



Houghton Conquest Lower School and Pre-School

Medicines Policy and Procedures

This policy is developed to provide a sound basis for ensuring that children with medical needs receive proper care and support at Houghton Conquest Lower School and Pre-School. If children are acutely unwell then parents should keep them at home and follow the Attendance Policy for notifying the school of the absence.

Prescribed Medicines

- Prescribed medicines should only be taken to 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. The school will only accept medicines that have been prescribed by a
 doctor, dentist or appropriately qualified non-medical practitioner. Medicines should
 always be provided in the original container as dispensed by a pharmacist and include
 the prescriber's instructions for administration.
- 2. The school should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- 3. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is to be noted that many medicines that need to be taken three times a day could be taken in the morning (before a child leaves for school), after school hours (when the child comes home) and at bedtime. The school will, therefore, not administer medicines that are to be taken three times a day.
- 4. Parents could be encouraged to ask the prescriber to provide two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school, avoiding the need for re-packaging or re-labelling of medicines by parents.
 - Parents must complete **FORM 1** (*Parental Agreement for School to Administer Medicine*) together with **FORM 2** (*Record of Regular Medicine Administered to an Individual Child*) before the medicine can be left in school or administered.

Asthma

On taking advice from the School Nursing Team and Asthma UK the school now holds an emergency Salbutamol inhaler. The inhaler is only to be used where the child's own inhaler is not available <u>and</u> permission has already been received from the parent to use the emergency inhaler.

Controlled Drugs

It is not the policy of this school to administer controlled drugs to children unless prescribed. These drugs should be kept in a locked non-portable container and only named trained staff should have access. A record should be kept for audit and safety purposes.

Non-Prescription Medicine

- Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. In addition, parents must also complete FORM 1 (Parental Agreement for School to Administer Medicine) available from the office or the school website...
- 2. Administration of the non-prescribed medicine should be recorded on **FORM 2** (*Record of Regular Medicine Administered to an Individual Child*).
- 3. Where the Headteacher agrees to administer non-prescribed medicines it must be in accordance with the policy, The Headteacher will then complete **FORM 3** (Headteacher Agreement to Administer Non-Prescribed Medicine) and give a copy to parents.
- 4. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor due to the risk of serious side effects from these medications to some individuals.

Generally, the administration of non-prescription medicine is a rare situation and is unlikely to be agreed by the Headteacher for children under 5 years.

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, perhaps to finish a course of antibiotics or to apply a cream or lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to School where it would be detrimental to a child's health if it were not administered during the school day.

Long-term Medical Needs

1. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact (direct or indirect) on a child's experiences and the way they function in and out of school.

Direct impact on the child could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering.

Indirect impact could perhaps mean disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

- 2. The school needs to know about any particular medical needs before a child is admitted to school, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children involving the parents and relevant health professionals. Such a health plan can include details of the child's condition, special requirements (dietary needs, pre-activity precautions), 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, the role of the staff.
- 3. Parents should contact the school if they feel their child will require this more detailed Healthcare Plan (FORM 4).

Storing Medicines

Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. They must be stored securely and not accessible to children.

All emergency medicines such as asthma inhalers and adrenaline pens should be readily available and not locked away.

A few medicines need to be refrigerated. They can be kept in the staffroom refrigerator containing food, but parents must provide an airtight container (*if the medicine is not in a bottle*), clearly labelled with the child's name, to store the medicine.

Administering of Medicines

- 1. No child under 16 should be given medicines without their parent's written consent. **FORM 1** must be completed by parents for prescription and non prescription medicines.
- 2. 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
- 3. If in doubt about any procedure or if there are other issues, staff should not administer the medicines but check / discuss with the parents or a health professional before taking further action.

Self-Management

Children's management of their own medicine is not encouraged at this school.

Refusing Medicine

If a child refuses to take medicine staff should not force them to do so but should note this in the records under observation on **FORM 2**. The schools' agreed procedure is to contact parents to update them on the same day of the refusal. If the refusal to take medicine would result in an emergency, the school will contact the emergency services.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term to check expiry dates. **FORM 2** to be signed off by parent and member of staff when medicine collected.

Record Keeping

- 1. It is the parent's responsibility to 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, and staff should make sure that this information is the same as that provided by the prescriber.
- 2. Prescribed medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. 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
 - Expiry date (if applicable)
- 3. Although there is no legal requirement for the school to keep records of medicines given to pupils and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. **FORM 2** will be used for this purpose. Parents can request this form at any time to view. These are stored in the staffroom next to the medical box and are kept in a confidential file labelled Medicines.
- 4. The school holds a central record of all medical needs which is updated termly, or as necessary, when parents inform the school in writing of a new medical need. Information about the medical needs of a child is shared with all staff involved in the care of that child.

Educational Visits

- 1. It is the practice of this school to encourage children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments will be made to enable children with medical needs to participate fully and safely on visits, which may include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It should also include risk assessments for such children.
- 2. Additional safety measures may need to be taken for outside visits. It may be that an additional supervisor a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
- 3. 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 parental views and medical advice from the school health service or the child's GP.

Sporting Activities

- 1. Any restrictions on a child's ability to participate in physical education should be recorded in an individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
- 2. Staff supervising sporting activities should consider whether specific 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.

Monitoring and Evaluation

This Policy will be reviewed bi-annually by the Headteacher, staff and Governors.

PARENTAL AGREEMENT FOR SCHOOL/PRE-SCHOOL TO ADMINISTER MEDICINE (to be completed for all medicines)

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

Name of School:	Houghton Conquest Lower School and Pre- School
Name of child:	
Medical condition or illness:	
Medicine: To be in original contain	ner with label as dispensed by pharmacy.
Name / type and strength of medicine: (as described on the container) Expiry date: Date commenced:	
Dosage and method:	
Time to be given:	
Special precautions:	
Are there any side effects that the School should know about?	
Procedures to take in an emergency:	
Parent / Carer Contact Details	
Name:	
Daytime telephone number:	
Relationship to child:	
I understand that I must deliver the med appropriate.	icine safely to the School Office or Pre-school Leader as
	of my knowledge, accurate at the time of writing. I will ng, if there is any change in dosage or frequency of the
named child during school hours, I agree Authority against all claims, costs,	the school staff agreeing to give medication to my above to indemnify the Headteacher, school staff and the Local actions and demands whatsover resulting from the uch claims, costs, actions or demands result out of the ol staff or the Local Authority.
Parent's signature:	
Print name:	Date:

If more than one medicine is to be given a separate form should be completed for each one.

RECORD OF REGULAR MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (to be completed for all medicines)

		Hou	ughton C			ool and Pre-
Name of	of School			Sch	nool	
Name of Date of parent	of Child medicine provided by					
Class /	Year Group					
	& Strength of Medicine time Medicine to be					
Quantit	y returned home & date					
Staff sig	gnature					
Signatu	ire of Parent					
		Expiry date	Time given	Dose given	Staff initials	Staff signature
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		Expiry date	Time given	Dose given	Staff initials	Staff signature
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HEADTEACHER AGREEMENT TO ADMINISTER NON PRESCRIBED MEDICINE (to be completed by the school and signed off by the Headteacher)

Name of School: Houghton Conquest Lower School and Pre-School 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) Written permission received from parents: YES □ (Name of child) _____ will be given / supervised whilst he / she takes his / her medication by (*name of member of staff*): This arrangement will continue until (either end date of course of medicine or until instructed by parents)____ Date: Signed:

(The Headteacher)

HEALTH CARE PLAN

Name of school	Houghton Conquest Lower School & Pre-School
Child's name	
Year Group & Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	
Family Contact Information	
Name	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Name	
Phone no. (work) Phone no. (home)	
Phone no. (mobile)	
There were (means)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

(Form 4 Continued)

Describe medical needs and give details of child's symptoms
Daily care requirements (e.g. before sport/at lunchtime)
Describe what constitutes an emergency for the child, and the action to take if this occurs
Follow up care
Who is responsible in an emergency (state if different for off-site activities)
Form copied to