



FRIEZLAND PRIMARY SCHOOL

Administration of Medicines Policy

Date reviewed	February 2017
Date of next review	February 2018
Headteacher	
Chair of Governors	

FRIEZLAND PRIMARY SCHOOL POLICY FOR THE ADMINISTRATION OF MEDICINES

RATIONALE

The rationale for the administration of medicines at Friezland Primary School is to ensure that pupils with medical needs receive the health-related support to enable them to be included fully in school life.

PROCEDURES

The Headteacher is responsible for the administration of medicines to pupils.

The named person referred to in the school's administration of medicines policy is Mrs Joanne Flynn.

ADMINISTRATION OF MEDICINES RELATING TO ILLNESS OF A TEMPORARY OR SHORT TERM NATURE

1. Only medicines prescribed by a doctor may be brought into school for administration and only those requiring administration within the school day will be accepted. Medication must be labelled with the child's name.
2. It is the responsibility of parents or carers, after making the decision that their child is fit for school, to bring medicines into school and to collect them at the end of the school day from the main school office or from FROSTIE staff.
3. All medicines, where possible, must be self-administered by pupils under the supervision of the named person or an authorised member of staff.
4. All medicines brought into school will be stored in the bottom drawer of the refrigerator in the staff room, apart from the Factor 8 (CB), which is kept in the fridge near the rear door of the kitchen.
5. Responsibility for administering medicines remains with parents. The school will not be responsible for non-administration of medicines.
6. Parents wishing for painkillers, Calpol etc. to be administered must come to school to administer themselves.
7. All medication must be handed to an adult and parents must sign the *Administration of Medicines* form in the school office showing the child's

name, name of the medication, time needed and dosage. The staff member administering medication must sign the form to show it has been given and record any reactions.

8. Permission to give painkillers is requested prior to residential visits and in some cases parents are asked to provide their own, especially where there are known allergies.

ADMINISTRATION OF MEDICINES RELATING TO ILLNESS OF A PERMANENT OR LONG TERM NATURE

1. Children requiring long term medicinal care will have a care plan written between school and families.
2. Medicines are accepted into school on the following basis:
 - The illness is life threatening
 - Only prescribed medication will be accepted into school. This will be self-administered in the presence of the named person whenever possible.
 - If children are too young to self-administer medication, then arrangements will be made with the school on an individual basis, for the administration of essential medication. This would usually be by the named person and witnessed by another member of staff.
2. The parent/carer is responsible for supplying the Headteacher with adequate information regarding their child's condition and medication. The Headteacher will then initiate the care plan for that child.
3. All information given must be in writing, signed and current so that procedures for each individual case are known. When the individual care plan is drawn up, parents are asked to agree and sign a consent clause on the care plan. It should be updated annually at the start of each academic year or earlier as and when appropriate, if medication is altered by the child's GP or Consultant. Copies of the care plan are kept in the main school office, the child's classroom and in the staffroom. Details of medication are included in each child's individual medication log.
4. All medicines must be delivered directly to the school by parents/carers or authorised person. It is the parents/carers' responsibility to inform the Headteacher in writing when the medicine or the dosage is changed.
5. After first receipt of medicines at school, additional medication may continue to be accepted without further notice, but any change in dosage, etc. must be notified, in writing, to the Headteacher or accepted Authorised Person.
6. Each container **must** be clearly labelled with the following:
 - a. Name of medicine
 - b. Pupil's name
 - c. Dosage
 - d. Dosage frequency
 - e. Date of dispensing
 - f. Storage requirements, if important
 - g. Expiry date
 - h. Any contra-indications

7. All pupils will have access to the National Curriculum unless medical advice specifically precludes it e.g. pupils who have epilepsy should participate in swimming lessons unless the school is specifically advised to the contrary by the child's Consultant.
8. When pupils who have a medical condition such as epilepsy go out of school, school staff must have access to a mobile phone. School staff will take with them the pupil's medical log and medication. These procedures are included in the Risk assessment relating to any Educational Visit.

ADMINISTRATION OF MEDICINES RELATING TO THE CONTROL OF ASTHMA

In addition to the procedures laid down in the previous section (relating to permanent or long term illness), the following also applies:

1. Parents are required to fill in the information and consent forms, copies of which are found in Appendix 3.
2. The major principle underlying the policy is, "immediate access for all children to reliever medication."
3. When in school all inhalers are kept in class boxes, which are kept in the classrooms during lesson time and out on the playground on the step at the main entrance during break and lunch times. All devices are clearly marked with the names of the children and listed on the inside of the box. The school has an emergency inhaler that is kept in the main school office for use by children with a diagnosis of asthma whose personal inhaler is not available for some reason. At present all children with an inhaler in school have parental permission for the use of the emergency inhaler if required. In all boxes there are instructions and procedure to follow in the event of an asthma attack. These are attached to the inside lid of the asthma box.
4. Children in YR to Y2 will not be expected to self-administer asthma medication, it will be administered by an adult suitably trained in first aid.
5. If a child has an asthma attack, the procedure laid down in Appendix 4 will be followed.

APPENDIX 1

The following notes of guidance and procedures have been written with due regard to the DfES document "Supporting Pupils with Medical Needs" and DfES Circular 14/96.

Whilst all staff have a duty to take reasonable care for the health and safety of pupils in school, there is no contractual requirement for teachers to administer medicines, therefore any such role is voluntary on their part.

There is a requirement for schools to have a policy on the administration of medicines. Headteachers will ensure that all staff are made aware of the school policy. In certain cases a member of staff may be made responsible for the administration of medicines or the undertaking of medical procedures. These will be agreed on an individual basis and all staff who are required to administer medication will receive training.

If a member of staff administers medicine to a pupil, or undertakes a medical procedure to support a pupil and, as a result expenses, liability, loss claim or proceedings arise, the Council as an employer will indemnify staff provided the following conditions apply:

- The member of staff is an employee of the Council.
- The medicine/procedure is administered by the member of staff in the course of their employment with the Council.
- The member of staff follows:
 - 1) these procedures
 - 2) the school's policy
 - 3) directions received through training in the appropriate procedures
 - 4) except as set out in the note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

NOTE:

Condition 4 does not apply in the case of criminal offence under the Health and Safety At Work Act 1974.

In this policy, the term employee includes persons contracted to work for the Council or Governing Body, but who are employees of an external agency or contractor.

APPENDIX 2

GUIDELINES

PUPIL MEDICATION

Schools are often asked by parents to store and/or administer prescribed medication to pupils. This can only be done under certain circumstances i.e. when the condition is life threatening e.g. asthma or diabetes. If any difficulties arise with the arrangements for individual children, advice can be sought from the Authority and the medical officer allocated to the school (usually the school doctor or the school nurse).

AUTHORISED PERSONS

The Headteacher is responsible for the operation of the school policy on the Administration of Medicines and is therefore the main person responsible for the administration of medicine. The Headteacher can authorise a named member of staff, with their agreement, to be responsible for the administration of medication (this member of staff is the “Authorised Person”).

It is the duty of the Headteacher to ensure that all members of the teaching and non-teaching staff (including supply staff) are made aware of the school policy.

All staff have been trained in asthma awareness, epi-pen training and haemophilia awareness.

INFORMATION FOR PARENTS

Reference to the school policy on medication is included in the school information brochure. Full copies of the policy on Administration of Medicines are available to parents as required. (see also appendices)

STORAGE OF MEDICINE

At school, all medication is stored in an appropriate place. Any non temperature-sensitive medication is stored in the locked medicine cabinet in the main school office. If the medication requires refrigeration, it is kept in the bottom drawer of the fridge in the school staffroom. A child with an epi pen has the pen in the same room as him at all times in school and it goes outside to a responsible adult when the child is outside.

INJECTIONS AND INVASIVE PROCEDURES

It is unlawful for staff to administer medicine by injection unless for the purpose of saving life in an emergency, and invasive procedures will only be undertaken if included in an individual child’s care plan. Suitable training will be given.

SELF ADMINISTRATION OF MEDICINES

Whenever possible, pupils should be encouraged to self-administer medicines, in an appropriate place (usually the main school office), under the supervision of an authorised member of staff. If a totally private area is required, two members of staff will always be present.

APPENDIX 3

Dear Parent

The school has a policy for the management of asthma, based on a joint policy between the Health Authority, Education Authority and the Local Hospital. If your child has asthma we would be grateful if you could fill in the three forms included with this letter and return them to school as soon as possible. This will be kept in school as a record of your child's asthma treatment.

You may need to ask your child's GP or Practice Nurse to help you.

If your child is diagnosed as having asthma please let the school know as soon as possible so we can ensure that we have appropriate access to the medication.

Please let us know if your child's regular treatment is changed at any time. It is important that you tell us in order that the record can be updated.

If your child is likely to need asthma treatment while at school, please ensure that your child has an inhaler at school at all times, clearly marked with his or her name. Please ask your GP to prescribe a new inhaler each September at the start of each new school year, to be kept by school. At the end of each school year, inhalers can be taken home and used normally.

IMPORTANT

Poorly controlled asthma can interfere with a child's school performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed.

If your child becomes asthmatic at any time, please inform us immediately

Please sign the enclosed form regarding the giving of relievers in the event that your child has a severe attack in school.

Name of child..... Date of birth.....

**PLEASE STATE WHICH INHALERS ARE LIKELY TO BE NEEDED IN SCHOOL,
AND THE LIKELY INDICATIONS FOR USE.**

(i.e. Relievers: before games / going out into cold air / during a bad cold, etc.
Preventers: e.g. child using four times a day, etc.)

INHALER.....

LIKELY REASONS FOR USE.....

.....

Has your child got a self-management plan?

YES / NO

(Contact your Practice Nurse if you are not sure)

Please give details of TWO contact numbers to be used in an emergency

1. NAME.....TEL NO.....

Relationship to child

2. NAME.....TEL NO.....

Relationship to child

NAME OF GP.....TEL NO.....

GP Asthma Practice Nurse/Other known professional

.....TEL NO.....

Signed (Parent / Guardian).....Date.....

PARENTAL CONSENT FORM

I.....**being the parent / guardian of**

..... understand that I am responsible for ensuring that my child is equipped with their asthma medication as required.

I understand that my child will be given extra relief medication using their school inhaler in the event of him or her suffering an asthma attack.

I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform my child's GP or Practice Nurse as necessary.

Signed..... Date.....
(Parent / Guardian)

FRIEZLAND PRIMARY SCHOOL

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:

.....

Guidance on the use of emergency salbutamol inhalers in schools

FRIEZLAND PRIMARY SCHOOL

EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....
.....

Class:

Date:

Dear.....,

[Delete as appropriate]

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

....

A member of staff helped them to use their asthma inhaler. 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. 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. .

[Delete as appropriate]

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

Yours sincerely,

Asthma Health Care Plan

Child's Name		
DOB		
Address		
School / Setting:		Class / Group:
Parent / Guardians name:		GP Name:
Telephone:	Home:	Surgery:
	Work:	Telephone:
	Mobile:	

Does your child tell somebody when s/he needs their inhaler? Yes / No

Does your child need help taking their inhaler? Yes / No

Does your child need to take their inhaler before exercise or play? Yes / No / Occasionally		
Medication:	Dose	When to be taken

My child's asthma is triggered by: (please tick the appropriate boxes of your child's triggers)

Cold air	Colds / viral infections	Pollen	Excitement
Changes in weather	Exercise	Dust	Emotion
Damp / mould	Night	Pets	Cigarette smoke
Other:			

Relief treatment when needed:

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After a few minutes the child should feel better & be able to return to normal activities.

Medication	Dose	When to be taken
<i>Salbutamol (blue) 100mcgs</i>	<i>2 puffs</i>	<i>Up to every 4 hours as required</i>
Expiry dates checked	Date	Sign

The child/young person should not be left unsupervised while experiencing an asthma attack

IN AN EMERGENCY

An emergency is if any of the following happen:

- 1) The asthma attack guideline has been followed and the reliever (blue) inhaler hasn't helped after 2 puffs and then a following 5 puffs.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse or do not improve.
- 3) The child is too breathless to speak.
- 4) The child is becoming tired or exhausted
- 5) There is any doubt about the child's condition

WHAT TO DO IF THE RELIEVER INHALER HAS NO EFFECT AFTER A FURTHER 5-10 MINUTES

- Call an ambulance
- Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives
- Inform the child's parents.

Child's Name: _____

Parental agreement

I agree that the information in this plan is accurate at the time of writing and give my consent for school / setting staff to administer my child's inhaler in accordance with the school / setting asthma guidelines.

I will provide the school / setting with a reliever inhaler within its expiry date and where necessary, a spacer.

I will inform the school / setting immediately, in writing of any change in dosage or frequency of the inhaler or if it is stopped.

Parent's signature: _____

Print Name: _____

Date: _____

Head teacher agreement

It is agreed that school staff will administer the child's inhaler in accordance with the agreed asthma health care plan and in line with the school / setting asthma guidelines.

Parents will be informed if their child has required their inhaler that day.

Head teacher signature: _____

Print Name: _____

Date: _____

Annual Review Date: _____

APPENDIX 4

1. If an asthmatic child becomes breathless or wheezy, or starts to cough, remember to **keep calm** as the condition is treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
2. Let the child sit in a position they find most comfortable. Do not let them lie down. **Do not ask them to re-breathe from a paper bag. Many children find it most comfortable to sit forwards with their arms crossed on the table.**
3. Ensure the child has 2 puffs of the child's usual reliever.

If the pupil has forgotten their reliever (blue) inhaler or their device is out of date, or empty then:

- i) Give 2 puffs of another child's reliever inhaler kept in school.
- ii) Wait 5 minutes. **STAY WITH THE CHILD.**
- iii) If the symptoms disappear, the pupil can return to the lesson as normal.
- iv) If symptoms have improved but not disappeared then:

Give 2 more puffs.
Stay with the child.
Wait 5 minutes.

IF THE CHILD HAS WORSENEED TREAT AS SEVERE ASTHMA ATTACK

How to recognise a Severe Asthma Attack

The reliever has no effect after 5 – 10 minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts about the child's condition

Then stay with the child

4. Contact the parents and inform them what has happened.
5. If you are concerned and need emergency advice ring the Accident and Emergency department at The Royal Oldham Hospital on 0161 627 8228.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT 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 the child while the inhaler and spacer are brought to them**
- **Immediately help the child to take two puffs of salbutamol via the spacer**
- **If there is no immediate improvement, continue to give one puff every 30 to 60 seconds, up to a maximum of 10 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**