



***Aim High...Fly High!***

Name of Policy	Medicines in School
Date last reviewed	November 2016
Date to be reviewed	November 2018
Governor Committee	FGB
Approved by FGB	
Key Member of staff	Headteacher
Statutory	Yes



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## **Medicines in School Policy**

The School's Medicine Policy follows the 'Managing Medicines in Schools and Early Years Settings' DFES 2005 best practice guidance. This booklet is available in school or online. This policy should be read and used with reference to Policy for supporting children with medical needs.

### **1. Guidance on Prescribed Medicines in School**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this.

Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The Headteacher has the right to refuse a request to administer medicines if she considers that the critical time of a dose or the medical knowledge required warrants professional medical skills

#### Procedures for managing prescription medicines which need to be taken during the school day

1. In most cases a health care plan should be completed by the school nurse.
2. Written parental consent must be given using **form 3A/3B Parental agreement for school/setting to administer medicine**.
3. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
4. The Headteacher must complete **form 4 Headteacher/Head of setting agreement to administer medicine** and name suitably trained member or members of staff.
5. Copies of these forms should be given to the parent/carers
6. Any member of staff giving medicines to a child should always check:
  - the child's name
  - prescribed dose
  - expiry date
  - written instructions provided by the prescriber on the label or container

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 setting.

7. The named member or members of staff should complete **form 5 Record of medicine administered to an individual child**.



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### Procedures for managing prescription medicines on trips and outings

(From Educational Visits Policy)

All teachers involved in the visit should be provided with written details of the medical needs of individuals.

Parents should be asked to supply such information using Parental Consent form in Section 2 from Educational Visits Policy. A copy of each of these forms should be taken on the visit by the visit leader - the original to remain on file at the school.

Arrangements for the administration of medicine by a trained staff volunteer should be made where necessary using the same procedures and forms as in school.

A copy of any health care plans should be taken on visits to ensure information being available in an emergency.

### Staff training in dealing with medical needs

All teaching assistants are first aid trained.

Staff are trained regularly in any medical conditions which children currently in school have e.g. asthma, epilepsy

### Record Keeping

- a) The registration form requires parents to inform the school of any medical information
- b) The School will annually request parents to check data sheets including this medical information to ensure the medical records are up to date. A list of children and their current medicine will be kept in the office to be viewed for reference for the designated staff member. In the case of the designated staff member's absence parents will be asked to administer medicines. In the case of long term absence of the designated staff member an alternate solution will be reached.
- c) All medical information held on file will be treated confidentially and only made available to teachers and other staff who have a need to know.
- d) A list of children in each year group that suffer from a medical problem which teachers need to know about will be placed on a class list. Each class teacher will be given a copy of the list for their own records and a copy put in the class register for supply teachers.

### Safe Storage of Medicines

All medicines should usually be kept in the School Office in a clearly marked box which can be accessed at all times but is out of reach of children, or if medicines require a special temperature storage, then the necessary provisions must be made, i.e. the refrigerator in the staff room. Medication which is illegal without prescription, e.g. Ritalin, is stored in a locked cabinet.

Some children's medicine (e.g. Epipen) must be kept in the classroom near to the child. The medicine will be in a named box with a protocol and set of instructions on how to administer the medicine

### Access to the school's emergency procedures

The school's emergency procedure is displayed in the school office near to the phone.



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### **ASTHMA**

This School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by School staff, their employers (the Local Authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with children with asthma are provided with training on asthma from the School Nurse which is regularly updated.

### ***Medication***

Immediate access to reliever inhalers is vital. Children are encouraged to carry their inhalers as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children can be kept in the classroom in an identified box. All inhalers must be labelled, by the parents or class teacher, with the child's name. Parents are asked to ensure that their child always has their reliever inhaler with them and that it is in date. In an emergency situation a member of staff can help a child with their inhaler. **All School staff will let children take their asthma own medication when they need to.**

### ***Record Keeping***

At the beginning of each school year, or when a child joins the School, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign Card to give to their child's GP or asthma nurse to complete and return it to School. From this information the School keeps its asthma register which is available for all School staff. If medication changes in between times, parents are asked to inform the School.

### ***PE***

Taking part in sports is an essential part of school life. Teachers need to be aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhalers before the lesson and ensure they have a good warm-up session. Each child should bring their inhaler with them to the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

### ***The School Environment***

The School does all that it can to ensure the School environment is favourable to children with asthma. The School does not keep furry and feathery pets and has a non-smoking policy. As far as possible, the children do not use chemicals in Science and Art lessons that are potential triggers for children with asthma.



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### ***When a Child is Falling Behind in Lessons***

If a child has much absence from school because of asthma, is tired in class because of disturbed sleep due to asthma or is not progressing as well as expected in class due to asthma the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the School Nurse and Special Educational Needs Co-ordinator about the situation. The School recognises that it is possible for children with asthma to have special educational needs because of asthma.

### ***Asthma Attacks***

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

The School follows this procedure:

1. Ensure that the reliever inhaler is taken immediately. These are normally blue.
2. Stay calm and reassure the child. Listen to what the pupil is saying and to what he/she wants. Do not try to put your arms around them for comfort as this can restrict their breathing.
3. Encourage slow and deep breathing. Help the child to breathe by ensuring tight clothing is loosened.

### ***After the Attack***

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

### ***Emergency Procedures***

If

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition

Dial 999 and call an ambulance.



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**FORM 3A**

**Parental agreement for school/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 staff can administer medicine

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by [name of member of staff]: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school/setting needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_



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**Contact Details**

Name:

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Daytime Telephone No:

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Relationship to Child:

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Address:

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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.

Date:

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Signature(s):

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Relationship to child:

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**FORM 3B**

**Parental agreement for school/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 staff can administer medicine.

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by [name of 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.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.





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**FORM 4**

**Confirmation of the Head's agreement to administer medicine**

Name of School/Setting \_\_\_\_\_

It is agreed that \_\_\_\_\_ *[name of child]* will receive  
\_\_\_\_\_ *[quantity and name of medicine]* every day at  
\_\_\_\_\_ *[time medicine to be administered e.g. Lunchtime or afternoon  
break]*.

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date of course of  
medicine or until instructed by parents]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*



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**FORM 5**

**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 \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_



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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 \_\_\_\_\_

Staff initials \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**FORM 7**

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School/Setting: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



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**FORM 8**

**Staff training record - administration of medicines**

Name of School/Setting:

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Name:

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Type of training received:

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Date of training completed:

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Training provided by:

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Profession and title:

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I confirm that \_\_\_\_\_ [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:

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Date:

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I confirm that I have received the training detailed above.

Staff signature:

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Date:

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Suggested Review Date:

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