



Title: The Administration of Medicines in Schools

Aims and objectives: The administration of medication has become an important issue in many schools and the purpose of these guidelines is to provide advice on how this should be carried out.

Policy Into Practice:

Administration of Regular Medicines in School

Named Person

Mrs Amanda Crowley at Bedford Road and Mrs Kerry Smith at Harris Way shall be responsible for administering medicines in school. In their absences, then Mrs Jo Urwin or Mrs Alison Fishwick would be responsible.

Parental Responsibility

A statement of parents' responsibility is included in the school prospectus, detailing the need:

- To inform the school in writing of all medicines to be given at school and by completing a "Prescribed Medicines in School" form (see Appendix 1). If a pupil is to be given more than one medicine in school, a separate form should be completed for each.
- To provide medicine to the school in the **original** container from the pharmacy and clearly labelled with:
 1. Child's name
 2. Class
 3. Name of medicine
 4. How much to be given / dosage
 5. When to give
 6. Any other instructions
- To notify the school in writing of any changes in medicines.
- For the parent/carer to make suitable arrangements to replenish the supply of medicines if necessary.

Medication should only be taken to school when absolutely necessary. Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours.

Storage of Medicines

Medicines should be stored in a safe, secure place, preferably below 20° Celsius. This is in a

First Aid cupboard in the offices. There is a large First Aid sign clearly marked on the doors of the cupboards. Midazolam Buccal Liquid (medicine for epilepsy) should be kept on a high shelf. If it is necessary to store medicines in the fridge, this will be stated on the label. The staffroom fridges can be used, the medicine will be stored on a separate labelled shelf or in a closed container clearly marked "medicines".

Administration

The label on the medicine container should be checked against the "Prescribed Medicines in School" form. Any discrepancy should be queried with the parent before administering a medicine. **Parents/carers should confirm any changes in dose and the reason for it in writing.**

For liquid medicines, make sure a 5ml medicine spoon or an oral dose dispenser (for quantities less than 5ml) together with instructions has been sent in by the parent/carer.

1. Confirm the identity of the pupil.
2. Check the "Prescribed Medicines in School" form to see if the medicine is being given at the right time of day, and has not already been given by another member of staff.
3. Check the dose.
4. Measure the dose, without handling the medicine. If it is a liquid, shake the bottle before measuring and pour away from the label. If it is a soluble or dispersible tablet, add to half a glass of water and wait for it to dissolve or disperse.
5. Give the medicine to the pupil and watch him/her take it. If required give the pupil a glass of water to wash the medicine into the stomach.
6. Wash the spoon or oral dose dispenser if used.
7. Return the medicine and spoon etc to the cupboard/fridge.

Administering Regular Medicines

Children who have long term conditions e.g. asthma, epilepsy or diabetes, will have their medicines stored in the First Aid cupboards in the school offices. These will be administered by Mrs Amanda Crowley or Mrs Jo Urwin at Bedford Road and Mrs Kerry Smith or Mrs Alison Fishwick at Harris Way as directed on the School Asthma Card or Care Plan, see Appendix 2.

Recording

A record should be kept of doses given on the "Prescribed Medicines in School" form. The "Prescribed Medicines in School" form should be kept in a safe place in the school offices and then archived once finished with. It is good practice to keep these until the child is eighteen years of age.

Disposal

Medicines no longer required should not be allowed to accumulate. They should be returned to the parent for disposal. All medicines have an expiry date after which they should not be used.

Pain Relieving Medication

Pain relieving medication will not be given to children unless with written consent of the parents/carers or medical staff. This must include specific instructions.

School Visits

If a child has to take medication on a school visit, it is the responsibility of the first aider on the visit to administer the medicine. The medicine must be in a clearly labelled container and be accompanied by a "Prescribed Medicines in School" form. The same procedures as above must be followed. It is the responsibility of the nominated first aider to check the dosage to be administered and when the last dose was given. If there is concern that the dosage or time is wrong the trip leader must contact the child's parents/guardian to clarify. For all other medicines which may be required e.g. inhalers, EpiPens, the teacher in charge of the trip must ensure that the adult in charge of the child needing the medication has it with them at all times in a clearly labelled container including the Care Plan or School Asthma Card. The adult must be EpiPen trained, if there is an EpiPen.

Possession of self administration of regular medicine

This should be discouraged, except where it is necessary. If agreed by the parents/carers and the school, no more than a specified number of doses required during one day should be taken. The medication should be carried in a suitable labelled container.

Long Term and Complex Needs

If a child is suffering from a long term condition, then all reasonable adjustments will be made to assist the child in having as normal an education as possible.

Staff Training

Mrs Jo Urwin is responsible for ensuring staff training is up to date. All staff have been given EpiPen and asthma training. At the start of each academic year there will be training for all staff on how to follow emergency procedures e.g. EpiPen training, diabetes training. Supplementary information specific to Asthma can be found in Appendix 3.

Access to the School's Emergency Procedures

In the event of an emergency, e.g. anaphylactic shock, epileptic fit or asthma attack, all staff know to follow instructions on the Care Plan. All Care Plans are kept with medicines in the school offices in the unlocked First Aid cupboard, in the appropriate classrooms and in files in the staffrooms for lunchtime supervisors.

Risk Assessment and Management Procedures

There will be an annual check on the administration of medicines by a Governor, as part of the Health & Safety Annual Audit.

The administration of medicines is covered under the school's insurance policy. The policy states that as long as the person who administers the medicine has been trained to administer the specific medicine we are fully covered. The school ensures that annual training is given to all staff to cover this. When changing the school's insurance the finance manager will check that the same level of cover is provided.

Refusal of Medicines

We cannot force a child to take their medicine. If a child refuses, it will be documented on the "Prescribed Medicines in School" form. Parents/carers will be informed. If a refusal leads to an emergency, then emergency procedures will be followed.

Medication Errors

All errors are serious and must be reported to the Head teacher who will then share this information with the Governing Body. Failure to do so will be a disciplinary offence.

Monitoring and Review: This policy will be monitored and reviewed every two years by the Governing Body.

Signed **Date**

Appendix 1

WOOTTON PRIMARY SCHOOL Prescribed Medicines in School (Excluding Asthma Apparatus)

Name of Child and Class	
Medicine	
Dosage (Tsp/5ml) and Time	
Special Instructions, e.g. with food	
Date and time last dose given	

I agree to the person nominated by the Head Teacher of Wootton Lower School administering prescribed medicine to the above named child, on my behalf, during school hours in accordance with the instructions supplied.

I undertake to bring the necessary medicine, with spoon if required, in a named container to the school office and collect it each day. I will inform the school when the course of medicine has ended.

I indemnify the Head Teacher, the named person, the governing body, and the Local Education Authority, against any claim arising from the administration of medicine to my child, in accordance with the instructions given above.

Signed: Date
Parent/Guardian (Please delete where appropriate)

DATE	TIME	DOSAGE GIVEN	SIGNATURE	INFORMATION

COURSE ENDED:

Appendix 2

Asthma Treatment

1. It is the policy of the school to help all pupils understand Asthma. This can be done in the classroom or during an assembly, using outside help as necessary.
2. All parents of children suffering with Asthma should complete a School Asthma Card/Sheet and update it as necessary. If children display increasing need for reliever inhalers within school, this change in pattern will be recorded and shared with parents.
3. The storage and access of asthma medication should be relevant to the needs of the asthmatic pupil. Inhalers kept in school should be primed before use if used infrequently, by dispensing a spray into the air. The casing should also be washed and cleaned once per term to ensure any powder residue is cleared (this may be done at home).
4. Inhalers for all children will be kept in the School Office First Aid Cupboard.
5. Where a child's inhaler has run out or is lost the school holds an emergency asthma inhaler at both sites (We adopt the Department of Health Guidance for the use of emergency inhalers in school). Mandy Crowley, Kerry Smith and Maria Donovan will check the kits monthly to ensure that they are fully stocked and re-order spacers/inhalers where necessary.
6. Where possible, the environment of the school should not be so as to exacerbate an asthma attack.
7. All teachers should understand the treatment of Asthma and know what to do to prevent and relieve an attack.
8. Training sessions by the Health Services will be held for all staff as required.
9. The school works in partnership with pupils, parents and health professionals to achieve the above.

WHAT TO DO DURING AN ASTHMA ATTACK

1. Give the child their reliever medication as quickly as possible and ensure 2 puffs are administered.
2. Stay calm and reassure the child – do not overcrowd. Remember the child knows how to manage his/her attacks.
3. Encourage deep, slow breathing.
4. Help the child adopt a comfortable position (never lying down).
5. Offer a drink of water.
6. If the child does not improve over the next 2 minutes
7. administer a further 2 puffs every 2 minutes to a maximum of 10 puffs.
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

9. if there is a delay of more than 10 minutes in the ambulance arriving repeat 2 puffs every 2 minutes to a maximum of 10 puffs.

CALL AN AMBULANCE AND PARENTS IF:

1. The child is very distressed and unable to talk.
2. The child is getting exhausted.
3. You have doubts about the child's condition.

MEDICATION AND INHALERS

There are two types of treatments, both of which come in an inhaler:

Reliever

These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. Generally speaking, relievers come in blue containers.

Preventers

These medicines are taken daily to make the airways less sensitive to the triggers. Generally speaking preventers come in brown and sometimes white containers.