



# **Ballycraigy Primary School**

## **Policy for the Administration of Medication in School**

<b>Date reviewed</b>	August 2019
<b>Date ratified by governors</b>	16/9/2019
	No amendments
<b>Next review due</b>	August 2020



1 The Board of Governors and staff of Ballycraigy 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**. This policy will be coordinated by Mrs Belinda Simpson.

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

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

3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

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

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

6 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.

7 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.
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**The school will not accept items of medication in unlabelled containers.**

8 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 medicine cabinet.

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

10 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.

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

12 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.

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

14 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.

15 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. Please refer to the School Asthma Policy (Appendix 1) for school protocol for children suffering from Asthma.

16 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.

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

18 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.

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

## **Ballycraigy Primary School**

### **Asthma Policy**

This policy has been written with advice from Asthma UK.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at our school. The school positively welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, The NEELB and pupils. Supply teachers and new teachers are also made aware of the policy. Training will be sought from Asthma UK.

### **Asthma Medicines**

1. Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in a locked drawer in Mrs Simpson's room
2. Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. These will be stored in a drawer in Mrs Simpson's room
3. School staff are not required to administer medicines to pupils, however staff at Ballycraigy Primary are happy to do so.
4. School holds an emergency asthma inhaler kit

### **Emergency Asthma Inhaler Kit**

The school has purchased spare salbutamol inhalers and spacers from a pharmaceutical supplier to keep in school in case of emergency. This emergency kit includes:

- a salbutamol metered dose inhaler
- two spacers
- instructions on using the inhaler and spacer
- the 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

Mrs Simpson and Dr Edwards will be responsible for maintaining the emergency kit. They will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- that replacement inhalers are obtained when expiry dates approach and
- replacement inhalers and spacers are available following use

The emergency kit will be stored in a drawer in Mrs Simpson's classroom. The inhaler will be stored at the appropriate temperature, in line with the manufacturer's guidelines. To avoid possible risk of cross infection, the plastic spacer and inhaler should not be reused.

Spent inhalers will be returned to the pharmacy to be recycled. The school has registered as a lower-tier waste carrier so that this can be done.

The emergency kit will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given. (Form AM7)

Parents will be informed in writing should their child need to use the emergency inhaler. (Form AM8). Use of the emergency inhaler will be recorded on FORM AM4

### **Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma. All parents/carers of children with asthmas are consequently sent an Asthma UK School Asthma Card to give to their child's doctor or asthma nurse to complete. Parents/Carers are asked to return them to school. From this information the school keeps its asthma register. School Asthma Cards are then sent to parent/carers on an annual basis to update. Parents/Carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

### **Exercise and Activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma. Pupils with asthma are encouraged to participate fully in P.E. lessons, games and physical activity. Pupils whose asthma is triggered by exercise are reminded to take their reliever inhaler before the lesson or activity, and to thoroughly warm up and down before and after the lesson or activity. Inhalers are brought to the P.E. hall so that if a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

### **Extended School Activities**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that we involve pupils with asthma as much as possible in after school clubs.

Extended School coaches and assistants are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. This information is provided on the Asthma UK Out There & Active Poster displayed in key locations around the school.

### **School Environment**

The school does all it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. As far as possible the school does not use substances in science or art that are potential triggers. Pupils with asthma are encouraged to leave the room and go to Mrs Simpson's room if particular fumes trigger their asthma.

### **Making the School Asthma Friendly**

The school ensures that all pupils understand asthma. Asthma can be included in Literacy, the World Around Us, PDMU and P.E.

### **When a pupils is falling behind**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will talk to the parent/carers to work out how to prevent the child falling behind. If necessary the class teacher will then talk to the SENCO about the pupil's needs. The school recognises that it is possible for a child to have special educational needs due to their asthma.

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined in the Asthma UK School Asthma Pack. This procedure is displayed in each class.

### **Training**

All staff will be trained to:

- Recognise the symptoms of an asthma attack, and ideally how to distinguish them from other conditions with similar problems
- Be aware of the asthma policy
- Be aware of how to check if a child is on the asthma register
- Be aware of how to access an inhaler
- Be aware of who the designated members of staff are (Mrs Simpson and Dr Edwards)

Designated staff should be trained to:

- Recognise the symptoms of an asthma attack, and ideally how to distinguish them from other conditions with similar problems
- Respond appropriately to a request for help from another member of staff

- Recognise when emergency action is necessary
- Administer salbutamol inhalers through a spacer
- Make appropriate records of asthma attacks

The asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Children with inhalers will also be able to demonstrate to their teacher how they use it.



NAME OF SCHOOL \_\_\_\_\_ FORM AM1

**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 \_\_\_\_\_

Name of School \_\_\_\_\_

FORM AM2

**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**

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### **Contact Details**

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

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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 e.g. 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/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 administer medication to the named pupil.**

**NAME OF SCHOOL \_\_\_\_\_ FORM AM3**  
**TEMPLATE FOR A 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**

NAME OF SCHOOL \_\_\_\_\_

FORM AM4

**Record of medicine administered  
to an individual child**

Surname	
Forename (s)	
Date of Birth	___ / ___ / ___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___ / ___ / ___
Quantity returned	
Dose and frequency of medicine	

Checked by:

**Staff signature** \_\_\_\_\_ **Signature of parent** \_\_\_\_\_

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

**FORM AM4(Continued)**

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			



NAME OF SCHOOL \_\_\_\_\_

FORM AM5

**RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN**

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

NAME OF SCHOOL \_\_\_\_\_

FORM AM6

**TEMPLATE FOR A 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 \_\_\_\_\_

# CONSENT FORM

FORM: AM7

## USE OF EMERGENCY SALBUTAMOL INHALER Ballycraigy Primary School



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### Details of Pupil/Parent

Surname: \_\_\_\_\_ Forename(s):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ M  F

Telephone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

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### Child showing symptoms of asthma / 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 and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

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



## EMERGENCY SALBUTAMOL INHALER USE FORM: AM8

07 October 2019

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Dear

This letter is to formally notify you that [Name] has had problems with his/her breathing today at [time] o'clock. This happened when \_\_\_\_\_ (description of what student was doing at the time and where he/she was).

A member of staff helped them to use their asthma inhaler.

**The inhaler used was (please tick box that applies:**

Pupil's own prescribed inhaler

Pupil's own prescribed spare inhaler

School's emergency inhaler

Number of puffs given

**If emergency inhaler was used please give reason why the pupil's own or spare inhaler was not accessible.**

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

Yours sincerely

\_\_\_\_\_  
Dr H Edwards  
Principal