



Partnership Achievement Community Excellence

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## Medical Policy

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## Introduction

*Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education - DfE 2014 'Supporting Pupils at School with Medical Conditions'.*

The aim of this policy is to ensure that all children with medical conditions, in terms of physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This may include the administration of medication.

The Executive Head Teacher, Head Teacher and governing body have responsibility for ensuring the implementation of this policy.

## Register of Needs

The Medical Needs Administrator will create a whole school register of needs. Each class teacher will be given a medical information file, updated throughout the year, in which all medical details of the year group are kept. At the end of each year, during the handover of information, teachers will discuss and pass on all relevant information to the receiving teachers. A handbook for supply teachers, containing relevant medical information, is provided by the school office on entry.

## Individual Healthcare Plans (IHCP)

Where an Individual Healthcare Plan is required the Medical Needs Administrator will meet with the parents/carers (and other school staff involved where possible) to ensure that the school can effectively support the child's needs. The plan will provide clarity about what needs to be done, when and by whom.

IHCPs will often be essential where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHCPs are likely to be helpful in cases where the medical needs are complex and long-term. However, not all children will require one. The school, healthcare professional and parent should agree when an IHCP would be appropriate. If a consensus cannot be reached, the Executive Head Teacher/Head Teacher is best placed to take a final view.

IHCPs will be easily accessible to all who need to refer to them, via the school office or Medical Needs Administrator, who will provide staff with relevant information regarding their classes, but will preserve confidentiality. The degree of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

Where a child has Special Educational Needs (SEN) but does not have a statement or Education, Health and Care Plan (EHCP), their SEN should be mentioned in the IHCP. Where a child has a statement or EHCP the IHCP should be linked to or become part of that statement or EHCP.

IHCPs will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school accesses and manages the risks to the child's education, health and social well-being and minimises disruption.

## Risk Assessments

These are in place for children with complex medical needs, frequently relating to our Enhanced Learning Provision.

## Roles & Responsibilities

The Local Governing Body should ensure that:

- The school's policy clearly identifies the roles and responsibilities of all those involved in the

- arrangements they make to support pupils at school with medical conditions.
- Arrangements are made to support pupils with medical conditions in school ensuring they are supported to enable the fullest participation in all aspects of school life.
  - Sufficient staff are adequately trained and competent before they take on responsibility to support children with medical needs.

The Executive Head Teacher/Head Teacher should ensure:

- The school's policy is developed and effectively implemented;
- Sufficient numbers of staff are trained and available to implement the policy and deliver against IHCPs including contingency and emergency situations. This may involve recruiting staff for this purpose;
- The development of IHCPs;
- Staff are appropriately insured and are aware they are insured to support children in this way.

The Inclusion Manager should ensure that:

- Staff who need to know are aware of a child's condition;
- The school is working with agencies to ensure partnership when meeting a child's medical needs e.g. school nurse

The Medical Need Administrator should ensure that:

- There is an up-to-date register of medical needs
- Individual Healthcare Plans for particular children reflect the views of parents/carers
- All staff are provided with relevant information regarding children in their care

School Staff Role

- Any member of school staff may be asked to provide support to children with medical needs, including the administering of medicines, although they cannot be required to do so;
- All members of staff should know what to do, and respond accordingly, when they become aware that a child with a medical condition needs help.

School Nurse Role

- To notify the school when a child has been identified as having a medical condition, which will require support in school and, wherever possible, this should be done before the child starts at the school;
- To support school staff in developing and implementing an IHCP and providing advice, training and liaison.

Parents/Carers Role

- To provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition;
- To develop and review their child's IHCP;
- To carry out any actions agreed to in the IHCP i.e. providing medication/equipment
- To ensure they or another adult are contactable at all times.

Pupils

- Provide information on how their condition affects them if age appropriate;
- Discuss the medical needs support and contribute to the development of their IHCP;

- Comply with their IHCP;
- Show sensitivity to the needs of those with medical conditions.

## Administering Medication

Only one parent need agree to/request administration of medicines. Any disagreement between parents must be resolved by the Courts. The school will continue to follow the consent given or prescriber's instructions.

Where parents' expectations appear unreasonable, the Head shall seek advice from the school nurse or doctor, the child's GP or other medical advisers.

If a child refuses to take medicine, or carry out a medical procedure in the health care plan, staff will not force them to do so, but shall note this in the records and follow agreed procedures. Parents will be informed of the refusal immediately. If a refusal to take medicines results in an emergency, then emergency procedures will be followed.

## Prescription Medicines

A pupil may be prescribed medicine, even though the doctor regards them, as fit to attend school. Parents should ask the prescriber if they can be taken in the morning, after school and at bedtime, thus avoiding school hours. However, there may be occasional circumstances in which doses of medicine need to be taken during school.

The medicine may be required on a prolonged basis (e.g. in asthma, epilepsy or fibrocystic disease), or only for a few days (e.g. antibiotics).

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be provided in the original container as dispensed by a pharmacist. It must be clearly labelled with the child's name, the name and strength of the drug, any expiry date and clear instructions on how and when it should be administered.

In most circumstances, only oral medicines and spin inhalers will be given. Other forms of medication, e.g. injections or suppositories, can only be given if they can be self-administered by a child (with assistance if necessary), or by a medically qualified person (Doctor or registered nurse). Individual circumstances will be addressed in personal health care plans.

## Giving non-prescription medicines

It is not accepted practice for school children to be given painkillers for headaches or other pains. It may seem incongruous not to be able to give a child tablets that are readily available over the counter, but the legal situation is quite complex, involving various different pieces of medical legislation. Analgesics will not be given in school, by staff, unless prescribed by a doctor. With parent/carer written permission, school staff may administer preventative medication, such as antihistamine.

In the approved Code of Practice of the First Aid at Work Regulations, the Health and Safety Executive states that first aid at work does not include giving tablets or medication to treat illness and such items should not be kept in the first aid box.

Paracetamol, aspirin or medicines containing ibuprofen must not be kept in places that are accessible to pupils. Children under the age of 16 should never be given medication containing aspirin, unless prescribed by a doctor. This is also the case for Bonjela and Bonjela Cool Mint. Where a child has asthma, Ibuprofen must be not be administered, unless prescribed.

## Possession and self-administration of medicines by pupils

The school supports and encourages older children, who are able, to take responsibility to manage their own medicines. The age at which this happens shall be discussed and agreed on an individual basis with the child, the parents, school staff and health professionals, where applicable.

Whether the pupil can carry their own medicine will be decided on a case-by-case basis and will bear in mind the safety of other children on the premises. All controlled drugs must be kept in safe custody and pupils may have access to these for self-medication purposes.

## Storage

For safety and security, controlled substance medicines will be stored in locked non-portable containers (e.g. cupboard/drawer). Only named members of staff have access to the container. A duplicate key will be available in case of emergency. The persons who have access will be clearly named on the outside of the storage unit.

Medicines will be stored in accordance with the product instructions and in the original container in which they were dispensed.

A refrigerator will be provided for storage of temperature sensitive medicines. The fridge can also contain food but the medicine will be kept in an airtight container and clearly labelled.

Pupils will be aware of where their medicine is stored and who has access.

Emergency medicines e.g. asthma inhalers, adrenaline pens etc. will not be locked away but will be kept in a central location.

Bronchodilators for asthma will be stored in the school office for easy access, or in the classroom for those who require frequent access. Emergency inhalers are kept in the school office for those with a registered diagnosis of asthma, along with written parental permission.

## Quantity and disposal

Any left-over or expired medicines will be returned to the parent for safe disposal. Parents must collect medicines at the end of each term, with the exception of unexpired epi-pens.

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.

## Administration

The school will only administer medicines to pupils when prior written permission from parents is received.

All medicines must have the following information and these must be checked each time before administration

- Name of child
- Name of medicine
- Dose
- Expiry date
- Written instructions provided by the prescriber
- Time/frequency of administration
- Any side effects
- Action to take in the event of a side effect

Staff will complete and sign a record each time they give medicine to a child and a slip goes home informing parents of the medication given.

In some circumstances (e.g. the administration of rectal diazepam), it is good practice to have the dosage and administration witnessed by a second adult.

## Sole possession

It is emphasised that the passing on of drugs between pupils is expressly forbidden.

## Educational Visits

The school encourages children with medical needs to participate in safely managed visits. The risk assessment for the visit will include any requirements for children to be given medicines.

It may be that the school 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.

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of school. 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.

Consideration must be given to the storage of medicines, any additional supervision required and emergency procedures to be followed. A copy of individual Health Care Plans will be taken on visits for emergency situations.

## Transport

Individual health care plans, shall include any special transport arrangements.

The school will advise transport providers if there may be a need for a driver/escort to administer medicines. Additionally trained escorts may be required to support some pupils with complex medical needs. These may be healthcare professionals or escorts trained by them.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles.

## Inhalers for Asthma

Parents should complete the school's Permission to Administer Medication Form. 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 each term, so that parents can check expiry dates and quantities.

## 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 Head Teacher is willing for named staff to administer the antibiotics supplied by the parent or carer. A 'Permission to Administer Medication' form should always be completed, giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is not out

of date.

## Diabetes

The school will monitor pupils with diabetes and blood sugar results will be recorded in accordance with their care plan. 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 Executive Head Teacher/Head of School 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 the school office. Each container should be clearly labelled with the child's name and class.

## 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. Staff should never take children to hospital in their own car - 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 Executive Head Teacher/Head of School 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.

## Sun Screen

All pupils are actively encouraged to apply sun screen for outdoor activities. Sun screen can be supplied by parents for pupils to self-apply.

## Summary of Procedure to Administer Medication

- Permission to administer medication form must be completed by the parent / carer;
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered;
- Recommended / prescribed dose will not be exceeded without written medication permission from a medical professional;
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary;

- Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.

## Record keeping

A record should be kept of all medicines given and should include:

- (a) The child's name and class;
- (b) The name and dosage of the medicine given;
- (c) The date and time of administration;
- (d) The signature of the member of staff responsible.

Parents should be informed when emergency medicine is given or where staff have a concern.

Ideally, the records should be kept for seven years and should be made available to the school doctor or nurse whenever they visit the school.