

Shirenewton Primary School



**Shirenewton
Primary School**
Ysgol Gynradd Shirenewton

Administration of Medicines Policy

Shirenewton Primary School Administering Medicines Policy

We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication.

No non-prescription medicines will be administered by staff.

Parents / carers can make arrangements to administer non-prescription or prescription medicine at lunch time or during the school day if required.

Aims

- To outline the procedures for administering emergency medicines to pupils.

Procedure

Role of the Governing Body

The GB has:

- appointed a member of staff to be the Coordinator for Health and Safety, who is currently the Headteacher – Mr Nick Penn and is supported by the Deputy Headteacher and staff in fulfilling this responsibility
- a responsibility for the effective implementation, monitoring and evaluation of this policy

Role of the Headteacher

The Headteacher will:

- ensure the administration of emergency medicines by putting into practice effective strategies and examples of good practice
- inform parents of the school policy
- ensure parents review medicines held in school to ensure that they are still in date
- organise appropriate training for the administration of inhalers, epipens and medication for diabetic pupils

Role of the Designated Person/s

- Members of the school personnel who have volunteered to administer or supervise the taking of medication will:
- be up to date with the Individual Health Care Plans for those pupils with specific medical needs or emergency medication such as asthma inhalers or epipens.

Role of Parents/Carers

Parents/carers must provide:

- written permission by completing the Medication Consent Form
- take responsibility for ensuring asthma inhalers and epipens held in school are in date
- sufficient medical information on their child's medical condition
- the medication in its original container
- sufficient medicine for the dosage to be given in school

Administration of Prescribed Medicines

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- be aware of Individual Health Care Plans and of symptoms which may require emergency action
- read and check the Medical Consent Forms before administering or supervising the taking of medicines
- check that the medication belongs to the named pupil
- check that the medication is within the expiry date
- inform the parent if the medication has reached its expiry date
- confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage
- always take appropriate hygiene precautions

Medication Record

The following information must be supplied by the parent/carer – refer to attached forms

- Name and date of birth of the child
- Name and contact details of the parent/carer
- Name and contact details of GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by parent/carer for staff to administer medication
- Expiry date of medication
- Storage details

Security

All medications will be kept in a secure place and accessible only to the designated persons

Educational Visits

On educational visits a designated person will also attend in order to administer medications

Sporting Activities

We will ensure that pupils have immediate access to asthma inhalers during sporting activities in the school day and during extra-curricular clubs.

Annex 2: Form templates

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

Form 1: Contacting emergency services

Request for an Ambulance

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1. State your telephone number. [01291 641774](tel:01291641774) / [641989](tel:01291641989)
2. Give your location as follows [Shirenewton Primary School, Shirenewton, Chepstow, Wales](#)
3. State that the postcode is [NP16 6RN](#)
4. Give the exact location in the education setting [insert a brief description].
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to Reception.
8. Don't hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the education setting.

Form 2: Parental agreement for education setting to administer medicine
Shirenewton Primary School needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

Medicine

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that the setting needs to know about?

Self-administration (delete as appropriate) Yes/**No**

Procedures to take in an emergency

--

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Parent Signature(s)

Date

Signed

[The headteacher/head of setting/named member of staff]

Shirenewton Primary School

Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

It is agreed that [name of learner] will receive

[quantity or quantity range and name of medicine]

every day at [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] will be given/supervised while

they take their medication by [name of member of staff]

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers]

.....

Date

Signed

[The headteacher/head of setting/named member of staff]

Shirenewton Primary School

Form 4: Record of medicine stored for and administered to an individual learner

Name of setting

Name of learner

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/carer

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Shirenewton Primary School

Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.

If staff have any concerns discuss this request with healthcare professionals.

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken in
an emergency

Contact information

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date

Shirenewton Primary School

Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting	<input type="text"/>
Name	<input type="text"/>
Type of training received	<input type="text"/>
Date of training completed	<input type="text" value="/ /"/>
Training provided by	<input type="text"/>
Profession and title	<input type="text"/>

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 [please state how often]

Trainer's signature Date

I confirm that I have received the training detailed above.

Staff signature Date

Suggested review date

Shirenewton Primary School

Form 8: Medication/healthcare incident report

Learner's name _____

Home address _____ Telephone no.

Date of incident _____ Time of incident _____

Correct medication and dosage:

Medication normally administered by:

Learner	<input type="checkbox"/>
Learner with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

Type of

error:

- Dose administered 30 minutes after scheduled time
- Omission Wrong dose Additional dose
- Wrong learner
- Dose given without permissions on file Dietary
- Dose administered by unauthorised person

Description of incident:

Action taken:

- Parent notified: name, date and time _____
- School nurse notified: name, date and time _____
- Physician notified: name, date and time _____
- Poison control notified Learner taken home Learner sent to hospital
- Other:

Annex 3: Useful contacts¹

Asthma

1. Asthma UK Cymru Helpline: 0300 222 5800
www.asthma.org.uk/
2. *Guidance on the use of emergency salbutamol inhalers in schools in Wales* (Welsh Government, 2014)
learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en

Anaphylactic shock

3. Allergy UK
Helpline: 01322 619898
www.allergyuk.org/
4. Anaphylaxis Campaign Helpline: 01252 542029
www.anaphylaxis.org.uk/

Child support organisations

5. Action for Children Tel: 0300
123 2112
www.actionforchildren.org.uk/
6. Action for Sick Children
Helpline: 0800 074 4519
www.actionforsickchildren.org.uk/
7. Barnardo's Cymru Tel: 02920
493387
www.barnardos.org.uk/wales
8. Children in Wales Tel: 02920
342434
www.childreninwales.org.uk/

¹ The Welsh Government is not responsible for the content of any external links listed within this document.

Diabetes

9. Diabetes UK Cymru Tel:
02920 668276
www.diabetes.org.uk/

Diabetes IHP template www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHPa-childs-individual-healthcare-plan/

Diabetes UK school and parent resource packs www.diabetes.org.uk/Guide-to-diabetes/Your-child-anddiabetes/Schools/Diabetes-in-schools-resources

Epilepsy

10. Epilepsy Action Wales
Tel: 01633 253407 Helpline:
0808 800 5050
www.epilepsy.org.uk/involved/branches/cymru

11. Epilepsy Wales Helpline:
0800 228 9016
www.epilepsy-wales.org.uk

12. Young Epilepsy Helpline:
01342 831342
www.youngepilepsy.org.uk

Learning difficulties

13. Learning Disability Wales Tel:
02920 681160
www.ldw.org.uk

14. MENCAP Cymru Helpline: 0808
808 1111
www.mencap.org.uk

15. Special Needs Advisory Project
(SNAP) Cymru Helpline: 0845
120 3730
www.snapcymru.org/

Medical-based support organisation

16. The National Autistic Society Cymru Helpline: 0808 800 4104
www.autism.org.uk/?nation=wales&sc_lang=en-GB
17. Bobath Children's Therapy Centre Wales Tel: 029 2052 2600
www.bobathwales.org
18. Cerebra – for brain-injured children and young people Tel: 01267 244200 w3.cerebra.org.uk
19. Crohn's in Childhood Research Association (CICRA) – for children with Crohn's and colitis Tel: 0208 949 6209
www.cicra.org
20. CLIC Sargent – for children with cancer Helpline: 0300 330 0803 www.clicsargent.org.uk
21. Coeliac UK
Helpline: 0333 332 2033
www.coeliac.org.uk/local-groups/?region=wales
22. Cystic Fibrosis Trust Helpline: 0300 373 1000
www.cysticfibrosis.org.uk
23. Headway – the brain injury association Helpline: 0808 800 2244
www.headway.org.uk/home.aspx
24. Migraine Action Tel: 08456 011 033
www.migraine.org.uk
25. Multiple Sclerosis Society Helpline: 0808 800 8000
www.mssociety.org.uk
26. Muscular Dystrophy UK Helpline: 0800 652 6352
www.muscular dystrophyuk.org
27. National Attention Deficit Disorder Information and Support Service (ADDiSS) Tel: 0208 952 2800
www.addiss.co.uk
28. National Eczema Society Helpline: 0800 089 1122
www.eczema.org

29. Prader-Willi Syndrome Association UK Helpline:
01332 365676
www.pwsa.co.uk

30. Spina Bifida and Hydrocephalus Information
(Shine) Tel: 01733 555988
www.shinecharity.org.uk

31. Welsh Association of ME and CFS Support
Helpline: 029 2051 5061 www.wames.org.uk

Mental health

32. Child and Adolescent Mental Health Service
(CAMHS) www.mental-health-matters.org.uk/page7.html

33. Mind Cymru Tel: 02920 395123
www.mind.org.uk/about-us/mind-cymru

Public bodies

34. Contact a Family – for families with disabled children
Helpline: 0808 808 3555
www.cafamily.org.uk

35. Children's Commissioner for Wales Tel: 01792 765600
www.childcomwales.org.uk

36. Equality and Human Rights Commission Helpline:
0808 800 0082
www.equalityhumanrights.com

37. Health and Safety Executive Tel: 02920 263120
www.hse.gov.uk

38. National Children's Bureau Council for Disabled
Children Tel: 020 78436000
www.ncb.org.uk

39. National Health Service Direct Wales Tel: 0845 46 47
www.nhsdirect.wales.nhs.uk/contactus/feelingunwell

40. Information Commissioner's Office Wales
Tel: 029 2067 8400 Helpline:
0303 123 1113
ico.org.uk/for-organisations/education

Children's rights

41. Children's Rights Wales

The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.

www.childrensrights.wales

Sensory impairment

42. Action on Hearing Loss Helpline: 0808 808 0123 Textphone: 0808 808 9000

www.actiononhearingloss.org.uk/default.aspx

43. The National Deaf Children's Society (NDCS) Cymru Tel: 0808 800 8880

www.ndcs.org.uk/family_support/support_in_your_area/wales

44. Royal National Institute of Blind People (RNIB) Helpline: 0303 123 9999

www.rnib.org.uk/wales-cymru-1

45. Sense Cymru – services across Wales for deafblind people and their families

Tel: 0300 330 9280 Textphone:
0300 330 9282

www.sense.org.uk/content/sense-cymru-wales

Speech and language

46. Afasic Cymru – helping children who have difficulty speaking and understanding Helpline: 0300 666 9410 www.afasiccymru.org.uk