

Marton Manor Primary School



Medical & Medicines Policy

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.

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- ◆ 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 Head Teacher 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. Administration of a non-prescribed medicine may be given at the discretion of the head teacher. This medication will only be administered with specific written permission from a parent, for a short period only (no longer than one week) for temporary illness.

6. 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.

7. NB:

- ◆ Where staffing allows, 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 sunscreen.
- ◆ 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 i.e. 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.

8. STORING MEDICINES

- ◆ The Head Teacher 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 bag in which to store asthma inhalers. Emergency medication e.g. adrenaline pens to be kept in the plastic storage container on top of the medicine fridge in the staffroom (central point). EYFS – intervention room cupboard, Y6 – classroom storage cupboard.
- ◆ 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 will be kept in the medicine refrigerator in the office (no contact with food due to cross-contamination).
- ◆ All medicines will be signed in and out of school by a member of staff.
- ◆ 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, never to be disposed of by school staff.

9. CHILDREN WITH ASTHMA

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

As a school, we are aware of the guidance, ‘The use of emergency salbutamol inhalers in schools from the Department of Health’, which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found on:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf.

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. See Asthma policy for locations of these.
- ◆ 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 PE, 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).
- ◆ Long term medical record file kept in office: records of inhalers given to be kept in classroom asthma bags. Long term medical records are also photocopied and a copy is kept in class files. These are checked by Mrs Fields termly.

10. 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 an outline of 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, asthma etc.

11. 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 long term 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.
- ◆ 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.
- ◆ Mrs Docherty, Deputy Headteacher, ensures that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Parents are asked to confirm medical conditions and whether medication is required in school.
- ◆ 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 Deputy Head Teacher have given permission for medication to be administered in school. Parents check the Healthcare plan is accurate and it is signed by school.
- ◆ Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate.
- ◆ 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. consultant, paediatrician etc), steps to be taken in an emergency, details of 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 (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 or special equipment
- Staff training/ management/ administration
- Signature on behalf of school, plus consent from parent
- 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 work. However, if a child becomes particularly 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.



Marton Manor Primary School

Parental agreement for school to administer medicine.

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school/setting	Marton Manor Primary School
Name of child	
Date of birth	/ /
Year group/class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes / No
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to the	School Office

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child.

Date _____ Signature _____