

# Medicine and Supporting Medical Needs Policy

Signed by

Headteacher Date: March 25

Chair of Governors Date: March 25

Version: 1.1

Next Review date: on or before March 27

#### **Version Control**

| Version | Page/<br>Section      | Date of<br>Amendment | Amended<br>by | Summary of amendments   |
|---------|-----------------------|----------------------|---------------|---|
| 1.1     | Page 4<br>Section 1   | Feb 2023             | H. Bide       | Added entire legal framework section  |
| 1.1     | Page 4<br>Section 2   | Feb 2023             | H. Bide       | Added entire roles and responsibilities section   |
| 1.1     | Page 5<br>Section 3   | Feb 2023             | H. Bide       | Added an amendment so that medication not prescribed by a doctor may be given at the discretion of the HT e.g. Piriton for known allergy. Express permission must be sought from the headteacher. |
| 1.1     | Page 5<br>Section 5   | Feb 2023             | H. Bide       | Added whole paragraph   |
| 1.1     | Page 6<br>Section 9   | Feb 2023             | H. Bide       | Added 9.2, 9.3 and 9.6  |
| 1.1     | Page 10<br>Section 18 | Feb 2023             | H. Bide       | Added Section 18, monitoring & Review information   |

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#### Statement of intent

Osbournby Primary school is an inclusive community that aims to welcome and support pupils with medical conditions who currently attend and those who may enrol in the future.

Regular school attendance is vital for every child and our school does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete. However, we do recognise that some children do have medical conditions that require support so that they can attend school regularly and take part in school activities

We aim to put into practice a Supporting Medical Conditions Policy that is understood and supported by the whole school, by:

- providing all children with medical conditions the same opportunities as others at school;
- including pupils with medical conditions in all school activities;
- ensuring that Parents/Carers of pupils with medical conditions feel secure in the care their children receive at Osbournby;
- ensuring that staff understand the common medical conditions that affect children at this school and receive training on the impact this can have on pupils;
- ensuring all staff understand their duty of care to children and young people in the event of an emergency;
- ensuring that staff feel confident in knowing what to do in an emergency.

## 1. Legal framework

- 1.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:
  - Equality Act 2010
  - Children and Families Act 2014
  - DfE (2015) 'Supporting pupils at school with medical conditions'
  - DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

- 1.2 This policy operates in conjunction with the following school policies:
  - Supporting Pupils with Medical Conditions Policy
  - First Aid Policy
  - Safeguarding Policy
  - · Complaints Procedures Policy

#### 2. Roles and responsibilities

- 2.1 The governing board is responsible for:
  - The implementation of this policy and procedures.
  - Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
  - Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school's Complaints Procedures Policy.
- 2.2 The headteacher is responsible for:
  - The day-to-day implementation and management of this policy and relevant procedures.
  - Ensuring that appropriate training is undertaken by staff members administering medication.
  - Ensuring that staff members are appropriately trained.
  - Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
- 2.3 All staff are responsible for:
  - Adhering to this policy and supporting pupils to do so.
  - Carrying out their duties that arise from this policy fairly and consistently.
- 2.4 Parents are responsible for:
  - Keeping the school informed about any changes to their child's health.
  - Completing an <u>administering medication parental consent form</u> prior to them or their child bringing any medication into school.
  - Discussing medication with their child prior to requesting that a staff member administers the medication.
- 2.5 It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with members of staff. This may include staff administering medication to the pupil involved.

#### 3. Prescribed Medicines

- 3.1 Medicines will only be administered in school when it is essential; where it would be detrimental to a child's health if the medicine were not administered during the school day. Most medicines that need to be taken three times a day can be taken in the morning, after school and at bedtime.
- 3.2 In most circumstances, school will only accept medicines that have been prescribed by a doctor. The medicine must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration and dosage. Pupils are not allowed to self-medicate in school without adult supervision. Occasionally, at the discretion of the headteacher, school may accept a medicine that is not prescribed by a doctor, where it would be detrimental to the child's health if it were not administered during the school day, for example in the case of Piriton for a known allergic reaction.
- 3.3 Agreement to administer all medicines (prescribed or otherwise) must be sought from the Headteacher using the form AM2 (see appendix) prior to the first does being administered.

#### 4. Legal Aspects

- 4.1 There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. This is purely a voluntary role. Staff should be particularly cautious agreeing to administer medicines where:
  - The timing is crucial to the health of the child;
  - Where there are potentially serious consequences if medication or treatment is missed;
  - Or where a degree of technical or medical knowledge is needed.

#### 5. Instruction & Training

- 5.1 Specific instructions and training will be given to staff before they assist with or administer medicines or medical procedures. Where staff require training a record of the training received will be documented (see Appendix)
- 5.2 Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

# 6. Requests to Administer Medication

- 6.1 Parents requesting that medicine is administered in school must complete a parental agreement form (See Appendix), on which the following information must be recorded:
  - · Name and date of birth of the child
  - Name of parents/guardian, contact address and phone number
  - Name, address and phone number of GP
  - · Name of medicine
  - Details of prescribed dosage
  - Consent by parent/guardians for staff to administer the medicine
  - Expiry date of medicine
  - Storage details

NOTE: Only one parent is required to agree/request that medication is administered.

6.2 On receipt of the request the school will invite the parent/guardian to meet and discuss the administering of the medication. At this meeting the staff identified by the school to administer the medicine will have the opportunity to ask questions and receive any clarification. The school will then complete their agreement (Form AM2) and send a copy to the family.

#### 7. Records of Administering Medication

7.1 Each time medication is requested for a child a new 'Record of Medication Administered' (See Appendix) will be completed by the designated member of staff, with relevant information about the medicine and dosage. Each time the medicine is administered a recorded will be made of the date, time and dose which will be signed by the administering staff. When several medicines are required there will be a separate sheet for each medication.

#### 8. Asthma

Any child who suffers from asthma should have this recorded on their records. It is the parent/guardian's responsibility to ensure we have up to date records.

Normally a child will only need a reliever (blue inhaler) during the school day, as these are taken to relieve asthma symptoms, during an asthma attack or sometimes before exercise. The preventers (brown, red, orange inhaler) are usually used out of school hours.

We encourage children to take on greater personal responsibility for their inhaler as they enter Key Stage 2, although children should store their inhaler in a safe place where other children will not have easy access to them.

#### 9. Educational Trips and Visits

- 9.1 We encourage all children to participate in educational visits, and will make reasonable adjustments to enable children with medical needs to participate fully and safely.
- 9.2 In the event of an educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.
- 9.3 If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.
- 9.4 In order for medication to be administered parents will be asked to complete an agreement to administer medicine.
- 9.5 All staff attending off-site visits are made aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- 9.6 If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

9.7 Prior to a residential trip, permission will be sought from parents to administer a single dose of Calpol should the need arise. If the child continues to feel unwell, after receiving the medicione a parent will be contancted. Any does given during the residential would be recorded and parents notified of the time and date of the does on their return. (see appendix

#### 10. Sporting Activities

10.1 Most children with medical conditions are able to participate in physical activities and extra-curricular sporting activities. Any restrictions on a child's ability to participate in PE should be recorded and adults who work with them made fully aware of their needs.

10.2 Some children may need to take precautionary measures before or during exercise and may need immediate access to inhalers.

#### 11. Long Term & Complex Needs

11.1 Where a child has long term or complex medical needs the school will work together with parents and medical staff to draw up a healthcare plan.

#### 12. Healthcare Plans

- 12.1 Healthcare Plans are drawn up when a child enrolls, when a diagnosis is first communicated with the school or when there is a change to the child's needs. The Healthcare Plan records important details about a child's medical needs, their triggers, signs, symptoms, medication and other treatments (see appendix) Further documentation can be attached to the Healthcare Plan if required.
- 12.2 Parents are responsible for making the school aware if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. The Healthcare Plan is amended accordingly.
- 12.3 Storage and access to Healthcare Plans
  - Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan.
  - Healthcare Plans are kept in a secure central location at school.
  - 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.
  - Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms and the staff room (see appendix).
  - 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.
  - all staff protect pupil confidentiality.
  - permission is obtained from parents to allow the Healthcare Plan to be shared with 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.

#### 13. Accidental Failure of the Agreed Procedures

13.1 Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible.

#### 14. Safe Storage and Disposal of Medicines

- 14.1 Medicines will only be administered from their original container. The designated member of staff will only sign the medicine record if they have personally administered, assisted or witnessed the administration of the medicines.
- 14.2 When medicines are used staff will ensure they fully understand how each medicine should be stored.
- 14.3 All medicines will be stored in a secure place, out of the reach of children. Arrangements will be made for any medicines that require refrigeration. They will be clearly labelled and separated from any foodstuff.
- 14.4 Medicines will only be kept while the child is in attendance.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Any outdated or unused medication will be returned to the parent for safe disposal.

#### 15. Emergency Hospital Treatment

15.1 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

#### 16. Pupils Refusal to accept medication

16.1 If a pupil refuses their medication, staff will record this and follow procedures. Parents are informed as soon as possible.

#### 17. Children with infectious diseases

17.1 Children with infectious diseases will not be allowed in school until deemed safe by their GP/and or School Nurse or local health authorities.

## 18. Monitoring and Review

18.1 This policy will be reviewed every two years by the governing board and headteacher. The next scheduled review is March 25

# Form AM3

# **Training Record**

| Name of school/setting                |   |   |
|---------------------------------------|---|---|
| Name                                  |   |   |
| Type of training received             |   |   |
| Date of training completed            |   |   |
| Training provided by                  |   |   |
| Profession and title                  |   |   |
| <del>-</del>                          | ff] has received the training detailed above and is I recommend that the training is updated [name of | • |
| Trainer's signature                   |   |   |
| Date                                  |   |   |
| I confirm that I have received the tr | aining detailed above.  |   |
| Staff signature                       |   |   |
| Date                                  |   |   |
| Suggested review date                 |   |   |

# **Osbournby Primary School**

#### Form AM1

# Parental agreement for school to administer medicine

| The school will not give your child medicine u                                   | unless you complete and sign this form. |
|--|---|
| Name of child  |   |
| Date of birth  | / /                                     |
| Group/class/form   |   |
| Medical condition or illness   |   |
| Medicine   |   |
| Name/type of medicine (as described on the container)                            |   |
| Date dispensed   | / /                                     |
| Expiry date  | / /                                     |
| Storage details  |   |
| Agreed review date to be initiated by  |   |
| Dosage and method  |   |
| Timing   |   |
| Special precautions/instructions   |   |
| Are there any side effects that the school/setting needs to know about?          |   |
| Self administration  | Yes/No                                  |
| Consequences if medication/treatment is missed or delayed & the action required. |   |
| Procedures to take in an emergency   |   |
| GP Details   |   |
| Name   |   |
| Address  |   |
| Telephone number   |   |
| Contact Details  |   |
| Name   |   |
| Daytime telephone no.  |   |
| Relationship to child  |   |
| Address  |   |
| I understand that I must deliver the medicine personally to                      | Mrs Bide, Mrs Agenw or Mrs Rae          |

This task is being undertaken voluntarily with genuine concern and care for your child's well-being. We will make every effort to administer this medication on time and as required but the member of staff responsible can make no absolute guarantees.

| Date                              | Signature(s)      |
|-----------------------------------|-------------------|
| <b>APPENDIX C: Record of Medi</b> | cine Administered |

# **OSBOURNBY PRIMARY SCHOOL**

#### Form AM4

# **Record of medication administered**

| Child's name   |   |
|--|---|
| Medication   | _*each medicine requires a separate sheet |
| Dose & Frequency   |   |
| Start date Completion date   |   |
| Check:   |   |
| $ullet$ Record of parental request $\square$                       |   |
| <ul> <li>Record of Head/Administering Staff's agreement</li> </ul> | t 🗆                                       |
| $ullet$ Staff Training Record $\square$                            |   |
| <ul> <li>Details on Form AM1 match prescription label □</li> </ul> | ]   |

| Date | Time | Name of medication | Dose<br>given | Any reactions | Staff<br>signature | Name<br>(print) | Position |
|------|------|--------------------|---------------|---------------|--------------------|-----------------|----------|
|      |      | medication         | giveii        | Teactions     | Signature          | (print)         |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |
|      |      |                    |               |               |                    |                 |          |

# **APPENDIX D: Headteacher's Agreement to Administer Medicine**

## Osbournby Primary School Head teacher's agreement to administer medicine

Form AM2

This task is being undertaken voluntarily with genuine concern and care for your child's well-being. We will make every effort to administer this medication on time and as required but the member of staff responsible can make no absolute guarantees.

| It is agreed that   | [name of child] will receive  |
|---|---|
|   |   |
|   | [time medicine to be administered e.g.                                      |
| lunchtime or afternoon break].  |   |
|   |   |
|   |   |
|   | fchild] will be given/supervised whilst                                     |
| he/she takes their medication by  | [name of member of staff].  |
|   | [name of member of stagy].  |
|   |   |
| This arrangement will continue until [eithe                                 | r and data of course of medicine or until                                   |
| instructed by parents].   | i cha date of course of medicine of until                                   |
|   |   |
|   |   |
| Date  |   |
|   | _   |
|   |   |
| Signed  | _   |
| (Head teacher)  |   |
|   |   |
|   |   |
| Members of staff administering medica                                       | ation   |
|   |   |
| I agree to administer the above   | I agree to administer the above   |
| medication.   | medication.   |
| Do you understand exactly what is   | Do you understand exactly what is   |
| required? YES/NO  | required? YES/NO  |
| B   | D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                     |
| Do you require any additional training before administering this medication | Do you require any additional training before administering this medication |
| can begin? YES/NO   | can begin? YES/NO   |
|   |   |
| Signatura   | Signatura   |
| Signature   | Signature   |
| Print name  | Print name  |
| Dete  |   |
| Date  | Date  |

# **Osbournby Primary School** Osbournby Primary School Healthcare Plan for Pupils with Medical Conditions PRIMARY SCHOOL



| Date Healthcare Plan completed:  |               |                        |        |  |
|--|---------------|------------------------|--------|--|
| Pupil Information  |               |                        |        |  |
| Name:  |               | D.o.B                  |        |  |
| Male/Female:   |               | Class:                 |        |  |
| Members of staff responsible   | for home/scho | ol communication       | on:    |  |
|  | Contact I     | nformation             |        |  |
| Pupil's address:   |               |                        |        |  |
| Family Contact #1  |               |                        |        |  |
| Name:  |               | Phone:                 |        |  |
| Relationship to child:   |               | Daytime -<br>Evening - |        |  |
| Relationship to child.   |               | Mobile -               |        |  |
| Family Contact #2  |               |                        |        |  |
| Name:  |               | Phone:                 |        |  |
| Relationship to child:   |               | Daytime -<br>Evening - |        |  |
| Relationship to child.   |               | Mobile -               |        |  |
| GP   | 1             |                        |        |  |
| Name:  | Practice:     |                        | Phone: |  |
| Specialist Contact (hospital/c   |               |                        |        |  |
| Name:  | Practice:     |                        | Phone: |  |
|  | Medical Needs |                        |        |  |
| Signs and symptoms of the pupil's condition: Triggers or things take make the pupil's condition worse: Equipment, devices, environmental issues: |               |                        |        |  |
| Routine Healthcare Requirements  |               |                        |        |  |
| (e.g. dietary, therapy, nursing needs etc)  During school hours:   |               |                        |        |  |
|  |               |                        |        |  |
| Outside school hours:  |               |                        |        |  |
|  |               |                        |        |  |
| Special Educational Arrangements Required  |               |                        |        |  |
| Specific support for the pupil's educational, social & emotional needs   |               |                        |        |  |
| Any activities to be avoided or which will need special arrangements:  |               |                        |        |  |

| Any special arrangements required for off-site activities: (please note, the school will liaise with parents/carers prior to such activities) |
|---|
| Other information relating to the child's healthcare in school:   |
|   |
| What constitutes an emergency, and the action to take if this occurs  |
| Please include any instructions to be followed in an emergency  |
| Regular Medication  |
| Regular medication taken during school hours: Medication #1   |
| Name/type of medication (as described on the container):  |
| Dose and method of administration (amount taken, how it is taken, eg tablet, inhaler, injection):   |
| When is it taken (time of day):   |
| Are there any side effects that could affect the child in school?   |
| Self-administration: Can the pupil administer the medication themselves?  |
| □yes □no □ with supervision by(staff member)  |
| Regular medication taken during school hours: Medication #2   |
| Name/type of medication (as described on the container):  |
| Dose and method of administration (amount taken, how it is taken, eg tablet, inhaler, injection):   |
| When is it taken (time of day):   |
| Are there any side effects that could affect the child in school?   |
| Self-administration: Can the pupil administer the medication themselves?  |
| □yes □no □ with supervision by(staff member)  |
| Emergency Medication  |

| (please complete, even if the same as regular medication)   |   |  |
|---|---|--|
| Name/type of medication (as described on the container):  |   |  |
|   | *   |  |
|   |   |  |
| Describe what signs or symptoms indicate an   | emergency for this child:   |  |
| , ,   | <i>G</i> ,  |  |
|   |   |  |
| Dose and method of administration (amount to  | iken, how it is taken, eg tablet, inhaler, injection):  |  |
| ·   |   |  |
|   |   |  |
| Are there any contraindications (signs when r   | nedication should not be given)?  |  |
| , , , , ,   | Ç ,   |  |
|   |   |  |
|   |   |  |
| Are there any side effects that school needs t  | o know about?   |  |
| ,   |   |  |
|   |   |  |
|   |   |  |
| Self-administration: Can the pupil administer   | the medication themselves?  |  |
|   | (staff member)  |  |
|   | (000)   |  |
| Is there any follow up care necessary?  |   |  |
| is there any renew up care necessary.   |   |  |
|   |   |  |
| Who should be notified? parent special  | alist 🗆 GP  |  |
| ·   | n outside of school hours   |  |
| _   | ded by a medical professional or to inform  |  |
|   | esidential trips)   |  |
| Name/type of medication (as described on th   |   |  |
| (45 455)  | ,   |  |
|   |   |  |
|   |   |  |
| Are there any side effects that the school nee  | eds to know about that could affect school  |  |
| activities?   | as to know about that could affect school   |  |
| detivities:   |   |  |
|   |   |  |
|   |   |  |
| Member of staff to adminis  | ter medication for this pupil   |  |
| Regular medication:   | Emergency medication:   |  |
| Regular medication.   | Linergency medication.  |  |
|   |   |  |
|   |   |  |
| Parent/Pupil Agreement  |   |  |
| Daront/Duni   | il Agraamant  |  |
| Parent/Pup  | il Agreement  |  |
|   |   |  |
| I agree that the medical information containe   | ed in this plan may be shared with individuals  |  |
| I agree that the medical information containe involved with my/my child's care and educati  | ed in this plan may be shared with individuals on (including the emergency services). I                                 |  |
| I agree that the medical information containe involved with my/my child's care and educati understand that I must notify the school of ar                 | ed in this plan may be shared with individuals on (including the emergency services). In changes in writing.            |  |
| I agree that the medical information contains involved with my/my child's care and educati understand that I must notify the school of ar Signed (Pupil): | ed in this plan may be shared with individuals on (including the emergency services). I have changes in writing.  Date: |  |
| I agree that the medical information containe involved with my/my child's care and educati understand that I must notify the school of ar                 | ed in this plan may be shared with individuals on (including the emergency services). In changes in writing.            |  |

| Signed (Parent/Carer):                  | Date:   |
|---|---|
| Print name:                             |   |
|   |   |
| Pern                                    | nission for Medication                                |
|   |   |
| □I agree that I/my child will be admii  | nistered their medication by a member of staff in an  |
| emergency                               |   |
| □ I agree that my child cannot keep t   | their medication on them and the school will make the |
| necessary medication storage arrang     | gements.  |
| Name of medication:                     |   |
| Signed (Parent/Carer):                  | Date:   |
| Print name:                             |   |
| Ша                                      | adtacabay Agyaamant                                   |
| пес                                     | adteacher Agreement                                   |
|   |   |
|   |   |
| will receive the above listed medica    |   |
| will receive the above listed medica    | ation in an emergency                                 |
| This will continue until                |   |
| (end of course or until instructed by p | parent/carer)   |
| Signed (Headteacher):                   | Date:   |

Print name: