



## Heather Avenue Infant School Medicine Policy

### ***Introduction***

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well
- We recognise that medical conditions may impact social and emotional development as well as having educational implications

At Heather Avenue Infant School, we agree that medicines should only be brought to our school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

In line with the above, we only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

We will not accept any medicines that have been taken out of the container as originally dispensed, or are out of date, nor make changes to dosages on guardian's instructions. *It is the Guardians responsibility to ensure that any medication is in date.*

### ***Controlled Drugs***

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

### ***Non-Prescription Medicines***

Staff should never give non-prescribed medicine to a child.

### ***Short-Term Medical Needs***

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. Such medicines should either be administered by the guardian, class teacher (with written permission from the Guardian) or if the child is able to administer this independently, under the supervision of their class teacher, in which case the school requires written permission from the Guardian.

### ***Long-Term Medical Needs***

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly, special arrangements may also be necessary. *The school will require copies of all medical appointment cards or letters.*

It is helpful to develop a written health care plan for such children involving the guardians and relevant health professionals. This can include:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Care plans at Heather Avenue Infant School are created with the support of the School Nurse and incorporate the above information. Care plans for individual children will be situated in the medical room and where appropriate the canteen, the classroom first aid cabinet and the child's individual folder.

All asthma inhalers required by children are kept in the child's classroom in the class first aid cabinet. The cabinet out of reach of children; except in exceptional circumstances such as when a child requires an inhaler at all times. The teachers will use their discretion regarding whether to take inhalers to P.E. lessons. This is usually only necessary if they have a chronic asthmatic in their class.

### ***Administering Medicines***

A child under 16 should not be given medicines without their guardian's written consent. Any member of staff giving medicines to a child should check: the child's

name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

All medicines are retained in a locked first aid cupboard, which is out of reach from children, although all staff have access to this. Any medicine that requires refrigeration will be kept in the staff room fridge within a sealed container and labelled.

If in doubt about any procedure staff should not administer the medicines but check with the guardian or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the guardian, if appropriate, or with a relevant health professional.

Individual staff members are aware of their individual responsibilities if they are the named person responsible for giving medication. To complete this role named staff will be trained appropriately.

If a member of staff does administer any form of medication, then they should complete and sign Appendix B each time they give medicine to a child. This should always be witnessed and then signed by a second person.

### ***Self-Management***

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

If children can take their medicines themselves, staff may only need to supervise.

Where children have been prescribed controlled drugs, staff do need to be aware that these should be stored safely.

### ***Refusing Medicines***

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures will either be set out in the child's health care plan or will be to contact guardians immediately to inform them that there has been a refusal to take medication and to keep them abreast of the medication not taken.

### ***Record Keeping***

Guardians should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child, name of medicine, dose, method of administration, time/frequency of administration, any side effects and expiry date.

Guardians should be given Appendix A to record details of medicines in a standard format. This form confirms, with the guardians, that a member of staff will administer medicine to their child.

We will keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Appendix B will be used.

In order to maintain an Asthma register, we request guardians inform us annually of those children who suffer from this condition. Once identified, we issue a care plan (Appendix C) to the guardians for their completion and return to us. The Asthma Liaison personnel in our school is Mrs C Keeney.

All out of date medicines should be disposed of by the guardian. This should be done at the end of each term, and at the end of the academic year, by the named personnel.

### ***Educational Visits***

We encourage children with medical needs to participate in safely managed visits. We will consider what reasonable adjustments to make to enable children with medical needs to participate fully and safely on visits - this could include specific risk assessments for such children.

Arrangements for taking any necessary medicines will be considered when planning an educational visit. Staff supervising visits will be made aware of any medical needs and relevant emergency procedures. In the event of an emergency our Emergency point of contact will have all the details of any care plans.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek guardian's views and medical advice from the school health service and/or the child's GP as applicable. There may be occasions when it is deemed necessary that guardians should accompany their child on a visit

It is the class teacher's responsibility to ensure that all inhalers/medications are taken when the class is going on any trip out of school.

### ***Sporting Activities***

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in Physical Education should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### ***Transport for Educational Visits.***

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from guardians and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

Where we have a known pupil who is at risk of severe allergic reactions, we will minimise this risk by not allowing anyone to eat on vehicles. All allergies will be included in the pupils Individual Care Plan.

### ***In an Emergency***

In the event of any emergency, guardians will be called along side an ambulance. In addition to this we will ensure we comply with the specific information contained in Care Plans relating to emergency procedures.

### ***Unacceptable Practice***

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming 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)
- sending 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, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- preventing 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

### ***Complaints***

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure

### ***Equality Impact Statements***

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

This policy should be reviewed annually.

Reviewed December 2019

To be reviewed December 2020

AGREED BY GOVERNORS

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APPENDIX A

PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO  
ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School/Setting HEATHER AVENUE INFANT

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give (dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given  
to school/setting \_\_\_\_\_

Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult  
contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]*: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Confirmation of Headteacher's agreement to administer medicine

It is agreed that \_\_\_\_\_ *[name of child]* will receive  
\_\_\_\_\_ *[quantity and name of medicine]* every day at  
\_\_\_\_\_ *[time medicine to be administered e.g. Lunchtime or  
afternoon break]*.

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes  
their medication by \_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date of  
course of medicine or until instructed by guardians]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School/Setting \_\_\_\_\_

Name of Child \_\_\_\_\_  
Group/class/ form \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_  
\_\_\_\_\_

Quantity received \_\_\_\_\_

Name of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_

Dose and frequency of medicine \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Any Reactions \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Any Reactions \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Any Reactions \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Any Reactions \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

APPENDIX C

Asthma Record (Care Plan)

Surname .....  
 First Name .....

My child's details and contact numbers:

Date of Birth .....

Parent(s) name(s) .....

Telephone Home ..... Work .....  
 Mobile .....

Doctor (GP) name .....

Doctor (GP) telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

My Child's Medication  
 Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

Other Medication

**Most preventers can be taken outside of school hours – check with your GP or asthma nurse**

Medication name	How taken/device	Dose	When taken

Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) ..... Date .....

Key points for guardians to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

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The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes  (discuss with school nursing staff)

No

Asthma record checked by asthma link person (Name) .....

Any concerns to be discussed with school health advisor/school nurse:

Record of discussion:      Signature/Date:

## APPENDIX D: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

