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INTRODUCTION

This policy should be read in conjunction with the Health and Safety Policy.

The school's Equality Policy, Inclusion Policy and Educational Visit Policies will ensure that all children have access to the full curriculum, and to have their personal, learning and developmental needs met.

This medication policy incorporates the Department for Education Guidance Supporting Pupils with Medical Conditions September 2014.

Note * there is no legal duty that requires school staff to administer medicines: this can only be a voluntary role.

RATIONALE

Most pupils will have at some time, a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication.

Other pupils have long-term medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs** for the purposes of this policy.

Most children with medical needs are able to attend school regularly and with some support from the school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

There will be some pupils whose access to the curriculum is impaired not so much by the need to take medication, but because their condition brings with it a level of dependency on adult support to meet their personal needs. **This policy seeks to include these pupils and their needs.**

Rendell Primary School supports the view that all children should have the maximum access to the curriculum. A child's medical condition should be considered against the demands of the curriculum and wherever possible the necessary arrangements put in place to allow maximum access.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, should receive support from the Head Teacher and the pupil's parent(s)/carer(s), access to information and training, and reassurance about their legal liability. Staff should, whenever they feel it necessary, consult with their respective professional associations.

MEDICATION POLICY STATEMENT

Short-term medical treatment

The school will work with parents/carers to support keeping pupils in school when they are well enough to attend. When short-term medicines such as antibiotics are prescribed, please ensure that it is logged onto the Arbor portal via a consent form. In most cases it should be possible for parents/carers to ask their doctors to arrange antibiotic dose frequencies to enable the medication to be taken outside school hours. Pupils must be well enough to attend school; it is considered that for most pupils requiring antibiotics, during the first 3 days of taking antibiotics they would probably be unwell and should not attend school. (Parental agreement form must be completed).

Pain Killers

The school will only administer non-prescribed pain relief with written consent from the parent detailing clearly, why it is required. Non-prescribed pain relief will only be administered for a maximum of **3** days. Pain relief prescribed by a Medical Practitioner will be given for the duration of the prescription once written consent has been given. Consent must clearly state the time that medication has been given at home prior to school attendance and when any further doses are due. For residential visits, a consent form for pain relief is requested in advance.

Long-term medical treatment

It is important for the child's emotional and academic development that the school should be fully aware of a child's medical condition. Where medication is to be administered for the long term needs of the child, e.g. Epilepsy, the school will draw up where appropriate, and in conjunction with the parent and other relevant health professionals, a written Health Care Plan. (See model letter to parents – template A).

No pupils should be given any medication without written parental consent.

Staff must keep records of medication given to pupils.

There is a potential difficulty when the child is responsible for their own treatment e.g. an inhaler held by the child. If medication is given, then the member of staff should check 1) pupil's name 2) written instructions from parent/guardian 3) prescribed dose 4) expiry date 5) Check information with a colleague and seek a counter signature before administering. If in any doubt the member of staff should check with the parent. (Management of medicines record book in locked medical cabinet/individual child record).

Pupils should, when they are sufficiently mature, take charge of their medication themselves.

(e.g. Inhalers.) This will, however, require the written approval of their parents (Parent agreement form); and will be subject to the safe storage of the medication, to ensure no other child takes some of the treatment. School staff and parents should, wherever possible, encourage pupils to take responsibility for their medical condition. Pupils should be encouraged to alert staff members if they have taken their inhaler so a record of this can be maintained.

If a child refuses medication they should not be forced to take it.

The school will inform the parent as soon as is possible, and emergency care should be considered.

Where a medication poses a threat to another child it will always be kept under the supervision of a member of staff.

Staff should receive the appropriate training and support to meet the needs of pupils that will fall within their care. (A record of all staff training will be produced annually and certificates placed in personal files).

The school makes provision to meet the health and medical needs of pupils on school visits and residential education.

RESPONSIBILITIES

It is important that responsibilities for pupils' safety is clearly defined and that each person involved with pupils' medical needs is aware of what is expected of them. Close co-operation between the school, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

Parent/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupils condition and medication must be recorded in an individual care plan as supplied by the school or Medical Practitioner.
- Only reasonable quantities of medication should be supplied to the school.
- Where pupils travel on school transport with an escort, Parents/Guardian should ensure that the escort has a copy of written instructions relating to medication of the individual.
- Notification of changes in prescription drug issued by GP must be directly given to school by Parent/Guardian.
- Parent/Guardian to collect and restock medication from school at the end and start of every term in a secure labelled container as originally dispensed.

School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed, this must remain with the pupil at all times e.g. EpiPen, Asthma inhalers.
- Clear records of any medication given including times and dosage will be maintained.
- Training needs of staff will be identified then training sourced and arranged.
- Develop, implement and record care plan for individual pupils identifying supporting staff.
- **If a medical emergency develops activate the relevant procedures and call 999 (see Section 6).**

G.P/Consultant/Medical Professional Responsibility Prescriptive labelled drugs must contain:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) i.e., refrigeration
- Expiry Date

SCHOOL MEDICATION MANAGEMENT PROCEDURES

Non-prescription medicines

The school will only give non-prescription medicines to pupils in line with the policy statement, where consent is clearly documented and valid reasons are given, e.g. for some conditions, such as Eczema, doctors may have recommended soothing ointments in the event of a 'flare up' of the child's condition.

PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES DURING THE SCHOOL DAY

Safe Storage of Medicines

Where medication requires refrigeration, facilities will be provided by the school. Medicine will be stored in a box with each child's medicine clearly marked with the child's name and the dose to be taken:

- Tablets are kept in the original container with the child's name and dose requirement.
- Medicine, with a spoon of the correct size for the dose, is kept in a box or sealed polythene bag.

Staff record that the dose has been taken by completing the management of medicines record book.

Staff inform parents that the medicine needs to be replenished or replaced if parents forget to do this.

Administering Medicine to Pupils

• Emergency Medication for Anaphylactic Shock

Anaphylaxis can be triggered by allergens such as insect stings, and certain drugs, but the most frequent cause is food. Children known to have an allergy to insect stings or food will have a Health Care Plan (informed by prescribing Consultant/Doctor) which details an Emergency Action Plan.

Before a child with Anaphylaxis is admitted to school, staff will be trained to deliver medication via an 'Epi Pen' in an emergency. All First Aid trained and 'injector-pen' trained staff are first line staff to administer the injection via a pen. In the event of an emergency, other trained staff will give the child the injection. School staff will always ring 999 in these emergency situations as instructed on all Health Care Plans for anaphylactic shock.

Sometimes the school will be instructed to give a dose of anti-histamine medicine first, (such as 'Piriton') that is kept in school as detailed in the Health Care Plan/Emergency Action Plan. Such instructions given to the school **must** include action to be taken if this dose does not reduce the symptoms within a very short time. Parents are informed by phone at once if the anti-histamine medicine has been administered. If the symptoms do not reduce, an ambulance is called and an injection given. Records should be kept of doses and timings for emergency services. School should ensure replacement medication is put in place.

• Inhalers

Most inhalers are kept with the pupil either on person for older pupils or in the classroom for younger children. When children go out of school for sports or on visits, staff must ensure that inhalers are taken with them.

When a child needs to take their inhaler, for example, before a PE lesson, at break time or lunchtime, they should inform the class teacher that they are taking their inhaler. This information should then be recorded in the class log, with the date and time and staff supervision name. Where a child increases the number of times they need their inhaler, staff are alerted to this by the record, and they are able to pass this information on to the parents, so that the 'preventer' inhaler dose can be checked by the G.P.

Children are made aware of the importance of adult supervision. Children are supervised when they take their inhaler. If they have any difficulty, the First Aider/respiratory-trained staff is called to assist. Children needing a nebuliser are supported by the First Aide/respiratory-trained staff.

• Emergency use of Inhalers

The school does not have an emergency inhaler.

Note: If there is an emergency situation either for a pupil with diagnosed asthma or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. ONLY if advised to do so by the emergency services, another child's inhaler will be used, full details of the advice given and dosage administered will be recorded.

- **Injections**

School staff in general will not give a child an injection. Children with Diabetes or with other medical conditions needing an injection are supported by the First Aider/trained staff to do so. If the child is unable to do so and it is deemed that adult support is required, the care plan should clearly detail this and staff will have been given appropriate training prior to assisting. If a pupil refuses to give themselves an injection the parents are contacted. In the event of an emergency, an ambulance will be called and staff will follow any instructions given. All medication administered will be fully recorded using an individual record sheet.

- **Liquid Medicine**

Liquid medicines are generally taken at lunchtimes, either before or after the meal, according to the doctor's instructions; but they may also be taken at other times during the day.

The dose is measured out with the measuring syringe /spoon provided by the parent, and wherever possible, the syringe/spoon is then handed to the child for them to take the dose. The syringe/ spoon is then wiped clean with a tissue and replaced with the medicine in the plastic bag/box. All medication administered will be fully recorded using an individual record sheet.

- **Tablets**

Children needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor's instructions; but may also be taken at other times during the day.

Children go to the office and ask admin staff for their tablets. They are given the tablet to take; all medication administered will be fully recorded using an individual record sheet. The child is given water to drink if required. Staff make every effort to remind children to take their medicine at the correct time.

Tablets must not be crushed or hidden in food.

PROCEDURE FOR MANAGING PRESCRIPTION MEDICINES ON RESIDENTIAL EDUCATION VISITS

- Risk assessments are completed before each school trip and outing. Risks for children with known medical conditions are considered, as well as any potential risk to others.
- Parents complete medical forms and the school enters into a dialogue with parents about the kind of medication, the circumstances in which it can be administered, the precise time the dose is given, and the exact dose.
- In advance of a residential trip staff make contact (either in writing or in person) with the parents of children with medical conditions. They ensure that they are as fully briefed as possible, that adequate quantities of medication are available, that the child's condition is stable; and which emergency details are required should the child need to have additional support. This is recorded for the Group Leader.
- Medicine will be given to the child to take by the Group Leader, supported by another member of staff. The child will be supported to take medicine, or to inject themselves. School staff will record that medicine has been given using the form detailed in templates C and D.
- Group Leaders will ensure that staff keep the inhalers for children allocated to them 'when out in the field', or, for older, more responsible children, that they keep them with them during the day.
- Medicine is returned to the parent the day the child returns to school after the residential visit.

EMERGENCY PROCEDURES - IN THE EVENT THAT AN AMBULANCE NEEDS TO BE CALLED

REQUEST AN AMBULANCE - DIAL 999, ASK FOR AN AMBULANCE AND BE READY WITH THE INFORMATION BELOW.

Speak clearly and slowly and be ready to repeat information if asked.

- your telephone number
- your name
- your location as follows – the name and address details including post code
- provide the exact location of the patient within the school setting
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Following the above

- Endeavour to make contact with the parent.
- Accompany the child in the ambulance.
- Take a copy of all medical details and their medication with them.
- Remain with the child until the parent arrives.

Staff should not take pupils to hospital in their own car on their own.

Where an Ambulance needs to be called in school, then there are several roles which staff take on. The responsibility for these roles is fluid, since at any one time that particular member of staff may not be available.

These are the general procedures to be followed, in more detail, with a suggested member of staff who will carry out that procedure:

- | | |
|---|--|
| • The decision that the child needs emergency medical care | First Aider |
| • Directing Admin staff to call an ambulance and call the parents on another line. | Head or most senior manager or Admin Officer |
| • Passing on information to the Ambulance staff /Paramedics | First Aider |
| • Going in the ambulance with the child in the absence of the parents | Head / First Aider / Senior member of staff |
| • Transferring the member of staff from the Hospital back to school when the parents have arrived at the Hospital | Available member of staff:
Admin Officer, Learning Mentor, Head, Deputy, who has relevant car insurance, Taxi |

ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school nurse (details published on website) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

Asthma at School – a guide for teachers National Asthma Campaign www.asthma.org.uk Asthma Helpline – Tel: 0800 121 6244	
Guidance for teachers concerning Children who suffer from fits www.epilepsy.org.uk Helpline No: 0808 800 5050 www.helpline@epilepsy.org.uk	
Guidelines for Infections (e.g. HIV, AIDS and MRSA) Public Health England Tel: 0344 225 4524	
Haemophilia info@haemophilia.org.uk Tel: 020 7831 1020	
Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk Help line 01252 542029	
Thalassaemia www.ukts.org email: information or office@ukts.org Tel: 020 8882 0011	
Sickle Cell Disease info@sicklecellsociety.org Tel: 020 8961 7795	
Cystic Fibrosis and School (A guide for teachers and parents) www.cftrust.co.uk Tel: 020 84647211	
Children with diabetes (Guidance for teachers and school staff) www.diabetes.org.uk	
Diabetes Careline Services	Tel: 0345 1232399
Insurance Section <ul style="list-style-type: none"> • Additional insurance • Concerns 	Please contact the school office for details
Health and Safety • Advice/guidance	YMD Boon Ltd Health and Safety 01858 464 482
County Community Nursing Teams: <ul style="list-style-type: none"> • Information on school nurses 	Details published on school website

Template A: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose for your information a copy of the school's policy for supporting pupils with medical conditions.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely