

Managing Medicine Policy

Policy revised and agreed: June 2021

Review: June 2022

Aims
<p>The aim of this policy is to outline the systems, responsibilities and procedures for managing medicines in school so that all children, including those with medical needs receive proper care and support in our school; and to ensure that all systems and responsibilities are understood by staff, parents and children.</p> <p>As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child’s participation and attendance at school. We will therefore administer medication and supervise children taking their own medication according to the procedures outlined in this policy.</p> <p>We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.</p> <p>We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document ‘Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England’ (December 2015) and the supporting document from Birmingham City Council ‘The administration of Medicines in Schools and settings: A supplemental Guidance (2018)’.</p> <p>We will usually only administer prescribed medication.</p>
1.On Admission
<p>1.1 All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child’s care. These details are reviewed annually, however parents are asked to contact the school office and update this information if and when changes occur.</p> <p>Children with Special Medical Conditions</p> <p>1.2 Should we be asked to admit a child to the school with specialised medical needs we will, in partnership with the parents/carers, discuss their individual needs and write an individual Medical plan: Health Care Plan; Allergy Action Plan; Asthma Plan; Personal Alert Card; School interim Health Care Plan (when awaiting medical professionals to write). We will also involve pupils, healthcare professionals or other outside agencies as appropriate to the needs of the child and family.</p> <ul style="list-style-type: none"> - Where a child has SEN but does not have a statement or EHC plan, their special

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educational needs should be mentioned in their individual Medical Plan.

- Where the child has a special educational need identified in a statement or EHC plan, the individual Medical Plan should be linked to or become part of that statement or EHC plan

1.3 The Medical Plans will be reviewed at each term by the SENCo & Deputy SENCo to ensure that they reflect the changing needs of the child, and effectively manage the risks to the child's education, health and social well-being and minimise disruption..

1.4 Copies of Medical Plans are kept in: school office; Vice Principal / SENCo office; the school kitchen; the staff room; the children's individual medical boxes and on the children's individual profile page on Scholar Pack.

1.5 Where a child is returning from a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively. Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

2. Emergency Medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional, which should be updated annually or as advised by the health care professional. Emergency medication could include: asthma reliever inhalers, emergency treatment for allergies eg. EpiPen, emergency treatment for epilepsy, emergency treatment for diabetes.

3. Administration of Prescribed Medication

3.1 Should a child require medication during the school day (and thus medicine needs to be stored at school) parents or carers should hand deliver the medication to the school office.

3.2 On receipt of medication, a [Consent form](#) and a [Medicine Record Sheet](#) should be completed and signed by the Parent/Carer (a separate form should be completed for each medication). Completed forms will be kept with medications in the children's individual boxes and a copy will be scanned onto Scholar Pack and placed on the child's profile under 'Ancillary'.

3.2a If medication requires a short administration period. e.g. 5 days of antibiotics, then the medicine will be stored securely in the school office and administered as required by Wendy Lune or Julie Williams. In this instance, a consent form should still be completed and administration recorded. When the medication period has ended, the consent/record form will have a black line drawn through to denote 'expired' and then this will be

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uploaded onto the child's Scholar Pack profile in 'Ancillary'.

3.3 The medication should be in the original container as dispensed, clearly labelled with the instructions for administration including:

- The child's name
- Name of medication
- Strength of medication
- How much to be given
- When to be given
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
- Length of treatment
- Any other instructions

N.B A label 'to be taken as directed' does not provide sufficient information.

3.4 Liquid medication should be measured accurately using a medicine spoon or syringe provided by parents or carers. Medication should not be added to food or drinks unless there is a specific reason.

3.5 A record of the administration of medication will be kept and signed by the person administering/supervising on the reverse of the [Medicine Record Sheet](#). This record sheet is stored in each individual child's medicine box.

3.6 Class teachers are responsible for ensuring that the medicine record is completed and for printing a new record when the old one is complete. ([print page 2](#) as the first page is not required in this instance). Completed medicine records should be stapled securely to the new one.

3.7 Should any medicine need to be changed or discontinued before the completion of the course, or if the dosage changes, the school should be notified by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.8 Should the supply need to be replenished this should be done in person by the parent or carer.

3.9 Class teachers should remain vigilant to the amount of medication/doses held for a child and should notify parents if/when supply needs replenishing so that sufficient medicine is held. Staff should raise a medical concern on MyConcern should parents fail to provide new medication in a timely manner. SENCo/Deputy SENCo will then contact parents as a matter of urgency,

4. Application of Creams and Lotions

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4.1 Non-prescribed creams and lotions may be applied at the discretion of the Principal in-line with this policy but only with written consent from parents and carers.

[Consent form](#)

4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

4.3 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

4.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sunscreen in the morning before coming to school. Children may bring in their own sunscreen but parents and carers must ensure it is within the expiry date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

5. Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

6. Simple Analgesics (Pain Relief)

These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant. A [Consent form](#) and a [Medicine Record Sheet](#) should be completed and signed by the Parent/Carer (a separate form should be completed for each medication).

7. Refusing Medication

7.1 If a child refuses medication staff will not force them to take it. The refusal will be noted and parents contacted by telephone.

7.2 In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

8. Storage and Disposal of Medication

8.1 All medication (with the exception of those requiring refrigeration) will be kept in individual children's named boxes in the class medical bag.

8.2 Medication requiring refrigeration will be stored in the fridge in the main reception office inside a plastic closed container clearly labelled MEDICATION with the child's name.

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Medication will not be accessible to children and medicine should always be placed in the storage space within the fridge door.

8.3 All medication will be stored out of reach of children in the class medical bag. All staff working with children in the class must be made aware of the medical bag location. The medical bag should follow the class at all times e.g. playtimes, lunchtimes, PE lessons and school trips and should be in the safe possession of a responsible adult at all times.

8.4 Additional medication is stored in the school kitchen and school office as follows:

School Kitchen

- Epi-pens (age-appropriate not individual specific)
- Piriton / Piriteze (age-appropriate for collective use)
- Calpol (for collective use)
- X2 inhalers (for collective use)

Office

- Buccolam
- Piriton / Piriteze (age-appropriate)
- Calpol (for collective use)
- X2 inhalers (for collective use)
- Short administration period medication (named child)

8.5 A regular check of all medicines in school (school office, school kitchen and class medical bags) will take place once every term and will be completed by SENCo, Deputy SENCo during a dedicated TA training event.

- Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled and provide an alternative. **Any new medicines must be received through the school office with the appropriate consent forms completed.**
- Any medicines without the appropriate consent forms or recording form will be identified and addressed either by contacting parents to complete the required consent form and/or staff update training where necessary relating to agreed best practice.
- Each child's Scholar Pack profile will be checked to ensure it is up to date, relevant and all documentation is stored in 'ancillary'.

8.6 Any medication which is not collected by parents and carers and is either expired or no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or general refuse.

9. Offsite Activities and Educational Visits

9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named

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member of staff. This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

9.2 For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes [over the counter](#) medication such as travel sickness.

9.3 All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded and parents are informed and asked to counter sign on the child's return.

10. Emergency procedures

Where a child has an individual healthcare plan, this will define what constitutes an emergency and explains what action is necessary.

If a child requires urgent medical support, a member of staff dealing/supporting the incident will phone an ambulance and alert a member of SLT immediately. Staff should remain with the child until the parent arrives.

11. Safety and Compliance

All systems and processes will be regularly reviewed to ensure compliance and the very highest standards of care and safety. This will take the form of termly medicine reviews undertaken by the SENCo and Deputy SENCo as well as calendered compliance checks undertaken by the SENCo, Deputy SENCo and Senior Leaders.

11. Training

Training needs are reviewed annually according to the needs of our children and additionally in response to safety and compliance checks, where further training is deemed necessary. This policy is part of our staff induction programme and is reviewed annually. Training for specific conditions eg. Asthma is provided for the whole staff annually. Buccolam and Epi-pens training is undertaken annually for relevant staff who are directly responsible for children with those needs.

12. Insurance

All staff are covered by TEFAT through the DFE Risk Protection Arrangement which covers staff providing support to pupils with medical conditions. This provides liability cover relating to the administration of medication. Individual cover if necessary will be arranged for any health care procedures.

13. Complaints

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Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the academy's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

14. Unacceptable practice

Although academy staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

14.1 prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

14.2 assume that every child with the same condition requires the same treatment;

14.3 ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);

14.4 send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;

14.5 if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable; penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;

14.6 prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

14.7 requires parents, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs;

14.8 to prevent children from participating, or to create unnecessary barriers to children participating in any aspect of academy life, including academy trips, e.g. by requiring parents to accompany the child.

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