



Crossacres Primary Academy

Administration of Medicines Policy 2015

INTRODUCTION

We want all children to have successful and fulfilling lives. By implementing this policy we will be helping to achieve our shared vision that all children and young people should be healthy, stay safe, enjoy and achieve, and be able to make a positive contribution. The measures outlined in this policy are one more step towards ensuring that vision becomes a reality.

PURPOSE OF DOCUMENT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

ROLES AND RESPONSIBILITIES

1. All staff in school have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the Every Child Matters agenda. It is expected good practice that school(First Aiders) will review

cases individually and administer medicines in order to meet the all round needs of the child and to enable them to attend school.

2. Under the Disability Discrimination Act (DDA) 1995, school has a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.
3. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, school(first aiders) should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.
4. The Governing body are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing our policies the Governing Body should take into account the views of parents/carers, the staff and the Head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.
5. The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether our school can support a child to attend school by assisting with their medical needs. The Head teacher is responsible for:
 - (a) implementing the policy on a daily basis
 - (b) ensuring that the procedures are understood and implemented
 - (c) ensuring appropriate training is provided
 - (d) making sure there is effective communication with parents/carers, children and young people, school staff and all relevant health professionals concerning the pupil's health needs.
6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care.

PARENTS/CARERS

The Local Authority and school work in partnership with parents/carers to ensure that their child attends school wherever possible.

7. It is the responsibility of parents/carers to;
 - (a) inform the school of their child's medical needs
 - (b) provide any medication in a container clearly labelled with the following;
 - THE CHILD'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS

- DATE TO BE USED BY

- (c) collect and dispose of any medicines held in school at the end of each term.
- (d) ensure that medicines have not passed the expiry date.
- (e) ensure that all attempts are made to enable their child to attend school.

PUPIL INFORMATION

- 8. Parents/carers should be required to give the following information about their child's long term medical needs with a responsibility to update it at the 'start of each school year';
 - (a) Details of pupil's medical needs
 - (b) Medication, including any side effects
 - (c) Allergies
 - (d) Name of GP/consultants
 - (e) Special requirements e.g. dietary needs, pre-activity precautions
 - (f) What to do and who to contact in an emergency
 - (g) Cultural and religious views regarding medical care

ADMINISTERING MEDICATION

- 9. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed.
- 10. The Head teacher will decide whether any medication will be administered in school and following consultation with first aiders, by whom, all medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
- 11. Any first aider, on each occasion, giving medicine to a pupil should check;
 - (a) Name of pupil
 - (b) Written instructions provided by the parents/carers or doctor
 - (c) Prescribed dose (to be confirmed with a second member of staff)
 - (d) Expiry date

STORAGE

12. All medicine will be kept in a locked cabinet in the first aid room, although immediate access to reliever inhalers is essential. Class teachers will store children's inhalers, which must be labelled with the pupil's name within the unlocked class room.

RECORDS

13. First aiders will complete and sign a record sheet each time medication is given to a child and these will be kept in the first aid room. The sheets will record the following;

- (a) Name of pupil
- (b) Date and time of administration
- (c) Who supervised the administration
- (d) Name of medication
- (e) Dosage
- (f) A note of any side effects
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

REFUSING MEDICATION

14. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the first aider.

TRAINING

15. Training and advice will be provided by health professions for first aiders involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware of and have an understanding of asthma; this will be included within the national curriculum.

HEALTH CARE PLAN

16. Where appropriate, a personal Health Care Plan will be drawn up and reviewed annually in consultation with the school, parents/carers and health professionals. The Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Crossacres use the Lancasterian Outreach and Inclusion Service proformas for Health Care Plans. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms the asthma care plan must be completed. A copy of the

asthma care plan must be kept along side the child's inhaler the other will be kept in reception.

INTIMATE OR INVASIVE TREATMENT

17. This will only take place at the discretion of the Head teacher/Manager and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

SCHOOL TRIPS

18. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

19. Residential trips and visits off site;

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by a named member of staff.
- (b) If it is felt that additional supervision is required during any activities e.g. swimming, school may request the assistance of the parent/carer.

Exercise and activity – PE and games/out of hours

Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff knows which children in their class have a long term medical condition and all teachers are aware of which pupils have asthma.

EMERGENCY PROCEDURES

20. The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack". These guidelines will be available to all staff members and displayed in different areas around the school.

21. All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler.

22.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

It is important that school agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. School should ask the parent/guardian to sign to permit this practice in the case of an emergency in their child's asthma care plan.

CARRYING MEDICINES

23. For safety reasons children are not allowed to carry medication. All medicines must be handed to the school administration staff or the class teacher on entry to the school/setting premises.

This policy will be reviewed in 2016

Julie Harrison 2015

Governors Approval.....

ANNEX A

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- ❖ Coughing

- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- ❖ In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Generally staff should not take pupils to hospital in their own car.

ANNEX B: Form 1 Emergency planning - request for an ambulance

Form 2 Asthma Health care plan

Form 3 Parental agreement for school/setting to administer medicines

Form 4: Record of medicine administered to an individual

Form 5: Staff training record - administration of medicines

Form 6: Lancasterian Outreach and Inclusion Service – Individual Health Plan

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

Name:



And what to do when your asthma gets worse.

1. My asthma medicines

- My best peak flow is
- My preventer inhaler is called and its colour is
- I take puff/s of my preventer inhaler in the morning and puff/s at night. I do this every day even if I feel well.

Other asthma medicines I take every day:

- My reliever inhaler is called and its colour is . I take puff/s of my (colour) reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

Does playing, running or doing PE normally make it hard to breathe?



If yes I take puff/s of my (colour) reliever inhaler beforehand.

2. When my asthma gets worse

I will know my asthma is getting worse if:

- I have a cough, wheeze, it is hard to breathe or my chest hurts, or
- I am waking up at night because of my asthma, or
- I am taking my reliever inhaler every day, or
- My peak flow is less than

When this happens: I keep taking my preventer medicines as normal.

And also take puff/s of my (colour) reliever inhaler every four hours.

If I am not getting any better I should see my doctor or asthma nurse today.



What asthma medicines do you take every day?



What should you do when your asthma gets worse?

Remember to take your inhaler with a spacer if you have one



School Asthma Health Plan - Part 2

3. What to do when I have an asthma attack

I am having an asthma attack if:

- My (colour) reliever inhaler is not helping, or
- I can't talk or walk easily, or
- I am breathing hard and fast, or
- I am coughing or wheezing a lot, or
- My peak flow is below

When this happens: I should take puffs of my (colour) reliever inhaler every two minutes (up to ten puffs) until I feel better.

I am feeling better, but I don't want this to happen again so I need to see my doctor or asthma nurse today.



I still don't feel better and I have taken ten puffs. Now I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another puffs of my (colour) reliever inhaler every two minutes (up to ten puffs).



My asthma triggers:

(Write down things that make your asthma worse so you can stay away from them.)

I need to see my asthma nurse every six months at least

Date I got my asthma plan:

My next asthma review:

Doctor's/asthma nurse contact details:

Where can I find out more?

Asthma UK is dedicated to improving the health and well-being of the 5.4 million people in the UK with asthma including 1.1 million children.

Asthma UK AdviceLine
Ask an asthma nurse specialist
0800 121 62 44
asthma.org.uk/adviceLine

Asthma UK website
Read the latest independent advice and news on asthma
asthma.org.uk
kickasthma.org.uk

Asthma UK
Summit House, 70 Wilson Street,
London EC2A 2DB
T 020 7786 4900
F 020 7256 6075

Asthma UK Northern Ireland
Ground floor, Unit 2 College House,
City Link Business Park, Durham Street,
Belfast BT12 4HQ
ni@asthma.org.uk

Asthma UK Cymru
Eastgate House, 35-43 Newport Road,
Cardiff CF24 0AB
wales@asthma.org.uk

Asthma UK Scotland
4 Queen Street,
Edinburgh EH2 1JE
scotland@asthma.org.uk



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Registered charity number in England 802364 and in Scotland SC039322. First published 2010. Next review 2013

14P150010



Parent/Carer Information about a Child's Medical Condition

Date

--

Child's Full Name

--

Group / Class / Form

--

Date of Birth

--

Child's Address

--

Family Contact Information

1. Name

--

Relationship to Child

--

Phone no. (work)

--

Phone no. (home)

--

Phone no. (mobile)

--

2. Name

--

Relationship to Child

--

Phone no. (work)

--

Phone no. (home)

--

Phone no. (mobile)

--

Healthcare Professional Contact Information

GP (General Practitioner)

Name	
Medical Practice / Health Centre	
Phone no.	

Hospital / Clinic Consultant / Specialist Nurse

1. Name	
Position / Job	
Based at	
Phone no	
2. Name	
Position / Job	
Based at	
Phone no	

Community Health e.g. paediatrician, physiotherapist, occupational therapist

1. Name	
Position / Job	
Based at	
Phone no	
2. Name	
Position / Job	
Based at	
Phone no	

Child's Medical Information

Diagnosis / Condition(s)

--

Regular Medicine

1. Name

Time administered

Side – effects

Contra-indications

Does the child require this medicine to be administered regularly e.g. every day during the school day?
Y / N (please circle)

2. Name

Time administered

Side – effects

Contra-indications

Does the child require this medicine to be administered regularly e.g. every day during the school day?
Y / N (please circle)

Medicine Administered in a Medical Emergency

Name

Side - effects

Contra-indications

Does the child require this medicine to be administered in school?
Y / N (please circle)

Regular Medical Intervention e.g. catheterisation, suction/tracheostomy care

Name of intervention	
Time administered	
Equipment used	

Does the child require a medical intervention to be administered regularly e.g. every day during the school day?
Y / N (please circle)

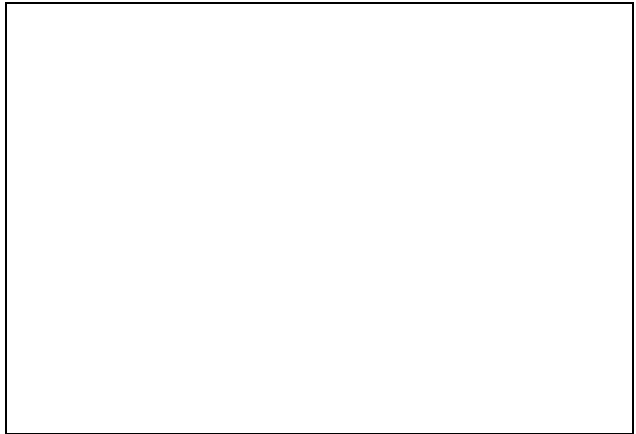
Mobility – movement and walking

Walking aids used	
Support needs	
Physiotherapy needs / programmes	

Personal Care

Dressing needs	
Eating / drinking needs	
Bathroom / Toilet needs	

Other Information



Parent / Carer Declaration and Signature

I agree that this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to school informing the School Nursing Service about my child's needs, if this service is not already aware.

I agree to **inform school of any changes in medical needs or medication, immediately and in writing.**

Parent/ Carer's Full Name (Please print)

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N If no, date that School Nursing Service informed
Date Review Due	



Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Name

--

Group / Class / Form

--

Date of Birth

--

Medical Condition(s)

--

Date

--

Medicine

1. Name of Medicine

--

Dosage

--

Method of Administration

--

Timing(s)

--

Side-effects

--

Other information

--

Potential Emergency Situations

--

2. Name of Medicine

Dosage

Method of Administration

Timing(s)

Side-effects

Other information

Potential Emergency Situations

Medical Intervention e.g. catheterisation, tracheostomy care

Type of Intervention

Procedure

Timing(s)

Other Information

Potential Emergency Situations

Parent/ Carer Contact Details

Name

Relationship to Child

Daytime contact no.

Address

Parents/Carers Declaration and Signature

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will **inform the school immediately, in writing**, if there is any **change in dosage** or **frequency of the medication**, if the **medicine is stopped** or if there are any **changes to the procedure** for the delivery of a medical intervention.

Parent/Carer's Full Name (Please print)

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
Date Agreed by Head Teacher / Principal	
Date Review Due	



Record of Staff Training

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

Trainer Declaration

I confirm that _____ (name of member of staff) has received the training detailed above.

I recommend that this updated annually / every two years / other _____ (please delete as appropriate).

Trainer's Signature _____

Date _____

Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature _____

Date _____

School Use Only	
Date Review Due	

CONFIDENTIAL

Medical Information

Regular Medication / Medical Intervention

Emergency Medical Intervention

Personal Care Needs

Therapy

PEN PORTRAIT
for
Name:
Class:
Teacher:
TA:

INSERT PHOTO HERE

Access to the Physical Environment and Mobility

Communication and Language / Behaviour / Any other relevant area of need

Personal Emergency Evacuation

Contacts

About the Pupil

Access to the Curriculum

Off-site Trips and Visits
For all off-site trips and visits an Additional Needs Risk Assessment must be completed for XXXX in addition to the EV1/EV2.

This Pen Portrait is designed to allow fast and effective information to key staff about a child's overall needs on a confidential basis.
Signed Parent/Carer Date
Signed SENCO/Lead Date
Signed Teacher / TA Date

REGULAR MEDICATION / MEDICAL PROTOCOL for XXXX YYYY in Y		CONFIDENTIAL
Date of Protocol: _____ Date Review due: _____		INSERT PHOTO OF CHILD HERE
This protocol has been discussed with parents/carers. Signed permission has been obtained for this protocol to be followed during the school day. This protocol is to be reviewed <i>yearly/termly</i> (or sooner if needs change) in consultation with parents/carers.		
Information	Action	Rationale
OTHER RELEVANT INFORMATION: Parents/Carer's Contact Details: Home _____ Mobile _____		
I have read and agree to this procedure for XXXX YYYY:		
_____	_____	Parent/Carer
Date: _____	_____	TA
_____	_____	Teacher
Date: _____	_____	SENCO/Lead
_____	_____	
Date: _____	_____	

**EMERGENCY MEDICAL PROTOCOL
for XXXX YYYY in Y**

CONFIDENTIAL

Date of Protocol:

Date Review due

INSERT PHOTO
OF CHILD
HERE

This emergency protocol has been discussed with parents/carers. Signed permission has been obtained for this protocol to be followed during the school day in the event of an emergency.

This protocol is to be reviewed *yearly/termly* (or sooner if needs change) in consultation with parents/carers.

Information/Event

Action

Rationale

OTHER RELEVANT INFORMATION:

School Staff Trained in First Aid:

Parents/Carer's Contact Details: Home

Mobile

I have read and agree to this procedure for XXXX YYYY:

_____ Parent/Carer
Date: _____

_____ TA
Date: _____

_____ Teacher
Date: _____

_____ SENCO/Lead
Date: _____

PERSONAL CARE NEEDS PLAN for XXXX YYYY in Y		CONFIDENTIAL
Date of plan:	Review Date:	INSERT PHOTO OF CHILD HERE
This plan has been discussed with parents/carers. Signed permission has been obtained for this plan to be followed during the school day. This plan is to be reviewed yearly/termly (or sooner if needs change) in consultation with parents/carers.		
Teacher: Mrs YYYY Staff involved in routinely meeting XXXX's personal care needs: Mrs HHHH (TA), Miss JJJJ (TA) & Miss KKKK (TA)		
<u>Medical Information:</u> <u>Mobility</u> <u>Communication Skills:</u>		
Details of Plan		
<u>Procedure:</u>		
<u>Facilities, Resources & Equipment needed:</u>	<u>Management of Personal Care Needs</u> Management and review of the personal care needs plan with staff and parents/carers is the responsibility of the SENCO/Lead. Day to day responsibility for the implementation of the personal needs care plan remains the responsibility of the class teacher and named TAs. <u>Level of Supervision:</u> 1 to 1	
<u>Confidentiality Agreement</u> Parents / carers and pupil (if appropriate) agree that this is to be shared with key staff who will treat all information confidentially and will respect the dignity and privacy of XXXX.	<u>Additional Roles of Support Staff:</u> - maintain good health and safety practices - maintain hygiene/cleanliness of the equipment/area, - maintain standards of personal hygiene.	
I have read and agree to this procedure for XXXX YYYY:		
_____		Parent/Carer
Date: _____		
_____		TA
Date: _____		
_____		Teacher
Date: _____		
_____		SENCO/Lead
Date: _____		

