



## **St Mary's and St Benedict's RC Primary School**

*'With Jesus we learn as a joyful family and flourish to be the best that we can be'*

### **MEDICINES POLICY**

This policy is based on the guidance from The Department for Education, 'Supporting pupils at school with medical conditions' (April 2014)

The school, under normal circumstances, will not administer any medication to a child. Exceptional circumstances will be reviewed by the Headteacher and her decision will be final. Where a child is to receive medication over an extended period of time (other than normal inhalers), written parental authorisation must be obtained together with full details of dosages, possible reactions and symptoms. Where this authorisation is given, nominated members of staff will have responsibility for the administration of the medication.

#### **THE HEADTEACHER**

The Headteacher will ensure that all staff receive appropriate support and training and are aware of this policy which should be read alongside the schools Health and Safety Policy. Likewise, where appropriate, the Headteacher will inform the parents of the policy and its implications for them. In all complex cases the Headteacher will liaise with the parents and where the parent expectation is deemed unreasonable then the Head will seek the advice of the school nurse or some such medical advisor.

#### **ALL STAFF**

All staff should be made aware of any child who has specific medical needs and any emergency procedures that may need to be taken including contacting the emergency services. This information should be clearly shown on a pupil information sheet which carries a photograph of the child. Such information should be readily available to staff i.e. posted in the staff room but not clearly visible to other pupils or visitors.

#### **STORING MEDICINES**

Where applicable, medicines, should be stored away from children in the Headteacher's office and be refrigerated if necessary. Inhalers will be the responsibility of the child concerned and will be self-administered unless circumstances deemed exceptional by the

Headteacher are in force. Adrenaline pens will be kept in a central location, clearly labelled with the pupil's name.

#### Asthmatic children

Asthmatic children keep their inhaler with the class teacher and have access to it at any time. Each inhaler must be clearly labelled with the pupil's name, dosage, and expiry date. A list of asthmatic children is kept in a central location and a copy given to the class teacher.

#### RECORD KEEPING

It is vitally important that parents inform school of ANY medication a child may be taking, even for a short period of time. Should school agree to administer medicine in exceptional circumstances the administration of such medicine should be witnessed by another member of staff and a record kept in the record book. Only staff willing to administer medicines should be asked to do so.

#### ADMINISTERING MEDICINE

Only when approved by the Headteacher will medicines be given to pupils and no medicines (approved or otherwise) will be given without WRITTEN parental consent including full instructions concerning the medicine, dosage and duration of course of treatment. Medicines should be clearly marked with the pupils name and class and should be in an original un-opened container dispensed by a pharmacy. Non-prescribed drugs will not be administered. Lotions and creams will NOT be applied by any member of staff – should such be necessary the parent will be asked to come into school to administer.

#### The Use of Emergency Salbutamol Inhalers In School For Asthma

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnose with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

#### The Emergency Kit

An emergency asthma inhaler kit should include:-

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler
- A record of administration (ie when the inhaler has been used)

### Storage and Care of the Inhaler - Staff responsibilities:-

Named volunteers:- Natalie Hackett, Jackie Altham and Vanessa Dowbakin.

On a monthly basis to ensure that:-

- The inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available
- That replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use or that replacements are available if necessary

The inhalers and spacers are to be kept in the school office and KS1 hall cupboard to which staff has access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away. The inhaler should be primed when used (eg spray two puffs) as it can become blocked when not used over a period of time.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself, however, can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (eg if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

### Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

### Children Who Can Use The Emergency Inhaler

The emergency salbutamol inhaler should only be used by children:-

- who have been diagnosed with asthma, and prescribed a reliever inhaler
- who have been prescribed a reliever inhaler

AND for whom written parental consent for use of the emergency inhaler has been given. This information is recorded and a list kept with the SENCo.

A list of permitted children is stored with the emergency inhaler and spacer.

The school will seek written consent from parents of children with asthma for them to use the salbutamol inhaler in an emergency. This will be updated regularly.

### EDUCATIONAL VISITS

Children requiring medication during an educational visit will be highlighted on the risk assessment and staff will ensure that children/staff carry any required medicines. Should any child have complex requirements these will be itemised on a separate risk assessment completed by the appropriate member of staff. Where lotions or creams need to be applied during an educational visit the child will be asked to self-apply and only where the child is too young to self-administer with a willing member of staff be asked to administer, witnessed by another member of staff and a record kept signed by both members of staff.

### SPORTING ACTIVITIES

Any medical needs will be assessed and shown on the risk assessment for all sporting activities held outside of the school precepts.

### LONG TERM MEDICAL NEEDS

Where a child has long term medical needs these will be assessed before admittance and where long term medicinal administration is required appropriate actions will be put in place to cover this.

### THE GOVERNING BODY

The Governing Body will be made aware of this policy and its role in being generally responsible for all school policies.

KEY POINTS

- ❖ THE SCHOOL WILL NOT NORMALLY OR REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES.
- ❖ ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO WILLINGLY AND WITH THE APPROPRIATE TRAINING TO DO SO.
- ❖ WHERE ADMINISTRATION OF MEDICINES HAS BEEN AGREED, THE SCHOOL OFFICE WILL BE NOTIFIED AND THE MEDICINES WILL BE KEPT IN THE HEADTEACHER'S OFFICE. INHALERS WILL BE THE RESPONSIBILITY OF THE CHILD CONCERNED UNLESS THE AGE OF THE CHILD PROHIBITS THIS.
- ❖ PARENTS HAVE THE RESPONSIBILITY OF INFORMING THE SCHOOL OF CHANGES IN A CHILD'S MEDICATION OR CESSATION/INCREASE IN ITS USE.

**FORM 1 – Contacting the Emergency Services**

**REQUEST FOR AN AMBULANCE**

DIAL 999, ASK FOR AN AMBULANCE AND BE READY WITH THE FOLLOWING INFORMATION.

1. Your telephone number 01772 336650
2. Give location of school/setting
3. State the post code PR5 6TA
4. Give exact location in the school.
5. Give your name.
6. Give name of child/adult and brief description of the child's symptoms.
7. Inform the Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty.

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

KEEP A COPY OF THIS FORM NEXT TO THE PHONE FOR REFERENCE PURPOSES

**FORM 2 – Healthcare Plan**

**ST MARY'S & ST BENEDICT'S RC PRIMARY**

CHILD'S NAME \_\_\_\_\_

CLASS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CHILDS HOME ADDRESS \_\_\_\_\_

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MEDICAL DIAGNOSIS OR CONDITION \_\_\_\_\_

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DATE \_\_\_\_\_

REVIEW DATE \_\_\_\_\_

**CONTACT INFORMATION**

**1ST CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME - \_\_\_\_\_

WORK - \_\_\_\_\_

MOBILE - \_\_\_\_\_

**2ND CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME - \_\_\_\_\_

WORK - \_\_\_\_\_

MOBILE - \_\_\_\_\_

CLINIC/HOSPITAL CONTACT – NAME - \_\_\_\_\_ TEL NO \_\_\_\_\_

GP NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

DESCRIBE MEDICAL NEEDS AND GIVE DETAILS OF THE CHILD'S SYMPTOMS:

DAILY CARE REQUIREMENTS (E.G. 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 :



**FORM 3A**

**PARENTAL/CARER APPROVAL FOR SCHOOL TO ADMINISTER MEDICINE**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff only administers medicine in extenuating circumstances exclusively approved by the Headteacher.

NAME OF CHILD \_\_\_\_\_ CLASS \_\_\_\_\_

MEDICAL CONDITION/ILLNESS \_\_\_\_\_

NAME/TYPE OF MEDICINE (AS DESCRIBED ON THE PRESCRIBED CONTAINER) \_\_\_\_\_

DOSAGE AND METHOD \_\_\_\_\_

TIMING \_\_\_\_\_

ADMINISTRATION DATES FROM: \_\_\_\_\_ TO \_\_\_\_\_

ARE THERE ANY POSSIBLE SIDE EFFECTS THAT THE SCHOOL SHOULD BE MADE AWARE OF?  
\_\_\_\_\_

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PARENTS/CARERS SHOULD BE AWARE THAT WHERE THERE MAY BE SIDE EFFECTS, SCHOOL RESERVES THE RIGHT, NO MATTER THE WHAT THE CIRCUMSTANCES TO REFUSE TO ADMINISTER THE MEDICINE.

**CONTACT INFORMATION**

1ST CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE \_\_\_\_\_

2ND CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE - \_\_\_\_\_

I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE OFFICE AND 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.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ONLY A PARENT OR CARER MAY COMPLETE AND SIGN THIS FORM

**FORM 7**

REQUEST FOR A CHILD TO CARRY HIS/HER OWN MEDICINE

THIS FORM MUST BE COMPLETED BY PARENTS/CARERS

IF STAFF HAVE ANY CONCERNS, THIS REQUEST MAY BE DISCUSSED WITH THE SCHOOL HEALTHCARE PROFESSIONALS

NAME OF CHILD \_\_\_\_\_ CLASS \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME OF MEDICINE \_\_\_\_\_

MEDICAL CONDITION/REASON FOR USE \_\_\_\_\_

PROCEDURES TO BE TAKEN IN THE EVENT OF AN EMERGENCY \_\_\_\_\_

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CONTACT INFORMATION

1ST CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE \_\_\_\_\_

2ND CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NO'S – HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE - \_\_\_\_\_

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 taken a separate form must be completed for each one.

**Date of Policy:** 4<sup>th</sup> March 2021