



## Medicines policy

**Head teacher:** Mrs N Hall  
**Chair of governors:** Mr D Hall  
**Review date:** January 2025

Date: January 2024  
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## **Introduction**

There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in *loco parentis*, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

## **Management and Organisation**

When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child. Parents should always complete the form available from the school office giving the child's name and class, clear instructions on the dose to be administered to the child, the time to be given and for what period.

Medication **must** be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered. This cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or guardian and retained in the school office. A copy must be given to the class teacher for reference by staff involved.

## **Notification of a medical condition**

In cases where the child's medical needs may be greater than those of their peers, the Headteacher may request that an individual Healthcare Plan be prepared if applicable. In such cases, consultations on the Plan will include the school, health service practitioners (i.e. school nurse) and the parents/guardians. This will also clarify the extent of responsibility taken by the school.

Where a child has been diagnosed with a medical condition whilst already attending the school, every effort will be made to ensure all arrangements are in place within two weeks of the child's return to school. Schools do not have to wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve medical evidence and consultation with parents.

The Headteacher will be responsible for managing the administration of medicines and drugs with the agreement of members of staff. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines.

## **Individual healthcare plans (IHCP)**

Individual healthcare plans will often be essential, e.g. where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. See flow chart (Appendix A) for identifying and agreeing the support a child needs and developing an individual healthcare plan. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. See Appendix B for an example of a format for an individual healthcare plan.

Individual healthcare plans (and their review) may be initiated and drawn up, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils will also be involved, whenever appropriate. Stakeholders should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **All plans will be reviewed annually.**

When deciding what information should be recorded on individual healthcare plans, the school will consider:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – e.g. how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, including in emergencies. If a child is self-managing their medication this should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents/ headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal timetable
- where confidentiality issues are raised by the parent/child, the designated individuals who are permitted access to information about the child's condition
- what to do in an emergency (whom to contact and contingency arrangements). Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

### **Staff training and support**

All relevant staff will be made aware of a child's medical condition and members of staff will be asked to volunteer to be involved in the administration of medication. Only those members of staff who have current First Aid qualifications will be required to act in an emergency. Other members of staff who are willing to dispense medicines to pupils i.e. Teaching Assistants, Class Teacher, Office staff, should be advised of the correct procedure for each pupil.

The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training.**

### **The child's role in managing their own medical needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Members of staff available for administering medicines and drugs:**

Classroom Teachers, Teaching assistants and office staff.

### **Advice on medication**

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary.

If the parent or carer requests that the school administer medication (prescribed and non-prescribed), the Headteacher will allow this on the condition that parents complete and sign the 'Agreement for setting to administer medicine' form.

If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication. In exceptional circumstances, a telephone call may be made to the parent / carer to obtain verbal consent.

It is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication, and from administering their medication when and where necessary
- 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 to attend school to administer medication or provide medical support to their child, or making them feel obliged to do so
- Penalise children for their attendance record if their absences are related to a diagnosed medical condition, e.g. hospital appointments

In the case of chronic illness or disability, i.e. asthma, diabetes, conditions such as ADHD etc. pupils may need to take prescribed drugs or medicines on a regular basis during school hours in order to lead a normal life within a mainstream school setting. Only those members of staff already mentioned should administer the medication and a record kept. In exceptional circumstances trained members of staff may administer drugs by injection. This will only be done on the advice of a medical professional.

## School Trips

All pupils should be encouraged to take part in school trips wherever safety permits. It may be that the school would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

## Taking Medication on School Trips

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication **must** be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

## Inhalers for Asthma

The Headteacher has agreed that when appropriate, pupils should assume responsibility for their own inhalers. Spare, individually named inhalers can be kept in first aid box in the classroom. **It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.**

## Antibiotics

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for staff to administer the antibiotics supplied by the parent or carer. The 'Parental agreement for setting to administer medicine' form should always be completed and signed giving full instructions for administration of the medicine. **It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.**

## Diabetes

The school will monitor pupils with diabetes in accordance with their care plan. Blood sugar results will be recorded daily and noted accordingly where relevant. Pupils with diabetes **must not** be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

## Maintenance Drugs

A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

## Unusual Medications

In the case of unusual prescribed medicines, i.e. use of an Epipen, this will be at the discretion of the Headteacher and Governors. In all cases, proper training will be provided by the Child Health Service and parents will need to complete a Medication Form accepting responsibility.

In cases of eczema or skin conditions, it will be expected that the child will be able to use the cream/lotion on their own.

## Nut Allergies/Anaphylaxis Procedures

Medication for the treatment of nut allergies will be kept in easily identifiable containers in individual classrooms. Each container should be clearly labelled with the child's name and class.

## **Sickness and Diarrhoea**

In line with guidance from the Health Protection Agency on controlling infection, we ask that pupils do not attend school until 48 hours have elapsed from **last** episode of diarrhoea or Vomiting.

## **Emergency Procedures**

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. (The school has a defibrillator, located in the lobby area of the upper school hall.) Under normal circumstances staff should not take children to hospital in their own cars - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

## **Hygiene and Infection Control**

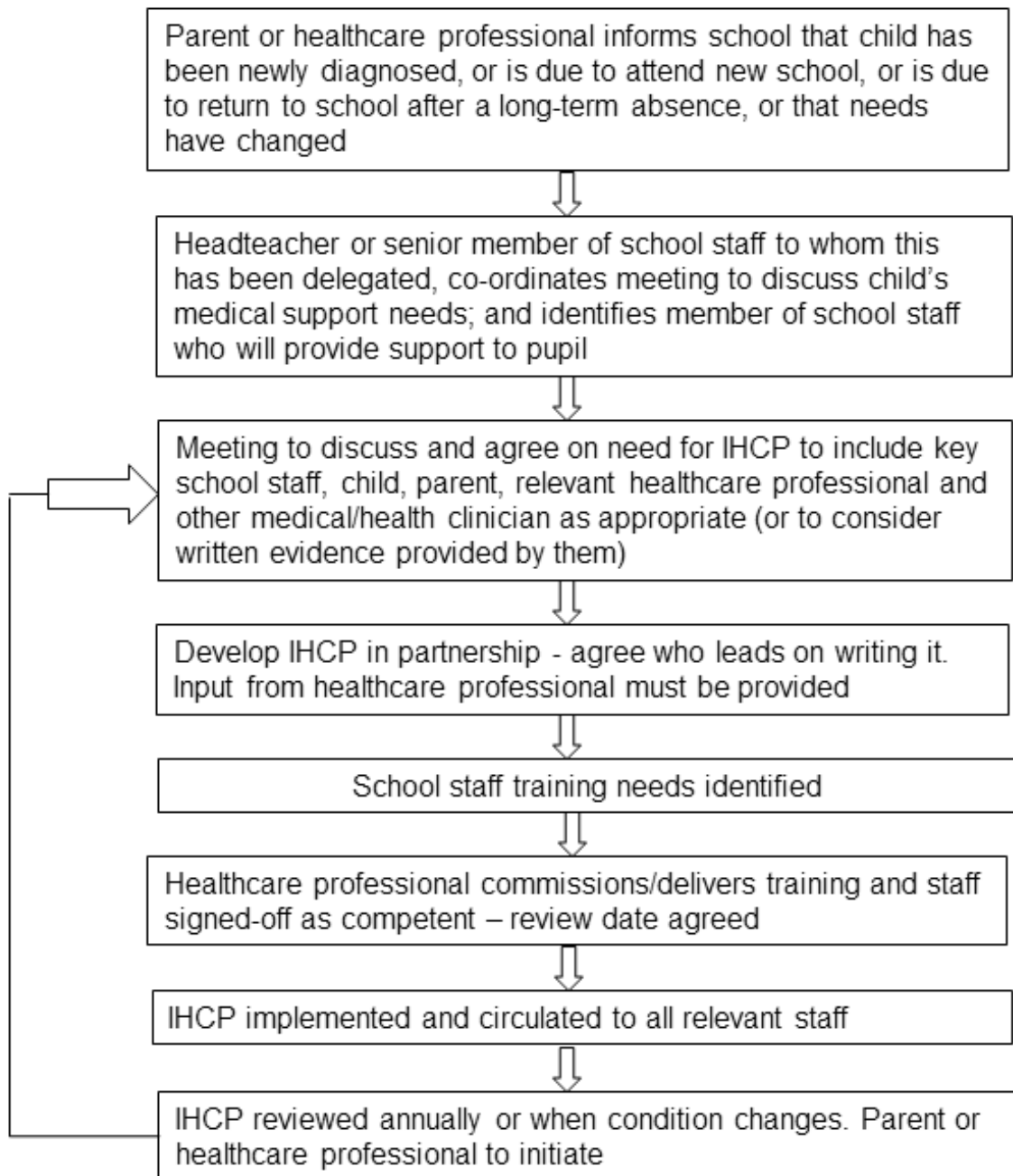
All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

## **Managing medicines**

- Medicines will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given medicine without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed by a medical professional to the child without the knowledge of the parents.
- No child will be given medicine containing aspirin unless prescribed by a doctor.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exceptions to this are insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container and over the counter, non-prescribed medicines, which must be in date, in their original container and fully labelled with the child's name.
- Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - should be always readily available to children and not locked away.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used. It will be the responsibility of the parent/carers to collect medication at the end of the school day.

*This policy will be reviewed annually.*

**Appendix A**





## **Appendix B**



### **HEALTHCARE PLAN FOR A CHILD/YOUNG PERSON WITH HEALTH NEEDS**

#### **PERSONAL DETAILS**

<b>Name of Child/Young Person:</b>	<b>Child/Young Person's Photo</b>
<b>Date of Birth:</b>	
<b>Name of School:</b>	
<b>Class/Form:</b>	
<b>Date:</b>	
<b>Date Care Plan to be reviewed:</b>	

<b>Child/Young Person's Health Need</b>

#### **ESSENTIAL INFORMATION CONCERNING THE YOUNG PERSON'S HEALTH NEED**

- 1. Describe the health need and give details of child/young person's individual symptoms:**
- 2. Describe what constitutes an emergency for the child/young person and the action to take if this occurs:**
- 3. The prescribed medication is located at: (Must include drug dosage and information around self care if applicable)**

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- 4. What are the child/young person's daily care requirements (e.g. before sport/at lunch-time etc.):**
- 5. Persons able to respond should an emergency occur (state if different for 'off-site' activities):**

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**CONTACT INFORMATION**

<p><b>Family Contact 1</b> Name:</p> <p>Phone No: (Home)</p> <p>(Work):</p> <p>(Mobile):</p> <p>Relationship:</p> <p><b>GP:</b></p> <p><b>Phone No:</b></p>	<p><b>Family Contact 2</b> Name:</p> <p>Phone No: (Home)</p> <p>(Work):</p> <p>(Mobile):</p> <p>Relationship:</p>
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**HEALTH CARE PLAN AGREED BY:**

**Signatures:**

1.	Parent/Guardian/Carer	Name		Date
2.	SENCO*	Name and Designation		Date

(\*SENCO = Special Educational Needs Co-ordinator)

**Note for Parents:**

**Confidentiality:** For reasons of safety your child's first name, photograph and key medical need may be displayed in the kitchen and first aid areas.

