

**ST JOHN THE BAPTIST C OF E
PRIMARY SCHOOL
FINDON**

MEDICAL AND MEDICINES POLICY



Reviewed:	
Next Review:	
Person Responsible:	Pastoral Committee

Revision History

Date	Version	Amendment number and text paragraph/review	New Page(s)	By
07.11.12	2.0	Reformatting of whole policy	All	CK
		Approved by the Governing Body		

1.0 MEDICINES AND MEDICAL POLICY

1.1 Introduction

The purpose of this policy is to provide clear guidelines on the procedures, administration, storage and control of prescription and non-prescription medicines to pupils at St John the Baptist School.

The policy covers the school's provision for pupils during the school day, including residential and day trips, covering both emergency and non-emergency situations. It also refers to procedures relating to self-administration of medicines by pupils for long-term conditions (such as asthma).

All staff, governors, parents/carers and members of the St John the Baptist Primary School community will be made aware of and have access to this policy.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with medical needs and to enable regular attendance of all pupils. Furthermore, in an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care. It is therefore imperative that parents advise the school of any medication their child is receiving (including short term antibiotics) so the school can pass on all relevant information in the event of any emergency.

1.2 Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe that a medicine has to be taken during the school day or as needed in an emergency. Parents may either call into school to administer the medicine to their child or they may request that a member of school staff administers the medicine.

When school staff administer medicines, the parent must supply the medicine in the original pharmacist's container with doctor's instructions to the child's class Teaching Assistant and must complete a 'Parental agreement for setting to administer medicine' form (Appendix 1). On receipt of this form, a confirmation of the Head's agreement to administer medicine letter (Appendix 2) will be completed and given to the parent. On no account should a child come to school with medicine if he/she is unwell.

1.3 Non-prescription Medicines

Non-prescription medicines are not administered at school and pupils must not bring them to school for self-administration. The only exception is travel sickness medication during a residential trip when medication may be necessary on a return trip. Travel sickness medication must be in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1). Non-prescription medicines that must not be brought to school include: throat lozenges, such as Strepsils, Tunes, any cold/cough remedies, Paracetamol and skin treatment creams.

1.4 Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Health Care Plan form (Appendix 3).

1.5 Asthma

In accordance with guidance in *WSSC Managing Medicines in Schools and Early Years Settings* document, the school has developed its own asthma policy, with reference to the model school policy provided by Asthma UK.

1.6 Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. The most common condition where this applies is asthma and reference should be made to the school's Asthma Policy. For other conditions, appropriate arrangements for medication should be agreed and documented in the pupil's health care plan and parents should complete a 'Parental agreement for setting to administer medicine. (Appendix 1).

1.7 Staff Training

The school ensures that staff who administer medicine are fully briefed in general procedures for medicines and that they receive appropriate training to administer specific medicines, for example, epi pens, insulin. Training in the administration of specific medicines is arranged via the school nurse. Records are maintained of all training completed by staff – 'Staff training record – administration of medicines'. (See appendix 4).

Emergency medicines such as inhalers, epi pens and insulin are kept in a clearly identified container in a secure place dependant on the child's age and needs. Medicines are always stored in the original pharmacist's container with doctor's instructions. Staff ensure that emergency medication is available to hand during outside PE lessons and that it is taken on educational visits. A spare inhaler/epipen

for each child is kept in the medical room. Medicines that require refrigeration are kept in the staffroom fridge, clearly labelled in an airtight container.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine.

1.9 Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'Record of medicine administered to an individual child (Appendix 6) and 'Record of medicine administered to all children' (Appendix 7).

1.10 Emergency Procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a Health Care Plan, the emergency procedures detailed on the plan are followed, and a copy of the Health Care Plan is given to the ambulance crew. Instructions for calling an ambulance are displayed prominently by all telephones in the school office.

A blank pro forma is attached (Appendix 8) 'Contacting emergency services'

1.11 Residential Trips

Staff will administer prescription medicines including hay fever remedies to pupils when required during educational visits. Parents must complete a consent form (Appendix 1) and provide a sufficient supply of medication in the pharmacist's original packaging. Staff cannot administer non-prescription medicines, apart from travel sickness medication and paracetamol, and a consent form must be completed by the parent (Appendix 1). All prescribed medication must be handed over to a nominated member of staff at the start of the trip and will be stored in a safe place. Under no circumstances will pupils carry their own medication.

Pupils with medical needs will be included in residential trips as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the trip.

1.12 Accident Book

The accident book is kept in the Medical Room. The following details should be recorded: child's name, class, date, time, type of injury, how the injury occurred, treatment given and the signature of the person treating the injury. For major accidents an additional WSCC form should be completed, these forms are kept in the Medical Room.

1.13 Information Folder

This is kept in the Medical Room and gives information (as provided by parents) on individual children's medical requirements. It must be regularly checked and kept up to date.

1.14 First Aid Kits

A clearly marked First Aid box is kept in the Medical Room and in the Cooking Room. They are to be kept fully stocked and in good order by First Aiders. Travel First Aid kits are kept in each classroom, stocked ready to use when children are off the school site. It is the responsibility of the First Aider to ensure First Aid kits are taken on all off site trips/activities. It is the responsibility of First Aiders to ensure inhalers, epi pens and any other necessary medical requirements for an individual's specific needs are taken along with First Aid kits when children are off school site.

1.15 Head Injuries

Any bump to the head no matter how small is treated as serious. Parents/carers will be informed by telephone if First Aiders feel it is necessary for the parents to assess the problem or collect the child. The child's teacher will be informed. All children who have received a head injury must take home a head injury advisory leaflet (Appendix 7) to assist the parents/carers in being aware of possible further symptoms.

1.16 Vomiting & Diarrhoea

If a child vomits or has diarrhoea in school they will be sent home immediately. Children with these conditions should not return to school until 48 hours have elapsed after the last bout.

1.17 Monitoring of Policy

This Policy will be reviewed biennially by staff and governors.

2.0 Appendices

Appendix 1 Parental agreement for setting to administer medicine

Appendix 2 Confirmation of the Head's agreement to administer medicine

Appendix 3 Individual healthcare plan (IHCP)

Appendix 4 Asthma Policy

Appendix 5 Staff training record – administration of medicines

Appendix 6 Record of medicine administered to an individual child

Appendix 7 Record of medicine administered to all children

Appendix 8 Head injury leaflet

3.0 Glossary of Terms

• **Appendix 1: parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy
Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

APPENDIX 2 – CONFIRMATION OF THE HEAD’S AGREEMENT TO ADMINISTER MEDICINE

Confirmation of the Head’s agreement to administer medicine

Name of School/Setting

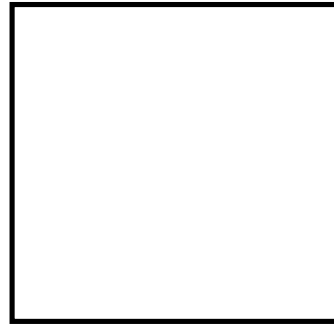
It is agreed that (name of child)
will receive (quantity and
name of medicine) every day at
(time medicine to be administered e.g. lunchtime or afternoon break).

This arrangement will continue until
(either end date of course of medicine or until instructed by parents)

Signed
(The Headteacher/Head of Setting/Named member of staff)

Date

Appendix 3: individual healthcare plan (IHCP)



Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

Appendix 4 – Asthma Policy – see separate policy

Appendix 5: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Refresher/update training date	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template 6: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by _____

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Appendix 8: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

1. **telephone number**

School telephone

2. **your location as follows [insert school/setting address]**

School address

3. **state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**

Postcode

4. **inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

Best entrance is:

5. **your name**
6. **provide the exact location of the patient within the school setting**
7. **provide the name of the child and a brief description of their symptoms**
8. **put a completed copy of this form by the phone**

APPENDIX 9: HEAD INJURY LEAFLET

Head Injury - Advice for Parents and Carers

It is vital to help to advise on how best to care for a child who has a bump/injury to the head. Please use the 'Caring for your child at home' advice section (see overleaf) and the 'Traffic light advice below' to help you. Most children can be managed according to the green guidance below, especially if they are alert and interacting with you. It is important to watch the child for the next 2-3 days to ensure that they are responding to you as usual.

Traffic light advice:

Green

If your child:

- Cried immediately (after head injury) but returns to their normal behaviour in a short time
- Is alert and interacts with you
- Has not been unconscious / "knocked out"
- Has minor bruising, swelling or cuts to their head

Yellow

High risk

High risk

If your child:

- Is under one year old
- Has vomited once or twice
- Has a continuous headache
- Has continued irritation or unusual behaviour
- Is under the influence of drugs or alcohol
- Has been deliberately harmed and in need of medical attention

ACTION: Take your child to the nearest Hospital Emergency department if ANY of these features are present

Head wounds rarely need stitches and can normally be glued by a health professional. This can be done in **Minor Injury Units or Urgent Treatment Centres and some GP practices offer a minor injuries service**. To find a local service see overleaf.

High risk

If your child:

- Has been involved in a high speed road traffic accident or fallen from a height over 1 metre or been hit by a high speed object or involved in a diving accident
- Has been unconscious / "knocked out" at any time
- Is sleepy and you cannot wake them
- Has a convulsion or a fit
- Has neck pain
- Has difficulty speaking or understanding what you are saying
- Has weakness in their arms and legs or are losing their balance
- Cannot remember events around or before the accident
- Has had clear or bloody fluid dribbling from their nose, ears or both since the injury
- Has 3 or more separate bouts of vomiting

ACTION: Phone 999 for an ambulance if ANY of these symptoms are present

Based on: Head Injury - Traffic Assessment, Royal College of Paediatrics and Child Health, 2014. <http://www.rcpaediatrics.org.uk/2014/04/01/head-injury-traffic-assessment/>

Caring for your child at home & / or on discharge from hospital

- Clean any wound with tap water.
- If the area is swollen or bleeding, apply pressure for 5-10 minutes. If continues to bleed, keep applying pressure or seek medical advice.
- If in pain give paracetamol or ibuprofen. Always follow the manufacturer's instructions for the correct dose and form.
- Observe your child closely for the next 2-3 days and check that they are behaving normally and they respond to you as usual.
- It is OK to allow your child to sleep, but observe them regularly and check they respond normally to touch and that their breathing and position in bed is normal.
- Give your child plenty of rest, and make sure they avoid any strenuous activity for the next 2-3 days or until their symptoms have settled.
- Following a head injury, do NOT play ANY contact sport (for example football) for at least 3 weeks without talking to your doctor first.
- You know your child best. If you are concerned about them you should seek further advice.

Do not worry unduly - these things are expected after a head injury and may last up to two weeks:

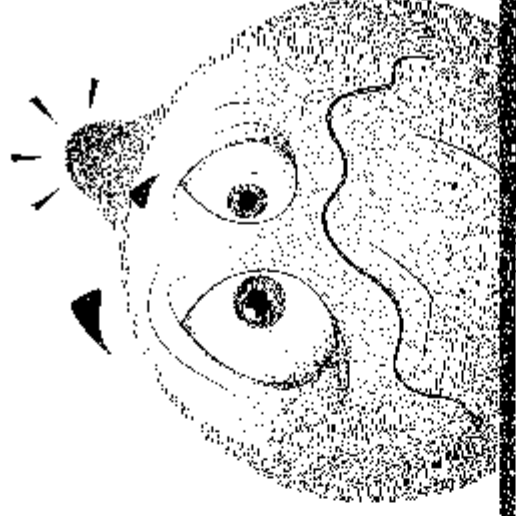
- Stomach discomfort, nausea or vomiting, especially after TV or computer games
- Being off their food or feeling sick without warning
- Tiredness or trouble getting to sleep
- Short periods of irritability, especially on poor concentration

HOSPITAL REFERRALS

Hospitals with Emergency Departments:

- Royal Alexandra Children's Hospital**
265, 271 Road, Brighton BN2 5BE
- Princess Royal Hospital**
Sewes Road, Horsham BN11 7EX
- Surrey and Sussex Healthcare NHS Trust**
East Surrey Hospital, Canada Ave, Dorking, Surrey GU11 3JH
- Western Sussex Hospitals NHS Foundation Trust**
Horsham
- St Richards Hospital, Spalding** - 145, Churcher Road, Spalding
- Walsingham Hospital, Walsingham** - 100, Northgate Road, Walsingham
- Minor Injuries Units (MIU) or Urgent Care Centres**
- Bohannon Regis War Memorial Hospital - Brighton** - 100, Bohannon Road, Brighton BN1 3PP
- Greenham Farm, Bognor Regis** - Holiday (excluding bank holidays)
- Crawley Urgent Treatment Centre**
Crawley Hospital, West Green Drive, Crawley GU11 7JH
Open 24 hours, 7 days a week
- Horsham Minor Injuries Unit**
Crawley Hospital, Horsham St. Horsham RH11 2SR
Open 9am-5pm, Monday - Friday (excluding bank holidays)
- Queen Victoria Hospital Mines Injuries Unit (MIU), East Grinstead**
20, 22 Road, East Grinstead, RH19 3DZ
Open 8am-7pm, 7 days a week

For more details of this document, for more information and to see any updates email us at children@walsingham.org.uk.
Crawley area: 01293 606060
To the north of Sussex area:
1 500 50 5000



Head Injury in Children and Young People

Advice for Parents and Carers

Child/Young Person's Name
 Address: Street, City
 Location of Injury
 Date