

Normanby Primary School

Ironstone Academy Trust

Medical and Medicines POLICY

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Author: Jane Miller

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.

This Policy should be read in conjunction with our Equality Statement. In matters where the Policy is judged by an individual to be unclear the Head Teachers decision re interpretation is final.

1. AIMS

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

2. TYPES OF MEDICATION:

(to be stored in a **locked cupboard in the office or classroom as appropriate – see 7. Storing Medicines**)

- ◆ Short term – e.g. antibiotics / hay fever relief
- ◆ 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.
 - ◆ Permission cannot be taken over the telephone or after medication has been given.
 - ◆ The Head Teacher has made the decision that we will allow parents/carers to administer none prescribed medicines to their own children.

If the Head Teacher agrees **Form AM1** will be 'signed off', a copy will be offered and may be given to parents confirming the details of the arrangement.

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 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 front office. Only one child at a time should be in the room for medication, with others asked to wait outside in the corridor.

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 healthcare plan 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 school.
- ◆ **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

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.
- ◆ Medicines need to be in a bag or box when stored (eg in the fridge)
- ◆ 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-healthcare 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, should be readily available to children and should **not** be locked away. Each Year group will have an accessible, clearly labeled, sealed box in which to store these emergency medicines. Adrenaline pens will be stored in a central location and recorded on the Care Plan.
- ◆ Other non-emergency medicines should be kept in a secure cabinet in the office or in a fridge where they are not accessible to children. The keys for which will be held by the Office Administrator.
- ◆ A few medicines need to be refrigerated. They can be kept in a closed box in a refrigerator because of cross-contamination.
- ◆ In the event of educational visits, medicines should be stored in a clearly identifiable 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.

8. CHILDREN WITH ASTHMA

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

- ◆ 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 carry them with them. 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 be placed on the Cohort Health Register. All staff are able to access each cohort Health Register.
- ◆ Staff are alerted to pupils with Serious Health Conditions with pupils' photographs, together with a signed Medical Care Plan, which is kept in the file in the Main Office for reference.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed.

9. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- ◆ Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, 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 Serious Health Conditions with pupils' photographs, together with a signed Medical Care Plan, which is kept in the file in the Main Office for reference.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed.
- ◆ Whole school medicine awareness training is carried out by the school nurse and written confirmation of competency is provided. New staff are informed as part of their induction.

Medical reviews are carried out at the beginning of each academic year. 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.

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 and inhalers).
- ◆ Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving appropriate 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.
- ◆ 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 a statement or EHC plan, the individual healthcare 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 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
- ◆ 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 Healthcare Plan
- ◆ 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.

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 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 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 plans;
- 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 with toileting issues.
- 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.

FORM AM1 - REQUEST FOR NORMANBY PRIMARY TO ADMINISTER MEDICATION

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that Academy 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:			
NB If your child refuses to take the prescribed medication, Academy staff will not force them to do so. In this event you will be contacted immediately. If necessary we will call emergency services.			
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:	
Approved?	YES	NO	Contact parent/ carer
Head Teacher	Signed:	I will ensure that they will be given (or supervised whilst they take) their medication by a nominated member of staff	

