



Medical/Accident Policy and Procedures (Pupils)

Updated March 2017

This statement is drawn from the school's Health and Safety Policy and Practice Manual. It is the policy of Jordanhill School to follow Scottish Government guidance on The Administration of Medicine in Schools.

Please note that there is no obligation on school staff to administer medicines. While arrangements will be made to try to accommodate the administration of medicines there is no guarantee that a trained member of staff will always be available.

Health Information

Responsibility of Parents/Carers

As the child's main carers, parents have the primary responsibility for health care and should provide the following information to the School:

1. Prior to admission of a child to the School, parents/carers will complete an acceptance form (See Admissions Policy), which will request information about:
 - Known illnesses and treatment, including any existing Health Care Plan
 - Emergency contact(s)
 - Doctor's details
2. Medical checks and immunisations are carried out at various times in School by the NHS School Health Team. We share information on pupils name, address, and date of birth with the NHS team in order for consent forms to be produced for parent / carers to complete for their child.
3. If there is information which suggests that a Health Care Plan (see below) may be required, a member of the SMT will contact the parent/carer for additional information. Parents/Carers are required to facilitate access to information from the child's G.P. and/or other health care professionals.
4. This information will be printed annually for parents/Carers to check and update if necessary.
5. Parents/Carers should inform the School in writing of any further changes to the information held. If a Health Care Plan may be required, the procedures above (1) will be followed.
6. Parents/Carers will be asked to sign a card authorising treatment in the event of an emergency and to confirm this when agreeing that their child can take part in a trip.
7. If at any time a child's movement becomes impaired so that he/she requires assistance to move around campus / leave the building, then the School is required to prepare an individual Egress Plan.

Please contact us immediately as your child cannot attend school until this is in place.

8. The administration of medicines on school trips are covered by a separate set of procedures.

Documentation

The school will maintain the following records

- **Medication Record** - Staff administering medicine maintain a log of medicine given to pupils and this is held for reference purposes in the school.
- **Health Care Plan** - This will be drawn up and maintained for pupils who
 - ♦ may require emergency treatment at a hospital or clinic
 - ♦ may require emergency medicine to be administered in school in a potentially life-threatening situation.

A member of the SMT will be responsible for drawing up and maintaining the Health Care Plan in consultation with parents, health care professionals and other specialists, as necessary.

Administering Medicine

1. The School will not issue any medicine to pupils unless it has been supplied by the parents/carers.
2. Medication will only be administered from Monday to Friday between 8.30 am and 4.30 pm.
3. If a pupil requires to take medication (including inhalers), there must be prior notification in writing from the parent/carer to the Principal Teacher of Pastoral Care or the DHT (Primary).

Parents must ensure that

- ♦ The medicine is in the original container
 - ♦ It is labelled with the child's name
 - ♦ Written information is included e.g. dose, frequency, possible side effects and expiry date
 - ♦ They uplift the medicine after it is no longer required, or it has passed its expiry date. Admin staff will contact parents, if medicine is not uplifted by the due date.
4. Inhalers will be stored, and made available as required, to pupils from P1 to P3. All other pupils will be responsible for their own inhalers.
 5. The School will consider requests from parents/carers of children who require emergency prophylactics to be administered. It should be noted that there is no obligation to accede to such requests. In the absence of staff agreement to do so, there must be clear emergency procedures established which are consistent with the responsibility of the parents and the NHS.
 6. All medicines will be stored in a locked medical cabinet in
 - ♦ Main office for Primary pupils
 - ♦ Main office and/or south campus reception for Secondary pupils (as agreed with parent)

Self-management (Non- Prescribed)

7. Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (e.g. period pain, occasional headaches, minor viral illnesses, coughs, sore throats, hay fever and diabetes) should be allowed to do so. In such circumstances it is recommended that:
 - Only medication that can be purchased at a pharmacy should be carried.
 - Children and young people carry as little as possible in the original pack or bottle – normally only enough for a single school day (although this may not be possible for liquids or sprays).
 - Blister packs are cut to ensure only a single day’s medication is carried.
8. It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor. Further, codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing. (www.gov.uk/drug-safety-update).

Forms

School documentation (samples, subject to update) is provided in the Appendices to this document

- ♦ **Appendix 1** Letter from SMT
- ♦ **Appendix 2** Parental Request Form

Appendix 1: Letter from Senior Management Team

Dear Parent/Carer,

ADMINISTRATION OF MEDICINES

The administration of prescribed medicines is a matter for the discretion of either the Head of Primary or Depute Rector (Secondary). In order to assist the staff involved in operating safe practice, I should be grateful for your co-operation as follows:

- a) Inform me of any medicine required to be taken by your child during the school day (either routinely or on an ad hoc basis)
- b) Attend a meeting which I shall arrange to discuss the details if deemed appropriate
- c) Assist with the administration of the medicine in particularly complex cases
- d) Complete the parental request form, copy attached, and pass to me with the medicine
- e) Ensure that the medicine container is clearly labelled with:
 - the name of your child
 - the name of the medicine
 - the dosage, time and frequency
 - the expiry date
- f) Note that verbal information will not be acted upon
- g) Note that the only pain relieving non prescribed medicine which may be given to pupils is paracetamol
- h) If your child suffers from asthma it is essential that you inform me of any restrictions which need to be applied to his/her activities, and the medication which has been prescribed for routine and emergency treatment
- i) If your child suffers from any form of allergy (e.g. requiring use of epi-pen), epileptic attacks, diabetes or anaphylactic shock it is essential that you inform me of the appropriate emergency treatment which should be given.

Thank you for your assistance in this matter.

Yours sincerely

Appendix 2: Parental Request Form – Administration of Medicines

Part 1: Personal Details

Child's Name	
Date of Birth	
Class	

Part 2: General Medical Practitioner Information

Doctor's Name	
Address	
Phone Number	

Part 3: Parental Approval

Please select (tick) one of the statements below:

I confirm that my child requires the following medicine(s) and that it/they can be administered by a non-medically qualified person. I accept that this is a service which the School is not obliged to undertake. I will also undertake to inform the School immediately of any changes in the medication and will provide an appropriately labelled separate supply if required.

I confirm that my child requires the following medicine(s) and that he/she will self-administer the medicine(s) under the supervision of a non-medically qualified person. I accept that this is a service which the School is not obliged to undertake. I will also undertake to inform the School immediately of any changes in the medication and will provide an appropriately labelled separate supply if required.

Signature of Parent:

Date:

PRINT NAME:

Name and Telephone Number(s) of First Emergency Contact Person:

.....

.....

Child's Name:

Part 4: Details of Medication

Type of illness	
Name of medication	
Type of medication e.g. tablets, syrup etc.	

Dosage Instructions:

.....to be taken/usedtimes a day

at..... am;am;pm;pm and/or other instructions:

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

Affix Chemist Label if possible

Parent/Carer signature confirming medication/dosage:

.....

Date:

Copy this page for any further medications required.