

Saltersgate Junior School

Medicines Policy

PERSONS RESPONSIBLE FOR POLICY:	MRS M E OXER: HEADTEACHER MRS A WEBBER: CHAIR OF GOVERNORS
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Revision Date	Revision Version	Prev Revision Date	Previous Version	Summary of Changes
08/03/2010	New Edition			
04/04/2011	1	08/03/2010	New Edition	None
12/02/13	2	04/04/11	1	None
10/07/14	3	12/02/13	2	Changes to forms sent from DFE
Spring 15	4	17/7/14	3	None
Spring 18	4	Spring 15	5	<u>Updated Guidance: 22nd September 2017</u> The Department of Health released its guidance document "Guidance on the use of adrenaline auto-injectors in schools" This is an appendix to the medicines policy.

Procedures for managing prescription medicines taken during the school day

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Parents/guardians must fill in a **parental agreement** form prior to medicine being administered.

School will only accept medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. They should be kept in their original container and include the prescriber's instructions for administration.

School will not make changes to dosages, even on parental instructions.

Non-prescription medicines

If a child requires non-prescribed medicines (such as paracetamol) parents should be contacted to administer the medicine themselves. Staff are not permitted to administer any non-prescribed medication.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Controlled drugs

Any member of staff can administer a controlled drug to the child for whom it has been prescribed eg methylphenidate.

It should be administered in accordance with the prescriber's instructions.

School will keep controlled drugs in a locked non-portable container and only named staff should access.

Procedures for managing prescription medicines on outings and trips

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, parent or another volunteer is required to accompany a particular child.

A copy of any health care plans should be taken on any visits in case of an emergency and should form part of the risk assessment.

Home to school transport

Drivers and escorts should know what to do in a medical emergency. Where pupils have life threatening conditions, specific health care plans should be carried on vehicles.

Roles and responsibilities of staff managing or supervising the administering of medicines

Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container.

Staff must keep written records each time medicines are given. The **parental agreement** form needs to be completed for individual children who may be taking medicines regularly. In some circumstances, such as the administration of rectal diazepam, the dosage and administration will be witnessed by a second adult.

If a child refuses to take a medicine, staff will not force them to do so, but should note this on the form. Parents will be informed of the refusal on the same day.

If in doubt staff should not administer the medicine but check with parents or a health professional before taking any further action.

Parental responsibilities

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition.

Parents should provide details of any changes to the prescription or the support required, but this should be the same as that provided by the prescriber.

Parents must make sure that medicines are always provided in their original container and include the prescriber's instructions.

Parents must complete a **parental agreement** form to record details of medicines. Staff will check if these details are consistent with the instructions on the container.

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

Assisting children with long term medical needs

It is good practice to support and encourage children who are able, to take responsibility to manage their own medicines from a relatively early age, and school will encourage this. Older children should assume complete responsibility, under supervision of their parent or member of staff.

Asthma

Usually a child will only need a reliever during the school day (blue inhaler) which will be taken to relieve asthma symptoms.

Preventers (brown, red, orange inhalers, and sometimes tablets) are usually used out of school hours and would not usually be required at school.

Children with asthma need to have immediate access to their reliever inhalers when they need them.

Children who are able to use their inhalers themselves should be allowed to carry them with them and they should be available during PE, sport and educational visits. A spare inhaler can be held in school if the parent/guardian wishes. Asthma forms are completed for all children diagnosed with asthma.

Epilepsy

Parents and health officials should provide information to schools that relate to the child's individual medical needs. If a child does experience a seizure, details should be recorded and communicated to parents.

Diabetes

Most younger children will be on a twice a day regime of injections and it is unlikely that these will need to be given during the school day, although for those who do it may be necessary for an adult to administer the injection and a suitable, private place provided to carry it out.

Children with diabetes need to be allowed to eat regularly during the day, including snacks during class time or prior to exercise. Staff should have glucose tablets or a sugary drink to hand during PE sessions.

When staff agree to administer blood glucose tests or insulin injections, they should be trained to do so.

Anaphylaxis

Due to the rising number of nut and other allergies the school operates a 'nut free' policy.

Spare Pens in Schools: Department of Health release guidance on the use of adrenaline auto-injectors in schools

Updated Guidance: 22nd September 2017

The Department of Health released its guidance document "Guidance on the use of adrenaline auto-injectors in schools" to help schools in England develop policies for keeping and using emergency adrenaline auto-injectors (AAIs) on 22nd September 2017

The new legislation coming into effect on 1st October 2017 which will enable schools in the UK to purchase AAIs without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

At Saltersgate we have purchased the spare emergency pens.

Safe storage

A few medicines will be refrigerated and kept in the staff room. These must be kept in an airtight container and clearly labelled. Emergency medicines (adrenaline pens and inhalers) are readily available to children and not locked away.

Inhalers need to be clearly labelled with the child's name alongside information for administration (asthma form).

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and not locked away.

Risk assessment

A risk assessment on medicines kept in school is held in the risk assessment file with a copy held in the medicines file.

Further guidance



Information about specific conditions please refer to the Health and Safety guidance file.



Department
for Education

Individual Healthcare Plan

Name of school/setting	Saltersgate Junior School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

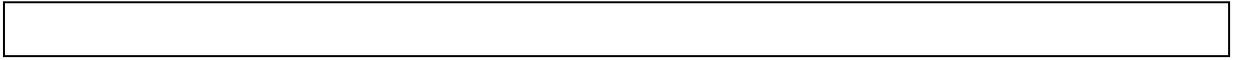
Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to





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
(as described on the container)

--

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

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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 _____



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			

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



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 _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



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