

Sonning Church of England Primary School
ADMINISTRATION OF MEDICINES POLICY



Aim of Policy: This Policy aims to clarify the rules and procedures used by Sonning School for administering medicines to pupils.

Description: This policy seeks to support students with both long-term and short-term health needs. The school will aim to minimise any disruption to the child’s learning as far as possible and work with parents/carers and health professionals to ensure this. This policy details the processes, procedures and requirements of the school, parents/carers and pupils when there is a need to administer medicines in school, on external visits and other circumstances.

Sonning Author:	L Henderson	Lead Governor:	C Borsberry-Lewis
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1.0 Introduction

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 others 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 (e.g. those children with epipens.)

For further information about pupils with longer term medical conditions / treatments please see our **Policy for the Education of Children with Medical Needs**.

2.0 Aims

The aims of this policy are:

- 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 and off-site activities.
- to outline the roles and responsibilities for the administration of prescription medicines

3.0 Legal Requirements

THERE IS NO LEGAL DUTY THAT REQUIRES ANY MEMBER OF SCHOOL STAFF TO ADMINISTER MEDICINES.

4.0 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 were not administered during the school day. Staff at Sonning Church of England 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. Medicines prescribed to be taken three times a day can be administered by parents, giving one dose 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.

Where children are prescribed medication that is kept in school permanently such as epipens or inhalers parents will be asked to sign a consent form (FA2 – see Appendix 2) annually for this. They will also be asked to complete annually, as appropriate, an Allergy action plan (Appendix 3) or Asthma action plan (Appendix 4). Parents are also asked to submit a copy of their child's treatment plan if they have been given one. A new FA2 form must be completed when medication is changed or updated.

4.1 EXCEPTIONS

Prescribed medicine will not be given:

1. Where the timing of the dose is vital and where mistakes could lead to significant harm.
2. Where medical or technical expertise is required (except epipens or diabetes treatment where some staff have been trained).
3. Where intimate contact would be necessary.



5.0 Children with Asthma and Allergies

Inhalers and epipens will be kept in a locked cupboard. They must be labelled and include guidelines on administration. These will be taken on all school visits and off-site activities. Spacers must also be provided with an inhaler.

It is the responsibility of parents to ensure regularly that the inhalers and epipens supplied are in date. Where possible staff will regularly check the condition of inhalers.

6.0 Non-Prescription Medicines

We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber unless in exceptional circumstances. If parents wish their child to have medicines such as Calpol or Nurofen during the school day, they will be required to visit school to administer this.

7.0 Storage of Medicines

All medicines should be delivered to the school office by the parent or carer. In 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 product instructions (paying particular attention to temperature). Medicines will normally be kept in a locked cabinet or in the first aid fridge. All medicines must be stored in the supplied container and be clearly labeled with the name of the child, the name and dose of the medicine and the frequency of administration. Any medicines such as Ritalin, which require double locking, will be stored in the school safe.

Epipens are kept in the locked first aid cupboard in wallets, clearly labeled with the child's name, photo and relevant guidance.

8.0 General First Aid

For day-to-day incidents in school requiring first aid treatment, staff will take action as appropriate for the injury. For cuts and grazes, wounds are cleaned with water as much as possible and a plaster applied if necessary. Ice packs are administered for injuries such as bumps, bruises, sprains, etc. Particular attention is paid to 'head bangs' where a child has been injured on their head or face. An ice pack may be applied and a 'Head Bang' form completed. For this or any other injury regarded as significant, parents may be called to advise them and appropriate action taken depending on the severity of the injury.

A '999' call may be made if further advice is required or a child clearly needs immediate medical attention (see also Appendix 1).

9.0 Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are collected from school and disposed of safely.



10.0 Trips and Outing

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 to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children.

For part and full day visits, the class teacher will be responsible for tabulating medical information for each child (including a recording sheet for any pupils with an IHCP) and one member of staff will be nominated as having responsibility for the administration of all medication.

For residential visits, procedures will be the same as for day visits and in addition, all parents must complete a form EV2 to confirm up to date medical details for their child. For children with significant medical needs, such as with an IHCP, there must be appropriate procedures and contingency plans in place.

11.0 Roles and Responsibilities

Roles and responsibilities as outlined below will apply.

Parent/Carer must:

- give sufficient information about their child's medical needs if treatment or special care is required.
- deliver all medicines to the school in person.
- complete and sign the parental agreement form (FA2).
- complete and sign an Allergy and/or Asthma action plan annually if required.
- keep staff informed of changes to prescribed medicines or to their child's medical condition.
- keep medicines in date – particularly emergency medication, such as adrenaline pens.
- collect medicines once expired and dispose of them safely.

Headteacher will:

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

Staff will:

- on receipt of medicines, check the child's name; prescribed dose; expiry date and written instructions as provided by the prescriber.
- ensure that the parent/carer completes a consent form (FA2) for the administration of medicines following the prescriber's instruction.
- ensure medicines are available when and where required.
- whenever possible, ensure that a second member of staff is present when medicines are administered.
- complete the 'administration of medicines' record sheet each time medication is given.
- ensure that medicines are returned to parents for safe disposal.



12.0 Refusal of Medicines

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

13.0 Record Keeping

Medicines should be provided in the original container as dispensed by a medical professional 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 consent form (FA2) 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. Whenever possible a second adult will sign to confirm the correct administration of medication.

14.0 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 (IHCP) will be written for children with long-term medical needs, involving the parents and relevant health professionals. (See also Policy for the Education of Children with Medical Needs.)

15.0 Confidentiality

The Head and staff should always treat medical information confidentially.

The Head and first aid qualified staff (see Appendix 1) should agree with the child/parent who else should have access to records and other information about a child.

16.0 Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines. All staff will have regular training for adrenaline pens and basic pediatric first aid.

17.0 Related Policies

For more information see the school's Health and Safety Policy and the Medical Needs in Education Policy.

18.0 Monitoring

This Policy will be reviewed in line with the Governors' review timetable and in accordance with any further national guidance, typically annually.



*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase ‘care of the child’ includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.



Appendix 1

First Aiders

FULLY QUALIFIED:

Mrs Mandi Brown

Mrs Valerie Backhouse

Mrs Helen Hall

ONE DAY EMERGENCY FIRST AID AT WORK QUALIFIED:

Mrs Sarah Hewinson

Mrs Lesley Astbury

FIRST AID IS LOCATED:

Medical cupboard is located outside the main school office.

Contacting Emergency Services

Request for an Ambulance:

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

- Location – Sonning Church of England Primary School
- Address: Liguge Way, Sonning RG4 6XF
- Telephone Number – 0118 969 3399
- Patient's Name and Date of Birth,
- Location within School and Brief Description of Symptoms (if known)
- Inform Ambulance Control of the best entrance to use and state that the Crew will be met and taken to the patient on arrival.

Remember, to speak clearly and slowly and be ready to repeat any information if required.

DO NOT END THE CALL UNTIL TOLD TO DO SO BY THE EMERGENCY SERVICES.



Appendix 2

FA2 MEDICAL FORM

**Parental Agreement for Sonning Primary School to Administer
Medicine**

If your child has medication in the school for any reason or have a condition not reported, please update their medical record form. If you are reporting a new condition, please fill in this form.

Forms to be returned to Mrs Brown, First Aider. mbrown@sonning.wokingham.sch.uk

* must be filled in:

*(full name of child)

Date

Class

*I request that (child's name)	*		
be given the following medication:	*	Expiry date:	
*reason for medication AND *ANY INSTRUCTIONS	*		
*Dosage	*		
*at the following times	*		

*The above medications have been prescribed by the family doctor/consultant. **They are clearly labelled, in the original container indicating contents, dosage and the child's name.***

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Sonning Primary staff administering medicine in accordance with Sonning Primary's policy.

I understand that the medicine must be delivered personally to the **school office or the First Aider** and accept that this is a service which the school is not obliged to undertake.

NOTE: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and the administration of the medicines agreed by the Head Teacher. Medications must be re-newed when required as the school cannot administer out-of-date medications. The Head Teacher reserves the right to withdraw this service.

*Name: * Tel Home
Parent/Guardian) PLEASE PRINT *Tel Mobile:.....

Address:
.....

*Email:
.....@.....
PLEASE PRINT

*Signature: Date:



Record of medicine administered toClass

(office use only)

Date	Time	Staff	Date	Time	Staff



Appendix 3

Allergy Action Plan

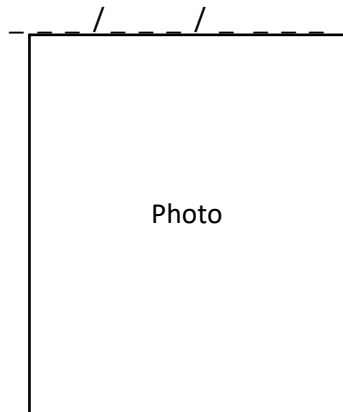
CHILD'S NAME _____

EARLY YEARS SETTING (EYS) / SCHOOL **Sonning C of E Primary School**

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

NHS Number (If known)



Emergency contact number

Alternative emergency number

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies). _____

Refer to label for dosage instructions

Name of inhaler (if prescribed)

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

CONSENT

I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

I will ensure that the above medication is kept in date and replaced if used.

I consent for my child's action plan and photo to be displayed within EYS / school

I consent to the use of the school's generic adrenaline auto injector if available

Your name (Print)

Your signature

Airway:

Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.




Breathing:

Difficult or noisy breathing, wheeze or persistent cough.

Consciousness:

Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.   
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

*****If in doubt give adrenaline auto injector*****

After giving adrenaline auto injector

- 1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of** adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.

Anaphylaxis may occur with initial mild signs. ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze)

CHILD'S NAME _____

EARLY YEARS SETTING (EYS) / SCHOOL **Sonning C of E Primary School**

HAS THE FOLLOWING ALLERGIES: _____

Appendix 4

ASTHMA ACTION PLAN

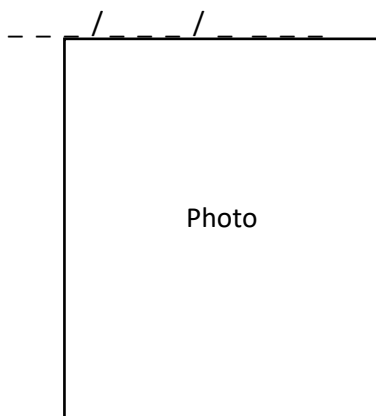
CHILD'S NAME _____

EARLY YEARS SETTING (EYS) / SCHOOL **Sonning C of E Primary School**

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth _____

NHS Number (If known) _____



Emergency contact number _____

Alternative emergency number _____

CONSENT

- I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).
- I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.
- I will ensure that the above medication is kept in date and replaced if used.
- I consent for my child's action plan and photo to be displayed within EYS / school
- I consent to the use of the school's generic inhaler if available

Your name (Print) _____

Your signature _____

Please circle Parent /Guardian

For exercise-induced asthma

Take _____ puffs of the reliever (usually blue) via spacer 10-15 minutes before physical exercise.

In the event of any of the below:



WHEEZE



TIGHT or SORE CHEST



COUGH



SHORTNESS OF BREATH

Administer reliever medication (usually blue) via Spacer
Give **2** puffs of reliever every **2** minutes (maximum 10 puffs)
If reliever is needed more than **4-hourly**, medical advice/attention should be sought and parents contacted.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Abdominal pain or vomiting



Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

- Airway:** Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
- Breathing:** Difficult or noisy breathing, wheeze or persistent cough.
- Consciousness:** Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

4. **Lie child flat.** If breathing is difficult allow to sit.
5. **Use adrenaline auto injector without delay**
6. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)
*****If in doubt give adrenaline auto injector*****

After giving adrenaline auto injector

1. Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.

Anaphylaxis may occur with initial mild signs. ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

