



ADMINISTERING OF MEDICINES POLICY **(Please refer also to First Aid and Medical Policy)**

This policy applies to the whole school including the Early Years Foundation Stage.

Introduction

This policy sets out how prescribed and non-prescribed medicines are managed for the benefit and safety of all pupils and staff. It takes into account regulatory requirements, Section 100 of the Children and Families Act 2014, and DfE guidance; "Supporting Pupils at school with Medical Conditions" Dec 2015, although this is not a statutory document for Independent schools, and "Managing Medicines in Schools and Early Years Settings" March 2015.

This policy is reviewed every year or if legislation changes.

General

The Governors recognises that occasionally pupils will, at some time, need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils during school hours, and the Governors wish to do all that is reasonably practicable to safeguard and promote children's welfare. In order to ensure that correct procedures are followed the Governors have appointed a school medical officer: Dr Kate Lay.

Responsibilities

The Governors take responsibility for the administration of medicines during school time in accordance with the government's guidelines.

The Headmistress will implement this policy and report as required to the Governors.

Medication will normally be administered by the medical assistant, or the office staff who are trained in First Aid. In their absence children will be sent to another appropriately trained member of staff. We aim for all staff to be trained in First Aid.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication.

Staff Indemnity

The Governors fully indemnify all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following Governors guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The Governors will meet any claims in these circumstances.



Administration of Medication

Any requests for medicine to be administered must come from a parent in writing on the school's **Parental Agreement for School to Administer Medicine** Form (see Appendix A) and each request will be considered on an individual basis.

The Form includes

- name of parent and contact number
- name of child and class
- medical condition or illness
- name of medicine
- name and phone number of doctor who prescribed it
- dose to be given
- when it should be given
- any other instructions or information

All children must have a separate form completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the medical assistant or a member of the office staff trained in First Aid. If there are any concerns about the medicine and its administration the Headmistress will be consulted. She will decide whether this medication will be administered in school, and by whom (usually the medical assistant or office staff). In appropriate cases the Headmistress and parents in consultation with the medical assistant or office staff (and anyone else the Headmistress deems necessary) will draw up a healthcare plan.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label. The expiry date of the medicine should also be visible to check. Medication cannot be accepted without its proper label. Medication must be handed to/collected from the office by an adult. In no circumstances are children permitted to carry any medication without the permission of the Headmistress.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents.

If the pupil is required and able to administer her own medicine (eg inhaler for asthma) the medical assistant or office staff will check that the pupil fully understands what has to be done, and will supervise the administration.

Normally medication will be kept under the control of the school office unless other arrangements are made with the parent.

Normally the administration of medication will only be done in school at the following times:



- immediately before school
- breaks and lunch time
- exceptionally, immediately after the end of the school day
- inhalers for asthma – before sport or as required
- auto-injectors when needed

The school will allow the administration of the following non-prescription medicines to children.

- Infant Calpol/calpol 6+/fastmelts
- Piriton linctus or tablet
- Nurofen (ibuprofen) – up to 12 years
- Strepsil throat lozenges (If supplied by the parent for an individual child in a named box)
- Anthisan cream for bites
- Arnica for bruises

Supplies of these medicines will be kept in the office (except Strepsils).

Parents are required to complete consents on Schoolbase for the administration of medicines and to ensure that these are always up-to-date.

Administration of creams or lotions.

Where there is a requirement to administer a cream or lotion to a child EYFS permission needs to be sought from the parent and Key Stage 1 and 2 children will be expected to apply it themselves and be taught at home how to do this.

If medication is administered, parents will be informed.

Logging information

Logs for recording administration of inhalers and non-prescription medicines are updated and stored on the staff area of the school intranet. The folder is called **Medical** and allows who ever administers the medicine or inhaler to record the data and keep a check on the dosages and pattern of need.

Intimate or Invasive Treatment

The school will not allow these to take place in school, unless in an emergency by the school medical officer.

Long-term Medical Needs

The Governors and Headmistress will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor. The Governors also reserves the right to discuss the matter with the school's medical adviser, with parental consent. Confidentiality will be respected at all times.



Records

The school **Administration of Medication Record Form** must be completed in every instance. It will be kept in the school office.

The form will record:

- name of the pupil
- date and time of the administration
- who supervised the administration
- which medication
- how much was given
- a note of any side-effects

The medical assistant and office staff will ensure that the medical record form is filled in and checked regularly.

Critical incidents

In an emergency at school (fire / evacuation) the office staff are responsible for collecting the medicines of children whose lives are at risk without it.

Training

The Governors are committed to providing appropriate training for all teachers, classroom assistants and administrative staff.

Monitoring and Review

The Headmistress will be responsible for monitoring the implementation of the policy, and reporting annually to a prescribed committee of the Governors.

Linked Policies:

- First Aid and Medical

Parents of new pupils are provided with Schoolbase Parent Portal access and are requested to complete the medical information and medical consents in the Portal before they join the school.



Appendix A Parental agreement for school to administer medicine

The school has a policy that staff can administer medicine, although will not give your child medicine unless you complete and sign this form (except those for which you may have given consent in the Schoolbase Parent Portal: specifically Anthisan, Arnica, Calpol, Ibuprofen, Piriton, emergency auto injector or emergency inhaler). The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The following information must be provided:

Name of child

Class

Medical condition or illness

Medicine required (name)	Dates to be given (e.g. every day)	Dosage required	Times per day

Name of medicine (as described on the container)

Name of Dr who prescribed medicine

Phone no of Dr

Date Dispensed

When to be administered

Any other information?
.....
.....

**I understand that I must deliver/collect the medicine personally to/from the School Office.
I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.**

Signature **Date**

Name..... **Contact No.**



Appendix B

HEALTH CARE PLAN

Child's name

Class

Date of Birth

Child's address
.....
.....

Medical diagnosis or condition
.....

Date

Family Contact Information

Name

Phone No. (work) (mobile)

Phone No. (home)

Name

Phone No. (work) (mobile)

Phone No. (home)

Clinic/Hospital Contact if applicable

Name

Phone No.

G P Name

Phone No.



Signature

Date

Describe medical needs and give details of child's symptoms

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

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

Follow up care



Appendix C Dealing with Anaphylaxis

Someone experiencing anaphylaxis should be placed in a comfortable position.

Most people should lie flat.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

There is no need to remove clothing to use your EpiPen®, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove EpiPen® from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the EpiPen® out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

Inject first then call 999 and ask for an ambulance and state anaphylaxis or get a colleague to call while you inject.



Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5-15 minutes.



Appendix D From DfE: Responding to signs of an asthma attack:

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward.*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with child while inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately •
If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.*
 - *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*
- *The child's parents or carers should be contacted*

