

## **Medicines**

### **General principles**

The administration of medicine is the responsibility of parents and carers. There is no requirement on teachers or support staff to administer medicines but they may volunteer to do so. All staff are advised to contact their professional association or trade union.

Children suffering from short-term ailments who are clearly unwell should not be at school and the Headteacher is within her rights to ask parents to keep them at home. Some parents may seek to send children to school with non-prescribed medicines (eg. Cough mixtures ) and we discourage this practice as we are not able to administer them.

Wherever appropriate, we support the practice of self-administration of medicines, using an inhaler or applying cream.

### **Good practice**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

It may be helpful to seek clarification of timing of administrations as this may relieve the school of the responsibility. Parents must be asked to clarify with their own doctor in respect of timing.

### **The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:**

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school, avoiding the need for repackaging or relabelling of medicines by parents

Where medicines are to be administered in school, they will only be given on signed instruction from the parent or doctor. This should specify the medication involved, circumstances under which it should be administered, frequency and level of dosage. A standard form is used for this and is available on the parent's notice board (see Form 3A - Parental agreement for School to administer medicine).

**The School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to doseages on parental instruction.**

A standard practice should be followed when administering medicines (see HCC Guidelines for Administering Medicines kept in the Office):

- Refer to the written instructions received by the school
- Check the prescribed dose
- Check the expiry date
- Check the prescribed frequency of the medicine
- Measure out the prescribed dose and check the child's name again using the measuring spoon provided by the parents
- Complete and sign a record card when the child has taken/received the medicine (see Form 5) - all medication, including inhalers, must be recorded when taken
- If uncertain, do not give the medicine and check with the child's parent or doctor

Medicines must be stored in the container supplied and they must be clearly labelled with the name of the child and instructions for usage. Medicines that need to be kept in the refrigerator must be placed in a suitable additional sealed/airtight container and clearly marked medicines. The school will store refrigerated medication in a locked container.

There may be occasions when a child will require other prescribed maintenance drugs to manage particular conditions such as insulin or Creon (a pancreatic supplement). Staff will be informed if this occurs. The Headteacher or trained First Aider will complete Form 4 in such cases.

It is the responsibility of staff who agree to administer medication to ensure children have access to inhalers / medicines for any off-site visits. It is the Headteachers responsibility to ensure there is a suitably trained member of staff willing to administer medication whilst on off site activities.

### **Allergies**

Information about children who suffer from an allergy will be passed on to class teachers and teaching assistants and a copy kept in the Supply handbook for all new staff on site. For those children who require medication to control their allergies, staff will be trained in administering medication e.g. EpiPen.

### **Contagious Diseases**

We follow County guidance on advice / reporting of diseases as outlined in the Health Guidance folder kept in the office.

If in doubt we contact the School Nurse based at Frimley Children's Centre.

### **Headlice**

Incidents of headlice are reported to parents of children in the class where an outbreak has occurred.

## **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow the agreed procedures outlined below:-

- Contact the parents and inform them of the refusal, the parents will then be able to decide what necessary action need be taken

If the refusal to take medicines results in an emergency, the school would follow the agreed emergency action procedures below:-

- Follow normal 1st Aid procedures and ensure a 1<sup>st</sup> Aider remains with the child/children until the Parents and Emergency Services arrive.
- Dial 999 and follow the procedures outlined on Form 1 for contacting the emergency services
- Contact the parents as soon as possible
- A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.

## **FORM 1**

### **Contacting Emergency Services**

#### **Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number

2. Give your location as follows :

**North Farnborough Infant School  
Rectory Road  
Farnborough  
Hampshire**

3. State that the postcode is **GU14 8AJ**

4. Give exact location in the school

#### Approaching School from Farnborough Road:

Turn down Highgate Lane, at junction with Rectory Road turn right, the school is 30 metres on the right handside

#### Approaching School from A331:

Turn off dual carriageway onto Farnborough Park slip road, at roundabout turn right, going over A331. At Colefordbridge junction turn right into Rectory Road, continue through traffic lights, under railway bridge, and the school is located on the left handside.

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone

# Form 3A

## Parental agreement for school/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.

|   |                                 |   |  |  |
|---|---------------------------------|---|--|--|
| Name of school  | North Farnborough Infant School |   |  |  |
| Name of child   |                                 |   |  |  |
| Date of birth   | /                               | / |  |  |
| Group/class/form  |                                 |   |  |  |
| Medical condition or illness  |                                 |   |  |  |
| <b>Medicine</b>   |                                 |   |  |  |
| Name/type of medicine<br><i>(as described on the container)</i>         |                                 |   |  |  |
| 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 school/setting needs to know about? |                                 |   |  |  |
| Self administration   | YES/NO                          |   |  |  |
| Procedures to take in an emergency                                      |                                 |   |  |  |
| <b>Contact Details</b>  |                                 |   |  |  |
| Name  |                                 |   |  |  |
| Daytime telephone no.   |                                 |   |  |  |
| Relationship to child   |                                 |   |  |  |
| Address   |                                 |   |  |  |
| I understand that I must deliver the medicine personally to             |                                 |   |  |  |

I accept that this is a service that the school/setting is not obliged to undertake.

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

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**FORM 4**

**Headteacher of North Farnborough Infant agreement to administer medicine**

Name of school: North Farnborough Infant

It is agreed that \_\_\_\_\_ will receive \_\_\_\_\_  
(dose)

of \_\_\_\_\_ medication every day,  
at \_\_\_\_\_ (*time medicine to be administered e.g. lunchtime or afternoon break*)

\_\_\_\_\_ (*Name of pupil*) will be given/supervised  
whilst he/she takes their medication by \_\_\_\_\_  
(*Name of Staff*)

This arrangement will continue until \_\_\_\_\_ [*either end date of course of medicine or until instructed by parents*].

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(*The Headteacher/First Aider*)

**FORM 5**

**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              |   |   |  |   |   |  |   |   |  |
| Name of member of staff |   |   |  |   |   |  |   |   |  |
| Staff initials          |   |   |  |   |   |  |   |   |  |

|                         |   |   |  |   |   |  |   |   |  |
|-------------------------|---|---|--|---|---|--|---|---|--|
| Date                    | / | / |  | / | / |  | / | / |  |
| Time given              |   |   |  |   |   |  |   |   |  |
| Dose given              |   |   |  |   |   |  |   |   |  |
| Name of member of staff |   |   |  |   |   |  |   |   |  |
| Staff initials          |   |   |  |   |   |  |   |   |  |

**Record of medicine administered to an individual child (Continued)**

|                         |   |   |  |   |   |  |   |   |  |
|-------------------------|---|---|--|---|---|--|---|---|--|
| 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          |   |   |  |   |   |  |   |   |  |