MEDICAL AND MEDICINES POLICY

CREATED:	**Sep 2018**
BY:	**Jayne Booth / Emma Watson**
REVIEWED:	**Feb 2020**

RATIONALE
Children with medical needs have the same rights of admission to a primary school, or setting, as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them healthy, for example children with well-controlled epilepsy or ADHD. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

1. AIMS

The aim of this policy is to clarify the school's and parents' responsibilities in relation to medicines in school.

2. TYPES OF MEDICATION:
(to be stored in **the staffroom first aid cupboard/ medicine fridge or classroom as appropriate.**

- Short term – e.g. prescription antibiotics / hay fever relief (only to be held in school if child needs 4 doses a day)
- Long term – e.g. ADHD medication, inhaler
- Emergency – e.g. Epi-pen, epilepsy emergency medication.

Staff must not be under the influence of alcohol or any other substance, including medication, which may affect their ability to care for children. Medical advice should be sought. Staff medication should also be stored securely.

3. If a parent wishes a child to take a prescribed medicine during school time they should:

- Arrange with the office to come into school to administer the medicine themselves if they so wish (school medicine form to still be completed)

or

- Complete a school medicine form, requesting permission for a member of staff to administer the medicine.
- Deliver the medicine together with the form to the school office. It also needs collecting by the adult and not the child. The medical forms will be filed in the school office.
- Permission should never be taken over the telephone or after medication has been given.
- The Headteacher has made the decision that here in the school we will allow parents/carers to administer none prescribed medicines to their own children. However this will still need to be recorded at the office.

4. Any prescribed medicines brought into school for staff to administer should:

- Be in date and in the ***original container / packaging***, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident, (labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist) together with a clean medicine spoon or measuring cup and be clearly labelled with:
    - Contents i.e. name and type of medicine
    - Child's name
    - Date
    - Dosage (Variations in dosage **cannot** be made on parental instruction alone)
    - Prescribing doctor's name
- Never be ground-up, split open or chewed
- If medication states 'as directed', 'as required' or 'no more than 4 times a day' etc, it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.

5. Clear records of medication brought into and administered in school for individual children are maintained. The school will keep a daily record of all medicines administered by them. This is kept in the office.

6. NB:

- Two members of staff will be present when medication is administered.
- If a child **refuses** to take the prescribed medication, school staff will **not** force them to do so. In this event staff will follow the procedure agreed in the individual healthcare plan and parents will be contacted immediately. If necessary the school will call emergency services.
- Lotions and creams e.g. emollients and sunscreen may be brought into school for application by the child with the permission of the Head Teacher. A form needs to be completed at the office to allow your child to do this, except for suncream.
- Cough sweets / throat lozenges etc are allowed in school but must be kept in the first aid medical staffroom cupboard. A form needs to be completed at the office to allow your child to take lozenges / cough sweets.
- **Any** misuse of medication should **always** be reported to the police ie if a child brings in and gives out Grandma's medication.
- Ofsted and local child protection agencies must be notified within 14 days of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.

7. STORING MEDICINES

- The Headteacher is responsible for making sure that medicines are stored safely.
- Large volumes of medicines should not be stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored strictly **in accordance with product instructions,** (paying particular note to temperature) and in the original container in which dispensed.
- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are **only** accepted in the **original** container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- Where a child needs two or more prescribed medicines, each should be in a separate container.
- Staff should **never** transfer medicines from their original containers.
- Children should know where their own medicines are stored.
- All **emergency medicines**, such as asthma inhalers and adrenaline pens, should be readily available to children and should **not** be locked away. Each classroom will have an accessible, clearly labelled, red bag in which to store asthma inhalers. Emergency medication e.g. adrenaline pens, epilepsy gel to be kept in the plastic storage container on top of the medicine fridge in the staffroom (central point).
- Other non-emergency medicines should be kept in the locked first aid cupboard in the staffroom and are not accessible to children.
- A few medicines need to be refrigerated. They can be kept in the locked medicine refrigerator in the staffroom (no contact with food due to cross-contamination).
- In the event of educational visits, medicines should be stored in a bag or box and kept under the supervision of an adult.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal, <u>never</u> to be disposed of by school staff.

8. CHILDREN WITH ASTHMA

Children with asthma need to have immediate access to their reliever inhalers when they need them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should 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.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

- The school have purchased inhalers and Aero Chambers to be used in an emergency. There is one for the EYFS building and two for the main school building.
- Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- Inhalers should **always** be readily available during physical education, sports activities and educational visits.
- For a child with asthma, the health care professional will prescribe a spare inhaler to be kept in school.
- Staff are alerted to pupils with severe conditions with pupils' photographs, together with an outline on medical protocols (care plans on staffroom medical board).
- Blue asthma record file kept in office: records of inhalers given to be kept in classroom asthma bags and handed into the office every term.

9. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- All pupils who have individual health-care plans drawn up by school and the hospital must be adhered to.
- Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols on the medical noticeboard in the staffroom for reference.
- As with other medicine, a record should be kept each time emergency medical treatment is given. Parents would be informed immediately.
- Whole school medical awareness training is carried out every year for epi-pen, epilepsy, diabetes etc. New staff members are informed as part of their induction.

Medical reviews are carried out annually. Parents are asked to confirm medical conditions and whether medication is required in school. Care plans are updated and reviewed at this time also but can also be updated at any time during the year when necessary.

10. INDIVIDUAL HEALTHCARE PLANS

- Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.
- Individual Healthcare Plans should be written for every child who has medication in school (except for short term antibiotics).
- Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality (on staffroom medical board and in necessary classrooms in yellow medical pocket)
- Individual Healthcare Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional where necessary. This may include presentation of documentation related to the child's condition, and should indicate which professionals are involved.
- Governors should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where the pupil has a special educational need identified in an EHCP, the individual healthcare plan is linked to the EHCP.
- Where a pupil is returning to school following a period of hospital education or alternative provision, school will ensure that the Individual healthcare plan identifies the support the child will need to reintegrate effectively.

The format of Individual Health Care Plans may vary for the specific needs of each pupil. However, the following information should be considered:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, managing the condition, medication and other treatments

- Specific support for the pupil's educational, social and emotional needs if necessary
- The level of support needed
- Parents and the Head Teacher have given permission for medication to be administered and the Healthcare Plan is signed by parents.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate e.g. risk assessments
- Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, when and how often the care plan will be reviewed and who will be responsible in that process.
- Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

An Individual Healthcare Plan should:

- Give correct factual information
- Give information that enables staff to correctly interpret changes within the child's condition and action required
- Be kept where it can be easily accessible and taken with the child on educational visits etc.
- Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs
- The care plan should be broken down into sections-

  - Name of child
  - Date of birth
  - Address
  - School/setting id (class, year etc.)

  Medical Details

  - Medical condition
  - Symptoms
  - Care requirements in school (treatment)
  - Additional care requirements in school
  - Medication prescribed or otherwise and side effects
  - Action to be taken in event of emergency or crisis

  Contact Details

  - Parents/carers
  - Alternate family contact if appropriate (persons nominated by parents/carers)
  - Doctor/ Paediatrician
  - Any other relevant Health Professional

  Follow up care

  - Are any facilities required, accommodation or special equipment
  - Staff training/ management/ administration
  - Consent
  - Review date

Unacceptable Practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs. However, if a child becomes distressed parents will be contacted.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.