

MANAGING MEDICINES AND SUPPORTING CHILDREN WITH MEDICAL NEEDS



This policy is in line with DFE 'Supporting pupils at school with medical conditions' September 2014

Administration of medicines during the school day

Aims of this policy

- To explain our procedures for managing prescription medicines which may need to be taken during the school day.
- To explain our procedures for managing prescription medicines on school trips.
- To outline the roles and responsibilities for the administration of prescription medicines.

Legal requirements

There is no legal duty that requires any member of school staff to administer medicines.

Prescribed Medicine

Introduction

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Managing Medicines

1. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
2. Staff at Gotham Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber upon completion of the required documentation.
3. We will only administer non-prescription medicines such as Calpol if parents complete the required documentation. We will only give a child their own named bottle of medication and not share it with another child.
4. Staff will not apply creams, but we will supervise the child applying it.
5. Prescription medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration, and should include the child's name.
6. Non-prescription medicines must be labelled by the parent with the child's name.

Exceptions

Prescribed medicine will **not** be given:

- 1 Where the timing of the dose is vital and where mistakes could lead to serious consequences.
- 2 Where medical or technical expertise is required.
- 3 Where intimate contact would be necessary.

Children with Asthma or Allergies or Food Intolerances

Inhalers and adrenaline pens must be labelled and include guidelines on administration.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom. Children may carry their own inhalers, when appropriate.

Inhalers should be kept in a child's own tray.

Depending on the needs of the individual, inhalers should be taken to all physical activities.

Children with specific dietary requirements due to medical conditions can be provided with a special meal once the parents present written medical confirmation of the diagnosis to the school cook. The LA Catering Service will then provide a modified version of the main school dinner menu.

It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

Storage of Medicines

All medicines should be delivered to the school office by a responsible adult. In no circumstances should medicines be left in a child's possession.

All medicines should be stored in the locked fridge adjacent to the staffroom and should not be kept in classrooms, with the exception of adrenaline pens and inhalers.

All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.

Disposal of Medicines

Parents are responsible for collecting medicines at the end of the agreed administration time period. A text will be sent home to all parents who have left medicines in the school in July for collection. If any medicines remain uncollected at the end of the summer term, they will be disposed of at a local pharmacist by a member of the office staff.

Trips and Outings

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. Roles and responsibilities of parents as outlined below will apply.

ROLES AND RESPONSIBILITIES

Parents

1. Should give sufficient information about their child's medical needs if treatment or special care is required. This should include written medical evidence from a medical practitioner.
2. Must deliver all medicines to the school office in person.
3. Must complete and sign the parental agreement form.
4. Must keep staff informed of changes to prescribed medicines.
5. Keep medicines in date - particularly emergency medication, such as adrenaline pens.

Headteacher

1. Ensure that the school's policy on the administration of medicines is implemented.
2. Ensure that staff receive support and appropriate training where necessary.
3. To share information, as appropriate, about a child's medical needs.
4. Ensure that parents are aware of the schools policy on the administration of medicines.
5. Ensure that medicines are stored correctly.

Staff

1. On receipt of medicines at the school office the child's name, prescribed dose, expiry date and written instructions provided by the prescriber should be checked.
2. Ensure that the parent/career completes a consent form for the administration of medicines following the prescriber's instruction.
3. Complete the 'administration of medicines' record sheet each time medication is given.
4. Put all medicines in the locked fridge for safe keeping.
5. Ensure that medicines are returned to parents for safe disposal.

Record Keeping

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- expiry date

A parental agreement form (see appendix) must be completed and signed by the parent, before medicines can be administered.

At the time of administering medicines, the member of staff must complete the medicines record sheet.

Refusal of medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

Children with Long Term Medical needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs.

Parents must provide the school with a copy of written medical evidence confirming the child's condition.

A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

Confidentiality

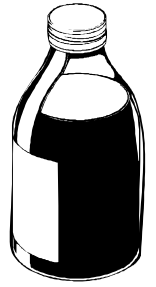
The head and staff should always treat medical information confidentially and share this on a need-to-know basis.

Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines, for example using an epipen, administering insulin. This will be carried out as and when needed.

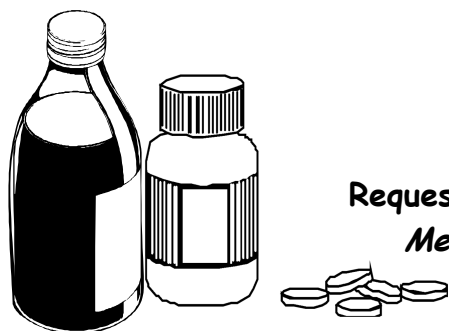


Record of Medication Administered in School



Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday
Pupil's Name Medication Dose Time					
Pupil's Name Medication Dose Time					
Pupil's Name Medication Dose Time					
Pupil's Name Medication Dose Time					
Pupil's Name Medication Dose Time					
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Pupil's Name Medication Dose Time					

Appendix 2 - Medication Request Form



Gotham Primary School



Request for medication to be administered during the school day.
Medication will only be given upon completion of this form.

To be completed by parent

Name of pupil	
Name of medication	
Expiry date of medication	
Dose required	
Method of administration	
Time of dose	
Number of days to be used	
Name of parent	
Signature	
Date	

To be completed by school

Medicine in original package?	
Dispensed by pharmacist?	
Child's name on medicine?	
Other notes	
Staff name	
Signature	

Gotham Primary School



Request for medication to be kept in the classroom
and used by pupils during the school day.

Medication will only be given upon completion of this form.



Class Name		Teacher		
School Year				
Pupil	Medicine	Expiry date	Signed	Print

This form is to be kept by the teacher and returned to the school office at the end of the year.

Gotham Primary School



Individual Healthcare Plan

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of plan	
Review date	
Family Contact Information	
1 Name	
Contact Phone nos.	(work)
	(home)
	(mobile)
2 Name	
Relationship to child	
Contact Phone nos.	(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 Parent, Class teacher, Office Medical Folder, Pupil Record



Staff Training Record For the administration of Medicines

Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above named member of staff has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____