

Medication Policy

Reference: WP/Safeguarding

Policy date	July 2018	Statutory Policy - Yes
Board Approval	July 2018	
Reviewed and Updated	May 2024	
Next Review Date	May 2026	Review cycle every 2 years
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Who should use this policy?

This policy will apply to all parents and staff of the Academies for Character and Excellence in relation to supporting pupils at school with a medical condition.

This policy will be reviewed biannually unless significant changes occur before the review date.

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1. Introduction and purpose

1.1 ACE schools are committed to ensuring that

- any pupil with a medical need (chronic or acute) receives appropriate care and support whilst in school; and
- These pupils are able to experience the full range of curriculum activities, including outdoor education, P.E., and school excursions.

The administration of medicine in a school setting is an important function which enables children who may otherwise be absent from school to attend. This policy sets out procedures in relation to the administration of medicines by school staff.

2. Staff Responsibilities:

2.1 **Any member of staff** who are administering any medicines must be aware of the procedures set out this policy. They are responsible for following these procedures when administering medicines.

2.2 If the member of staff is in any doubt that a) procedures have not been followed (i.e. unclear or missing parental agreement form) , b) that they are not competent or trained to administer a specific medication, or c) have any other concerns about the medicines being administered, they will seek advice from the headteacher/DSL before administering

2.3 **The headteacher and SENCO** are responsible for ensuring:

- Appropriate procedures are followed when notification is received that a pupil will be attending the school who has a medical condition (including transitional arrangements between schools, re-integration or when pupils' needs change; arrangements for staff training or support in relation to the administration of medicines);
- Appropriate procedures are followed when a pupil with a condition that requires the administration of medication transfers into, or away from, the school within the academic year (including informing and training staff in administration of medicines as required);
- That all relevant staff are informed when an existing pupil has a new diagnosis that requires the administration of medicine, and that any training and guidance is put in place to support this;
- (Should the school have access to a defibrillator) that procedures are in place and circulated for the location and use of the school defibrillator.

3. The Administration of Medicine

3.1. The Headteacher will accept responsibility in principle for members of Trust staff

giving or supervising a pupil taking prescribed medication during the day, where those members of staff have volunteered to do so. The headteacher will ensure that staff are supported and trained and competent before they take on the responsibility of supporting pupils with medical conditions.

- 3.2. The school's insurance will cover liability relating to the administration of prescription and non-prescription medication.
- 3.3. Any parent/carer requesting the administration of medication will be able to access a copy of this policy.
- 3.4. Prescribed medication will be accepted and administered in the establishment. Prior written parental consent is required before any prescription medication can be administered including the use of EpiPens.
- 3.5. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a pupil's need for medication.
- 3.6. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the necessary medical service.
- 3.7. The school will make every effort to continue the administration of medication to a pupil whilst on activities away from the premises.
- 3.8. Further information on common conditions and practical advice on asthma, epilepsy, diabetes and anaphylaxis can be found in Appendix 3.
- 3.9. **Non-prescription medication can be accepted and administered**, in relation to the following:
 - Chemist bought pain relief i.e. Calpol/ibuprofen or hay fever relief along with the completion of the Parental Agreement to Administer Prescription or Non-prescription Medicine form (Appendix 1). If this form is not completed the medication cannot be administered.
 - School Trips for pain relief using over the counter proprietary brands and only when parental consent forms have been signed and held by the school and adequate risk assessments are in place, which include the checking of consent forms and logging of medicines provided. The parental consent form for the school trip must specifically state that authority is given for the provision of pain relief using over the counter proprietary brands **Individual Healthcare Plans**
 - Sun Cream, using over the counter propriety branded, in original containers. It will be the responsibility of the pupil to apply their own sun cream when needed.
- 3.10 Unless otherwise indicated, all medication to be administered will be kept in the school office or other appropriate location (fridge if required)
- 3.11 Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container and handed directly to the school admin team or the medical team/person authorised by the Headteacher.
- 3.12 Items of medication will not be accepted, which are in unlabelled containers or not in their original container.

3.13 Each item of medication should be clearly labelled with the following information:

- a. Pupil's name
- b. Name of medication
- c. Dosage
- d. Frequency of dosage
- e. Date of dispensing
- f. Storage requirements (if important)
- g. Expiry

4 Pupils with asthma and the use of an Emergency Inhaler/spacer

The school will maintain a register of all children with asthma. They will ensure that parental permission is sought to administer a reliever inhaler (e.g. Ventolin) in the event of a child displaying symptoms of asthma.

The named person in charge of medical care within each school (Vicki Thomas) will be responsible for the storage, care and disposal of asthma medication not held by individual children.

The medical person/team within each school is (Vicki Thomas) responsible for ensuring the following:

- a. Instructing all staff on the symptoms of an asthma attack
- b. Instructing all staff on the existence of this policy
- c. Instructing all staff on how to check the asthma register
- d. Making all staff aware of who are the designated first aid staff and how to access their help
- e. ensuring that designated staff who can administer reliever inhalers:
 - Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer
 - Make appropriate records of attacks

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 may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Links to other policies

This document should be read alongside the following ACE policies:

- Safeguarding and child protection
- Supporting children with special needs
- Intimate Care
- [Infection Control Policy](#)

Notes to Parent / Guardians

Note 1: This school will only give your pupil medicine after you have completed and signed this form.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the pupil's name, its contents, the dosage and the prescribing doctor's name as appropriate.

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child.

Prescribed/Non-Prescribed Medication

MEDICINE FORM	DATE:
Name of Pupil: Class:	
Name of Medication:	
Reason for Medication:	
..... Dose:	
Time 1 st dose given today: Frequency:	
Prescribed Medication Only – Additional days to be administered	
Dose..... Frequency.....	
Time Limit – please specify how long your child needs to be taking the medication. Days..... Or Weeks.....	
Long term medication: ☐	
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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped'.	
Signed..... Relationship to child.....	
MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY	

Appendix 2 – STORING MEDICATION AND FIRST AID

Storing Medication and First Aid

Nursery: Located in the nursery kitchen, in the higher unit, labelled 'First Aid'

First Aid Locations around the school:

- Nursery building – kitchen
- The Learning Lounge

Emergency allergy response kit (orange box) containing 2 Torre epi-pens are stored on the wall in the admin front office.

Emergency Asthma Inhaler Kit (orange box) containing Ventolin inhaler and disposable spacers are stored on the wall in the admin front office.

First Aiders will also wear 'First Aid Bum Bags' to administer aid for cuts and grazes.

Other prescribed medicines: This will be kept locked in the medical cabinet in the admin office which is located on the wall. The key to this cupboard, is in the cabinet itself and cannot be accessed by children. Any medication needed to be refrigerated will be either be kept in the admin office fridge or Nursery fridge depending on the child's key stage. This box is labelled 'medications'.

Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff (Vicki Thomas) is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented on CPOMS under 'Medical'.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

Record keeping

- Enrolment forms – should highlight any health condition
- Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These needed to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location (Microsoft One Drive) but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs – 'Microsoft One Drive' 3 medical registers can be found securely on this drive and is accessible by all staff
- Log of training relevant to medical conditions

Record keeping & Healthcare Plans

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when they start at the school. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Healthcare Plans

This school uses a Healthcare Plan to record important details about individual children's medical needs at school, e.g. their triggers, signs, symptoms, medication and other treatments. If a pupil has a longer term medical condition that requires treatment or medication during school hours, the school, healthcare professional, parent and pupil with a medical condition (if appropriate), are asked to fill out the Healthcare Plan together.

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school (Vicki Thomas). The responsible member of staff clarifies the details on a pupil's Healthcare Plan with the parents, if necessary.

Ongoing communication and review of Healthcare Plans

Parents at this school are regularly reminded to update their child's Healthcare Plan, for example if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change.

- The school will contact parents to check that information held by the school on a pupil's condition is accurate and up to date.
- Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
 - From September 2020 parents of children who have an Emergency Healthcare Plan, have been asked to send in a photo of their child to be added to the emergency healthcare plan register. This is so that the child can be identified by other members of staff in an emergency.

Storage and access to Healthcare Plans

- Parents at this school are provided with a copy of the pupil's current agreed Healthcare Plan
- Healthcare Plans are kept as an electronic copy securely on the staff Microsoft One Drive under 'medical folder'
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy
- All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care
- This school ensures that all staff protect pupil confidentiality · This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan
- This school seeks permission from the parents before sharing any medical information with any other party. Use of Healthcare Plans help the school to effectively support pupils with medical conditions in accessing the curriculum and wider school life. Where a child is absent for over 15 days due to illness the school will consider reviewing or setting up a health care plan with school nursing/ GP. The aim of this review is to promote the child's attendance and engagement in school and maximise their access to the curriculum. Where this health care plan review decides that the pupil cannot attend school on medical grounds a referral will be made to the Local Authority Medical Provision for consideration.

Medi-alerts (bracelets/necklaces alerting others to a medical condition)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

Staff indemnity

Torre Academy indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol. In practice, indemnity means that the Academy and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

Appendix 3: - Medicines likely to be bought into or used at schools – Practical Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis

Non-prescribed medicines

We would ask families to administer non prescribed medicines in the morning prior to leaving for school, or as they arrive with their child at school. This will ensure the child has adequate medication for the duration of the school day. If a child requires more frequent non prescribed medications this will need to be discussed on an individual case basis with a member of SLT and/or the school nurse

Green medicine forms need to be filled in by the parent/carers and handed into the office

1. Office to alert named first aiders and class teachers
2. Teacher to ensure Teaching Assistants' in the child's team are aware of the medication needed
3. Name staff members are able administer the medication at the required time and to document the medication given with forms located with the medication.

Asthma Inhalers

All asthma inhalers are in a small bag, located in the admin office in a box in the allocated year group box.

If the school and the parent feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents, the child's doctor or school nurse as appropriate. Inhalers are very safe, and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust <http://www.cftrust.org.uk/>

Diabetes UK <http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency.

Some life-threatening conditions may require immediate treatment, and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor. Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol.

General emergency procedures: The school will ensure that all staff know what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information to give
- Who to contact within the school
- New staff and supply staff are inducted into school processes.
- Action to take in a general medical emergency is displayed in prominent locations for staff
- If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany them and will stay with them until a parent/carers arrives.

The school tries to ensure that the staff member will be one the pupil knows. This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. When this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. Staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate

1. Anaphylaxis (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving. Children who have been prescribed an epipen will have both pens placed in an unlocked storage facility, out of sight of all children, but in a place where the child for whom the epipen has been prescribed, knows where it is and can access it.

Epi-pens are stored in a small zippy bag, with the child's photo, located in the admin office in a box in the allocated year group box.

2. Major fits

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action. If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Office) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carers should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

First Aid

Children should not help with First Aid. Current First Aiders in the school : Rebecca Abbott, Mandy Kirby Selves, Kate Squibb, Julie Lindsay, Lisa White, Carolynne Cannon, Jo Harris, Helen Gilbey, Cindy Maclean, and Ben Cowling.

Always wear gloves when administering First Aid.

CPOMS Entry 'First Aid' Slip:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with

Parents should be notified of any significant First Aid given to a child during the school day (significant: bumped head, cold compress, obvious injury etc) Every First Aid incident is logged on CPOMS by the designated First Aider. If the child has bumped their head the designated first aider will print out a CPOMS bumped head slip, this will go to the class teacher to be passed to the parent at the end of the day. At the time of the bumped head, the office staff will send a text message home to parents to notify their child has bumped their head.

Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

Allergies during Lunchtimes

- Children with an allergy will be highlighted in red on the daily lunch registers with their allergy detailed on the lunch register.
- Children collect their lunch each day directly from the school cook so she can ensure they are given the correct meal. Please let any children in your class with an allergy know that they need to collect it from the hatch - this includes those having a packed lunch
- Children with a severe allergy will have a printed purple mat for eating in the lunch hall. The mat will state the child's allergy so that all adults supporting them at lunchtime will understand their specific needs
- Children on emergency health care plans have a photo printed out with their specific allergies/need given to the school kitchen

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Headteacher, Laura Kendell.

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968