



# MEDICINES POLICY

*Reviewed Annually by Full Governing Body*

Date of last Review	Signature
September 2023	

## MEDICINES POLICY

### INTRODUCTION

At Alford Primary School we believe that providing sensitive and consistent support for our pupils with medical needs requires a working partnership between parents and school so children with medical needs can enjoy the same opportunities in school as any other child.

We require that parents:

- give information about their child's medical condition, the treatment he or she will need at school and any special needs or condition that pertain.

The school will:

- give parents information about the policy and procedures of the school so as to best plan with us the joint home-school partnership of support for the child.

## OUR AIM

At Alford Primary School our aim is **“to support pupils and parents in minimising the disruption that illness or disability can cause to a child’s education”**. Reasonable adjustments will be made to ensure all children can access activities during the school day and outside of school times eg. clubs and trips.

We will accept responsibility for managing and administering medicines providing that parents fulfil their responsibilities as laid out in this document. We recognise our duty to ensure that potential risks, from medicines to the health of others, are properly controlled, through the following procedures and policies.

The named person in school who has responsibility for policy implementation is Mrs. Laura Mackenzie-Snow

When parents/carers inform school that their child has a medical condition the following procedures will be followed:

1. We ask parents to complete an online form to ensure we have the correct information about the child’s condition, symptoms, triggers and treatment. If the condition is particularly serious, a meeting with the child’s teacher may be organised to share information and create an Individual Healthcare Plan.
2. The information given by parents is then collated into an easy reference care plan, complete with the child’s photo to be kept in the First Aid room. All staff have access to this file. If confidentiality is an issue, the information will be kept in the Headteacher’s office.
3. If the child requires long term medication such as inhalers/insulin which needs to be kept in school, parents are asked to ensure that it is the original container, in-date and it is labelled with the child’s name, instructions for administration, dosage and storage. An individual Healthcare Plan/Asthma Care Plan will be completed.
4. No medication will be administered without parents written consent.
5. Asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to pupils. The asthma inhalers, adrenaline pens, and blood glucose testing meters are kept in the pupils own classroom in the class bubble bags. Children will never be prevented from accessing them when they are needed. The school currently has a spare asthma pump and spare adrenaline injectors in school which are stored in the office. These can only be used on children with written consent from parents.
6. Other medicines will be stored in a locked cupboard in the first aid room. All Staff have access to a key to the first aid room cupboard, which is kept in the first aid room in a combination key lock. Medicines needing to be refrigerated should be put in an airtight container and labelled by parents. The school will store the medicines in a place with restricted access.

7. School staff will not be responsible for disposal of medicines or renewing medicines when out of date, this is the responsibility of the parents. We would ask parents to collect medicines held in school at the end of each term. Needles will be disposed of safely in a sharps box.
8. For short term prescription medicines (antibiotics, painkillers etc) we are happy for parents to take their child home at lunch time or come into school to administer the medicines. Painkillers will only be administered if they are prescribed by a doctor and labelled with the child's name by the pharmacy.
9. Records will be kept of all medicines administered to individual children, stating what, how and how much was administered. Any side effects will be noted. Two adults will be present during the administration of medicines.
10. It will not be presumed that a child with the same condition as another requires the same treatment.
11. Ill children, especially those with known medical conditions, will not be sent to the Office or Medical Room unsupervised.
12. All staff will be familiar with normal precautions for avoiding infection and will follow basic procedures:
  - wear protective disposable gloves
  - disposal of dressings or equipment
  - taking care when dealing with spillage of blood or other body fluids
13. The school will not supply or keep non-prescription medicines such as:
  - Paracetamol, Aspirin, Sting/bite creams for general use
14. Staff will receive the training needed to administer medicines as appropriate and this will be reviewed annually to ensure it is up-to-date and that staff are confident and competent in their role.
15. Children will be encouraged and supported in managing their own health needs and medicines where possible and appropriate. This will be agreed upon in their health plan.
16. If a child transfers to another school, their medical information will be passed on to the new setting.
17. Children will not be penalised for a poor attendance record when the absences are related to their medical condition eg. hospital appointments.
18. If a child refuses to take their medicine or carry out a necessary procedure, staff will not force them to do so but will contact parents as soon as possible.

## INDIVIDUAL HEALTHCARE PLANS

Care plans are reviewed at the start of every academic year and the First Aid room folder updated with new information and photographs.

If a child has a more serious or complex condition a more detailed Individual Healthcare Plan will be written. This will contain information on:

the medical condition, its triggers, signs, symptoms and treatments;

the child's resulting needs, including medication, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues;

any specific support for the child's educational, social and emotional needs eg. absence management, access arrangements, additional support and counselling;

the level of support needed, including in emergencies;

who will provide this support, their training needs, conformation of proficiency and cover arrangements;

written permission from parents and the Headteacher for medication to be administered by staff or self-administered by the child, during school hours;

separate arrangements required for school trips or activities outside of school, so that the child can participate fully;

where issues of confidentiality are raised, the individuals who will have access to information about the child's condition;

what to do in an emergency, including whom to contact.

**Yearly refresher training is provided to all support staff, including dinner ladies.**

## ROLES & RESPONSIBILITIES

**Governors:** need to make sure a policy to support children with medical needs is in place and implemented. They will ensure staff are trained appropriately and that records are kept correctly. They will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

**Headteacher:** needs to make all staff aware of the policy and provide suitable training for staff. She also has overall responsibility for the development of Individual Healthcare Plans and in making sure staff are appropriately insured to support children in this way.

**Teaching & Support Staff:** need to take into account a child's medical needs in all planning and activities. They should be appropriately trained and respond to any child who needs medical help.

**School Nurse Team:** will be called upon when support and advice is needed. They will provide the training for staff on administering medications and supporting medical conditions. They may be involved in the development of Individual Healthcare Plans.

**Other Healthcare Professionals eg. GPs:** will contact the School Nurse when a child is identified as having a medical need that will require support at school.

**Pupils:** when appropriate will contribute to their Individual Healthcare Plans and be encouraged to take increasing responsibility for managing their medical condition if able.

**Parents:** should provide the initial information about their child's condition and inform the school of any changes so information is up-to-date. They will be involved in developing Individual Healthcare Plans and carry out the actions that they agree to as part of it.

## **EMERGENCY PROCEDURES**

1. Staff will call an ambulance under the following circumstances;
  - anaphylactic reactions (severe allergies)
  - asthma attacks that are not relieved by medication after 5-10 minutes, where a child is distressed, exhausted or unable to talk
  - epileptic seizures when:
    - ~ The child has injured him/herself
    - ~ The child has difficulty breathing during or after the seizure
    - ~ One seizure immediately follows another
    - ~ A seizure lasts longer than 5 – 10 minutes
    - ~ If the child is not a known epileptic
  - When staff have doubts about child's condition
  - If a serious accident occurs
  - If the Individual Healthcare Plan requires it for defined situations
2. Staff will, if possible, contact parents or emergency contact number before or immediately after contacting the emergency services.
3. The school will ensure that a child travelling to hospital in an ambulance will be accompanied by a member of staff who will stay until a parent or guardian arrives.
4. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) procedures will be followed – see Health & Safety policy

## **SCHOOL TRIPS**

The school encourages all pupils with medical needs to participate in all activities including school trips wherever safety permits. Reasonable adjustments will be made to enable children with medical conditions to participate as fully as possible.

Staff supervising excursions will be aware of any medical needs and relevant emergency procedures. These will all be noted on the risk assessment for the trip. Arrangements for taking any necessary medication will be taken into consideration.

## **NOTIFICATION OF INFECTIOUS DISEASES**

Cases of meningitis or similar illness must be notified immediately to the District Health Authority. Otherwise the Headteacher will exercise professional judgement as to who should be alerted and in what circumstances, if she has any concern about an infectious disease in school.

## **EXCLUSION OF PUPIL WITH INFECTIOUS DISEASE**

The final decision about exclusion or re-admission to school rests with the Headteacher if a parent returns a child to school before the suggested date shown in the booklet, Our Healthier Nation. A guidance on infection control in schools is available from the School office. The Headteacher's action will be supported by the Local Authority.

Should an individual GP contact the Headteacher to enquire why a particular child had not been allowed to return to school when a GP had said that this was in order, then the GP would be advised to contact the District Health Authority if the reason for refusing to re-admit was because the exclusion period for the infectious disease in question had not expired.

## **HEAD LICE**

By and large head infestation is not a medical problem in the sense that children infected are not ill. It is a parents' responsibility to be vigilant and also to take appropriate action to treat head lice before returning their child to school. In this connection, leaflets giving advice on how to spot and treat this condition are available from the Office.

Hair lotion is readily available and can be purchased from the pharmacy or obtained on prescription from the local Doctors. Although children are not automatically excluded from school by reason of head lice infestations, it is advisable to keep the child at home until the whole family has been treated and cleared of head lice.

## **COMPLAINTS**

Should parents/carers be dissatisfied with the support school provides for their child, they should discuss their concerns directly with the Headteacher.

If they still feel unhappy, then they may make a formal complaint using the school's complaint procedure.

### **Early Years Foundation Stage**

In EYFS, we endeavour to promote the good health of all our children. However, we recognise that there may be times when children require medication (prescription or non-prescription) to be administered during their time in the setting. In such cases, a medication form will give signed parent permission for administration of medication and will include:

- The name of the child,
- The name of the parent,
- Date,
- Name of medication,
- The need for the medication,
- The dose and time that medication was last given,
- The dose and times to be administered,
- How the medication is to be administered.

The administration of medication will be recorded in the child's First Aid file and includes the signature (the administrator of the medication) and counter-signature (witness to medication being given), date, time, dosage.

### **Pupil Returning to school after a break/sprain or injury that prevents normal movement**

- Pupil to arrive at school office on first day of return after absence
- A Risk Assessment is completed with the parent/carer by the Head teacher (or deputy in the absence of the Head teacher)
- RA is signed by all parties and scanned on to CPOMS
- Office staff call to notify teachers of arrangements for PE/Play and lunchtime
- Head Teacher to complete PEEP