## SUTTON CE (VC) PRIMARY SCHOOL



# MEDICINES IN SCHOOL POLICY

Version 2018: v1

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To be reviewed annually

#### SUTTON CE (VC) PRIMARY SCHOOL

#### **MEDICINES IN SCHOOL POLICY**

It is not possible during the course of a normal busy school day for staff to safely administer medicines. A sick child needs to be kept at home and children taking antibiotics, for example, should complete the course before returning to school.

Parents of children using inhalers are requested to let the school know by filling in our 'Inhalers in School' form (appendix 1) which is available from the school office. It is strongly advised that all children using inhalers keep one in school. The completed forms should be returned to the school office so that they may be duplicated and placed in the following places:-

- school office
- medical room
- classroom

All inhalers should be clearly marked with the child's name and instructions as to time and dosage. We expect our older children to take responsibility for their own inhalers. These can be brought to school daily or kept at school in the classroom in the children's trays. We understand that our younger children may require supervision in using and storing inhalers. These will be kept in a central, accessible area in the classroom. Parents will obviously need to regularly check the expiry date and whether the inhaler is empty or not.

Parents of children requiring special medical care should discuss their needs with the Headteacher.

#### **Administering Long Term Prescribed Medication**

#### **Background and Governing Body responsibilities**

From time to time the school is approached to consider whether it is possible to administer prescribed medication to a pupil in their charge. The school must consider each request separately; it may be acceptable for the school to arrange suitable provision to ensure the prescribed medication can be taken in a controlled and safe manner. In such cases it is the responsibility of the Governing Body to ensure that:-

- key personnel have the appropriate training and that this is recorded
- a suitable and secure storage is provided particularly where the manufacturers' instructions require that medication is stored in a temperature controlled environment.

#### School's responsibilities

In the event of a pupil requiring the administration of prescribed medicine
whilst at school the Headteacher (or designated teacher nominated by the
Headteacher) will have sole authority, based on the individual pupil's medical
information held on file, to sanction the administration of medication. The
medical information will consist of a combination of advice from the school's
medical adviser and the pupil's parents/carers.

- The basis for the information held on file will be the school's medical information and consent form (appendix 2) which must be completed by the pupil's parents/carers. The Headteacher will need to ensure that the medication that is to be administered:
  - has been prescribed for the pupil concerned
  - o is correctly labelled
  - o is in date
  - has storage details
  - o staff received the appropriate training
- The consent form, once signed, will need to be copied for the following:
  - o school office
  - o pupil's class teacher
  - o medical room →to be kept with the medication
  - o pupil's parents/carers
- The Headteacher is to ensure that the appropriate storage is available for the medicine.
- Where practicable, the Headteacher will try to allocate a member of staff who
  is the same gender as the pupil for all intimate special care, including the
  administration of medicines.
- The Headteacher is to ensure adequate and regular reviews of its procedures takes place.

#### Parents/Carers responsibilities

- Parents/carers are responsible for providing medical information to enable the Headteacher to complete the school's medical information and consent form, prior to the administration of the medicine.
- Parents/carers <u>must</u> sign the consent form a copy will be kept by parents.
- Parents/carers are responsible for notifying the school of any changes to the medication dosage. This will necessitate the completion of new forms.
- Parents/carers are responsible for seeing that the prescribed medication is:-
  - correctly labelled
  - in date out of date medicine must be disposed of correctly by the parents/carers
  - o states clearly the correct dosage for the pupil concerned.

#### Training

 All staff who are involved in the handling and administration of medication shall be appropriately trained with regard to safety, security and administration.

- The Headteacher will request training from the School Nurse and/or the School Doctor as appropriate.
- Training should include both the Local Authority agreed procedures as well
  as any locally agreed procedures. This will ensure an appropriate level of
  competence as well as defining responsibility in relation to secure methods of
  handling medication, administration procedures, protective equipment and
  pupils' confidential files.
- A record must be kept in school of all staff training received relating to the administration of medication. Ideally the record should show individual competence, responsibilities and authorisations.

#### Review of this Policy

This policy will be reviewed every two years or sooner if changes occur in the advice given by the DfE or school nursing team.

## Appendix 1

## SUTTON CE (VC) PRIMARY SCHOOL

## **Inhalers in School**

### Please return to School Office

Child's Name	Class	
Date of Birth		
Type(s) of Inhaler(s)		
Reason why your child uses an inhaler(s) e.g	. pollen, dust mites, nuts et	tc.
Does your child take a dose before coming to	school in the morning?	Always Sometimes
Does your child take a dose every day at lund	ch time? (12:00 for infants 12.15 for juniors)	Always Sometimes
Can your child have a dose at any other time	if he/she requires it?	Yes No
If YES which inhaler(s) should he/she have		
Up to how may times in the school day can he	e/she have additional dose	s?
At what interval between each dose?		
IF WE ARE AWARE THAT YOUR CHILD TA ADVISE YOU ACCORDINGLY.	KES EXTRA DOSES, WE	WILL
Any other information you think we should kn swollen lips etc.		
Signed	Parent/Guardian	
1 <sup>st</sup> contact telephone number		
2 <sup>nd</sup> contact telephone number		

## Appendix 2

# CAMBRIDGE LOCAL EDUCATION AUTHORITY MEDICAL INFORMATION CONSENT FORM

Name of child:	
Date of Birth:	
Name of Parents/Carers:	
Home Telephone:	Work Telephone (1):
	Work Telephone (2):
Name of GP:	Telephone:
Hospital Consultant:	
Hospital:	Telephone:
I consent to my child receiving the	e following medication in school:
a)	
b)	
c)	
I undertake to ensure that the sch medication(s)	nool has adequate supplies of this/these
	ese medication(s) supplied by me and prescribed by abelled, in date, and with storage details attached ed of any changes.
	will be given by a member of staff who has received e with the Local Education Authority code of
Signed:(Parent/Carer)	Date: