Rentire Point Rithery School Administering Medicines Policy

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 ⁶creating a Caring, Respectful,
 Open Environment where
 Success and Opportunity flourish²

ROES



Pentrepoeth 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-emergency 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 Dean Taylor and supported by the School Business Manager, Mrs Harman
- 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 via the school prospectus
- 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 (provided by school nurses) 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.



Pentrepoeth Primary School 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. 01633 896101
- 2. Give your location as follows Pentrepoeth Primary School, Cwm Cwddy Drive, Rhiwderin, Bassaleg
- 3. State that the postcode is NP10 8JN
- 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

Pentrepoeth 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 app	propriate) Yes/No
Procedures to take in an emerge	

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	/		/	Signature(s)	
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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]



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

Name of setting	
Name of learner	
Date medicine provided b	y parent
Group/class/form	
Quantity received	
Name and strength of me	dicine
Expiry date	
Quantity returned	
Dose and frequency of m	edicine
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		





Name of setting	
Name of setting	

Date	Learner's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name





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	
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Form 7: Staff training record – administration of medicines

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

Name of setting
Name
Type of training received
Date of training completed / /
Training provided by
Profession and title
I confirm that [name of member of staff] thas 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

Pentrepoeth Primary School				
Form 8: Medication/healthcare incident report				
Learner's name				
Home address	Telephone no.			
Date of incident Time of inc	ident			
Correct medication and dosage:				
—— Medication normally administered by:	Learner			
	Learner with staff supervision Nurse/school staff member			
Type of error:				
Dose administered 30 minutes after schedule	d time 🛛			
Omission Wrong dose Wrong learner	Additional dose			
Dose given without permissions on file \Box	Dietary 🗆			
Dose administered by unauthorised person]			

Description of incident:

Action taken:

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

Note:

Annex 3: Useful contacts¹

Asthma

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

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/

Diabetes

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

Diabetes IHP template

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

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

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

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 <u>www.ldw.org.uk</u>
- 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 <u>w3.cerebra.org.uk</u>
- 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.musculardystrophyuk.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

Policy agreed and approved by	
Governors on :	
Reviewed on :	
Signed:	
	Headteacher
Signed:	
	Chair of Governors