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| **BILBROUGH COUNTRY CLASSROOM**  **POLICY: Medication** |

This policy has been developed to ensure students are fully supported with their medical conditions.

This policy has not been developed by a specific medical professional or organisation / body.

**Bilbrough Country Classroom will:**

* ensure that the arrangements detailed within this policy are implemented effectively, by the Head Teacher, who has overall responsibility for policy implementation.
* administer prescribed, and non-prescribed medications, to support a student’s continuous attendance at the provision, when written consent has been provided by a parent/carer.
* provide support and training to enable staff to support students with medical conditions
* ensure that clear arrangements are in place to manage the administration and storage of all medicines on the premises
* ensure that written records are kept of all medicines administered to students
* ensure that all staff are aware of what practice is not acceptable

**Training**

Specific support and training needs will be identified. This will enable staff who support a student with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

Bilbrough Country Classroom will ensure that adequate first aid cover is available at all times. However, a first aid certificate does not constitute appropriate training in the general day to day support of a student with a medical condition.

Any training needed on administering medications/injections for specific medical conditions at the Bilbrough Country CLassroom will be carried out by appropriately qualified professionals. All training will be recorded, together with a clear plan for refresher sessions, or updates if the student’s condition changes.

When a controlled drug has been prescribed for a student’s medical condition, at least two members of staff should be trained on how to manage this medication.

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.

Medication will be kept in the office cupboard and the Administration of Medication Permission and Record will also be kept in the office, giving details of the dose and frequency of administration to the pupils concerned.

**Administering Medication**

Bilbrough Country Classroom will not give any medication (prescribed or non-prescribed)to a child under 16 without a parent’s written consent except in exceptional circumstances under direction of a medical professional.

Bilbrough Country Classroom 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 inside an insulin pen or a pump, rather than in its original container.

Bilbrough Country Classroom will only accept non-prescribed medicines if these are in-date, labelled, provided in the original container as purchased, and include instructions for administration, dosage and storage.

In all cases it is necessary to check:

•         Name of child

•         Name of medicine

•         Dosage

•         Written instructions provided by prescriber

•         Expiry date

An Administration of Medicine Permission & Record form must be completed and signed by the parent / carer.

When a member of staff administers medicine, they will check the student’s Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.  They will then administer the medicine as required, and record this on the form.  For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary.

**Pain relief, anti-histamine and cough relief mixtures**

When administering pain relief, anti-histamine or cough relief medication, the member of staff will check the maximum dosage and when a previous dose was given.  Parents/carers will be called to ask for permission and informed of all doses given.

**A child under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.**

Some medicines need to be given at specific times, for example

* before, with or after food – the absence/presence of food in the stomach can affect how the medicine works and may cause unwanted effects
* some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

**Oral Mixtures**

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this.  Instructions on the medication label must be followed.  Wherever possible, the spoon/syringe/vessel should be handed to the student for them to administer the dose themselves.  Each individual student’s spoon/syringe/vessel should be cleaned and kept with their own medication.

**Tablets/capsules**

Students who need tablets usually take them before or after their meal according to their GP’s instructions.  They may however be needed at other times of the day.

Students should go to a member of staff and ask for their tablets.

**Inhalers**

Inhalers will be kept in the classroom cupboard in a grab bag*.*When the student needs to take their inhaler, the teacher/admin staff should record this on a daily record.

Students should be supervised when they take their inhaler.  If they have any difficulty, the First Aider should be called to assist.

If parents request that their child keeps their inhaler with them during the day, the student must be reminded by the class teacher to record when a dose has been taken.

**Emergency Medication for Anaphylactic Shock**

Students with a known allergy, for example, to wasp stings, food allergies and medications, should have an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the student’s parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school.  If appropriate, the student may keep an auto injector on their person – refer to the section on Self-Management.  If this is not appropriate, the auto injector should be kept safely in the classroom.  The second auto-injector should be kept in the medicine cupboard in the office and be available for administering if the student goes into anaphylactic shock.  Both auto-injectors should be kept in a container clearly labelled with the child’s name and photograph.

If a student is going into anaphylactic shock, the emergency services will be called immediately – see Emergency Procedures.

If there is an emergency situation where a student has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, another pupil’s auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

**Ointments/creams**

All efforts should be made for the student’s ointment/cream to be applied at home by parent/carers.  If it is necessary to apply a prescribed dose during school hours, this should be recorded on Administration of Medication Permission and Record.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the student’s healthcare professionals.

The student will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff.  Where this is not possible due to competency or location area on the body then the Consent form: Application of Creams/Ointments for Medical Reasons should be completed.  A body map should be completed for the area where the cream/ointment is to be applied.

**Eye, Nose and Ear Drops**

Bilbrough Country Classroom will only administer ear, nose or eye drops prescribed by healthcare professionals.  All efforts should be made for the student’s ear, nose or eye drops to be applied at home by parent/carers.  If it is necessary to apply a prescribed dose during hours at the provision, this should be recorded on Administration of Medication Permission and Record.  The drops should be administered, following the label’s instructions by a member of staff.  Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

**Self Management**

It is good practice to support and encourage students, who are able, to take responsibility to manage their own medicines and Bilbrough Country Classroom will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (Epi-Pens) accordingly.  The provision acknowledges that the age at which students are ready to take care of and be responsible for, their own medication varies.  Health professionals need to assess, with parents and student, the appropriate time to make this transition.

**Refusal to Take Medicine**

If a student refuses to take their medication, staff should not force them to do so.  If a prescribed condition critical medication/injection is refused, Bilbrough Country Classroom will take prompt action by informing the parent/carer and healthcare professional as soon as possible.

If a refusal to take medication results in an emergency, Bilbrough Country Classroom’s emergency procedures should be followed.

**Storage and Access**

All medications should be stored safely.  Students with medical conditions should know where they are at all times and have access to them immediately.

A refrigerator is provided for cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

Bilbrough Country Classroom will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicine (with the exception of individual inhalers) should be stored in the office cupboard or refrigerator, with each student’s medicine clearly marked with the student’s name and the dose to be taken.

Adrenaline auto-injectors will be stored in a box clearly labelled with the child’s name and photograph for clear identification

All medications/equipment should be taken home at the end of the school term, and new and in date medication provided at the start of each term.

**General Record Keeping**

The student’s confidentiality should be protected and Bilbrough Country Classroom should seek permission from parents/carers before sharing any medical information with any other party.

Bilbrough Country Classroom will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Administration of Medication Permission and Record.

**Managing Medication on an outing**

All staff supervising outings should be aware of any medical needs and relevant emergency procedures.  Risk assessments are completed before each school trip and outing.  Risks for students with known medical conditions are considered, as well as any potential risk to others.  A member of staff who is trained to administer any specific medication will accompany the student and ensure that the appropriate medication is taken on the visit.  Inhalers must be taken for all students who suffer from asthma.

**Students who require short term medication for the duration of the outings**

Parent/carers complete medical forms at least three weeks before the visit at which point the Bilbrough Country Classroom will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

**Pain Relief**

Students who require regular/prescribed pain relief that needs to be taken whilst on an outing must have their parent’s medication consent form.

Signed: R Davison

R Davison, Proprietor

Dated: 9th September 2023

Review Date: September 2024

**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**

**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 keep in school.

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 emergency inhaler held by the school for such

      emergencies.

Signed:…………………………………….                                                            Date:………………………

Name (print):……………………………………………………………………………….……………………………….

Child’s name:……………………………………………………………………………….……………………………….

Class:……………………………………………………………………………………………………………….

Parent’s address and contact details:

……………………………..…………………………………………………………………………………………

……………………………………………………………..…………………………………………………………

………………………………………………………………………………..………………………………………

Telephone:…………………………………………………………………………..……………………………..

E-mail:………………………………………………………………………………………………………………

**Notification of Use of Emergency Salbutamol Inhaler**

Name of Student: …………………………………Date of Birth:…………………………

Dear Parent / Carer,

This letter is to formally notify you that your child has had problems with their breathing today.

Details ………………………………………………..……………………………………………….

 …………………..……………………………………………………………………………

They did not have their own asthma inhaler with them / Their own asthma inhaler was not working

[*Delete as appropriate*]

A member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given ……… puffs.

We would strongly advise that you have your seen by your own doctor as soon as possible and arrange for a new salbutamol inhaler to be provided and kept in school.

Name ………………………………………………………………………………………………

Signed………………………………………………………… Date ………………………

**Consent form:**

**Application of Creams/Ointments for Medical Reasons**

For use for students who require assistance with the application of creams/ointments for medical reasons

**(The body map must be completed by the parent/carer before any cream or ointment is applied at school)**

Name of pupil:………………………………………Date of Birth:  ………………………..

Name of medication: ……………………………………………………………………………….

Reason for, and frequency of application:

………………………………………………………………………………………………………....

Name(s) of staff to apply prescribed cream/ointment:……………………………………………………………………………..

Indicate below the affected areas where cream/ointment may require applying.

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Parent/carer signature ………………………………………….. Date ………………..

Parent/carer name …………………………………………………………………………………..

**Record of application**

**Pupil Name: …………………………………………………**

**Medication: ………………………………………………………………………………….**

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| --- | --- | --- | --- |
| **Date** | **Time** | **Affected areas applied** | **Staff name and signature** |
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