

# SOUTH VIEW COMMUNITY PRIMARY SCHOOL



## **Administering Medicines Policy**

May 2017

**Signed:** \_\_\_\_\_

**Head Teacher**

**Signed:** \_\_\_\_\_

**Chair of Governors**

**Review Date:**

South View CP School Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

## **Policy aims**

1. The main aim of this policy is to support individual children with medical needs to achieve regular attendance.
2. A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
3. A third aim is to ensure that medicines given at school are stored and administered safely.

There is no legal requirement for school staff to administer medicines. Staff are invited to do what is reasonable and practical to support the inclusion of all pupils.

Parents and carers are asked to support the school with this policy, which aims to protect all our children. Please do not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

## **Non-prescribed medicines**

Generally the school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines, lozenges). Please make arrangements to come into school if you wish to give your child these medicines. There may be certain circumstances where this may be considered; in these instances the attached Authorisation Form would need to be completed.

## **Prescribed medicines**

In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

Permission may be granted by the Head Teacher in certain circumstances i.e. those that are prescribed in emergencies e.g. epilepsy, anaphylactic shock; or those that are a prescribed course.

Parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

Medicines will not be accepted in school that require specific medical expertise or intimate contact unless training has been given to a specific member of staff for a specific child.

***Please consider whether your child is well enough to be at school if they require medicine 4 times a day.***

If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

- Any side effects.
- Expiry date.

The school will provide blank medicines record forms, and parents/carers must complete and sign one of these forms if they leave medicine at school.

### **Longer term needs**

Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

### **Administration of Specialist Medication**

We recognise that there may be times when children require specialist medication to be administered for, long term medical needs during their time in the setting.

In order that this is regulated we will ensure that:

Specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medications (e.g. nebuliser), and life-saving / emergency medications (such as adrenaline injections) and a health plan is established.

This will include:

- A letter from the child's G.P./consultant stating that the child is fit enough to attend the provision and sufficient information about the child's condition.
- We will discuss with parents the medication that their child needs to take and support required, Instructions on how and when the drug/medicine is to be administered and what training is required.
- Training on the administration of the prescription medication that requires technical/medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community paediatric nurse.
- A health plan will be developed in partnership with parents and any health professional and will be regularly reviewed to detail the needs and support or any changes.
- Prior written consent from the parent/guardian for each and every medicine will be obtained before any medication will be administered.
- The medications consent form filled in appropriately, and signed by parents/carers on the day the medicine is expected to be given before they leave the child in the care of the setting.
- On the medication form parents will give signed permission for administration of medication including the name of the child, the name of the parent, date, name of medication, the dose and time medication last given, the dose and times to be administered and how the medication is to be administered.
- The medication is clearly marked with the child's name and is in date, in the original container with prescriber instructions for administration.
- No medication will be given to the child unless provided by the parents.

- The medication is stored in accordance with the product instructions and out of reach of children at all times.
- The administration of medication is recorded in the medications book and includes the signature (the administrator of the medication) and counter-signature (witness to medication being given), date, time, dosage. Parents must sign this before they leave the premises, to acknowledge they know the medication has been administered.

### **Self-Management**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

### **Refusing Medicine**

When a child refuses medicine, the parent or carer will be informed the same day.

### **Storage and Disposal of Medicine**

The school will store medicine away from children. Medicines that have not been collected by parents at the end of each term will be safely disposed of.

### **Emergency treatment and medicine administration**

The school will call for medical assistance and the parent or named emergency contact will be notified.

South View CP School Primary School will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency, regardless of outcome.

*The next review date is March 2019 unless legislation dictates otherwise.*

## School Illness Exclusion Guidelines

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross infection.

School attendance could be improved for all if children and families wash and dry their hands well five or more times a day.

**Chickenpox:** Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.

**Conjunctivitis:** Parents/carers expected to administer relevant creams. Stay off school if unwell.

**Nausea - without vomiting:** Return to school 24 hours after last felt nauseous.

**Diarrhoea and/or vomiting:** Exclude for 48 hours from last episode (this is 24 hours from last episode plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for two weeks.

**German measles/rubella:** Return to school six days after rash appears but advise school immediately as pregnant staff members need to be informed.

**Hand, foot and mouth disease:** Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.

**Head lice:** No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next two weeks to remove all lice. Treatment is recommended only in cases where live lice have been seen.

**Cold sores:** Only exclude if unwell. Encourage hand-washing to reduce viral spread.

**Impetigo:** Until lesions have crusted over and healed, or 48 hours after commencing antibiotic treatment.

**Measles:** For four days after rash appears.

**Mumps:** For five days after swelling appears.

**Ringworm:** Exclusion not usually required.

**Scabies:** Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.

**Scarlet Fever:** 24 hours after commencing appropriate antibiotic treatment.

**Slapped cheek:** No exclusion (infectious before rash). Stay off school if unwell.

**Threadworms:** No exclusion. Encourage hand washing including nail scrubbing.

**Whooping cough:** Until 5 days of antibiotics have been given. If mild form and no antibiotics treatment required exclude for 21 days.

**Antibiotics:** First dose must be given at home, and first 24 hour doses must be given by parent/carer.

**Viral infections:** Exclude until child is feeling well and temperature is normal (37 degrees).



# Medicine Authorisation Form



<b>Name of child</b>	
<b>Class and Year</b>	
<b>Medical condition or illness</b>	
<b>Name of medication (as described on container)</b>	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any side effects that the school should be aware of?</b>	
<b>Procedures to take in an emergency</b>	

I understand I must deliver medication to the school office in person and must not send it in with a child.

I understand that medicines must be in the original container in which dispensed, with the dispensing pharmacy label attached and the prescriber's instructions for administration. I will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

School staff will never accept medicines that have been taken out of the container (e.g. provide sachets, not bottles, of Calpol) nor will they make changes to dosages on parental instruction.

I understand that the school is not obligated in any way to administer medicines and does so voluntarily.

**Signed:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Carer)

**Check completed by (staff):** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_



# Care Plan:

Forename  
Surname

photo

Year: Class

## Diagnoses:

-

## Medication

-

## Symptoms:

-

## Care in School:

-



**Ongoing/Long Term Medical Condition – Annual Update for Anaphylaxis**

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Child's GP:</b>	<b>GP Contact Number:</b>
<b>GP Address:</b>	

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

<b>Date of Anaphylaxia Diagnosis:</b>	<b>Other Medical Conditions:</b>
<b>What are the severe/main triggers/causes of your child's anaphylaxis?</b>	
<b>Are there any other possible triggers/causes of your child's anaphylaxis?</b>	
<b>What specific symptoms should we be aware of/be looking for?</b>	

<b>Most Recent Reactions/Anaphylaxis Shock</b>	
<b>Date</b>	<b>Details</b> <i>(e.g. cause; severity; medicines administered; paramedic/GP visit)</i>

<b>Medicines Administered at Home</b>		
<b>Type</b>	<b>Dosage</b>	<b>When Administered</b>

<b>Medicines to be Administered at School</b>				
<b>Type</b> <i>(including brand)</i>	<b>Expiry Date &amp; Batch No.</b>	<b>Dosage</b> <i>(&amp; gap between if 2 pens issued)</i>	<b>Method of Administration</b>	<b>When Administered</b>

**Is there anything else we need to know about your child's anaphylaxis? e.g. how quickly they react to medication):**

<b>I hereby give written consent for staff at South View CP School to administer the above medicines to my child.</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	<b>Relation to Child:</b>

**Ongoing/Long Term Medical Condition – Annual Update - Asthma**

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Child's GP:</b>	<b>GP Contact Number:</b>
<b>GP Address:</b>	

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

<b>Date of Asthma Diagnosis:</b>	<b>Other Medical Conditions:</b>
<b>What are the triggers/causes of your child's breathing difficulties?</b> (e.g. allergy to ...; stress; exercise)	
<b>What specific symptoms should we be aware of?</b> (e.g. wheezing when exhaling)	

<b>Most Recent Asthma Attacks</b> (if applicable)	
<b>Date</b>	<b>Details</b> (e.g. cause, symptoms; medicines administered; paramedic/GP visit)

<b>Medicines Administered at Home</b>		
<b>Type</b> (e.g. steroids/preventer)	<b>Dosage</b>	<b>When Administered</b> (e.g. specific time and/or when symptoms occur)

<b>Medicines to be Administered at School</b>				
<b>Type</b> (e.g. steroids/preventer; brand)	<b>Expiry Date &amp; Batch Number</b>	<b>Dosage</b>	<b>Method</b> (e.g. nebuliser; takes independently)	<b>When Administered</b> (e.g. specific time and/or when symptoms occur)

<b>Is there anything else we need to know about your child's asthma?</b> (e.g. methods to alleviate the symptoms):
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<b>I hereby give written consent for staff at South View CP School to administer the above medicines to my child.</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	<b>Relation to Child:</b>

### Ongoing/Long Term Medical Condition – Annual Update

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Child's GP:</b>	<b>GP Contact Number:</b>
<b>GP Address:</b>	

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

<b>Diagnosis</b> <b>Date of Diagnosis:</b>	<b>Other Medical Conditions:</b>
<b>What are the triggers/causes of your child's condition</b>	
<b>What specific symptoms should we be aware of?</b>	

<b>Most Recent symptoms</b> <i>(if applicable)</i>	
<b>Date</b>	<b>Details</b> <i>(e.g. cause, symptoms; medicines administered; paramedic/GP visit)</i>

<b>Medicines Administered at Home</b> <i>(if applicable)</i>		
<b>Type</b>	<b>Dosage</b>	<b>When Administered</b> <i>(e.g. specific time and/or when symptoms occur)</i>

<b>Medicines to be Administered at School</b> <i>(if applicable)</i>				
<b>Type</b>	<b>Expiry Date &amp; Batch Number</b>	<b>Dosage</b>	<b>Method</b>	<b>When Administered</b> <i>(e.g. specific time and/or when symptoms occur)</i>

<b>Is there anything else we need to know about your child's condition (e.g. methods to alleviate the symptoms):</b>

<b>I hereby give written consent for staff at South View CP School to administer the above medicines to my child.</b>	
<b>Signed:</b> <b>Name:</b>	<b>Date:</b> <b>Relation to Child:</b>

### Ongoing/Long Term Medical Condition – Annual Update – Diabetes

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Child's GP:</b>	<b>GP Contact Number:</b>
<b>GP Address:</b>	

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

<b>Date of Diabetes Diagnosis:</b>	<b>Type:</b>
<b>Normal blood sugar levels:</b>	<b>Method to test blood sugar levels &amp; equipment:</b>
<b>How much assistance does your child need to check blood sugar levels?</b>	

Type	Blood Sugar Levels Range	Symptoms/Signs	Actions
Hypoglycemia			
Hyperglycemia			

#### Regular Blood Sugar Level Checks - Timetable

Time <i>(e.g. 15mins before lunch)</i>	If under _____ blood sugars:	If above _____ blood sugars:
Before a PE lesson		
After a PE lesson		

**Which blood sugar level range would require us to call the emergency services?**

#### Medicines/Injections to be Administered at School

Type <i>(including brand)</i>	Expiry Date & Batch No.	Dosage	Method of Administration	When Administered

**I hereby give written consent for staff at South View CP School to administer the above medicines to my child.**

**Signed:**

**Date:**

**Name:**

**Relation to Child:**

## Ongoing/Long Term Medical Condition – Annual Update – Epilepsy

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Child's GP:</b>	<b>GP Contact Number:</b>
<b>GP Address:</b>	

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

<b>Date of Epilepsy Diagnosis:</b>	<b>Other Medical Conditions:</b>
<b>What are the triggers/causes of your child's seizures?</b>	<b>What specific symptoms should we be aware of/be looking for?</b>
<b>Is your child aware before a seizure? If so how, how long before, and do they have a signal to notify adults?</b>	
<b>How regular are your child's seizures?</b>	
<b>If your child has a seizure at school, what can we expect/how can we minimise injury?</b>	
<b>After how long would we need to call the emergency services?</b>	

<b>Most Recent Seizures</b>	
<b>Date</b>	<b>Details</b> (e.g. length of seizure; cause; severity; medicines administered; paramedic/GP visit)

<b>Medicines Administered at Home</b>		
<b>Type</b>	<b>Dosage</b>	<b>When Administered</b>

<b>Medicines to be Administered at School</b>				
<b>Type</b> <i>(including brand)</i>	<b>Expiry Date &amp; Batch No.</b>	<b>Dosage</b>	<b>Method of Administration</b>	<b>When Administered</b>

<b>Is there anything else we need to know about your child's epilepsy?</b>
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<b>I hereby give written consent for staff at South View CP School to administer the above medicines to my child (if applicable).</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	<b>Relation to Child:</b>

# Medical Needs and Care Plans Flow Diagram

