****

**Pattishall CE Primary School**

**Medicine in Schools Policy**

|  |  |
| --- | --- |
| Policy Last Reviewed | January 2019 |

**This Policy is based on the Model Policy for the Administration of Medication produced by NCC in June 2014.**

# 1: Introduction

The Governors and staff of Pattishall CE Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. Any parent/carer requesting the administration of medication should be referred to a copy of the school’s policy on the school website.

2: Roles and Responsibilities

1. **School Staff:**

The Headteacher, in consultation with the governing body, staff, parents/carers, health professionals will decide how our school can assist a child with medical needs.

# Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Staff who volunteer to assist in the administration of medication should have the necessary level of competency to administer medications, including receiving suitable training where necessary.

The staff are responsible for:

* Implementing the policy on a daily basis,
* Ensuring that the procedures are understood and implemented,
* Making sure that there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils’ health needs,
* Keeping medication in a secure place, out of the reach of pupils, and
* Keeping a record of all medication administered.

Staff, including supply staff, will be informed of any pupil’s medical needs where this is relevant and of any changes to their needs as and when they might arise.

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

If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or to the pupil.

Staff must also complete and sign the form ‘Record of Medication Given’ (see Appendix) each time they give medicine to a child.

1. **Parents/Carers:**

Parents/carers should keep their children at home if they are acutely unwell or infectious. At Pattishall CE Primary School we expect parents/carers to administer medication to their children at home if at all possible. No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. - crushing of tablets). A ‘Medication Request form’ must be completed (see Appendix).

It is the responsibility of parents/carers to:

* Inform the school of their child’s medical needs,
* Provide any medication in a clearly labelled container (see requirements)
* Collect and dispose of any medications held in school at the end of each term,
* Ensure that medicines have NOT passed the expiry date, and
* Dispose of any medicines that have expired.

# 3: Medicines and storage

Should a child need medication at mid-day i.e. to finish a course of antibiotics, parents are welcome to come into school and administer the dose, or complete a medication request form requesting that a member of staff administers on your behalf.

Medication will only be accepted in school if it has been prescribed by a doctor.

Children who require long-term medical needs will have an Individual Healthcare Plan, managed by the SENDCO (Example attached). This should be regularly reviewed with the parents/carers of the child.

Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer. Parents will be asked to complete a medication request form if they wish medication to be administered by school staff.

Only reasonable quantities of medication should be supplied to the school/setting by a responsible person (where practical no more than one week’s supply) and recorded in the *Medication Administration folder*.

Each item of medication must be delivered in its original container and handed directly to a member of staff – NOT sent in children’s backpacks/bookbags etc.

Each item of medication must be clearly labelled with the following information:

1. Pupil’s name
2. Name of medication
3. Dosage
4. Frequency of dosage
5. Date of dispensing
6. Storage requirements (if important)
7. Expiry date (if available)

The school will not accept items of medication which are in unlabelled containers.

For safety reasons, pupils are not allowed to carry medication themselves in school (with the exception of extra inhalers). Medicines must be handed to a member of staff on entry to the school premises where it will be logged. Unless otherwise indicated all medication to be administered in school will be kept in a **designated cupboard.**

If required and requested the school will provide parents/carers with details of when medication has or has not been administered to their child.

# 4: Changes to Medication

It is the responsibility of parents/carers to notify the school if there is a change in

medication, a change in dosage requirements, or the discontinuation of the pupil’s need for medication.

# 5: Inhalers

The school holds an emergency inhaler for use when a child’s usual inhaler is not available for use or expired. If this is used, parents will be informed and a record kept using the “Emergency Salbutamol use form” (see appendix). Children who have been prescribed with an inhaler should have one kept on site at all times. This will be kept in a designated area of each classroom. Expiry dates will be checked half termly by a designated member of staff. An asthma register is kept in the medicine administration file and updated as required. Written consent will be obtained annually and stored in the medicine administration folder.

# 6: Epipens

Should a child have an allergy and be at risk of anaphylaxis school should be informed so that appropriate precautions may be taken as required. Epipens should be stored in a named container with details of the administration and allergies of the individual. This should be kept in a designated area, away from the reach of children, to which all staff can access. A number of staff on site will be trained in their use. The expiry date on epipens will be checked termly and parents informed should a replacement be required.

# 7: School Trips and Residential Visits

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an on over-night stay.

8: Administration of Calpol/Piriton

On occasion, staff may deem it beneficial to administer a dose of the above. This decision will only be made on the advice of a first aider (listed below). Parents/Carers are asked annually for this permission in writing and this will be updated on a secure school database. We will only use this permission if a child begins to show signs of being unwell through the duration of the school day. If staff do administer medication, you will be informed verbally and in writing using a written form (see appendix).

Staff will ONLY be able to administer Calpol/Piriton routinely (e.gfor an ongoing toothache) if it is requested in the usual manner with a medicine request form.

9: First Aiders

|  |  |  |  |
| --- | --- | --- | --- |
| Named First Aider | Normal Location | Named First Aider | Normal Location |
| Mrs Emma McLean | Office | Miss Amy Hornett | Year 2 |
| Miss Steph Bruce | Year 1 | Miss Claire Bowden | Year 3 |
| Miss Gemma Williams | Year 2 | Mrs Claire Mills | Year 2 |

# Review

This policy will be reviewed on an annual basis or earlier if necessary.

Appendices:

* Appendix 1 – Template 1 – Sample Individual Healthcare Plan
* Appendix 2: Medication Request Form
* Appendix 3: Record of medication administered
* Appendix 4: Notification of medicine administered
* Appendix 5: Consent form for use of emergency inhaler
* Appendix 6: Emergency Salbutamol use form

## Appendix 1

# Sample Individual Healthcare Plan

|  |  |
| --- | --- |
| Name of school/setting |  |
| 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

|  |
| --- |
|  |

## Appendix 2

**Medication Request Form**

I request that.................................................................... (FULL name of child)

Class......................

be given the following medication:

 ......................................................................................... (Name of Medicine(s))

**The medicine must be prescribed specifically to the child only.**

Dosage: ………………………………......................................

At the following times during the day:

...............................................................................................................................

For a period of: ......................................... (school days)

The above medication has been prescribed by the family Doctor. It is clearly labelled indicating contents, dosage and child’s name in FULL.

I understand that the medicine must be delivered personally to a member of staff and accept that this is a service which the school is not obliged to undertake.

Signed: ............................................................. (Parent/Carer)

Date: .........................................

**Medication will not be accepted by the school unless this letter is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher**.

## Appendix 3

## Record of medicine administered to all children

|  |  |
| --- | --- |
| Name of school/setting | PATTISHALL CE PRIMARY SCHOOL |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Child’s Name | Time | Name of medicine | Dose given | Any reactions | Signature of Staff | Print name |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Appendix 4

**Notification of Medication Given**

Dear Parent/Carer,

In accordance with your permission, we have given medication at school today.

Child’s name: ..................................................

Class..................................

He/She was given...............................................................

Dose...............................................................................

At....................................................................................

By (Name of Staff).....................................................................

Signed....................................................... Date: ......................................

Appendix 5:

**Consent form for use of emergency inhaler**

USE OF EMERGENCY SALBUTAMOL INHALER

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/is kept in school (delete as appropriate).

 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……………………………………………. Date: ………………………………

Name (print)…………………………………………………………………

Child’s name: ………………………………………………………………. Class:………………………

Parent’s address and contact details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Telephone: ………………………………………………………………

E-mail:………………………………………………………………………………………………………

Appendix 6:

**Emergency Salbutamol inhaler use form**

Child’s name: ………………………………………………………. Class: ……………..

Date: ……………………………………………

Dear…………………………………………….,

This letter is to formally notify you that………………………………….has had problems with his / her breathing today.

This happened when ……………………………………………………………………….

……………………....…………………………………………………………………………

* A member of staff helped them to use their asthma inhaler.
* They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given ………… puffs.

Although they soon felt better, we wanted to advise you of this so you can monitor and contact your doctor if required.

Yours sincerely,