



# Gunnersbury Catholic School

## Administration of Medicines Policy

Created: July 2021  
Implemented: September 2021  
Review: July 2023

Governing Body Committee: Welfare Committee  
Chair of Governors: Andrew Flatt

## **ADMINISTRATION OF MEDICINES POLICY**

### **1. Policy Statement**

The purpose of this policy is to ensure the safe and appropriate administration of medication to students with special provision for students with medical needs within the school. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis. Other children may require medicines in particular circumstances, for example severe allergies or asthma. Allowing students to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

### **2. Purpose**

This policy seeks to support students with both long-term and short-term health needs. The school will aim to minimise any disruption to the child's learning as far as possible and work with parents/carers and health professionals to ensure this.

### **3. Scope**

- Managing medicines during the school day.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No student under 16 will be given prescription or non-prescription medicines without their parent's written consent..
- A student under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

#### **Non-prescription medicines**

Unprescribed medication eg. pain relief, will be administered with written consent from the parent/guardian, but will not be administered without first checking maximum dosages and when the previous dose was taken. School will keep a record of when medication is taken. (See Appendix 1).

#### **Prescription medicines**

Prescribed medicines or controlled substances which have not been prescribed by a medical practitioner will not be administered in school. Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in date, labelled and intact, 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 according to the instructions on the pharmacy label and with written parental consent.

All medication must be handed into the Welfare Officer for safekeeping to ensure it is not passed onto another pupil for use which is an offence. Full written instructions must be sent in with the medication from the parent/guardian.

#### **Records**

School will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted. (See Appendix 1).

## **Storing Medicines**

The school will keep the medication securely in a locked cupboard. They should be labelled with the student's name and only be accessed by authorised staff. Where medicines need to be refrigerated they will be stored in a designated fridge. Prescription drugs will be returned to parents when no longer required, or out of date. It is the parent's responsibility to collect and dispose of out of date or unused medication. It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents, in writing, when medication is due to expire to allow plenty of time for a repeat prescription to be fulfilled. Sharps boxes should always be used for the disposal of needles and other sharps.

## **Epipens and other Emergency Medication**

All staff will be given appropriate training in the administration of emergency medication where necessary in conjunction with the Central London Community Healthcare School Nurse service.

Arrangements will be made for immediate access to any emergency medications for example:

- Epipens will be kept with the student with a labelled spare pen held in the Welfare room.
- Asthma medication will be kept with the student with labelled spare inhalers and equipment held in the Welfare room.
- Buccal Midazolam is available in the Welfare room alongside with the student's Healthcare plan to accommodate the needs of an individual student. Training for administration has been delivered by the Central London Community Healthcare School Nurse service to 6 members of staff, which is reviewed on an annual basis. In the event that Buccal Midazolam needs to be administered, the person administering it should check that an ambulance has been called to ensure the student gets prompt medical attention.
- Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.
- Emergency medication will always be taken if the student goes out on a trip and identified trained staff designated to administer if required.

## **Emergency inhaler**

Gunnersbury Catholic School recognises that Asthma is a widespread, serious but controllable condition and ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

Student's asthma medication should be kept with them with a labelled spare inhaler held in the Welfare room.

An emergency Ventolin Evohaler and spacer are available, for emergency use only, located in the Welfare room. This can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

## **Use of emergency Ventolin Evohaler inhalers in school**

Use of emergency Ventolin Evohalers in school From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a ventolin inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

At Gunnersbury Catholic School we will be holding Emergency Ventolin Inhalers in school and we will ensure that it will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Ventolin such as salbutamol. The Ventolin inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Appendix 6 will be used to notify parents.

### **The emergency kit**

Our emergency asthma inhaler kit includes:

- 2 x Ventolin Evohaler metered dose inhaler;
- disposable single-use spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a note of the arrangements for replacing the inhaler and spacers - a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used). We will be keeping two emergency kits. Both will be located in the Welfare room which is known to all staff who have access to it at all time.

The inhaler and spacer will not be locked away and clearly labelled to avoid confusion with a child's inhaler.

## **Responding to asthma symptoms and an asthma attack**

Ventolin Evohalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should 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 whose parents have given consent for an emergency inhaler to be used.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. Signs of an asthma attack include:
  - Persistent cough (when at rest)
  - A wheezing sound coming from the chest (when at rest)
  - Being unusually quiet
  - The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
  - Difficulty in breathing (fast and deep respiration)
  - Nasal flaring
  - Being unable to complete sentences
  - Appearing exhausted
  - A blue / white tinge around the lips
  - Going blue If a child is displaying

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the Ventolin Evohaler via the spacer immediately

- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Appendix 6 will be used to notify parents.

### **Supporting Pupils with Medical Needs**

Where a student needs to take medication in school for an extended period or has a chronic ongoing condition, a Health Care Plan (HCP) will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals. Parents should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication (Appendix 2)

HCPs and their implementation is the responsibility of the School Appointed Person. The HCPs are compiled and recorded in line with the current DfE guidance published May 2014. (see Appendix 3). The School will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that student's with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

School staff will be made aware of students with HCPs and their conditions and a copy will be available in the Staff room.

Any child on a HCP will be accompanied to the Welfare room if they are ill.

Administration of medication by a qualified member of staff or self-administration by the student may take place with written permission from parents and the Headteacher.

The School will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.

### **Records for HCP**

In addition to the usual general medicine log used for all children, any medicine administered to a student with an HCP is also recorded on a separate recording sheet. (See Appendix 4)

## **4. Procedures for Offsite Learning**

### **Residential Visits**

- The Trip Leader is responsible for checking medical needs of students.

- The Trip Leader must check any HCP requirements with parents and put appropriate procedures and contingency plans in place.

#### **Day Visits**

- For part-day visits, students should, wherever possible, go to Welfare before/after the visit to take their medication.
- For full day, parents/carers are responsible for completing the Parental Consent Form giving relevant information.
- The Trip Leader will collect any necessary medication from the Welfare Room and follow normal guidelines or requirements set out in an HCP and take any plans appropriate to the needs of the individual student.

### **5. Responsibility**

**Staff** - All staff will undertake the required training within school to support the implementation of this policy.

**Students** - It is the responsibility of the students to follow all medical protocols within school. All School staff hold a responsibility for ensuring that students comply.

**Parents/Carers** - Parents/Carers are requested to inform school of any medical needs relating to any individual student and abide by the protocols contained within this policy.

### **6. Publicity**

This policy will be posted on the Shared (GCSShared) drive of the School's IT network and on the School Website. Mrs Carol Kehoe is the Welfare officer with the First Aid qualifications and is located in the Welfare room. A list of staff who currently hold First Aid qualifications is available in the Staffroom along with procedures for contacting Emergency Services (see Appendix 7)

## **DfE GUIDANCE – Supporting Pupils at School with Medical Conditions**

### **Managing Medicines on School Premises**

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that 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
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps



**GUNNERSBURY CATHOLIC SCHOOL**  
**Request to administer medicine in School Form**



**This form must accompany any medication a pupil is required to take during the school day.**

Name of child: .....  
Date of Birth: .....  
Form Group: .....  
Medical condition/illness .....  
.....  
.....

**Medicine:**

Name/Type of medicine (as described .....  
on original packaging) .....

Expiry date: .....

Dosage: .....

Timing: .....

Duration: .....

Review date for medicines received .....

Special Precautions: .....  
.....

Are there any side effects that the school .....  
needs to be aware of? .....

Procedure to take in an Emergency: .....  
.....

**The school will be unable to administer medicines received unless you complete and sign this form.**

Name: .....

Signature: .....

Contact Telephone No.: .....

## Healthcare Plan (HCP)

<b>Name of Pupil:</b>		<b>D.O.B.</b>	
<b>School:</b>	Gunnersbury Catholic School The Ride, Boston Manor Road Brentford Middlesex TW8 9LB	<b>Age:</b>	
		<b>Form Group</b>	
		<b>Condition:</b>	
<b>Completed by:</b>	Carol Kehoe, Welfare and Attendance Officer	<b>Date completed:</b>	
<b>Due for Review</b>			
<b>Contacts</b>			
<b>Condition</b>			
<b>Symptoms</b>	•		
<b>Daily care requirements</b>	•		
<b>What to do</b>	•		

Signed by:

.....  
Parent

.....  
Student

.....  
Member of Staff



**GUNNERSBURY CATHOLIC SCHOOL**  
**Consent Form: Use of Emergency Ventolin Inhaler**



**Student showing symptoms of asthma/having asthma attack**

1. I can confirm that my son / daughter has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate)
2. My son / daughter has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the Welfare room.
3. In the event of my son / daughter displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my son / daughter to receive Ventolin from an emergency inhaler held by the school for such emergencies.

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

Name: .....  
(please print)

Student's name: .....

Tutor group: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

**GUNNERSBURY CATHOLIC SCHOOL**

**Letter to inform Parents of Emergency Ventolin inhaler use**



Student's name: .....

Tutor group: .....

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

Dear .....,  
[Delete as appropriate]

This letter is to formally notify you that.....has had  
problems with his / her breathing today. This happened when.....

.....  
.....

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

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

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing Ventolin Evohaler. They were given ..... puffs.  
[Delete as appropriate]

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

Yours sincerely

## Contacting Emergency Services

### Request for an Ambulance

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

- Location: **Gunnersbury Catholic School**
- Telephone Number **0208 568 7281**
- Postcode **TW8 9LB**
- Patient's Name, Date of Birth, Location within School and Brief Description of Symptoms (if known)
- Inform Ambulance Control of the best entrance to use (Gate 2) and state that the Crew will be met and taken to the patient on arrival.

**Remember, to speak clearly and slowly and be ready to repeat any information if required.**

**DO NOT END THE CALL UNTIL TOLD TO DO SO BY THE EMERGENCY SERVICES.**

# First Aiders

## FULLY QUALIFIED:

Carol Kehoe

## ONE DAY EMERGENCY FIRST AID AT WORK QUALIFIED:

Tracy Kennerson

Name		Subject
Carol	Kehoe	Welfare
Tracy	Kennerson	Admin
Emily	Bull	Art
Angelica	Gardon	Art
Rachel	Anderson	English
Kristina	Rogic	English
Aaron	Smith	English
Sophie	Totty	English
Carolyn	Cullen	English
Patrick	Conneally	DT
Oliver	Burke	PE
Steve	Chapman	PE
Joshua	Chasney	PE
Kevin	Geoghegan	PE
Seain	Doherty	Geography
Paul	Muncer	Geography
Tim	Hayes	Maths
Michael	O'Shea	Maths
Errol	Hui	Music
Raphael	Nutt	Music
Shamim	Moosa	Psychology
Steve	Jenkins	Science
Jay	Gomez-Adams	TA
Clive	Keenan	TA
Stacey	Woods	TA

## FIRST AID IS LOCATED IN WELFARE ROOM

IF NO ONE AVAILABLE, PLEASE CONTACT THE OFFICE MANAGER (ext 204)

This list will be updated on a regular basis published July 2021