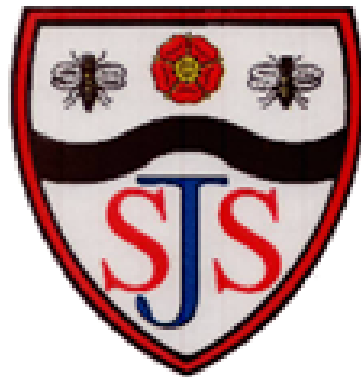


# Shadsworth Junior School

## Medicines in School Policy



<b>Approved by:</b>	Jackie Gallagher	<b>Date:</b>
---------------------	------------------	--------------

<b>Last reviewed on:</b>	September 2023
--------------------------	----------------

<b>Next review due by:</b>	September 2025
----------------------------	----------------

This policy outlines the guiding principles by which Shadsworth Junior School will administer medicines in school

### **Our rationale:**

We believe wellbeing is central to a child's development. Our policy actively seeks to ensure all children receive proper care and support, including those with medical needs. Through formal procedures and systems, which have been developed in partnership with parents and staff, we aim to encourage the highest possible attendance from all our pupils.

### **Non-prescribed medicines**

Over the counter / non-prescription medicines **will not** be administered by staff and on no account should be brought onto the school premises by children. Any such medicines will be confiscated and kept in the school office until they can be returned to an adult.

In exceptional circumstances, we may agree to administer non-prescribed medicines in order to avoid detrimental harm to a child's wellbeing. Any requests for non-prescribed medicines to be administered must first be authorised by the Headteacher.

### **Prescribed medicines**

We strongly advise parents to ask doctors to prescribe medicines which may be administered outside of the school day. When this is not possible we encourage parents to arrange to come to school and administer the medicines themselves. We accept that this is not always possible and in these cases the parent/carer must complete a '**Permission for School to Administer Medication Form**' available from the school office. Administration of medicine will be undertaken by those members of staff who are willing to do so, who will record it in the '**Record of Medicines Administered in School**' child sheet which be displayed in the medical room. Permission forms are held in a red folder in the medical room.

**Medicines will only be administered at school if in their original container, with the prescription label legible, clearly labeled with the child's name, dosage and timings and dated within prescribed time scales.**

### **Outings and trips**

The lead teacher will assume responsibility for the administering of medicines during school outings or trips. Any medical needs will be identified on the specific risk assessment.

### **Storage**

All medicines, with the exception of EPIPEN and ASHTHMA INHALERS - where prior consent from parents has been obtained and recorded on '**Permission for Child to Carry own Medication in School Form**' - will be kept, in a **medipac orange bag** in accordance with Health and Safety regulations. The **medipac bags** will be located in the medical room and will be clearly labelled with the child's picture, name and details of medicines and the expiry dates.

## **Asthma Inhalers**

On completion of appropriate permission forms by parents/carers, children who have asthma are encouraged to take responsibility for their own medication. Only the blue Salbutamol inhaler is required in school. All other colour inhalers are for use at home. Relievers (blue inhalers) should be labeled clearly with the child's name. Children with **significant** asthma should have an individual Health Care Plan.

In case of emergency situations, the school has a Salbutamol inhaler and spacer. This will only be administered where parental/carer consent has been obtained or on the advice of the NHS/emergency services. Any administration of the school inhaler will be recorded in the appropriate documentation and parents will be notified.

## **Epilepsy**

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Children identified as epileptic should have an individual health care plan.

## **Diabetes**

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone. Most children can manage their own injections, but if doses are required at school, supervision will be provided by a suitably trained adult. Children identified as diabetic should have an individual Health Care Plan.

## **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Children identified as being at risk of severe allergic reactions should have an individual health care plan.

## **Maintenance Medicines**

Children identified as ADHD or other specific conditions may be prescribed maintenance medicine to control their condition (e.g. methylphenidate). Children requiring maintenance medicines will have an individual administration of medicines form located in the medical room. All dates, times, dosage and staff details will be recorded for every dose given. Parental permission forms will be completed prior to the administration of any medicines.

## **Staff Training**

When a child enters the school or is identified with medical needs training will be sought from appropriate sources for staff supporting the child. Training is recorded on individual staff training records and kept in staff shared on the school computer network. Staff are asked to keep this updated regularly.

All SSA's in school are first aid trained

All new SSA's will aim to complete first aid training within the first six months of their employment

Mr Baker and Miss Eaton will have completed additional first aid training as required.

## **Transportation of Medicines**

Wherever possible, a child should be taken by an appropriate member of staff to the Medical Room to administer their medication. In instances where this is not possible or will cause disruption to a child's education, the appropriate member of staff will collect the medication, deposit it in a sterile container, secure the lid and take it directly to the child.

Medication will NEVER be sent home with a child unless a parent has completed the 'Permission for Child to Carry Own Medication in School Form'.

## **Refusing Medicine**

When a child refuses medicine the parent/carer will be informed the same day.

## **Disposal of Medicine**

Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held from the office.

## **Recording the administration of medicines**

**Record of Medicines Administered in School** pupil Individual Form– This form is completed by the member of staff after administering the medicine to a child in addition to the child's home/school book, if they have one. This can apply to both long- and short-term medicines given during a school day, e.g. insulin, antibiotics etc. but excludes self-administered medicines, e.g. Inhalers and eczema creams.

**Record of Ongoing Administration of Medication** – This individual form is for children who currently have permission for long term medications such as insulin etc. These record sheets are the same as above and will be archived with other medical records when no longer in use. These are school records and do not go home.

**Archived Medical Permission and Administration Forms** – These are forms which are no longer in use but must be kept held in archives for a prescribed period of time.

**Blank Parental Permission Forms; Permission for School to Administer Medication Form and Permission for Child to carry own Medication in School Form** – These are kept in red files file for in the medical room and can be used for completing, photocopying and office use. Master copies of the forms are on staff shared in the medical file.

Some children have their own individual administration of medicines records for long term medications such as insulin etc. These records are printed in booklet format and will be archived with other medical records when no longer in use. These are school records and do not go home.

Diabetic children have a home/school journal which goes home every night, itemizing their blood testing, action taken throughout the school day, any contact telephone calls made and received and insulin administered. These records belong to the parent.