



Wetherby School
Little Wetherby and Reception
19 Pembridge Villas
London
W11 3EP

Wetherby School
Years 1, 2 and 3
11 Pembridge Square
London
W2 4ED

Medication Policy

13d Administration of medicine - EYFS policy on the administration of medicine


Policy reviewed by: Beverley Gill

Review date: June 2021

Submission: June 2021

Policy actioned from: September 2021 – August 2022

Next review date: June 2022

Reviewer's Signature: 

Head Teacher's Signature: 

Circulation: This policy is addressed to all members of staff and volunteers, is available to parents on request. It applies wherever staff or volunteers are working with pupils.

Please note: 'School' refers to Wetherby School; 'parents' refers to parents, guardians and carers.



Wetherby School

Medication Policy

This document concerns the administering of medication to children at Wetherby School. This policy applies to all children in the school, including those in the EYFS.

From time to time, parents request that the school should administer medicine to pupils. These requests fall into two categories:

1. Pupils who require emergency medication on a long-term basis due to the chronic nature of their illness (such as asthma and epilepsy)
2. Pupils who are suffering from “casual” ailments, such as coughs or colds.

Generally, no member of staff will administer medicine to children. If a pupil needs a dose of medicine during the school day, the child must come to the school office to receive his medication.

Prescribed medication can only be administered by the school office if prescribed by a doctor / dentist / nurse / pharmacist and the parent has filled out and signed a Medication Form (see attached). This form should be seen by the Assistant Head (Pastoral) and office staff.

Non-prescribed medication should not be administered by staff. However, under certain circumstances, such as when pupils are away on residential trips, it may be appropriate for the party leader to seek written permission from the parents to administer medication.

No creams or lotions should be administered e.g. Arnica cream, Witchhazel. All cuts and bruises should be cleaned with water. The use of antiseptics is not necessary for the treatment of wounds. Individually wrapped sterile adhesive dressings are safe to use provided that they are not used on anyone who may suffer an allergic reaction to certain types of plaster/latex. Before plasters are used, first aiders should establish whether the person requiring treatment has such an allergy. If the person has such an allergy, an alternative dressing i.e. a non-allergic plaster or dressing should be used.

All adrenaline auto-injectors (AAI)/inhalers will be accompanied by instructions on how and when to administer medication. Parents will be requested to complete an Allergy Action Plan and/or Asthma Card outlining details of how and when to administer medication to their child. These documents give authorisation for school spare medication to be used. The school’s spare medication can be administered to a pupil whose own prescribed medication cannot be administered correctly without delay. Parents are asked to send to school the following medication:

Year Group	Class bag	First Aid Room	Sports Bag
Little Wetherby and Reception (19 Pembridge Villas)	2 adrenaline auto-injectors 1 inhaler	2 adrenaline auto-injectors 1 inhaler	School Spare medication
Year 1, 2 and 3 (11 Pembridge Square)	2 adrenaline auto-injectors 1 inhaler	2 adrenaline auto-injectors 1 inhaler	

Each class takes their red bag, including a full set of all the medication required for their class, on all off-site activities, including playtime, sports lessons, school trips, visits to the church etc. If a boy attends an away match and requires medication, a set of that child’s medication will be given to the sports department to take with them and return to either the class bag or First Aid Room immediately upon return from the match.

All medicines are stored strictly in accordance with the product instructions. This will either be in the first aid room in the first aid cabinet or in the fridge. All medicines, except emergency medication, will be administered by the office staff. However, it is the responsibility of the form teacher to ensure that the child "appears" in the office at the correct time for administration of the medication.

If a dietary or medical requirement has been stated on a pupil's Health Form, the parents are required to complete a Dietary/Medical Form. The school secretary will distribute these to all new parents at the start of term. Once this has been completed and returned, this will be kept in the dietary/medical file in the school offices. The school secretary in conjunction with the Assistant Head (Pastoral) will also email all parents at the start of term to ask them if there are any updates/changes to their son's dietary/medical needs. All existing parents of pupils with dietary/medical requirements will complete a new dietary/medical form at the start of each academic year if necessary.

Please refer to the Dietary Policy and Procedure for further information.

ANAPHYLAXIS

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to an allergen such as FOODS (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya); MEDICINES (e.g. antibiotics, pain relief such as ibuprofen); LATEX (e.g. rubber gloves, balloons, swimming caps); INSECT STINGS (e.g. bee, wasp). Reactions usually begin within minutes and progress rapidly, but can occur up to 2-3 hours later. It is potentially life-threatening, and always requires an immediate emergency response.

Wetherby School is vigilant to allergens that may trigger anaphylaxis in our pupils and/or staff. The school is a nut free zone. Additionally, the school kitchen does not cook with common allergens such as seeds (including sesame) or seafood. Staff remain vigilant about food coming into school, including snacks, packed lunches, birthday cake, cake sales etc.

Wetherby School holds and may administer a "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

NO NUTS OR NUT PRODUCTS OF ANY SORT ARE TO BE BROUGHT INTO THE SCHOOL

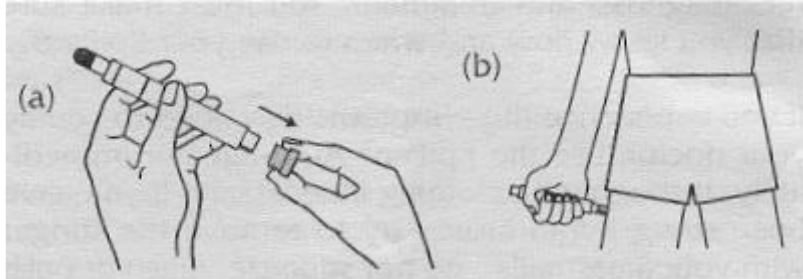
PROCEDURE IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. Staff will administer the adrenaline auto-injector (AAI)
2. Get someone to dial 999 and call an ambulance
3. Give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction
4. While awaiting the medical assistance find the second AAI
5. If there is no improvement after five minutes, give a further dose of adrenaline using the second AAI
6. Call the pupil's parents and inform them

THE AAI TREATMENT - INJECTABLE ADRENALINE

Directions for use are:

1. Pull the end off i.e. the blue safety cap
2. Hold onto the muscle at the top of the leg i.e. thigh
3. Aim the pen. It must be placed **OUTSIDE THE THIGH AND LEFT**. See description



4. Swing and firmly push against the outer thigh until it clicks
5. Hold firmly against the thigh, counting slowly to ten: this allows the adrenaline to be absorbed.
6. Withdraw needle i.e. pull the AAI away.
7. Massage injection area for ten seconds.
8. Confirm that an ambulance has been called.
9. Look for a positive response. **YOU CAN INJECT A SECOND DOSAGE AFTER FIVE MINUTES IF REQUIRED.**

This policy will be reviewed annually



Child's photo to be inserted here

MEDICAL REQUIREMENTS FORM

Pupil's Name: _____ Class: _____

Medical Requirements

1. Does your son suffer from any medical condition or have any specific medical need? If yes, please provide full details of condition or need.

2. How long has your child had this condition? _____ months _____ years

3. If your child takes medication on a regular basis, what is the name of the drug and the frequency that it is taken?

4. Does your son use an inhaler? Yes No

5. Does your son use an adrenaline auto-injector (AAI) e.g. EpiPen? Yes No

Please provide contact details so that the school office can contact you regarding your son's dietary requirements and food allergies.

Parent's Name: _____

Signed: _____ Date: _____

Contact Number: _____

Thank you for taking the time to complete this form. Please return it to the school office at your earliest convenience.

WETHERBY SCHOOL

ADMINISTERING MEDICINES – PARENTAL REQUEST FORM

In order for a child to receive prescribed medicines or over the counter remedies (e.g. antibiotics or anti-motion sickness remedies), the form below must be completed and signed by the child's parent. **Staff cannot administer prescribed medicines without written permission** and any such medicine or over the counter remedy supplied to the school must have been dispensed by a UK licensed pharmacist. Without obscuring the pharmacist's label showing the child's name, date and the prescribed dosage, so as to make the medicine(s) more readily visible these should additionally be **prominently marked in large capitals** with the child's name. The school will make very effort to comply with a parent's request but cannot accept responsibility should it fail to do so.

To be completed by parent/guardian:

Full name of
child
(in capitals)

Name of parent/
guardian

Full name of
prescribed
medicine/lotion

First dose due in school/day care

Date:

Time:

Quantity:

Second dose due (if applicable)

Date:

Time:

Quantity:

Subsequent dates on which medicine
is to be administered (if applicable)

Date for last dose(s)

I request the school to administer
the doses of the medicine(s) as shown
above, supplied, I confirm, by a UK
licensed pharmacist.

Date

Signature

Note: A new form must be completed if a course of medicine endures beyond a fortnight.

To understand how we use your information, please refer to our Privacy Notice at www.wetherbyschool.co.uk

For office use only

WETHERBY SCHOOL

ADMINISTERING THE MEDICINE(S)

NAME OF PUPIL: _____

FIRST WEEK

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
1 st dose (staff initials)					
Time					
2 nd dose (staff initials)					

SECOND WEEK

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
1 st dose (staff initials)					
Time					
2 nd dose (staff initials)					

1. Enter time of dose in the box.
2. Initial clearly in either the 1st or 2nd box as appropriate, each time a dose is administered
3. Obtain counter-initial
4. At end of course, photocopy this page and place photocopy in the Medical Consent folder. File original in pupil's file