

Medical and Medicines Policy - Hummersea Primary School

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 Hummersea 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)

- 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, requesting permission for a member of staff to administer the medicine
- Deliver the medicine together with the form to the school office where it will be kept securely.
- 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.

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, 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

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.

6. NB:

- If a child refuses to take the prescribed medication, school staff will not force them to do so.
- 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.
- 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

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.
- 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.
- 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.
- A few medicines need to be refrigerated. They can be kept in a sealable container or bag in a refrigerator.
- 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.

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.

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.
- 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.

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

Reviewed – February 2022

Next Review – February 2024

Request for Hummersea Primary to Administer Medication

The school will not give medicine to your child unless you complete and sign this form.

PUPIL DETAILS	
First Name:	Surname:
Address:	
DOB:	Class Teacher's Name:
Condition / Illness:	
MEDICATION	
Name / Type of medicine: (As described on medicine)	
Date Dispensed:	Expiry Date:
Length of time your child will need to take this medicine:	
FULL DIRECTIONS OF USE	
Dosage and Method:	
Timing:	
Special precautions:	
Side effects:	
Supervised or self administered:	
Procedures to take in an emergency:	
NB If your child refuses to take the prescribed medication, school will not force them to do so.	
CONTACT DETAILS	
Adults Name:	
Relationship to Child:	
Daytime Contact Number:	
Alternative Contact Number:	
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: <ul style="list-style-type: none">• Contents i.e.name and type of medicine• Child's name• Date• Dosage• Prescribing doctor's name I accept that this is a service which the school is not obliged to undertake.	
Adults Signature:	
Date:	

