

Rasharkin Primary School



Supporting Children with Medication Needs Policy

V2 October 2020

The Board of Governors and staff of Rasharkin Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. We recommend parents complete 'Request for a School to Administer Medication' (see Appendix A), if possible. In exceptional circumstances a hand written note from a parent/ guardian providing the same information will be accepted.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Where a member of staff has been asked to administer medication, and the appropriate written permission received, he / she will record this on 'Record of Medicines Administered to All Children' (see Appendix B). This form will be kept centrally, in a folder attached to the staff room notice board.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- . Pupil's Name.
- . Name of medication.
- . Dosage.
- . Frequency of administration.
- . Date of dispensing.
- . Storage requirements (if important).
- . Expiry date.

The school will not accept items of medication in unlabelled containers.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked cabinet (in office). (Some medications, such as inhalers for asthma, epi pens, must be readily available to children and individual pupils will be encouraged to carry their own, where appropriate permission from parents / guardians has been received (see Appendix C).)

The school will keep records, which they will have available for parents.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

 CHAIR BOG 3/11/2020 -

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ___/___/____ M F

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

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

Self-Administration Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medicine personally to _____
(agreed member of staff) and accept that this is a service, which the school is not
obliged to undertake. I understand that I must notify the school of any changes in
writing.

Signature(s) _____ Date _____

Agreement of Principal

I agree that _____ (name of child) will receive
_____ (quantity and name of medicine) every day at
_____ (time(s) medicine to be administered eg lunchtime or
afternoon break).

This child will be given/supervised whilst he/she takes their medication by
_____ (name of staff member)

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

Signed _____ Date _____

(The Principal/ authorized member of staff)

The original should be retained on the school file and a copy sent to the
parents to confirm the school's agreement to administer medication to the
named pupil.

RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN

DATE	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers

Details of Pupil

Surname _____ Forenames(s) _____
Address _____

Date of Birth ____ / ____ / ____

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine _____

Procedures to be taken in an emergency _____

Contact Details

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship to child _____

I would like my child to keep his/her medication on him/her for use as necessary

Signed _____ **Date** _____

Relationship to child _____

Agreement of Principal

I agree that _____ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (either end date of course of medication or until instructed by parents)

Signed _____ **Date** _____

The Principal / authorised member of staff

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication

**RECORD OF
MEDICAL TRAINING FOR STAFF**

Name _____

Type of training received _____

Name(s) of condition/ _____

medication involved _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to administer the medication described.

Trainer's signature _____ **Date** _____

I confirm that I have received the training detailed above

Trainee's signature _____ **Date** _____

Proposed Retraining Date _____

Refresher Training Completed –

Trainer _____

Date _____

Trainee _____

Date _____

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____

Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1 Family contact 1

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship _____

2 Family contact 2

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship _____

3 GP

Name _____

Phone No _____

4 Clinic/Hospital Contact

Name _____

Phone No: _____

Plan prepared by:

Name _____

Designation _____ Date _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child
(state if different for off-site activities)

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

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed _____

Date _____

Parent/carer

Distribution

School Doctor _____

School Nurse _____

Parent _____

Other _____

Appendix F

Covid -19 Addendum

The principles as set out in Rasharkin Primary School's Supporting Children with Medication Needs Policy remain and should continue to be followed. This addendum is not intended to be used as a stand-alone document and therefore should be read in conjunction with the existing policy. It sets out the expectations of Rasharkin Primary School in response to the COVID-19 guidance and the need for the whole school community to adjust to this guidance upon return to school. The new guidance will describe how the school community will be supported to adhere to the new procedures and routines outlined in the addendum.

Practicing First Aid Safe Working Arrangements

Avoid close contact in the first instance.

Consider where you may be able to instruct a person about what to do or pass them items that they need in order to treat minor injuries.

Stand at a distance if this is age appropriate.

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others (Mrs Gilmore's room).

If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Plastic apron
- mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box)

Public Health have confirmed that PPE is not required for first aid for non-symptomatic people.

Using & Removal of PPE

Any member of staff who uses PPE should read the national guidance (COVID-19 Personal Protective Equipment Guidance) and takes the time to familiarise themselves with the instructions for putting on and removing PPE.

Staff should not walk through the premises whilst wearing PPE. Hand washing facilities should be used after you have followed the PPE removal sequence, or hand sanitizer first, where hand washing facilities are not in close proximity.

Cleaning

If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements. Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the setting's usual procedures.

Clothing

You do not need to change your clothing unless your clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE). Clothes should be washed separately from other household linen, in a load not

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more than half the machine capacity - at the maximum temperature, the fabric can tolerate, then ironed or tumble dried.

First Aiders must ensure that:

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible.
- Where close contact is required, they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

Cardiopulmonary resuscitation

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE. In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest not due to lack of oxygen).

The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If the individual is suspected to have COVID-19, make the operator aware when you dial 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.
 - Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxia arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxia arrest, use a resuscitation face shield where available. We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

First Aider Actions

- If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.
- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.