

The Pinvin Federation of Schools



Administering Medicines Policy

Reviewed:
September 2022

Review Date:
Autumn 2024

“As children of God we are working together with warmth and the belief that everyone can be happy, grow and flourish”

The Federation of Pinvin School Administering Medicines Policy

This policy is drawn up in consultation with staff and is based on guidelines from the DFE publication '*Supporting Pupils at school with Medical Needs*'.

Pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine. Other pupils have medical conditions that, if not properly managed, could limit their access to education.

Support for pupils with Medical Needs

Parents or guardians have the prime responsibility for their children's health and should provide the school with information about any medical condition.

There is no legal duty which requires school staff to administer medicine; this is a voluntary role. Staff who provide support for pupils with medical needs or who volunteer to administer medicine will require access to relevant information and training.

Short Term Medical Needs

Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should ask the prescribing doctor or dentist about this.

However, the school recognises that sometimes children do need to take medicines in school time e.g. if prescribed to take 4 times a day. If this is the case, there has to be prior written agreement, on the request form, from parents for any medication, to be given to a child. This written agreement must also include the dosage and means of administration.

Medicines must be handed over to the office by a parent/carer in a named container.

Long term Medical Needs

The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. The school will need to know:

- Details of the condition
- Special requirements
- Name and detail of the medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Administering Medicines

No pupil should be given medication without written parental consent. Authorised personnel should check:

- Pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Self-Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication from an early age. With this aim in mind, and for reasons of immediacy, children with inhalers will be expected to administer the required dose themselves. At the teacher's discretion, children may also carry their inhaler or keep it in their drawer. Other inhalers should be kept in the classroom in a safe place known and accessible to the children. All inhalers must be named. Children are reminded not to share inhalers.

Refusing Medication

If pupils refuse to take medication, the school will not force them to do so and will inform parents immediately.

Record Keeping

Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed. Parents/carers are responsible for ensuring any medication kept in school is contained in the original packaging, within the expiry date and to replace any medication with a replacement before expiry. School will keep a record of when they have been administered.

School Trips

Pupils with medical needs are encouraged to participate in visits. Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place. All children with medication are named on the risk assessment and contact details for that child are written on the risk assessment. On residential visits, the school will send a letter prior to the visit to ask permission from parents to administer children's pain killers, such as Calpol or antihistamine, should the need arise whilst the child is away from home. Sometimes an additional adult might accompany a particular pupil. There may also be the need to undertake a risk assessment for a particular child.

Sporting Activities

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example. Teachers supervising sporting activities are made aware of relevant medical conditions.

Storing Medication

Any medication should be in a container that is labelled with the name of the pupil, name and dose of the drug and frequency of administration and within expiry date. Medication needs to come to school in the original packaging. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should not transfer medicines from their original containers.

Medicines are kept in the medicine locker or when necessary in the staffroom fridge, in a clearly labelled container.

Disposal of Medicines

The school does not dispose of medicines. Parents should collect medicines held at school and are responsible for the disposal of out-of-date medicines.

Hygiene Control

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. The school nurse visits to ensure children follow basic hygiene procedures when washing their hands.

Emergency Procedures

Staff know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a parent/carer and if unavailable, a member of staff.

Individual Health Care Plans

Some children require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering epipens and insulin.

Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

Guidance on Emergency use of Salbutamol in School

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

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 diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Signs of an asthma attack include:

Persistent cough (when at rest)

A wheezing sound coming from the chest (when at rest)

Being unusually quiet

The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache) Difficulty in breathing (fast and deep respiration)

Nasal flaring

Being unable to complete sentences

Appearing exhausted

A blue / white tinge around the lips

Going blue

Responding to signs of an asthma attack

Keep calm and reassure the child

Encourage the child to sit up and slightly forward.

Use the child's own inhaler – if not available, use the emergency inhaler

Remain with child while inhaler and spacer are brought to them

Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately

If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

The child's parents or carers should be contacted after the ambulance has been called.

A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children.

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CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Name (Print)

Child's name:

Class:

Parent's address and contact details:

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

Telephone:

.....

E-mail:

.....

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**LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL
INHALER USE**

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened at

Delete as appropriate

- 1) A member of staff helped them to use their asthma inhaler. They were given puffs.
- 2) They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
- 3) Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

The Pinvin Federation of Schools: Administering Medication Form

Pupils name: Class:.....

Medication name: Dosage:

Received by: Amount received:

.....

Parent/ Carer signature: Amount & information agreed: Yes

Date received: Medication timings:

Pupils name: Class:

.....

Medication name: Dosage:

.....

Possible side effects

Diarrhoea

Comments for behaviour

Discussions and actions

