



## ADMINISTRATION OF MEDICINE IN SCHOOL POLICY

At St John's School we use the teachings of the Church of England to embed the following core Christian values.

These are:

Friendship  
Forgiveness  
Trust  
and Compassion

These values will underpin the following Policy.

This Statement is reviewed annually by the Pupils and Curriculum Committee and ratified by the Full Governing Body

Ratified by Governors	10 <sup>th</sup> March 2021
Review Date:	10 <sup>th</sup> March 2022
Signed by: Headteacher:	<i>AJ Smith</i>
Signed By: Chair of Governors:	<i>A Parker-Brace.</i>

## **PURPOSE OF THIS POLICY**

The purpose of this policy is to ensure the safe and appropriate administration of medication to pupils with medical needs within St John's CE Primary School.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics.

Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis or diabetes.

Other children may require medicines in particular circumstances, for example severe allergies or asthma.

**MEDICINES WILL ONLY BE ADMINISTERED AT SCHOOL WHEN IT WOULD BE DETRIMENTAL TO A CHILD'S HEALTH OR SCHOOL ATTENDANCE NOT TO DO SO.**

**MEDICINES WILL ONLY BE ADMINISTERED TO CHILDREN BY SCHOOL STAFF WITH THE WRITTEN CONSENT OF THEIR PARENT OR CARER.**

## **SUPPORTING PUPILS WITH LONG-TERM HEALTH NEEDS**

The school will aim, as far as possible,

- to minimise disruption to the child's learning and
- work with parents/carers and health professionals to ensure this.

Where a pupil needs to take medication in school for an extended period or has a chronic ongoing condition a Health Care/Emergency Plan will be put in place (Appendix 1). This will be agreed jointly by the school and parents/carers with the advice of health professionals.

Parents should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication (See Appendix 2).

Medicines must be handed in to the school office for safe keeping, with the exception of Asthma Inhalers and Epipens which are kept in an accessible box in each classroom with the appropriate agreement forms (See Appendix 2 plus completion of School Asthma Card). St Johns CE Primary School recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them e.g. Diabetes Pumps.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## MANAGING MEDICINES DURING THE SCHOOL DAY

### PRESCRIPTION MEDICINES

- prescription medicines should only be taken during the school day when essential.
- parents/carers will be encouraged to request from doctors, where possible, medicines which can be administered outside the school day.
- medicines will only be administered in school where the dosage frequency requires them to be taken **four** or more times a day or where they must be taken at specific times as directed by the G.P. Parents must complete the 'Administration of Medicine Form – short term (Appendix 5)

#### Medication must be:

- in its original container with the original pharmacy label intact,
- the label must include – the child's name, the dosage required and details for administering the medicine and storage instructions.
- (the exception to this is insulin which is generally inside a pen or pump rather than its original container).
- medicines must be in-date

**Medicines will only be administered according to the instructions on the pharmacy label.**

### NON-PRESCRIPTION MEDICINES

- normally medicines which have not been prescribed by a medical practitioner will **not** be administered in school however we will consider the administration of non-prescription medicines on a case by case basis.
- we will not administer pain relief medicines when children are reported by parents to be unwell – A child who is unwell should not be at school. However where a child has been to the dentist, or has an ongoing problem with headaches the school will be prepared to administer pain relief such as Calpol or Neurofen, but never aspirin or containing aspirin except prescribed by a doctor. Medication will never be administered by school staff without parental consent. Where there is a pre-existing condition parents must complete the 'Administration of Medicine Form' (Appendix 2). On occasion e.g. if a child develops a headache during the school day but is well enough to remain at school, verbal permission to administer pain relief may be sought.
- children must not bring such medicines (e.g. Paracetamol, ibuprofen, throat lozenges) into school. These will not be administered by school staff in school time.

### STORING MEDICINES

The school will keep the medication securely in a locked cupboard (not asthma inhalers or Epipens) which may only be accessed by authorised staff. Where medicines need to be refrigerated they will be stored in a designated, locked fridge. Children should know where their medicines are, when and by whom they will be administered.

- prescription drugs will be returned to parents when no longer required.
- it is the parent's responsibility to collect and dispose of out of date or unused medication.
- it is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'.
- if new supplies are needed it is the responsibility of the parents to supply medication.
- parents must check regularly with school staff to ensure there is sufficient medicine on site.
- we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school
- sharps boxes should always be used for the disposal of needles and other sharps.

## **EPIPENS AND OTHER EMERGENCY MEDICATION**

All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with the School Nurse where appropriate and necessary (i.e. children with Diabetes).

Arrangements will be made for immediate access to any emergency medications for example:

- Epipens will be kept with or near pupils who need them at all times;
- asthma medication will be kept in its original packaging in a labelled asthma box in the child's classroom.
- other emergency medicines may also be stored in a child's classroom if required
- all medicines and devices should be marked with the child's name.

**Emergency medication will always be taken if the child goes out on a trip.**

- During school trips the first aid trained member of staff will carry all medical devices and medicines required;



## Appendix 1

### Example of an Individual Healthcare Plan

Name of school/setting	St John's CE Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### **Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(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.

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

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



## Appendix 2

### Parental Agreement to Administer Medicine at St John's CE Primary School

#### *For long term requirements*

Staff at St John's CE Primary School will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of Birth	
Year Group/Class	
Medical Condition or illness	
<b>MEDICINE</b>	
Name and type of medicine ( <i>as described on container</i> )	
Expiry Date	
Dosage & Method	
Timing	
Special Precautions/other instructions	
Are there any side effects that the school need to know about?	
Self-administered Y/N	
Procedures to take in an emergency	

**NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

Contact details

Name \_\_\_\_\_

Daytime tel: \_\_\_\_\_

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

I understand that I must deliver the medicine personally to The School Office staff ONLY – you must not send medicine in with your child in their book bag – or give to the class teacher or support staff.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the schools policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



## Appendix 3

### Record of Medicine Administered to an Individual Child

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 \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Any Reactions Noted		

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Any Reactions Noted		

**Record of Medicine Administered to an Individual Child (continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Any Reactions Noted			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Any Reactions Noted			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Any Reactions Noted			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Any Reactions Noted			

# Appendix 4

## School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

### Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature

Date

### Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature

Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

- Pollen  Stress
- Exercise  Weather
- Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

### Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

### What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

**0300 222 5800**

(9am - 5pm; Mon - Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)



## Appendix 5

### Parental Agreement to Administer Medicine at St John's CE Primary School

#### *For short term requirements*

Staff at St John's CE Primary School will not give your child medicine unless you complete and sign this form.

**Please note: Guidelines from the school nursing service state that "3 times a day" antibiotics should be administered at home.**

Name of Child			
Date of Birth			
Year Group/Class			
Medical Condition or illness			
<b>MEDICINE</b>			
Name and type of medicine <i>(as described on container)</i>			
Expiry Date			
Dosage & Method		Time	
Special Precautions/other instructions (Before or after food)			
Are there any side effects that the school need to know about?			
Procedures to take in an emergency			

**NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

Contact details:

Name \_\_\_\_\_

Daytime tel: \_\_\_\_\_

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

I understand that I must deliver the medicine personally to The School Office staff ONLY – you must not send medicine in with your child in their book bag – or give to the class teacher or support staff.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the schools policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_