staff administering the medication.

**Safe storage of medicines**

- Asthma inhalers should be stored in the pupil’s classroom within the pupil’s reach and labelled with their name and should be taken with the pupil during physical activities or when leaving the school premises.
- No medicines, other than asthma inhalers, may be kept in the classroom
- Antibiotics (including antibiotic eye drops) must be stored in a fridge, either in the Staff Room or Early Years Kitchen
- Tablets must be stored in the locked first aid cabinet in the first aid room
- Epipens and Midazolam should be stored on an accessible shelf, within the School Office
- Controlled drugs must be locked in the wall-mounted medicines cupboard in the Medical Room.
Access to the school’s emergency procedures

- The school’s emergency procedures are kept within the Red Box, kept within the Head teacher’s Office. It is also available to all staff on the school’s server.
- Members of the senior team and the admin team are fully briefed around the procedures required, during an emergency.
- The school will call for medical assistance and the parent or named emergency contact will be notified.
- The Governing Body will support any member of staff who assists with administering medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Confidentiality rules

- The medical needs of the pupils will be maintained as confidential records.
- The needs of pupils will be shared on a ‘need to know’ basis, to maintain the safety of the pupils, whilst issues of privacy and dignity are upheld.

School Attendance during or following Illness

- Pupils should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a pupil to be absent from school and not to return until clear of symptoms for 48 hours
- Pupils should not be sent to school with earache, toothache or other significant discomfort, until they have seen a medical practitioner
- Pupils should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the pupil to feel unwell and unable to fully participate in the school day require the pupil to be absent from school

Roles and Responsibilities of School Staff

Head teacher
- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of the school’s Medicines Policy
- To ensure that this policy is reviewed regularly

Staff
- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for pupils with complex or long term medical needs
To share medical information as necessary to ensure the safety of a pupil
To retain confidentiality where possible
To take all reasonable precautions to ensure the safe administration of medicines
To contact parents with any concerns without delay
To contact emergency services if necessary without delay
To keep the first aid room and first aid boxes stocked with supplies

**Educational Visits Leader** – see section on ‘Medicines on School Trips’

**Appendices:**

Appendix A ~ Parental agreement for school to administer medicine
Appendix B ~ Health care plan
Appendix C ~ Record of Medicines Administered to Pupils form
Appendix D ~ Residential Medical Form
Appendix A ~ Parental agreement for school to administer medicine

Shakespeare Primary School will not give your child medicine unless you complete this form and the school has a policy that staff can administer medicine.

Name of Child: _____________________________________________________________
Date of Birth: _____________________________________________________________
Class: ________________
Medical condition/illness: ___________________________________________________

<table>
<thead>
<tr>
<th>Medicine</th>
</tr>
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<tbody>
<tr>
<td>Name/Type/Quantity of Medicine (as described on the container):</td>
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<td>Date dispensed:</td>
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<td>Expiry date:</td>
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<td>Dosage and method:</td>
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<td>Timing:</td>
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<td>Special Precautions:</td>
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<td>Are there any side effects that the school/setting needs to know about?</td>
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| Self Administration: Yes/No (delete as appropriate)                      |
| Procedures to take in an Emergency:                                     |

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<th>Contact Details</th>
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<td>Name:</td>
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<tr>
<td>Daytime Telephone No:</td>
</tr>
<tr>
<td>Mobile No:</td>
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<tr>
<td>Relationship to Child:</td>
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<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

I understand that I must deliver the medicine personally to Mrs. Janet Hawkins or Mrs. Tracy Fielding and accept that this is a service that Shakespeare Primary School is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Date: __________________________________________
Signature(s): __________________________________
Relationship to child: __________________________
Confirmation of the Head’s agreement to administer medicine

Shakespeare Primary School

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].

__________________ [name of child] will be given/supervised whilst he/she takes their medication by __________________ [name of member of staff].

This arrangement will continue until____________________ [either end date of course of medicine or until instructed by parents].

Date: ________________________________

Signed: ________________________________

[The Head teacher /Named Member of Staff]

The school will make every effort to provide this service; should any circumstances prevent the school from doing so, the school will inform the named contact at once, so that alternative arrangements can be made by the parent.
Appendix B ~ HEALTHCARE PLAN

Part A For completion by the parent/carer

Name of School: Shakespeare Primary School

Child’s name: ____________________________

Class: ____________________________

Date of birth: ____________________________

Child’s address: ____________________________

Medical diagnosis or condition: ____________________________

Date: ____________________________

Review date: ____________________________

CONTACT INFORMATION

Family contact 1 Family contact 2

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<td>(mobile)</td>
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Clinic/Hospital contact GP

Name: ____________________________ Name: ____________________________

Phone no. ____________________________ Phone no. ____________________________
Part B For completion by the Health Professional

Name of Health Professional: ______________________________

Job title: ______________________________

Medical diagnosis or condition: ______________________________

Describe medical needs and give details of child's symptoms:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Daily care requirements: (eg 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: ______________________________
Appendix C ~ RECORD OF MEDICINES ADMINISTERED TO PUPILS AT SHAKESPEARE PRIMARY SCHOOL

NAME OF PUPIL: ____________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>MEDICINE</th>
<th>DOSAGE</th>
<th>TIME OF DAY</th>
<th>ANY REACTIONS/ADDITIONAL NOTES</th>
<th>SIGNATURE</th>
<th>PRINT NAME</th>
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Appendix D ~ Medical Form for Residentials

Date:

Dear Parents and Carers

Please complete and return the form below. It relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

VISIT OR ACTIVITY:
DATE:

NAME OF CHILD:
DATE OF BIRTH:

SPECIAL DETAILS:
Any relevant information concerning your child’s health or diet requiring special attention but which does not prevent him or her taking part should be noted below.

- Have any allergies or conditions eg diabetes, asthma or epilepsy
Does your child have any specific dietary requirements?

Experience travel sickness?

YES ☐
NO ☐

PLEASE TICK THE APPROPRIATE BOX

Travel sickness tablets required?

YES ☐
NO ☐

PLEASE TICK THE APPROPRIATE BOX

Medication and dosage: (please list all medication)

• ____________________________________________________
• ____________________________________________________
• ____________________________________________________

Any additional comments (please include any recent illness):  

- I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all of the activities described.
- I consent to any emergency medical treatment required by my child during the course of the visit.
- I confirm that my child is in good health and I consider him/her fit to participate.

NAME OF FAMILY DOCTOR

SIGNATURE OF PARENT/CARER:

PRINT NAME: ________________________________

ADDRESS:


TELEPHONE NUMBER (HOME): ________________________________

(WORK): ________________________________

(MOBILE): ________________________________ DATE ______________