# Medical Conditions & Medicines in School Policy

Policy reviewed: October 2023

Next review date: October 2025 (or as required)

# **Contents**

1.	Aim	1
2.	Communication	1
3.	Responsibilities – parent, pupil, school	1
4.	Prescription Medicines	2
5.	Long term / complex medical needs	2
6.	Educational Visits	2
7.	Non-Prescription Medicines	2
8.	Storage + Labelling	2
9.	Record Keeping	3
10.	Disposal of Medicines	3
11.	Staff Training	3
12.	Emergency Procedures	3
13.	Legislation & Guidance	3
	Appendix 1 : Asthma	4



Ravenscroft Primary School is an inclusive community that aims to welcome and support pupils with medical conditions. This school aims to provide all pupils with all medical conditions the same opportunities as others at school: where appropriate, the school environment should be inclusive and favourable to pupils with medical conditions. This includes the physical as well as social, sporting and educational activities.

### Communication

Pupils, parents and staff are informed and regularly reminded about the school's policy and procedures with regard to medicines in school:

- via the school website
- when a child is enrolled as a new pupil
- when a Personal Medical Care Plan is drawn up or reviewed
- through staff training & reminders
- whenever medication is brought into school

#### **Parental Responsibilities**

- At Ravenscroft we recognise that parents have the prime responsibility for their child's health and that it is their
  responsibility to provide the school with known information about their child's medical condition and agencies
  involved, including details of medicines their child needs
- Any medication brought into school MUST have been prescribed for the child.
- Medication should be delivered to school by the parent or escort (not sent to school in the child's bag) and
  given to the School Office. It should NOT be given directly to class teachers or school support staff.
   Medications brought into school must be approved by the Safeguarding Officers or the Head Teacher or
  Deputy Head in their absence.
- Parents/carers have the responsibility to ensure that all medication / inhalers/etc. are in date and brought into school as arranged as part of a child's medical care plan.
- Parents should notify the school immediately if their child's medication changes, is discontinued or dosage is changed, etc.

# **Pupil Responsibilities**

- Pupils are expected to treat other pupils with or without a medical condition equally
- Pupils are encouraged to tell an adult when they or another pupil are feeling unwell
- Pupils know how to gain access to their medication in an emergency and will ensure a member of staff is called
- Pupils will be supported and encouraged to manage their own medicine whenever appropriate. A member of staff will supervise a pupil administering his/her own medication/procedure

#### **School Responsibilities**

- Staff members understand the medical conditions that affect children at the school and the impact this can have on pupils. Appropriate adjustments and extra support are provided where needed.
- Staff members are aware of the common triggers that can make medical conditions worse or can bring on an
  emergency. The school actively works, where appropriate, towards reducing or eliminating these health &
  safety risks.
- Staff members are not required by law to administer medication or treatment as part of their usual duties.
   Medicines will only be administered by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the Safeguarding Officers. Most support staff are employed on contracts which require them to carry out certain simple medical procedures, including the administration of medicines.
- Staff members will not force pupils to take medication. If a pupil refuses to take medication, this will be noted in the records and any procedures in the pupil's medical care plan will be followed. Parents will be informed of the refusal on the same day. If refusal to take medicines results in an emergency, the emergency procedures will be followed.



#### Prescription Medicines which need to be taken during the school day

- Staff will only store, supervise and administer medicine that has been prescribed for an individual child and is in-date. (however, in an emergency the school's emergency asthma pump may be used if prior written consent has been given by the parent and the appropriate protocols are followed see Appendices)
- · Requests for administration of medication to a pupil in school will be considered individually
- Medicines should only be brought to school when essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day. (e.g. medicines to be taken 3 times a day can be taken in the morning, immediately after school and at bedtime).
- In all instances medicines will only be administered to a pupil with their parent/carer's written consent. (In addition, a note from the family GP confirming the child is fit to attend school and the necessity for the child to take medication during school hours may be required)
- A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. The medication will normally be held in the medicine locker in the Inclusion Office unless otherwise stated in a written agreement.
- The school will not normally make changes to dosages on parental instructions unless this is stipulated in the child's individual medical care plan or school written agreement

## Long term / complex medical needs

- Personal Medical Care Plans will be drawn up in consultation with the school, parents and medical professionals.
- Every pupil with a medical care plan has their plan discussed and reviewed at least once a year.
- The school uses Medical Care Plans to inform the appropriate staff about the individual needs of pupils in their care and the actions to take in case of an emergency.
- All members of staff who work with groups of pupils have access to the medical care plans of pupils in their care

#### **Educational Visits**

- Medical requirements will be noted on the school's risk assessments
- During educational visits sufficient essential medicines and medical charts/ medical care plans will be taken and controlled by the member of staff leading the party

#### **Non-Prescription Medicines**

- Staff will not give a non-prescribed medicine to a child except in exceptional circumstances where there is specific prior written permission from parents, the medicine is provided by the parents and this has been agreed by the Head Teacher / Deputy Head/ Safeguarding Officers.
- A child under 16 will never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

# **Storing and Labelling Medicines**

- Medicines, where appropriate, will be stored in the medicine locker in the Inclusion Office unless otherwise agreed in the child's medical care plan
- Any medication that needs to be refrigerated will be stored in the Inclusion Office fridge under adult supervision
- <u>All</u> medicines brought into school should be in the original packaging and clearly marked with: -
  - the name of the medicine
  - the pupil's name and class
  - dosage (including method of administration and times)

- any known side effects
- expiry date
- special storage requirements
- The Safeguarding Officers will check that medicines have been labelled correctly and the expiry dates for all medication stored in school.
- The school does not store medications in school during the main school holidays: medications will be sent home at the end of each term.



#### **Record Keeping**

- Parents / carers are asked at enrolment if their child has any health conditions or issues and a
  medical form completed with further details. The medical forms will be reviewed on a yearly
  basis by the school.
- Medicines received will be logged onto the school's drug file, and held securely within the school. All essential staff will be able to access medicines in case of emergency.
- The school will establish a medication chart for every child receiving medication. Staff administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication.

# **Disposal of Medicines**

- School staff will not dispose of medicines. Parents/carers are responsible for the disposal of surplus or expired medication
- Any medicines not collected by parents / carers at the end of the school year will be taken to a local pharmacy for safe disposal
- Sharps boxes are used for the disposal of needles. These can be obtained by parents on prescription from the GP

#### Staff training

- The school will provide training for staff in order that they are equipped to administer medical treatment to pupils with certain medical needs e.g. administration of rectal diazepam, epipen etc. Maintenance of staff training records and annual reviews of medical care plans will be the responsibility of the Safeguarding Officers.
- School staff will receive regular training relevant to common medical conditions such as asthma and allergies. Staff working with pupils with other specific conditions e.g. diabetes, epilepsy and sickle cell will be trained as appropriate.

#### **Emergency Procedures**

- If a child should require further medical treatment, the first available person must call an
  ambulance using the 999 service, giving school address and nature of the problem. A Staff
  member must stay with the child until the parent arrives. Should the parent not be available
  then a member of staff will attend hospital with the child. Contact should be made with the
  parent to explain what has been done and for the parent to meet the member of staff and
  child at the hospital.
- If a child has a Personal Medical Care Plan the school has procedures in place so that a copy of the pupil's Medical Care Plan is sent to the emergency care setting with the pupil or as soon as possible.

# **Legislation & Guidance**

The following documents have been considered in the production of this policy:

- Managing Medicines in Schools and Early Years Settings (2005)
- Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.
- Supporting pupils at school with medical conditions (Dec 2015) DfE
- Guidance on the use of emergency salbutamol inhalers in schools (March 2015) DoH
- Managing Medicines in Schools and Early Years Settings [London Borough of Newham SP098]
- Care planning within education setting (April 2015) East London NHS



#### Appendix 1

#### **Asthma**

Ravenscroft School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. All staff who come into contact with pupils with asthma are provided with information and guidance on asthma.

Each pupil on the asthma register must have:

 A Personal Asthma Action Plan (PAAP) completed by a health care professional (GP, Practice Nurse, Asthma Clinic, A&E staff or hospital doctor). All pupils under the care of the asthma clinic must have a PAAP

OR

Access to the school-based asthma action plan

All pupils under the care of the asthma clinic must have a PAAP; this will be given to the parent/guardian to bring a copy into school. Parent/guardians should contact their GP or asthma clinic to review their PAAP annually as a minimum or more frequently if required.

# **Asthma Medicines and record keeping**

- The storage and record keeping procedure for asthma medications is the same as for all other medications kept on the school premises
- The school has an asthma emergency kit available for use in an emergency. The school will ensure that the emergency salbutamol inhaler will only be used by CYP who:
  - o Have asthma or who have been prescribed a Salbutamol inhaler AND
    - o For whom written parental consent has been given for use of the emergency kit.
    - Any emergency inhaler held by a school should be considered a back-up device and is not a replacement for a pupil's own medication as prescribed by their GP.
    - The parents/guardian will always be informed if their child has used the emergency inhaler at school.
- The school has a system to refer children to the Children's Health 0-19 Service, with parental consent, who are:
  - Absent from school due to asthma
  - Unable to fully take part in PE (and activity) due to asthma
  - And those who have used their salbutamol inhaler three or more times in the space of a week (including at home)

# **Exercise and activity**

- PE and games Taking part in sports, games and activities is an essential part of school life for all
  pupils. All teachers know which children in their class have asthma and all PE teachers at the
  school are aware of which pupils have asthma from the school's medical needs register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind
  pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson,
  and to thoroughly warm up and down before and after the lesson.
- It is agreed with PE staff that, where necessary, pupils' inhalers will be kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

# **Training**

• Staff receive regular training and refresher training pertaining to asthma and asthma management and awareness