



Huxley C.E. & Utkinton St. Paul's C.E. Primary Schools Administration of Medicines Policy



"Developing confident children through creativity and choice within a Christian community"

"Enabling every child to fulfil his/her potential in a nurturing Christian environment"

Purpose

To ensure that:

- children understand the effects of medicines and how to keep themselves safe;
- wherever appropriate and possible, children do not miss school due to minor ailments/those that can be controlled by medication;
- children, and families of children, with diagnosed conditions that require ongoing medication, receive ongoing support from the school to enable their child to be included in all aspects of school life;
- medicines are stored safely;
- medicines are administered safely and effectively;
- there is a consistent approach towards the administering of medicines amongst all school staff;
- there is clear and unambiguous communication between home and school about the administration of medication.

Agreed Procedure

- Children will be taught about medicines and their use as part of our science and Personal, Social and Emotional Development (PSED) scheme of work to ensure that they understand their effects and how to keep themselves safe.
- All Staff will be provided with Emergency First Aid Training and defibrillator training every three years and training on other medical needs/medication as needed (last completed Summer 2016).

Medication (prescribed and non-prescribed)

- If a child refuses to take medication, staff will not force the issue, but will record this on the child's records and contact the parents to inform them of this (the timing of this will be dependent upon the type of medication e.g. will it lead to seizures?).
- All medication will be returned to the parent when no longer required for them to arrange safe disposal. If parents do not collect medication it should be taken to a local pharmacy by a member of staff.

Prescription Medication

- Parents wishing to give permission for children to receive prescribed medication during the school day either regularly or as the need arises e.g. course of antibiotics, Ritalin, anti-histamine, must complete a request form (in the First Aid File in the school office) when leaving the medication with the school (Appendix 1). This form must be revisited and a new one completed each term to ensure information is up to date. All medication must be provided in the original container as dispensed by a pharmacist and include the prescriber's instruction for administration.
- Prescribed medicines will always be stored by the school in a safe place (for controlled drugs this is in a lockable cabinet), following product instructions, away from access by children and will

always be administered by the same trained member of staff, to avoid duplication. If the normal member of staff is off another member of staff is named as the key person.

- The school will record on our 'record of medicines administered to all children' each time the requested medication is given to the child (naming the medication as it appears on the label/packaging) and make a note of any significant reactions (Appendix 3).
- Office staff will keep the parent informed about any medication e.g. it becoming out of date or supplies becoming low. It is then the responsibility of the parent to provide new/more medication.
- Parents are asked to inform school if their child needs to use an inhaler. The inhaler should be marked with the child's name and stored in the school office, readily available. Where possible/appropriate, the child will be responsible for looking after his/her inhaler e.g. during a PE lesson. An Asthma Card should be created for each child requiring an inhaler and an entry must be made whenever a dose is administered.

Non-prescription medicines

- Parents wishing for their children to be given non-prescription medicines during the school day need to speak to a member of the Senior Leadership Team (Miss. Pleavin, Mrs. Barnard or Mr. Coyne) who will decide if it is appropriate. The parent must then complete a request form when leaving the medication with the school (Appendix 2). All medication must be in its original packaging, and clearly labelled/named.
- The school will administer Calpol and anti-histamines during the school day with the permission of a parent. The school will send out a letter to parents at the beginning of the year offering them the opportunity for their child to be administered Calpol/anti-histamines if necessary. A member of staff will always contact a parent prior to administering Calpol/anti-histamines, but if the child is significantly unwell e.g. has been stung, had a minor allergic reaction, a bad pain and a parent is unable to be contacted, but has signed the form, school staff will administer the medicine whilst we continue to try get in contact with the parent.
- One member of staff will be appointed as responsible for administering the medication to each child, to avoid duplication. In their absence, another member of staff will be asked to carry this out.
- The school will record on our 'record of medicines administered to all children' each time the requested medication is given to the child and make a note of any significant reactions (Appendix 3).
- Non-dose medications e.g. cough sweets can be used by children with the consent of the Class Teacher. This will be decided on a case-by-case basis after careful consideration of the need, maturity, etc. of the child. Any member of staff who is unsure should speak to a First Aider.
- Children should not be self-administering over the counter medicines which have dose requirements e.g. Strepsils.
- Children under 16 should never be given medication containing Ibuprofen or Aspirin unless prescribed by a doctor.
- If a child suffers with frequent or acute pain/symptoms, the parents will be asked to refer the matter to their GP.

School outings/residentials

- Prior to any school outing, where the children leave the premises, it is the responsibility of the Class Teacher to ensure that the children in his/her class have their medication and copies of their Health Care Plan and any relevant emergency procedures or documents such as a Medical Passport. Depending upon the situation, this will either be held by an adult in the group or the child.
- Prior to school residentials, all parents will be asked to sign a consent form (Appendix 4) for their child to be administered Calpol if necessary. The party leader will inform the parents that Calpol has been administered.

Long-Term/Significant Medical Needs

- The school will have sufficient information about the medical condition before the child attends for the first time or when he/she first develops a medical need. The school will create a Written Health Care Plan, and where necessary, an Asthma Card (Appendix 5) involving parents and relevant health professionals and be assured by a professional that non-nursing staff can administer the medication required. The designated member of staff will also be provided with training if appropriate.

Monitoring

- The Administering Medication File will be monitored half-termly to ensure that the administering and recording of medicines follows school policy.
- The school will also seek the views of parents whose children have been administered medicine during each school year.

This Policy was drawn up using Cheshire West and Chester's 'Administration of medicines in educational establishments' guidance and in consultation with Staff and Governors in December 2011 and last reviewed in April 2018. It should be read in conjunction with our: Child Protection Policy, Equality Policy, First Aid Policy, Incontinence Policy and Safeguarding Policy.

Headteacher: *Lorna Pleavin*

Governor (Huxley): *Stephen Ratledge*

Governor (Utkinton): *Simon Lewin*

Date: *May 2018*

Review Date: **Summer 2019.**



Appendix 1
HUXLEY & UTKINTON CE PRIMARY SCHOOL'S
 REQUEST FOR THE SCHOOL TO GIVE PRESCRIBED MEDICATION



Dear Headteacher,

I request that (full name of Pupil) be given the following medicine(s) while at school.

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
 (as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school in writing of any changes.

Signed Print Name Date.....
 (Parent/Guardian)

Daytime telephone number

Address

Note to parents:

1. Medication will not be accepted by the school unless this form 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.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.



Appendix 2
HUXLEY & UTKINTON CE PRIMARY SCHOOL'S
 REQUEST FOR THE SCHOOL TO GIVE NON-PRESCRIBED MEDICATION

Dear Headteacher,

I request that (full name of Pupil) be given the following medicine(s) while at school.

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
 (as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

Name and telephone number of GP

I confirm that this medication has been administered previously to the child without adverse effect.

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed Print Name Date
 (Parent/Guardian)

Daytime telephone number

Address

Note to parents:

1. Medication will not be accepted by the school unless this form 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.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

Appendix 4

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit

Establishment/Group: **Huxley & Utkinton St. Paul's CE Primary Schools**

Details of Visit to:

From:

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____ 's participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

- c) Any recent illness or accident of which staff should be aware? YES/NO

- d) The type of pain/flu relief medication your child may be given if necessary:

A young person under 16 should never be given Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

For residential visits and exchanges only

- e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If YES, please give brief details:

please turn over

f) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

g) When did your son/daughter last have a tetanus injection?:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work Tel : _____ Home Tel: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Tel: _____

Address _____

Email address _____

Name of family doctor: _____ Tel: _____

Address _____

Signed: Date

Full name (capitals):

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT

Appendix 5

MEDICATION AND HEALTH CARE PLAN

Child's name.....

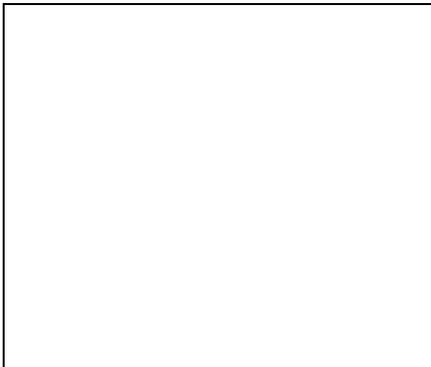
Date of birth.....

Class.....

Address.....

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Details of medical diagnosis or condition and any symptoms

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Name of medication required

Dosage

Where and how medications should be stored

Any instructions for administering medication

Possible side effects to watch out for

Any special requirements

What constitutes an emergency and what action would be required?

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Special instructions in the event of an emergency

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Emergency Contacts

(1) Name

Main number

Second number

(2) Name

Parent signature

Staff signature

Health Care Plan Review Date

Medical Contact

G.P. Surgery

Doctor

Address

Date

Date