



**Thomas's**  
LONDON DAY SCHOOLS

## MEDICATION POLICY

This document concerns the administering of medication to children at Thomas's London Day Schools.

### 1. AIMS

Following Government guidelines the following points should be noted:

- Prescribed medication can only be administered by staff if the parent has filled out and signed a Medication form (see attached). This applies to both acute / permanent medication (such as inhalers/Epipens) (See Form A) and also for a temporary / short course of medication (such as course of antibiotics) (See Form B). Office staff will inform the Tutor.
- Non-prescribed medication should not be administered by staff and medicine can only be given to the child for who it is intended. However, under certain circumstances it may be appropriate to administer certain medicines (e.g. a mild analgesic such as Paracetamol to relieve pain), should this be necessary. Parents give permission for this eventuality on the Medical and School Journey Consent Form.
- No over the counter creams or lotions should be administered without consent e.g. Arnica cream, Witchhazel. All cuts and bruises should be cleaned with water. 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. 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 ie. A non-allergic plaster or dressing should be used.
- All Epipens/inhalers etc. must be kept in a safe, designated place accompanied by an instruction letter from the parents, stating exactly when, how and how much they are to be administered. If an older child (Upper School) carries a medicine (such as an inhaler) on his/her person, an additional one must be stored in the School Office.
- All medicines are to be kept in the office in the first aid cupboard/or in a centrally designated place, to be administered by the office staff or a suitably qualified member of 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 medication. Medicine should be given by a responsible adult, witnessed by another adult, both of whom sign the medication form and record date and time administered.

## **ANAPHYLAXIS**

Anaphylaxis (nut allergy) is a condition, which appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a child eats a nut for the first time. For this reason, we ask all parents to observe strictly the following rule:-

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

Peanut butter is particularly hazardous, as even contact with a person who has eaten peanut butter can provoke a reaction. Please be vigilant about any food coming into school; snacks, lunch, birthday cake, cake sales etc.

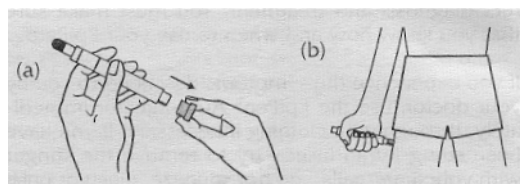
### **PROCEDURE IN THE EVENT OF AN ANAPHYLACTIC REACTION**

1. Ask someone to ask the office staff to:
2. Dial 999 and call an ambulance (Give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction)
3. While awaiting the medical assistance, staff will administer the EpiPen
4. Call the pupil's parents and inform them
5. A second dosage will be given after ten minutes if prescribed and the ambulance has not arrived and his/her condition has not improved

### **THE EPIPEN TREATMENT - INJECTABLE ADRENALINE**

Directions for use are:

1. Pull the end off i.e. the grey 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. Press down on the top of the pen: this will click which in turn will push the needle into the leg
5. Count slowly to ten: this allows the adrenaline to be absorbed.
6. Withdraw needle i.e. pull the EpiPen away.
7. Look for a positive response. **YOU CAN INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.**
8. Confirm that an ambulance has been called.

<b>This policy will be reviewed annually.</b>		
Reviewed: December 2011	By: Jill Kelham Vice Principal	Changes made
Reviewed: March 2011	By: Jill Kelham Vice Principal	Changes made
Reviewed: March 2010	By: Jill Kelham Vice Principal	No changes
Reviewed: January 2009	By: Jill Kelham Vice Principal	Changes made
Next Review: December 2012	By: Jill Kelham Vice Principal	

**FORM A REQUEST FOR THE ADMINISTRATION OF LONG TERM OR ACUTE MEDICINE IN SCHOOL**

TO BE COMPLETED BY THE PARENTS/GUARDIANS OF ANY CHILD TO WHOM ACUTE DRUGS E.G. EPIPENS/INHALERS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.

Please complete in block letters Date:.....

**\* To be renewed when a change/regularly (annually)**

Child's Full Name:.....	Form:.....
Doctor's Name:.....	Doctor's Tel. No:.....

**\*\* For Emergency Circumstances: Describe precisely the circumstances/ nature & dosage of the prescribed medication/treatment E.g. For accidental consumption of nuts when allergic to them.**

The doctor has prescribed the following:

NAME OF DRUG/MEDICINE TO BE GIVEN	WHEN TO BE TAKEN E.G. CIRCUMSTANCE / SITUATION	HOW MUCH E.G. 5mg (= 1 Tab /5mls) METHOD OF ADMINISTRATION (Oral/Inhalation/Injection)
1.		
2.		
3.		

*Please delete as necessary:*

i) **My child may/may not carry the drug on their person if the school agrees.**

ii) **Prep School only:** My child may / may not **self administer the drug in an acute attack** should it be necessary (e.g. Inhaler/EpiPen/Other acute drug).

**Parents must immediately notify the school & the child's class teacher of any change in condition / medication /circumstance. They are also responsible for keeping medicines in date,** for the removal of out of date medicines and returning them to a chemist. Please provide the School with any special/emergency procedures to be followed or possible side effects known to the drug, in writing and stapled to this form.

I request that the treatment be given in accordance with the above/attached information by a responsible member of the school staff who has received any specific training needed by me. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I will inform you immediately of any changes to the above.

I undertake to supply the school with drugs and medicines in properly labelled containers, including a 5ml medicine spoon or oral syringe for liquid medicines.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

**I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the school staff or Principals in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.**

Signed:..... (Parent/Guardian) Date:.....



**FORM B**                      **REQUEST FOR ADMINISTRATION OF NON-ACUTE, SHORT TERM MEDICINE IN SCHOOL**  
**\*NOT for Long Term medication Eg EpiPen & Inhaler (Form A required)**

THIS IS TO BE COMPLETED BY THE PARENTS/GUARDIANS OF ANY CHILD TO WHOM SHORT TERM MEDICATION IS NECESSARY (Eg A week long course of antibiotics)

**ONE FORM TO BE USED PER CHILD**

A record of all medicines administered by school staff to a child in school must be recorded and only administered with prior written permission and training, if necessary, from the parents/guardians. This includes both acute and non-acute medicines ('Acute' medicines are used in response to an 'acute' reaction Eg EpiPen or Inhaler. 'Non-acute' medicines are given in response to a short term, non emergency condition/one off Eg A course of antibiotics)

Always check the child's name is on the drug, the dosage, the method of administration and that the medicine is in date. It is the parent's/guardian's responsibility to ensure that their child's medicine is in date.

**Column 1 to 6:**

The Parent/Guardian must complete Columns 1 to 6 of this form. The parent/guardian's signature at Column 6 confirms that the information they have provided in columns 1 to 5 is correct, and that they have trained, if necessary, the named members of staff in Column 5, the person to administer the medication. In the case of an emergency, or if the trained member of staff is absent, another member of staff will administer the medication.

**Column 7 to 11:**

These columns are to be completed by the member of school staff who actually administers the medication, witnessed by a second adult. This person should, wherever possible, be one of the named personnel identified in Column 5, who has received training from the parent/guardian. In the case of an emergency, or if one of the trained personnel is absent/cannot be located, the medication will be administered by another member of staff.

**NAME OF CHILD:.....FORM:.....**

**SCHOOL:.....**

