



Be the best you can be, every day

Medicines Policy

March 2021

Introduction

THIS DOCUMENT IS a statement of the aims, principles and strategies for administering medicines at North Downs Primary School.

IT WAS DEVELOPED through a process of consultation with teaching and non-teaching staff and the governing body.

IT HAS BEEN TAKEN FOR APPROVAL to the Governors in Spring Term 2021

THIS POLICY WILL BE REVIEWED in Spring Term 2022.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of North Downs Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting Pupils with Medical Conditions' January 2016.

Staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with long-term medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency, all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care - this might mean giving medicines or medical care.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the clear majority of cases, doses of medicines can be arranged around the school day. Pupils prescribed a short-term course of antibiotics/ointment to be taken/used 3 times a day, should have this administered outside school hours e.g. with breakfast, on getting home from school and then at bedtime. Occasionally pupils may be prescribed a short-term course of antibiotics/ointment to be taken/used 4 times a day. In this instance, they may have it administered by a parent or their representative in school or a member of school staff, subject to written notice being given to the school office.

The procedures for administering medicines in school will be as follows:

- Medicines should be brought to school by the parents/carer and handed to a member of the office staff.
- Medicine must be provided in the original container as dispensed by the pharmacist, clearly labelled and include any equipment required to administer the medicine e.g. spoon, oral syringe.

- Parents/carers will be required to complete a consent form (appendix Template A) before the school can administer the medicine. A new form will need to be completed if there are changes to the existing medicine or a new medicine needs to be given. The forms will be filed in the office. Consent forms are updated annually for ongoing medication.
- It is the responsibility of the parent/carer to ensure that the medicine does not exceed its expiry date.
- When medication is administered at school a written record will be completed and filed in the office (appendix Template B).

Asthma

Pupils requiring an inhaler/reliever for the treatment of asthma are referred to the specific 'Children with Asthma' form (appendix Template C).

- All inhalers should be clearly labelled with the child's name.
- Children with asthma must have easy/ready access to their medication and so inhalers will be stored in the classroom or school office.
- It is the responsibility of the parent/carer to ensure that the medication is within its 'use by' date and is replaced when necessary.
- If the child leaves the school premises, on a trip or visit, the adult in charge will ensure the child has their inhaler with them.

Storage of medicines

Medicines should be locked away in a lockable cabinet or non-portable container, with the key being readily available to the appropriate members of staff to ensure access in case of emergency. The exceptions to this may be:

- Medicines for use in emergency situations such as asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential. These will be stored in a clearly identified container.
- Medicines needing refrigeration. These are kept in the staffroom, clearly labelled in an airtight container.

Management of medical conditions

Where a child has known medical needs the parent/carer should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements will then be made between the parents, Headteacher, school nurse, first aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. The school will then prepare an individual healthcare plan in consultation with parents and relevant medical experts. (To include the information shown in appendix Template D) This plan will be reviewed by the school annually or following a significant change in a pupil's medical condition. For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's IHCP and parents should complete the relevant section of 'Parental request for school administration of medicine' (Appendix Template A).

Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form and supply sufficient supply of medication in its pharmacist's container. Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit. All staff will be briefed about any emergency procedures needed regarding pupils where needs are known and copies of care plans will be taken by the responsible person. If a child needs medication for travel sickness parents will need to complete the same forms for administering prescription medication and the same procedures will be followed by the school.

Staff Training

The school will ensure that all staff who administer all medicines including those for diabetes, epilepsy and anaphylaxis are trained and that this training is regularly updated. Training in the administration of medications is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff Training Record' (Appendix Template E).

Print name.....
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For completion by Headteacher

I give my authorisation to the above request

This is valid for the period specified overleaf, or I wish this arrangement to be reviewed as necessary / on:

.....

Headteacher's signature

Date

TEMPLATE B



Record of supervised administration of medicine

Name of child DoB Class

Medication supplied

Date medication supplied by parent Quantity of medication received

Date/s on which medicine to be administered

Given to (*volunteering staff member*)

Name of parent Signature of parent

Date	Time of supervised administration	Dose administered	Name of supervising member of staff	Staff initials

Date medication returned

Staff signature

Quantity of medication returned

Signature of parent

TEMPLATE C



Dear Parents

Children with Asthma

If your child is asthmatic would you please complete and return the following questionnaire.

Thank you.

Child's name _____ Class _____

My child's asthma is triggered by _____

A preventer is used at home and contains _____
(please enter the prescription medicine)

A reliever is used at school and contains _____
(please enter the prescription medicine)

Relievers should ideally be kept on the person, as per the Surrey County Council guidelines, or, in the case of very young children, easily accessible in the classroom. It is helpful if a spare reliever is kept in the classroom or in the school office.

The reliever is kept by my child/in the classroom and will be taken out at sports/school trips*

A spare reliever is kept in the classroom/school office*

*delete where appropriate

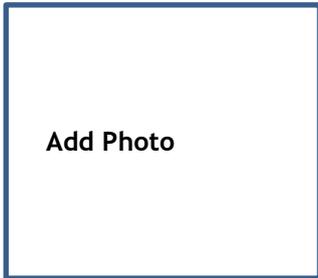
Infants: I am aware that whilst my child should be able to use his/her reliever unaided, his/her use will be supervised by a member of staff.

All medication must be clearly marked with child's name and class.

Signed: _____ parent/carer Date: _____

TEMPLATE D

Individual Healthcare Plan (IHCP)



Name of School/Setting	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (Home)	
Phone no. (Work)	
Phone no. (Mobile)	
Name	
Relationship to child	
Phone no. (Home)	
Phone no. (Work)	
Phone no. (Mobile)	

Clinic/Hospital contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

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Daily care requirements

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Arrangements for school visits/trips etc.

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Other Information

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

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

Plan developed with

Staff training needed/undertaken- who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the 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/carer signature:

Print name:

Date:

Review date:

Copies to:



TEMPLATE E

Staff training record

Name of School/setting	
Name	
Type of training received	
Date training completed	
Training provided by	
Refresher/update training date	
Profession and title	

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

Trainer's signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested review date: