



MEDICAL AND MEDICINES POLICY

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RATIONALE

Children with medical needs have the same rights of admission to a 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 a **locked cupboard/fridge in the first aid room or classroom as appropriate – see 7. Storing Medicines**)

- ◆ Short term – e.g. 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. Epipen, Piriton, other anti-histamines

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 Head Teacher to come into school to administer the medicine themselves if they so wish,

or

- ◆ Complete a School medicine form **Form AM1**, requesting permission of the Head Teacher or his / her nominee to administer the medicine
- ◆ Deliver the medicine together with the form to the school office where it will be kept securely. It also needs collecting by the adult and not the child.
- ◆ If medication comes in with transport, then the passenger assistant needs to sign it into the school office and not pass it to teaching staff.
- ◆ 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 (for no more than 3 consecutive days. This will be recorded by the school office staff.
- ◆ For Educational visits and Residential trips, all medication paperwork needs to be completed and handed into the school office prior to the trip.

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 within 24 hours. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.
- ◆ If medication is to be taken between once and three times a day, then this needs to be done at home. Three times daily is to be split between 24 hours.

5. Clear records of medication brought into and administered in the school for individual children are maintained. The school will keep a daily record of all medicines administered by them (**Form AM3**). This is kept in the school office. Only one child at a time should be in the room for medication. If medication is administered in school by a parent form **AM4** is to be completed.

6. NB:

- ◆ 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 Health Care Plan (AM8) and parents will be contacted immediately. If necessary the school will call emergency services.
- ◆ If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
- ◆ Topical 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.
- ◆ Cough sweets / throat lozenges etc. are **not** medicines and are not allowed in the school.
- ◆ **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 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, and a separate set of forms completed for each one (i.e. Forms AM1, AM2 and AM3)
- ◆ Non-Health Care staff should **never** transfer medicines from their original containers.
- ◆ Children should know where their own medicines are stored, and who holds the key.
- ◆ 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 labeled, sealed box in which to store these emergency medicines. Children may carry their emergency medicines on their person in an orange bag.
- ◆ **Other non-emergency medicines should be kept in a secure cabinet in the office or in a locked fridge where they are not accessible to children. The keys for which will be held by the Parent Support Advisor.**

- ◆ A few medicines need to be refrigerated. They can be kept in a locked refrigerator containing no food etc. because of cross-contamination.
- ◆ In the event of educational visits, medicines should be stored in a lockable bag or box and kept under the supervision of an adult.
- ◆ Unused medication, or medication that is no longer required or is surplus, should be returned to the parent to arrange for safe disposal. If this is not possible, then medication can be disposed of by school staff through the local chemist.
- ◆ Staff's own medication should be kept in a locked cupboard. Staff cannot share medication.

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 has purchased an inhaler and aero chambers to be used in emergency. Younger children can use the aero chamber with the mask, and older children can use it without a mask. The emergency inhaler can only be used once and must be disposed of after use. The emergency inhaler, aero chamber and mask is kept in the first aid area
- ◆ 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.
- ◆ Children who are able to use their inhalers themselves should be allowed to. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- ◆ Inhalers should **always** be readily available during physical education, sports activities and educational visits.
- ◆ For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.
- ◆ All pupils with an inhaler will have individual Health Care Plan (**EM8**) drawn up by the school in conjunction with parents and supported by the Health Service where appropriate, which must be adhered to.
- ◆ Staff are alerted to pupils with severe conditions, together with an outline on medical protocols.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed using the school notification to parents form (**AM7**).
- ◆ When a child no longer requires an inhaler at school then parents should complete form **AM9** to advise school

9. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- ◆ Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, the Head Teacher must authorise this. There should always be a spare set kept safely which is **not** locked away and is accessible to all staff.
- ◆ It is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.
- ◆ All pupils will have individual Health Care Plans drawn up by parents and school, which must be adhered to.
- ◆ Staff are alerted to pupils with severe conditions, together with outline medical protocols in the file in the Main Office and in the relevant classroom..

- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed using form **AM7**.

Medical reviews are carried out at the beginning of each school academic year. Parents are asked to confirm medical conditions and whether medication is required in school. Health Care Plans are updated and reviewed at this time also but can also be updated at any time during the year.

10. INDIVIDUAL HEALTH CARE PLANS (AM8)

- ◆ Individual Health Care 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 Health Care Plans replace the Asthma Policy.
- ◆ Individual Health Care Plans should be written for every child who has medication in school (except for short term antibiotics).
- ◆ Individual Health Care Plans will be accessible to all who need to refer to them, while preserving confidentiality.
- ◆ Individual Health Care Plans should be drawn up in partnership between the school, parents, and a relevant Health Care professional where necessary. This may include presentation of documentation related to the child's condition, and should indicate which professionals are involved.
- ◆ Staff 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 a statement or Educational Health Care Plan (EHC plan), the individual Health Care Plan is linked to or becomes part of the EHC plan.
- ◆ Where a pupil is returning to school following a period of hospital education or alternative provision, school will ensure that the Individual Health Care 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 (**AM8**):

- ◆ 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
- ◆ The level of support needed
- ◆ Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
- ◆ Who in the school needs to be aware of the child's condition and support required, and is there consent to inform others?
- ◆ Arrangements for written permission from parents and the Head Teacher for medication to be administered and the signed consent form is to be attached to the Health Care Plan
- ◆ No child under the age of 16 is to be given aspirin in any form
- ◆ 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
- ◆ Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- ◆ 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, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be involved 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.
- ◆ The Health Care Plan should be kept with the medication and a copy should also be kept in the main school office.

An Individual Health Care 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 four distinct sections
 1. Identification Details
 - Name of child
 - Date of birth
 - Address
 - School/setting id (class, year etc.)
 2. Medical Details
 - Medical condition
 - Treatment regime
 - Medication prescribed or otherwise
 - Side effects
 - Action to be taken in event of emergency or crisis
 3. Contact Details
 - Parents/carers
 - Alternate family contact (persons nominated by parents/carers)
 - Doctor/Paediatrician/Pharmacy
 - Any other relevant Health Professional
 4. Facilities Required
 - Equipment and accommodation
 - Staff training/management/administration
 - Consent
 - Review and update

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 Health Care 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 Health Care Plan;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- 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 with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- 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.

11. DISPOSAL/RETURN OF MEDICATION

- ◆ There should be a written procedure covering the return or disposal of a medication. Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Medications should be returned to the child's parent/carer:

- ◆ when the course of treatment is complete
- ◆ when labels become detached or unreadable
- ◆ when instructions are changed
- ◆ when the expiry date has been reached
- ◆ at the end of each term (or half term if necessary)
- ◆ At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required should be disposed of safely by returning it to a community pharmacy.
- ◆ All medication returned or disposed of, even empty bottles should be recorded.
- ◆ **No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.**

◆ Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent/carer on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services

FORM AM1 - REQUEST FOR School TO ADMINISTER MEDICATION

AM1

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

PUPIL DETAILS			
Surname:		First name(s):	
Address:			
Male / Female:		Date of birth:	
Condition / Illness:			
MEDICATION			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
Full directions for use:			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
Supervised self administration permissible:	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			
<p>NB If your child refuses to take the prescribed medication, School staff will not force them to do so. In this event you will be contacted immediately. If necessary School will call emergency services.</p>			
CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with:</p> <ul style="list-style-type: none"> ▪ Contents i.e. name and type of medicine ▪ Child's name ▪ Date ▪ Dosage ▪ Prescribing doctor's name <p>I accept that this is a service which the school is not obliged to undertake.</p>			
Signature:		Date:	

NAME OF SCHOOL _____

FORM AM4

**Record of medicine administered
to an individual child**

Surname	
Forename (s)	
Date of Birth	___/___/___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___/___/___
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____ **Signature of parent** _____

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

**NOTIFYING PARENTS OF
THE USE OF INHALERS/EMERGENCY MEDICATION IN THE SCHOOL**

Date _____

Dear Parent/Carer

This letter is to inform you that.....has had problems with their breathing today.

This happened at.....am/pm Where

Please highlight as appropriate.

- A. They used their inhaler independently.
- B. A member of staff helped them to use their asthma inhaler.
- C. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.
- D. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency school asthma inhaler containing salbutamol.

They were given/took Puffs

Staff signature

Mill Lane Primary School
Health Care Plan
201 -201

HEALTH CARE PLAN

Child _____

Date _____

IDENTIFICATION DETAILS

Name

Date of Birth

Address

Class and Year Group

Cultural or Religious beliefs (that could cause difficulties for the child or staff)

MEDICAL DETAILS

Medical Condition

Triggers, signs, symptoms, key facts

Treatment Regime

Medication Prescribed or Otherwise

Where Medication is Kept

Side Effects

Action to be Taken if Child Refuses Medication

Action to be Taken in Event of Emergency or Crisis

CONTACT DETAILS

Parents/Carers

Alternate family contact

Doctor/Paediatrician/Pharmacy

Any other relevant Health Professionals

FACILITIES REQUIRED

Equipment and Accommodation

Other Aspects of Care Required (ie lifting/handling)

Staff Training/Management/Administration

Consent for the Administration of Medication (attached to this care plan)

Yes/No

Arrangements for School Trips (copy of plan to be taken)

Risk Assessment to be written

Review and Update

1 year or before if necessary

Date _____

Circulated to staff/Other Children

Date _____

By _____

Consent from Parent to Inform Others

Yes/No

Responsibility for Drawing up and Monitoring the Plan

Parent's Name _____ Date _____

Parent's Signature _____

ALL ACTIONS SHOULD BE RECORDED

Date _____

I confirm that _____ no longer requires an inhaler in the School.

This replaces the form signed previously stating he/she needed an inhaler in the School.

Signed Parent _____

Date _____

Signed School _____