

Smith's Wood Primary Academy



ADMINISTRATION OF MEDICINES POLICY 2018

AIMS.

At Smith's Wood Primary Academy we aim to ensure the health, safety, security and well-being of all our pupils, staff and visitors. The health and safety of our pupils is paramount, therefore we are prepared to take responsibility for administering prescribed medication which is essential for the health of an individual child, following the guidelines as laid down in this policy.

Children with Special Medical Needs

We would ask parents to ask their doctor wherever possible to prescribe medication which can be taken outside the school day. However, we as a school we recognise that there are times when it may be necessary for a pupil to take medication during the school day.

Should we be asked to admit a child to school with special medical needs we will work in partnership with the parents, school nurses and medical advisors, discuss individual needs.

Where appropriate an individual Care Plan will be developed in partnership with the parents, school nurse and/or medical adviser.

Any resulting training needs will be met.

1 On Admission to School

All parents/carers will be asked to complete an admissions form giving full details of medical conditions, regular medications, emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.

2 Administration & Storage of Medication in School

Smith's Wood Primary Academy will make every attempt to ensure that medicines are administered as directed by the G.P.

If medicine has not been administered as directed school will contact the parents in the first instance.

- 2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to a member of the office staff.
- 2.2 The medication should be in the container as prescribed by the doctor and dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
- 2.3 The form 'Consent to Administer Medicines' should be completed by the parent/carer. This will be kept in the School Office.
- 2.4 A record of the administration of each dose will be kept and signed on the 'Consent to Administer Medicines' form.
- 2.5 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified immediately.
- 2.6 If the supply needs to be replenished this should be done in person by the parent/carer.
- 2.7 Should the child be required or able to administer their own

medication e.g. inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check the technique before accepting full responsibility.

3 Storage & Disposal of Medication

- 3.1.1 The majority of medicines are kept in the school office. On occasion medicines are stored in locked boxes, as indicated on the HCP for the individual child. Inhalers are kept in classrooms along with a copy of the 'Consent to Administer Medicines' completed form.
- 3.2 Pupils who use special cream to put on their skin (after swimming) will be responsible for keeping and using this medication. Permission for use does not need to be obtained.
- 3.3 A regular check will be made of the medicine cabinet and any medicine which is finished with, out of date or not clearly labelled must be collected by an adult.

4 Asthma Policy

- 4.1 Every child diagnosed with Asthma should have a blue reliever inhaler available in school. If at home, a child uses their reliever inhaler together with a spacer device e.g. volumatic, this system should also be available in school.
- 4.2 All inhaler devices should be clearly labelled with the child's name.
- 4.3 In Key Stage 1– inhalers will be kept in a class box that is easily accessible within the classroom. All adults must know where this is
Supply teachers MUST be informed.
In Key Stage 2 children are responsible for their own inhalers. A list of where each inhaler can be located in an emergency is kept by the class teacher.
- 4.4 Inhalers must be taken to PE.
- 4.5 Parents will be informed if the reliever has been used during the course of the day – if this is unusual.
- 4.6 Permission will be gained for the school nurse to check a child's inhaler technique if the staff have any concerns about their ability to self-administer.
- 4.7 If pupils leave the premises for any activity their reliever inhaler will need to go with them. This will be the joint responsibility of staff and parents.
- 4.8 All inhalers will be sent home at the end of each academic year. It is parent's responsibility to ensure a new and in date inhaler comes into school on the 1st day of the next academic year.
- 4.9 The parents of all children with a reliever inhaler in school MUST have completed a 'Consent to Administer Medicines' form.

The following guidance has been taken from the Department of Health document – Guidance on the use of emergency salbutamol inhalers in schools which was updated in October 2014.

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 two puffs at a time every two minutes, 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

We do not have an emergency inhaler in school.

If a child is having an asthma attack we will contact the parent for permission to use another inhaler. If it is not possible to contact them use another inhaler and inform the parent at the first possible opportunity. An ambulance will be called if the attack is severe.

5 Anaphylaxis Policy

- 5.1 Every child diagnosed with anaphylaxis should have 1 epi-pen in school; to be kept in their classroom in a safe place. All staff will be made aware of the exact location.
- 5.2 All epi-pens should be kept in a suitably closed container clearly labelled with the child's name, class, a copy of their Care Plan and doctors details.
- 5.3 A list of all staff who are willing to administer the epi-pen should be displayed by in the staff room.
- 5.4 If pupils leave the premises for any activity their epi-pen will need to go with them. This will be the joint responsibility of staff and parents. **This must be recorded on the risk assessment with the Key adult responsible for administration recorded on the RA.**

6 Training

- 6.1 Staff should access asthma awareness training which should be updated regularly.
- 6.2 Staff should access anaphylaxis awareness training which should be updated annually.

Coronavirus (COVID-19) Annex Medicines In School Policy and Procedures

Smith's Wood Primary Academy

May 2020

Staff members are responsible for:

Having the knowledge and understanding of the symptoms of COVID-19.

[COVID19 Education Guidance poster](#)

Being up to date with Government guidance related to COVID-19 in Educational settings.

The appropriate use of PPE (Personal, Protective Equipment). This **MUST** be worn when sitting with a child displaying Covid-19 symptoms whilst waiting for parents to collect the child. This **MUST** be worn when administering intimate First Aid.

[Dfe Quick guide to donning and doffing standard PPE health and social care poster](#)

Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. This may include knowledge and understanding of the Intimate Care policy where appropriate. A first-aid certificate is not sufficient.

Knowing where controlled drugs are stored. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

These will be in a secure place within the room the child will be taught in, **NOT** stored in First Aid areas to reduce movement around school and cross contamination.

Taking account of the needs of pupils with medical conditions in lessons.

Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

School nurses are responsible for:

Collaborating on developing an IHP in anticipation of a child with a medical condition starting school (Health Visitor Nursery pupils, School Nurse Reception to Year 6 pupils).

Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

Liaising locally with lead clinicians on appropriate support.

Assisting the Headteacher in identifying training needs and providers of training.

Parents and carers are responsible for:

Keeping the school informed about any new medical condition or changes to their child/children's health.

Participating in the development and regular reviews of their child's IHP.

Completing a parental consent form to administer medicine or treatment before bringing medication into school.

Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for

Providing information on how their medical condition affects them.

Contributing to their IHP where appropriate.

Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.