



Beeston Primary School Medicines in School Policy

Agreed by Governing Body	24/10/2019
Review date	October 2022
Responsible for this policy	Sue Knowles

Introduction

The administration of medicine at Beeston Primary School will be managed and controlled in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Medicines prescribed for an individual child will be stored, supervised and administered. Medicines will be stored in accordance with the product instructions and in the original container they were dispensed in. The container will be clearly labelled with the child's name, the name and dosage of the medicine. Where a child needs more than one prescribed medicine, each item will be stored in a separate labelled container.

Emergency medicines, such as inhalers, will be readily available and not locked away. Non-emergency medicines will be kept in a secure place, not accessible to children. Medicine needing refrigeration will be kept in a clearly labelled airtight container in the office fridge inaccessible to children. Large volumes of medicine will not be stored at Beeston Primary School. All medicines will be sent home at the end of the academic year. Parents will sign to confirm they have received their child's medication.

Children requiring medication, wherever possible, should be kept at home until the course of treatment is complete. Medicines should be administered at home wherever possible. When medication is required "three times a day" children should have a dose immediately before school, another after arriving home from school and a last one at bedtime.

Non prescribed medication, including tablets and creams, such as allergy relief and paracetamol can be administered in school. Medication should be provided in the original packaging. Parents will confirm to school that the child has used the medication before and did not suffer any allergic or other adverse reaction. Sun cream is not covered by this policy.

Admitting Medication to Beeston Primary School

Parents/Guardians are responsible for informing Beeston Primary School about medicinal requirements, changes in prescriptions and ensuring medication has a valid use by date.

In order for Beeston Primary to accept medication, it must be checked in and out of school by the child's parent/guardian on a daily basis using [Form 4 - Record of Medicines Administered to an Individual Child](#); [Form 2B – Parental Agreement for School to Administer Medicine](#) must also be completed by the parent/guardian of the child in question.

Medication will be refused if it is not clearly labelled with the child's name, class, date and directions for administration/frequency of use. The medication should be bagged or in a container with child's name on with all contents placed inside including a spoon/syringe to administer it.

Under no circumstances should parents include medicines with packed lunches.

Medication will be stored out of the reach of children in the appropriate manner, e.g. a locked box or refrigerator.

Administering Medication at School

Beeston Primary School's Policy on administering medicines is in line with Leeds City Council's Policy Guidelines (PG 505). Our staff do not have any contractual obligation to administer medicine, supervise a child taking medicine or assist in the treatment of child requiring medicine.

In this respect we would recommend a parent/guardian to visit school to administer medication when required. Should this not be practical, and staff volunteer to administer medication, [Form 2B – Parental Agreement for School to Administer Medicine](#) must be completed by the parent/guardian of the child in question.

Any member of staff administering medicine will check; the pupils name, written instructions provided by the parent/doctor, the date of dispensary on the bottle/package, the prescribed dose and the expiry date and the time the medicine was last administered by parent prior to administering a further dose. If there is any doubt, the medication will not be administered and the parent/guardian will be informed immediately.

Staff will complete and sign [Form 4 - Record of Medicines Administered to an Individual Child](#) each time they administer medicine to a child. Staff working with children with a particular medical condition will have received the requisite level of training, information and instruction to carry out more complex medical procedures and are covered under the schools employers' liability insurance.

Children are not permitted to administer medicines such as antibiotics themselves unless supervised by the assigned member of staff.

Refusal to Take Medication

A child cannot be forced to take medication. If a child refuses, Beeston Primary School will contact the parent/guardian immediately.

If the parent/guardian cannot be contacted, medical advice or the emergency services may need to be contacted.

Medication for Contagious Diseases

Beeston Primary School will refer to the 'Guidance on Infection Control in School and other Child Care Settings' released by the Public Health Agency March 2017 in instances where medication for contagious diseases is required. We will also seek advice from the School Nursing Team and will act accordingly. This may mean a parent coming to take their child home. School will only follow written advice from a doctor and not parent opinion.

Record keeping

Individual children's medical files will be kept in:

- Foundation 1
- Foundation 2
- School Office for Key stage 1 and 2

Copies of the relevant information will be readily accessible as appropriate, whilst maintaining data protection.

Asthma

Inhalers may be kept at Beeston Primary School once parent/guardians have informed the school of their child's condition and completed [Form 1 -Health Care Plan](#) and [Form 4b - Long Term Medication Recording](#).

Children who use inhalers regularly require two named inhalers for school which their Doctor will prescribe. Parents are required to label inhalers and spacers with their child's name.

In Foundation Stage and Key Stage 1, an inhaler will be kept in the class teacher's desk/cupboard with a further inhaler stored in an agreed central place. Children in Foundation Stage and Key Stage 1 will administer their inhalers under the supervision of a member of staff. [Form 4b - Long Term Medication Recording](#) will be completed by staff and information given to the parents at the end of each day that an inhaler is used. For Named inhalers are taken

Children in Key Stage 2 who are deemed responsible will keep one of their own inhalers with them. The second inhaler will be kept in the school's main office. Parents/guardians of Key Stage 2 children are required to complete [Form 6 - Request for Child to Carry his/her Medicine](#). Any child in Key Stage 2 children who are not deemed responsible will follow the system for Key Stage 1.

Information/training on assisting a child with during an asthma attack is provided for staff and lunch time supervisors, who are also provided with details of the children who suffer with Asthma. A list of names of these children is provided within the first aid box with the necessary instructions in case of an emergency.

Under the Human Medicines Regulations 2014 schools are permitted to hold emergency salbutamol inhalers and spacers for use by children whose own inhaler is not available e.g. broken or empty. Emergency salbutamol inhalers are available in the school office, for use by children with written parental consent using [Form 8 - Use of Emergency Salbutamol](#). Should a child use one of the emergency salbutamol inhalers, parents/guardians will be informed using Form 9 - Letter to Inform Parents of Emergency Salbutamol Inhaler use.

The emergency kit contains:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a list of children permitted to use the emergency inhaler; and
- a record of administration (i.e. when the inhaler has been used).

Beeston Primary School ensures that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use; and
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Eczema

Parents/Guardians must complete [Form 1 - Health Care Plan](#) and [Form 4b - Long Term Medication Recording](#) if their child suffers from eczema.

Any cream provided must be prescribed by a doctor with the child's name on it.

Where possible the child needs to become responsible for applying their cream under supervision. The child's right for privacy needs will be adhered at all times and if required, Beeston Primary School have a care suite available for the children to use. Another member of staff may need to be present if the cream needs to be applied to sensitive/intimate areas.

Parents/guardians will be informed if any condition deteriorates to a level of concern.

Long Term or Complex Medical Needs

It is important that school have sufficient information about the medical condition of any child with long term or complex medical needs. This may include severe allergies or chronic conditions.

Parents/Guardians must complete [Form 1 - Health Care Plan](#) and [Form 4b - Long Term Medication Recording](#) to advise the Beeston Primary School of such needs in order that they can develop a written health care plan for such children, involving the class teacher, parent/carer, the SENDCo and relevant health professionals.

A teacher with a pupil who has medical needs in their class, will be briefed to ensure they understand the nature of the child's condition and when that pupil requires attention. Staff will be made aware of any emergency that is likely to occur and what measures they should take. These measures will be provided in writing and readily accessible.

Other staff in the school such as lunchtime supervisors or support staff will be made aware and provided with sufficient support and advice as appropriate.

Visits and Outings

Beeston Primary School will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Planning arrangements will consider the necessary steps for inclusion and the appropriate risk assessments will be completed. Additional measures may be required, which could include parental supervision, additional staff supervision, transport adaptations, cool bags for storage of medication.

Leaders supervising excursions will always be aware of any medical needs and relevant emergency procedures with a copy of children's individual health care taken on visits which will include emergency procedures and contact numbers.

Should Beeston Primary School have health and safety concerns, they will seek parental views and medical advice from the school health service or the child's GP.

Disposal of Medicines

Parents are responsible for disposing of medicines and for collecting medicines at the end of each term/end of year, unless adequate equipment is provided for through a child's individual health/ care plan.

Emergency Planning

Should there be a requirement to contact the Emergency Services, parents/carers will be contacted and the following should be adhered to:

REQUEST FOR AN AMBULANCE

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

1. Your telephone

number 0113 2716 978

2. Give your location

Beeston Primary School, Town Street Leeds

3. State your post code

LS11 8PN

4. Exact location in the school/setting

5. Your name

FORM 1 - HEALTH CARE PLAN

Name of School	Beeston Primary School
Child's Name	
Class	
Date of Birth	
Child's Address	
Medical Diagnoses or Condition	
Name of Medicine(s)	
Date of Medicine(s)	
Review Date:	

Emergency Contact Information/Numbers

Name		Name	
Home		Home	
Work		Work	
Mobile		Mobile	

Hospital/Clinic Information

Name	
Phone Number	

GP Information

Name	
Doctor	
Phone Number	

Describe medical needs and give details of child's symptoms:

Daily care/long term requirements: (e.g. before sport/at lunchtime)

Describe what constitutes as an emergency for the child:

Action to take in an emergency:

Who to contact in an emergency:

Follow up care:

Parent Signature: _____

Date: _____

Office Use Only	
Form received by:	
Date received:	
Form copied to:	
Agreed review date:	

FORM 2B – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE (SHORT TERM)

The school will not give your child medicine unless you complete and sign this form.

Under no circumstances will medicine be accepted if any of these are not met conditions are not met.

Name of School:	Beeston Primary School
Date:	
Child's Name:	
Class:	

Medication Details

Name and Strength of Medicine:	
Medicine in original container:	Yes / No
Prescribed by Doctor/Dentist:	Yes / No
Date of Medication:	
Dose to be given:	
Side Effects:	
When to be given:	
Any further instruction:	

Parent Contact Information

Name:	
Phone Number:	

GP Information

Name:	
Doctor:	
Phone Number:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped. I confirm that my child has suffered no previous adverse reaction to the medication named above.

Parent's Signature: _____ **Date:** _____

FORM 4 – RECORD OF MEDICINES ADMINISTERED TO AN INDIVIDUAL CHILD (SHORT TERM)

To be completed by staff and the child's parent/guardian to enable administration and collection of medication on a daily basis. If more than one medicine is to be given, a separate form should be completed for each item.

Name of Child: <i>Check medication</i>					
Name of Medication: <i>Check medication</i>					
Date of Dispensary:			Length of Course:		
	Monday	Tuesday	Wednesday	Thursday	Friday
Dosage/Amount to be given:					
Last time administered by parent/guardian:					
Enough time allowed between dosages: <i>(Agreed with Parent/Guardian)</i>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Parents Signature:					
Time needed to be given to child:					
Member of staff administering medicine to child:					
Time given to child by staff member:					
Dosage/amount given to child:					
Returned to parent by member of staff: <i>Staff to sign</i>					
Medicine returned and checked and by parent: <i>Parent to sign</i>					

FORM 4B – LONG TERM MEDICATION RECORDING

Record of medicines administered to an individual child who is on long term medication. To be completed by staff and information given to the parents at the end of the each day.

Child's Name	
Class	
Name of Medicine(s)	
Dosage/Amount to be Given	
Date Medication was Prescribed	
Use by Date	

Date Given	Time Given	Symptoms Shown? e.g. in pain, rash	Effect of Medication e.g. redness reduced	Parents Informed By
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			

FORM 6 – REQUEST FOR CHILD TO CARRY HIS/HER MEDICINE

This form must be completed by a parent/guardian.

If a member of staff has any concerns these will need to be discussed with a school healthcare professional.

Name of School	Beeston Primary School
Child's Name	
Class	
Child's Address	
Name of Medicine	
Procedure to be taken in an emergency	

Emergency Contact Information

Name	
Phone Number	
Relationship to Child	

I would like my son/daughter to keep his/her medicine on him for him/her to use as necessary.

Parent Signature: _____ **Date:** _____

If more than one medicine is to be given a separate form should be completed for each one.

Office Use Only	
Form received by	
Date received	
Form copied to	
Agreed review date	

FORM 8 – USE OF EMERGENCY SALBUTAMOL

Name of School	Beeston Primary School
Child's Name	
Class	

Child showing symptoms / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.
[Delete as appropriate]
2. My child has a working in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Parent/Guardian Details:

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Office Use Only	
Form received by	
Date received	
Form copied to	
Agreed review date	

FORM 9 – LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMUL INHALER USE

Name of School	Beeston Primary School
Child's Name	
Class	

Dear _____

This letter is to formally notify you that

has had problems with his/her breathing today. This happened when _____

They did not have their own asthma inhaler with them/their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

If you need any further clarification please do not hesitate to contact the school office on 0113 2716978.

Kind Regards

Signed: _____

Date: _____