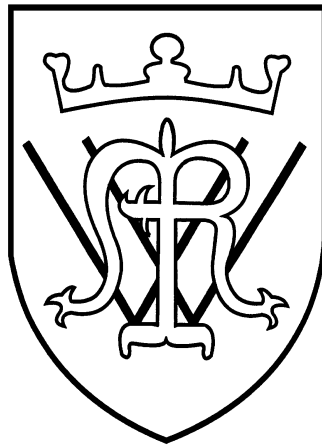


Branton St Wilfrid'S CE Primary School



Managing Medicines Policy

Adopted by Governors: January 2023

To be reviewed: January 2025

Living by our Christian Values

*Generosity, Compassion, Courage, Forgiveness, Friendship, Respect, Thankfulness, Trust,
Perseverance, Justice, Service, Truthfulness*

MANAGING MEDICINES POLICY

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.

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 Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine was not administered during the school day. Staff at Branton St Wilfrid's CE Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. 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. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.

Exceptions

Prescribed medicines will not be given:

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

Children with Asthma

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This is in the purple box in each classroom. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be clearly labelled and include guidelines on administration.

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.

Non-Prescription Medicines

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We are unable to give children painkillers such as paracetamol, ibuprofen or aspirin unless prescribed by a doctor.

Storage of Medicines

All medicines should be delivered to the school office by the parent or carer. Under no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with the product instructions, paying particular attention to temperature. Medicines will normally be kept in the first aid room cupboard or fridge and should not be kept in classrooms with the exception of adrenalin 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.

All emergency medicines, such as asthma inhalers and adrenalin pens, should be readily available to children and staff and kept in an agreed place in the classroom.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

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 need to make for children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carer as outlined below will apply.

Roles and Responsibilities

Parent/Carer

- Should give sufficient information about their child's medical needs if treatment or special care is required
- Must deliver all medicines to the school office in person
- Must complete and sign the parental agreement form
- Must keep staff informed of changes to prescribed medicines
- Keep medicines in date – particularly emergency medication such as adrenalin pens.

Head Teacher

- To ensure the School's policy on the administration of medicines is implemented
- Ensure that there are members of staff within the school willing to volunteer to administer medication to specific children if required
- Ensure all staff receive support and appropriate training where necessary
- To share information, as appropriate, about a child's medical needs
- Ensure that parents are aware of the School's policy for the administration of medicines
- Ensure that medicines are stored correctly

Staff

- On receipt of medicines, the child's name, prescribed dose, expiry date and written instructions provided by the prescriber should be checked
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instructions
- Ensure that a second member of staff is present when medicines are administered
- Complete the administration of medicines record each time medication is given
- Ensure that medicines are returned to parents for safe disposal

Refusal of Medicines

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

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
- any side effects
- 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. No medication should be given unless it has been checked by a second adult.

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

Confidentiality

The Head Teacher and Staff should always treat medical information confidentially. The Head should agree with the child/parent who else should have access to records and other information about a child.

Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines.

APPENDIX

Contacting Emergency Services

FORM 1

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

- 1. Your telephone number 01302 537344**

- 2. Give your location as follows:**
Branton St Wilfrid's C.E. Primary School
Valley Drive
Branton
Doncaster

- 3. State that the postcode is:**
DN3 3NB

- 4. Give exact location in the school/setting**

- 5. Give your name**

- 6. Give name of pupil and a brief description of child's symptoms:**

- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:**

SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED.

Health Care Plan

FORM 2

Date plan produced

Child's name

Review date

| | | |
|--------------------------------|--|---------------|
| Name | | Date of Birth |
| Class | | Teacher |
| Address | | |
| Medical diagnosis or condition | | |

Family Contact Information

| | |
|-------------------|------------------------|
| Name: | Relationship to child: |
| Telephone (work): | |
| Telephone (home): | Telephone (mobile): |

| | |
|-------------------|------------------------|
| Name: | Relationship to child: |
| Telephone (work): | |
| Telephone (home): | Telephone (mobile): |

Clinic/Hospital Contact

| | |
|-----------|------------|
| Name: | Telephone: |
| Position: | |

| | |
|-----------------|------------|
| GP Name: | Telephone: |
|-----------------|------------|

| |
|--|
| Describe medical needs and give details of child's symptoms |
|--|

Daily care requirements (eg before sport/at lunchtime)

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

Follow up care

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

Form copied to:

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

Parental Agreement for School to Administer Prescribed Medicine (short term use)

The School will not give your child prescribed medicine unless you complete and sign this form.

| | |
|---|---|
| Name of child | |
| Date of birth | Medical Condition/Illness |
| Class | Member of staff responsible |
| Name of medicine (as described on the container) | |
| Date dispensed / / | Agreed finish/review date |
| Expiry date / / | |
| Dosage and method | |
| Timing | |
| Special precautions | Procedures to take in an emergency |
| Are there any side effects school needs to know about? | |
| Note: Medicines Must Be In The Original Container As Dispensed By Pharmacy | |
| Contact details: Name Daytime telephone no Relationship to child Address | |

I understand that I must deliver the medicine personally to _____
 I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing.

Signature _____ Date _____

**Parental Agreement for School to Administer Prescribed Medicine
(long-term medical needs)**

The School will not give your child prescribed medicine unless you complete and sign this form.

| | |
|---|---|
| Name of child | |
| Date of birth | Medical Condition/Illness |
| Class | Member of staff responsible |
| Name of medicine (as described on the container) | |
| Date dispensed / / | Agreed finish/review date |
| Expiry date / / | |
| Dosage and method | |
| Quantity of medication given to school | |
| Timing | |
| Special precautions/other instructions | Procedures to take in an emergency |
| Are there any side effects school needs to know about? | Name and phone number of GP |
| Note: Medicines Must Be In The Original Container As Dispensed By Pharmacy | |
| Contact details: | |
| Name | Relationship to child |
| Daytime telephone no | |
| Address | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the School Policy. I will inform School, immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that this is a service that the School is not obliged to undertake.

Signature _____ Date _____

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

AGREEMENT TO ADMINISTER MEDICINE

It is agreed that (name of child)
will receiveevery day at
.....

They will be given/supervised whilst he/she takes their medicine by
.....or

This arrangement will continue until or until instructed by parents

SignedDate

Head Teacher/named member of staff

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

| | |
|----------------------------------|--|
| Name of child | |
| Class | |
| Date medicine provided by parent | |
| Quantity of medicine received | |
| Name and strength of medicine | |
| Expiry date | |
| Dose and frequency of medication | |

Staff signature _____ **Signature of parent/carer** _____

| | | | | |
|---------------------------|-----|-----|-----|-----|
| Date | / / | / / | / / | / / |
| Time given | | | | |
| Dose given | | | | |
| Name of staff member | | | | |
| Signature | | | | |
| Name of counter signatory | | | | |
| Signature | | | | |
| | | | | |
| Date | / / | / / | / / | / / |
| Time given | | | | |
| Dose given | | | | |
| Name of staff member | | | | |
| Signature | | | | |
| Name of counter signatory | | | | |
| Signature | | | | |

REQUEST FOR CHILD TO ADMINISTER HIS/HER OWN MEDICATION

This form must be completed by parents/carers

If staff have any concerns, this request should be discussed with healthcare professionals

| | | |
|-----------------------------------|--|--|
| Child's name | | |
| Class | | |
| Date of birth | | |
| Medical condition or illness | | |
| Medicine Name/type of medicine | Procedures to be taken in an emergency | |

CONTACT INFORMATION

| | |
|-----------------------|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |

Signed

Date

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

Staff training record – administration of medicines

Name of school

Branton St Wilfrid's C.E. Primary School

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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 _____ Date _____

I confirm that I have received the training detailed above.

Staff signature _____ Date _____

Suggested review date _____