

Clewer Green CE Aided First School

Inspiring Children

'If my teacher believes in me I know I can do it' – Mia, Year 4

Hatch Lane, Windsor. SL4 3RL Tel: 01753 864544 Email: clewergreen@rbwm.org.uk

Website: www.clewergreen.org.uk

Headteacher: Mr M Tinsley



Vision: Every child has been blessed by God with unique potential. Our vision for Clewer Green is to inspire and nurture children in a safe, happy and caring Christian community, where everyone is valued and enjoys learning.

MEDICINES/MEDICATION IN SCHOOL POLICY

Aim

Our aim, in line with our distinctively Christian values, is for every child to have the support that they need, and by example and direct teaching, promote a Christian ethos within the school whilst recognising that not all of its members will be practising Christians.

The safety and well-being of all the children in the school is our prime concern. With this in mind, and following both National and local regulations, the Governors' policy on the administration of medication and/or holding of medicines in school is as follows:

- **Asthma inhalers**

These are held centrally in the Office. Parents should name the inhaler (and volumiser if appropriate) clearly with the child's name. It is the responsibility of the parents to check regularly that the inhaler is not out of date.

Children have access to their inhalers whenever necessary. They use them under the supervision of an adult member of staff. Parents are also requested to complete a School Asthma Card regarding their child's condition. If an inhaler is administered in school time, it is recorded in the Asthma register, located in the school office.

- **Epipens**

These are held centrally in the Staff Room. Parents should name them clearly. All members of staff receive regular training on the emergency use of the epipen. Children do NOT administer the epipen themselves. There is a procedure in place, should there be a case of anaphylactic shock.

- **Tablets (Ritalin and the like)**

Tablets are held centrally in the Office. Parents should mark a container clearly with the child's name, the correct dosage and what time the dosage should be administered. Tablets that need to be broken into halves/quarters should be done so at home and be ready to be taken at the appropriate time. School staff should not be responsible for handling the tablets. The children administer the tablets themselves, under the supervision of an adult.

- **Painkillers**

These are not to be brought in to school. Should a child need to take such medication, a parent or parent nominated adult must come to school to administer this type of medication to the child. The parent must advise the Office as to the name of such a nominated adult and the time of the visit. A stock of Aspirin is held in the medical room in case of a suspected heart attack.

- **Prescribed medication**

We would prefer parents to administer any prescribed medicines themselves, but should a child be finishing a course of anti-biotics, and a parent wishes their child to complete a **prescribed** course whilst at school then the following procedure must be carried out:

1. Parent to ask School Office or Breakfast Club Supervisor if a prescribed medicine can be administered at school
2. A form, available from the School Office (Appendix 1), should be completed by a parent which details accurately:
 - the medicine and quantity prescribed
 - the name and class of the child
 - date and time of administration
 - parent's signature
3. Where possible, a **SINGLE DOSE** of medicine should be handed in to the office, or the Breakfast Club Supervisor, in the morning in a closed/tied bag, plastic box etc with the form attached
4. Medicines to be kept in fridge in Medical Room.
5. Child to be sent to Designated Administrator at allotted time by class teacher.
6. Medicines to be administered to child with a witness observing procedure. Process to be logged in Medicines folder (Appendix 2) and both adults to sign and date and log time.
7. Empty medicines container to be collected from School Office if required.

The use of prescribed anti-biotics should rarely be necessary, as a child needing such medication is perhaps not well enough to be in school at all. However, should its use be necessary, the procedure outlined above will apply. Parents, however, must accept that the designated person may not be able to administer at the exact designated time.

Piriton, other antihistamines and paracetamol/ibuprofen suspensions will only be administered in the same way as prescribed medicines i.e. following specific instructions on our Medical Consent Form.

- **Throat lozenges, cough sweets and the like**

These should not be brought in to school.

- **Lotions, creams, lip salves and the like**

These are to be given to the School Office, who will place such items in a safe place for use by the child when necessary. They are not to be kept in trays, bookbags etc. They must be clearly marked with the child's name. Children requiring the use of these items will self-administer them, under the supervision of an adult.

- **AED – Defibrillator**

Two AED devices are kept on school premises at the medical stations. The location of the AEDs are clearly signed and staff are made aware of their location. Anyone trained in basic first aid can use the defibrillator, but an adult should always call an ambulance before use. Each device should be checked on a monthly basis and the AED checklist completed. AED devices should not be used around oxygen tanks, metal, petrol or wet areas. Pads are single use only and paediatric pads are supplied for under 8s.

- **Other Medical Plans**

Where children have exceptional medical needs an individual medical plan will be developed to cater for that child's needs which may differ from the processes outlined in this policy. Where this is the case, the Medical Plan and any administering of medicine will be recorded in the Medicines Folder.

OTHER RELATED POLICIES

The Medicines policy should be read in conjunction with other relevant school policies.

Revised: February 2017
Review date: February 2018

_____ Date _____

Alison Finnis, Chair of Governors

MEDICINE CONSENT FORM

Name of child _____ Class _____

Medicine _____ Single dosage _____
(quantity e.g. 5ml)

Time and date of administration _____

Name of parent _____

Parent's signature _____

Signature of administrator _____ (to be signed after medicine has
been given)

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APPENDIX 2

Medicines Administration Log

Name of child	Class

Date / Time of administration	Medicine & Prescribing GP
Name of administrator	Name of witness
Signature of administrator	Signature of witness

Date / Time of administration	Medicine & Prescribing GP
Name of administrator	Name of witness
Signature of administrator	Signature of witness

Date / Time of administration	Medicine & Prescribing GP
Name of administrator	Name of witness
Signature of administrator	Signature of witness