TOWN CLOSE SCHOOL

NORWICH'S FINEST PREP SCHOOL • FOR GIRLS & BOYS • 3-13 YEARS

MEDICINE POLICY v1.6

POLICY FOR CHILDREN WITH MEDICAL NEEDS INCORPORATING PROCEDURES FOR CHILDREN WHO BECOME UNWELL AT SCHOOL

Our School Policy is based on guidance given in the DfE document 'Supporting Pupils at school with medical conditions December 2015'

This policy covers:

1. Children requiring prescription and non-prescription medication
2. Procedures for the administration of Paracetamol e.g. Calpol
3. Children requiring inhalers
4. Children requiring adrenaline auto-injectors (AAIs)
5. Care Plans for children with special health needs
6. Procedures for injuries occurring off the School site
7. Procedures for injuries occurring on a residential school trip

and includes the following forms:

- Medicine Form (A) – for the administration of Prescribed or Non Prescribed Medicine
- Medicine Form (B) – for the administration of school paracetamol
- Medicine Form (C) – *currently not used*
- Medicine Form (D) – Asthma in School including consent for the use of emergency inhalers
- Medicine Form (E) – for the administration of adrenaline auto injectors (AAIs) including consent for the use of emergency AAIs
- Medicine Form (F) – Medical Room Record
- Medicine Form (G) – Care Plan for children with Special Health Needs
- Medicine Form (H) – Residential trips medical consent and information
- Medicine Form (I) – for the administration of prescribed medication during a residential trip

1. Children requiring prescription and non-prescription medication

In general, medicines, other than asthmatic medicines or those specified on individual care plans, will not be administered to pupils unless it is detrimental to a

child's health not to do so. This includes paracetamol and antihistamine. Topical medicines (creams) will not be administered by school staff.

When a parent requests that medicine be administered to their child at school, the circumstances will be considered and the decision will have regard to the best interests of the child and implications for the staff. Children in the Pre Prep are more dependent on adult support whereas children in the Prep Department can be more independent, consequently the level of adult intervention in the Pre Prep might mean medicines cannot practically be administered. Only medication in the original packaging and/or bottle clearly showing the dosage required will be administered by staff. Staff who agree to administer medication do this only with the support of the Headmaster or Head of the Pre Prep Department and the child's parents. It is the responsibility of the parent/carer to collect their child's medicine at the end of the School day.

To help avoid the taking of medicines at school we ask that parents support us in the following ways:

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Long acting medicines such as antihistamine and travel sickness medication should be administered before school e.g.

  cetirizine *brand name Zirtec* (antihistamine, lasts 12 hours)
  cinnarizine *brand name Stugeron* (for motion sickness, lasts 8 hours)

- Children who are not fit to fully participate in the School day, and who still require daytime medication, must be kept at home. Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school and it is for parents to seek and obtain such advice as is necessary.
- Parents should not expect the School to administer paracetamol once a child has returned to school after a period of illness.

The School will administer non-prescription medicines in the following circumstances:

- Where the length of the school day (e.g. for a trip) is longer than eight to twelve hours and long acting medicines cease to be effective.
- An anti-inflammatory medication e.g. ibuprofen may be administered following medical intervention e.g. children who have recently injured a limb or who have received dental treatment or who have recent significant injury.

If parents require the School to administer prescribed or non-prescribed medication to their child, parents must complete 'Medicine Form (A) - Prescribed or Non Prescribed Medicine', sign and date their request and deliver the medication to the School Office in person.

In cases where there is a need for a long term individual medication regime these should be discussed and agreed between the parents and staff, a care plan will then be produced.

- The School will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Medicines will only be administered by school staff if no intimate contact is required.

2. Procedures for the administration of paracetamol

When children fall ill at school, it is not normal practice to administer paracetamol. It will only be administered in the following exceptional situations and circumstances:

- For children who become acutely unwell with a very high temperature.
- For adolescent girls with severe period pains.
- For children returning to school following medical intervention who are in need of pain relief e.g. children who have recently broken a limb or who have received dental treatment or who have recent significant injury.
- For children who are known to suffer migraines.

Before paracetamol is administered to a child, parents will be contacted and permission sought. Medicine Form (B) will then be completed, recording the circumstances under which the medicine was given. Notes will also be made about how and when the child's parents authorised the paracetamol to be administered. In the case of a child with a very high temperature, parents will be expected to take the child home as soon as possible even if paracetamol has been administered as agreed.

3. Children requiring a salbutamol inhaler

All children requiring a salbutamol inhaler in school will be on our asthma register, this is regularly updated and circulated by the Pre Prep Office and the Prep First Aid Officer.

Parents may request that a salbutamol inhaler is kept in school for either occasional or frequent use by their child. All parents must complete Medicine Form (D).

- **Pre Prep Department**

  All salbutamol inhalers for Pre Prep will be kept in individual labelled bags and held in a cupboard in the Pre Prep Medical Room. The administration of a salbutamol inhaler will be recorded on Medicine Form (D) to keep parents and staff fully informed. Parents must take responsibility for ensuring that the salbutamol inhaler held at school for their child is in date.

- **Prep Department**

  Salbutamol inhalers for pupils in Years 3-8 will be kept in agreed locations, as specified on Medicine Form (D) so as to enable pupils to access them independently whenever possible. This includes occasions when the pupil is

on a school trip or taken off site. Parents must take responsibility for ensuring that the salbutamol inhaler held at school for their child is in date.

The School holds emergency salbutamol inhalers, these can be found in the following locations:

Salbutamol Inhaler Number	Salbutamol Inhaler location
1	Nursery
2	Pre Prep Medical Room
3	Year 1
4	Year 2
5	Prep Office
6	First Aid Room
7	Miss Goddard's First Aid Bag
8	Girls Games
9	Girls Games
10	Boys Games
11	Boys Games
12	Swimming Pool
13	Spare for trips

These can be taken on school trips and used in an emergency for children with a prescribed inhaler and where parental consent has been given.

4. Children requiring adrenaline auto injectors (AAIs) e.g. Epipens

All children requiring an AAI in school will be on our AAI register, this is regularly updated and circulated by the Pre Prep Office and the Prep First Aid Officer.

Parents of children who require an AAI for emergency use must complete a Medicine Form (E) which will enable the School to use the AAI in an emergency. In the case of a child having an allergic reaction the child's individual care plan will be followed and the appropriate emergency actions will be taken. An ambulance will always be called whenever an AAI has been administered. Parents will be contacted and a written record will be made on Medicine Form (E). AAIs will be kept available as appropriate, including when the child is on a school trip or taken off site.

- **Pre Prep Department**

  AAIs for Pre Prep children will be kept in individual named containers on a designated shelf in the Pre Prep Medical Room. The AAI will be administered by a member of staff. Parents must take responsibility for ensuring that the AAI held at school for their child is in date.

- **Prep Department**

  AAIs for pupils in Years 3-8 will be kept in individual named containers on the designated shelf in the Dearnaley First Aid Room. The AAI must accompany

the pupil on a school trip or when they are taken off site. Parents must take responsibility for ensuring that the AAI held at school for their child is in date.

The School holds emergency AAIs (Epipens), these can only be used in School and can be found in the following locations:

Location	Notes
Pre Prep Medical Room	2 x 1.5 mg Junior Epipen
Prep First Aid Room	1 x 1.5 mg Junior Epipen 1 x 3 mg Epipen
Front Office	1 x 1.5 mg Junior Epipen

On residential trips the relevant children will be asked to provide a second AAI for emergency use.

5. Use of Care Plans

Parents of pupils with a diagnosed medical condition should make an appointment with the School offices to agree a Care Plan. It is usual practice for the Care Plan to be put in place before a child starts at the School or as soon as a condition is diagnosed. The School may require medical evidence in order to agree a Care Plan. Once a Care Plan has been agreed with parents and medical advice sought, this will be recorded on the Care Plan for Children with Special Health Needs Form (G). A copy of the Care Plan will be placed in the child's file and a copy will be displayed in the staff common rooms. In the Pre Prep a copy of the Care Plan will be kept in the child's classroom.

6. Procedures for injuries occurring off the School Site

Should a child injure themselves while off the School site and require first aid, then it should be administered with the same procedures as followed at school. However, should a condition arise which may need immediate treatment from a healthcare professional, then the School and parents should be informed and the child cared for accordingly.

7. Procedures for injuries occurring on a residential school trip in this country and overseas

(With reference to National Guidance http://oeapng.info)

The parents of any child going on a residential school trip will be asked to complete Medicine Form (H). Staff should always use their judgement and experience when applying this policy to any particular situation, to ensure that the well-being of the child is paramount.
Should a child injure themselves while on a residential trip and require first aid, then it should be administered with the same procedures as followed at school. However,

should a condition arise which is listed below, then the corresponding medication may be given.

For any injury that is deemed more serious, then the school and child's parents should be informed as soon as is possible.

Conditions occurring during a school trip

Depending upon the duration and type of trip, it is likely that some children will require medication for the prevention or treatment of minor ailments, for example:

- sunburn – *in which case E45 cream may be offered and an increase in oral fluids*
- heat rash – *in which case E45 cream may be offered and an increase in oral fluids*
- insect bites, nettle stings or nettle rash, mild allergic reaction (see next point) – *in which case oral antihistamine can be offered*
  Mild allergic reaction: Not involving Airways, Breathing or Circulation. A mild reaction can include nettle-sting-like rash (hives), facial swelling of lips or eyes. If no response to medication after 30 minutes and the reaction is increasing in severity, seek medical help immediately. ***Any swelling of tongue or throat (affecting airways) is symptomatic of a severe allergic reaction and medical help must be sought immediately.***
- period pains, headaches, high temperature, sore throats – *paracetamol may be offered, dosage administered according to the instructions on the packaging.*
- travel sickness – *hyoscine hydrobromide e.g. Kwells will be offered, dosage administered according to the instructions on the packaging.*

Parents must be asked for their permission to administer any medication, including non-prescription medicines on Medicine Form (I). Care should be taken with all medication to observe the recommended dosage is appropriate to age.

If a condition arises, which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

It is illegal to give a medicine which has been prescribed for one person to another. However, staff are allowed to carry emergency salbutamol inhalers, and use these when they have parental consent to do so.

The well-being of children and young people should always be given the highest priority: if a child suffers from a serious asthma attack and does not have their own inhaler, then the benefit of giving a blue salbutamol inhaler from elsewhere is likely to outweigh the risks of not doing so.

- **Pre-existing medical conditions**

  The designated member of staff will need to ensure that they have a copy of the care plan for any child who is attending a residential trip. If a care plan is

not in place, then a doctor's letter outlining details of the medical condition should be given to the designated member of staff.

Any medication that will be required during the trip will require a fully completed medical form and all medicines need to be in the original packaging and clearly labelled. All medication must be given to the designated member of staff.

No medications are to be carried by the children (except when staff are aware, for example, in the case of salbutamol inhalers and adrenaline auto-injectors).

Insurance policies should be checked to ensure that they cover staff and pupils with pre-existing medical conditions by the member of staff organising the trip. If the school insurance policy does not cover their condition, then it is the responsibility of the parent, once informed of this, to provide adequate medical insurance for the duration of the trip. A printed copy of the policy will need to be given to the designated member of staff.

- **Overseas visits**

  Medicines which may be legally held in one country may be illegal in another. The rules of any country to be visited should be checked by the member of staff organising the trip. Medicines should be in the original packaging, complete with the prescription label. Where medication includes delivery by syringe and / or needle, it may be necessary to show an accompanying doctor's note at border security. A personal licence may be required to take certain controlled medicines abroad.

  In some countries, it is possible to purchase medicines over the counter which would require a prescription in the UK. These should not be used unless prescribed by a qualified medical practitioner.

- **First Aid Supplies - All residential school trips**

  a, 1 large first aid red ruck sack (this contains basic medical supplies)
  b. Paracetamol tablets and liquid (Calpol)
  c. Cetirizine 10mg tablets – non-drowsy antihistamine
  d. Travel sickness medication – hyoscine hydrobromide e.g. Kwells Kids
  e. E45 cream
  f. Sick bags and disposable bowls
  g. Nappy sacks
  h. Bin liners and pedal bin liners
  i. Forehead thermometer
  j. Tissues

Last reviewed May 2019
Next review May 2020

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MEDICINE FORM (A)
PRESCRIBED OR NON PRESCRIBED MEDICINE
(One form to be completed for each medicine)

Today's date:	Child's name:	Age:
Name of medicine: *(in original container and / or packaging)*	Expiry date of medicine:	Dosage and time to be given:
Medical condition or illness:	Any special instructions:	Any side effects anticipated:

I agree that the above medicine should be given to my child as per the instructions above.

I agree to take responsibility for collecting the above medicine at 4.00pm, at the end of the school day:

Signed: ……..….. Dated: ……..

Dates that medicine is to be administered	Time	Dosage of medicine given	Signature of person administering prescribed medicine	Signature of witness
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

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MEDICINE FORM (B)
FOR THE ADMINISTRATION OF SCHOOL PARACETAMOL (e.g. CALPOL)

Today's date:	Child's name:	Age:
Details of paracetamol (e.g. Calpol) given, including expiry date:		
Circumstances in which paracetamol was administered. Please give exact reasons:		
How was permission sought from the parent:		
Signed: ……..	Dated: ……..	

Date administered	Time	Dosage of medicine given	Signature of person administering medicine	Signature of witness
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

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MEDICINE FORM (D)
CARE PLAN FOR CHILDREN WITH ASTHMA IN SCHOOL INCLUDING CONSENT FOR THE USE OF EMERGENCY INHALERS

Child's name: .....Date of Birth: .....

Class: ..... Date asthma diagnosed / inhaler prescribed: .....

Name of inhaler: ..... Colour: .....

Location(s) in school: (please tick as appropriate)

Pre Prep Medical Room	Prep Sports Bag	Prep School Bag	Blazer pocket

Signs and symptoms of an asthma attack:

Treatment (please continue overleaf in necessary):

1. My child has a working, in-date inhaler, clearly labelled with their name, which will be available in school every day.

2. 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 for such emergencies.

Parent's signature: ..... Date: .....

Please print name: .....

Please turn over

Record of administration (Pre Prep children only):				
Date	Time	Dosage	Circumstances	Name & Signature

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MEDICINE FORM (E)
FOR THE ADMINISTRATION OF AUTO-INJECTORS (AAIs) INCLUDING CONSENT FOR THE USE OF EMERGENCY AAIs

Child's name:	Date of Birth:
Details of auto-injector, including brand, dose and expiry date:	

1. My child has a working, in-date AAI, clearly labelled with their name, which will be in school at all times.

2. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Parent's signature: ..... Date: .....

Please print name: .....

Record of administration of AAI:

Auto-injector administered (own or school AAI, dose, brand):	
Signs and symptoms which caused concern:	
Date:	Time ambulance was called:
Time:	Site of injection (right or left leg):
Name and signature of first aider:	

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MEDICINE FORM (F)
MEDICAL ROOM RECORD

Child's Name:	Form: Today's date:
Time the parents are called and the arrangements that are agreed for collection:	
Time child is taken to the Medical Room:	
Signs and Symptoms causing concern:	
Time/s child is checked:	

Time child is collected:
Cleaning Staff Informed – tick box below if 'YES' ☐

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MEDICINE FORM (G)
CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

<table>
<tr><td rowspan="5">PHOTO</td><td>Full name:</td></tr>
<tr><td>Form:</td></tr>
<tr><td>Date of Birth:</td></tr>
<tr><td>Parent's name:</td></tr>
<tr><td>Telephone number:</td></tr>
<tr><td colspan="2">Diagnosis (es):</td></tr>
<tr><td colspan="2">Symptoms:</td></tr>
<tr><td colspan="2">Emergency Treatment:</td></tr>
<tr><td colspan="2">Daily Considerations/Requirements:
Describe any requirements the child needs in daily activities and why:</td></tr>
<tr><td colspan="2">I give permission for the above medication to be administered to my child and take responsibility for ensuring that the medication held at school is in date.</td></tr>
<tr><td>Parent's Signature:</td><td>Date:</td></tr>
</table>

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MEDICINE FORM (H)
RESIDENTIAL TRIP MEDICAL CONSENT AND INFORMATION

NAME OF CHILD: ……

The following medication will be carried by the trip first aider. Please tick yes or no to indicate your consent:

Medication	Reason	Yes	No
Paracetamol liquid/tablets	period pains, headaches, fever / high temperature, sore throats, recent injury / surgery		
E45 cream	Sunburn / heat rash		
Cetirizine 10 mg – non drowsy antihistamine	insect bites, nettle stings or nettle rash, mild allergic reaction		
Hyoscine Hydrobromide tablets e.g. Kwells for Kids, dosage administered according to the instructions on the packaging, half to one tablet Note: ***may cause drowsiness***; ***not suitable for children with epilepsy.***	Feeling unwell during the journey / vomiting due to travelling		

My child has the following special dietary requirements:

……

My child has the following allergies:

……

Date of your child's last tetanus vaccination: ……

Please give details of any medical conditions or requirements staff should be aware of e.g. bed-wetting, night terrors or sleepwalking (enclose letter if necessary)

.....

.....

.....

Please turn over

I authorise a member of staff/medical staff to take the necessary action on my behalf to treat or safeguard my child. I understand that Town Close staff will contact me as soon as possible in the event of an emergency.

Name of Parent: .....

Signature of Parent: .....

Date: .....

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MEDICINE FORM (I)
THE ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION DURING A RESIDENTIAL TRIP

Child's Name: _____ Age: _____

Please complete the following table with details of any medication your child will need during a residential trip. **The medication must be delivered to the trip first aider with this completed form.**

You only need to complete this form if your child requires medication during the trip.

Medication		Condition for which it is to be used		
Dates that medicine is to be administered	Time	Dosage of medicine to be given	Signature of person administering medication	Signature of witness
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Parent's name: _____

Signature: _____ Date: _____

Medication		Condition for which it is to be used		
Dates that medicine is to be administered	Time	Dosage of medicine to be given	Signature of person administering medication	Signature of witness
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Medication		Condition for which it is to be used		
Dates that medicine is to be administered	Time	Dosage of medicine to be given	Signature of person administering medication	Signature of witness
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				