

ADMINISTRATION OF MEDICINES POLICY

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DFES notes “Managing Medicines in School and Early Years Settings” from March 2005. Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Parents/Carers have the prime responsibility for their child’s health and should provide us with information about their child’s medical condition. This should be done upon admission or when their child first develops a medical need.

Where a child has a long-term medical need then a health plan maybe drawn up with the Parents/Carers and Health Professionals as and when necessary.

Prescribed Drugs

The revised statutory guidance from the Department of Education states that “staff MUST NOT give prescription medicine or undertake healthcare procedures to pupils without appropriate training and training must be updated to reflect any individual healthcare plan”. Medicines should only be taken to school where it would be detrimental to a child’s health if the medicine were not administered during the school day and these types of medicines may form a care plan should individual children need one.

We can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration.

If a child has been prescribed medicine due to a temporary illness, then a care plan would not be relevant and the medicine would need to be administered by the parent/carer as and when needed and not by staff.

Medicines that form part of a child’s care plan can be stored in the staffroom during the day and in a fridge where necessary (with the exception of asthma inhalers and epipens).

A record will be made of when the medicine was dispensed if required by an individual’s care plan.

From 1st October 2014, the Human Medicines (Amendment) (No2) Regulation 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parent/carer consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil’s prescribed inhaler is not available (for example, because it is broken, or empty). The following protocols need to be followed:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- Controlling a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler in the Receptionist's office.
- Written parental consent for use of the emergency inhaler (this also maybe part of a child's individual healthcare plan).
- The emergency inhaler may only used by children with asthma with written parental consent for its use.
- Appropriate support and training is to be provided to staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- A record of use of the emergency inhaler as required by supporting pupils and informing parents or carers that their child has used the emergency inhaler
- Two staff members (volunteers) must be responsible for ensuring the inhaler protocol is followed

The emergency inhaler kit must include:

- A salbutamol metered dose inhaler;
- At least two single-use plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers (see below);
- A list of children permitted (see appendix 1) to use the emergency inhaler;
- A record of administration (i.e. when the inhaler has been used).

Non-Prescribed Drugs

We will not administer non-prescribed drugs.

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Self-Management

Older children with a long-term illness should, whenever possible, assume responsibility under the supervision of an adult. Parents/Carers will be required to complete a "Self Management" form.

Educational Visits

We will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.

Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP.

Sporting Activities

Most children with medical conditions can participate in physical activities and extracurricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Known Medical Conditions

A list of all children with in a class with any known medical condition will be kept in the register folder in each classroom.

Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the levels of support that is needed. Not all children who have medical needs will require an individual care plan; however, parent consent forms maybe necessary.

Training

Any staff required to administer prescribed medicine will receive training where necessary. Staff will receive annual refresher training on Anaphylaxis and using an epipen.

Date of Review	Reviewed by -	Changes made
13/12/17	ILB	New Policy

WESTON ST MARY CHURCH OF ENGLAND PRIMARY SCHOOL

CONSENT FORM - USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

I can confirm that my child has been ***diagnosed with asthma/has been prescribed an inhaler
*delete as appropriate.**

My child has a working, in-date inhaler, clearly labeled with their name, which they will leave in school with their class teacher.

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:

LETTER TO INFORM PARENTS OF 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.

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