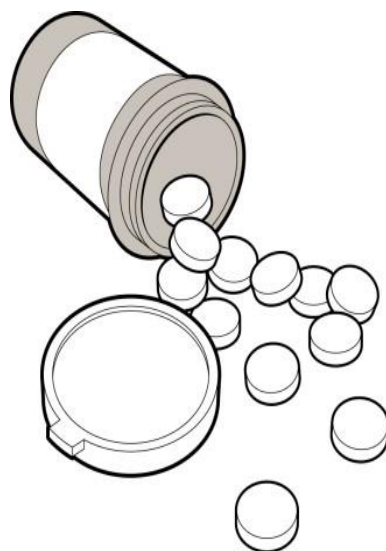


## Managing medicines policy

**Adopted:** Autumn 2016    **Next review:** annually, unless any changes are required prior to this

**Person responsible:** David Roundtree (Head of Federation)

**New text:** noted in blue



### Introduction

This policy draws directly on advice contained in *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (DfE, September 2014)*

<https://goo.gl/rEJ1Yp>

and in the Leeds model policy, *Medical Conditions Policy to be used in conjunction with PG505, Section 5: General School Safety, Health and Safety Handbook for Schools; Approved by Collective Agreement April 2015* (included as appendices).

Sphere Federation is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which we will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

See also: Asthma Policy.

### Key points

**Classroom-based staff should store medicines only if they have been passed to them by senior leaders or office staff. This is because it is these people who are more able to check the following criteria are met.**

Staff will only agree to administer medicines in the following circumstances:

- If a dosage during the school day is essential ie where it would be detrimental to the child's health not to have the medicine during the school day. Otherwise, parents / carers should administer dosages outside of the school day whenever possible eg if there are three dosages per day, one first thing, one on return home and one at bedtime.
- If parents / carers provide full written information about their child's medical needs (forms are available to do this); information and communication from parents / carers should be as clear as possible and they should be prepared to answer any reasonable questions which staff may have. (If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.)
- The medicine is before an expiry date (it is the responsibility of parents / carers to replace and ensure any medicine is in date).
- There is a second member of staff present who will sign to witness the administration of the dose.
- The medicine is prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, **or is a non-prescription medicine authorised by the parent / carer using Form 3a unless it is done as part of an individual Health Care Plan; if it is a non-prescription medicine, it must not contain aspirin or ibuprofen.**
- The medicine is in the **original** container as originally dispensed / **manufactured**.\*
- They have received sufficient training in order to do so.\*\*
- If needed, an individual Health Care Plan is agreed by staff, parents / carers and, when appropriate, health professionals (eg school nurse); this will apply if the period of administering medicine is long-term / with no specific end date / in other circumstances when a plan would be desirable to ensure the health needs of the pupil are met.

\*Medicines should be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

name of child	time / frequency of administration
name of medicine	any side effects
dose	expiry date
method of administration	

\*\* Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case. **Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.**

Staff will not make changes to prescribed dosages or administer medicine in a way which does not follow NHS guidelines (eg as shown on NHS Choices), regardless of parental instruction. We will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents / carers ([using Form 3a](#)). We will not give medicines containing aspirin or ibuprofen unless prescribed by a doctor.

It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.

If a child refuses to take medicine, staff will not force them to do so. Instead, they should record the incident and parents / carers will be informed of the refusal on the same day. If refusal results in an emergency, our normal emergency procedures will be followed.

### **Safe storage and access of medicines**

We will only store, supervise and administer medicine that has been prescribed for an individual child or non-prescribed medicine for an individual child with specific written request from parents / carers.

Medicines will be stored strictly in accordance with product instructions, paying particular note to temperature and in the original container in which dispensed. A few medicines need to be refrigerated. We have a refrigerator to be used for the storage of medicine and there is restricted access to this.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. We allow children to carry their own inhalers. Children may need to have immediate access to their medicines. We will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. Other non-emergency medicines will be kept in a secure place not accessible to children.

Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date. Where a child needs two or more prescribed medicines, each will be in a separate container, clearly labelled. Staff will never transfer medicines from their original containers.

### **Children carrying and taking their prescribed medicines themselves**

An example of this would be a child with asthma using an inhaler. We will support and encourage pupils who are able to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded. There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents / carers and the pupil.

### **Disposal of medicines**

Parents / carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents will be documented. Parents / carers should also collect medicines held at the end of each term. If parents / carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process should be documented.

Staff should not dispose of medicines. Staff will routinely check for expiry dates eg every half-term. If medicines are not collected after numerous reminders to parents, staff will return to a pharmacy, ideally the one which issued the medicine.

Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be

arranged with the Local Authority.

## **Parents / carers**

Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with this policy. It is the parents' / carers' responsibility to provide the headteacher with sufficient **written** information about their child's medical needs if treatment or special care is needed. It requires only one parent / carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom we have day-to-day contact. If parents / carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

## **Long-term or complex medical needs**

Where there are long-term medical needs for a child, a Health Care Plan should be completed involving parents / carers and relevant health professionals. Such a plan clarifies for staff, parents / carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

We will agree with parents / carers how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Following a Health Care Plan being drawn up, if there is any uncertainty with regard the administration of medicine, we will ask for a revised Health Care Plan to be drawn up (this is likely to mean a second meeting with parents and medical practitioners), or any amendments to be confirmed in writing and agreed by the school nurse or other medical practitioner. Uncertainty regarding medication may arise for various reasons eg parent or child says they need a different amount; somebody misunderstands or questions what has been set out in the Health Care Plan. In all instances, we will advise the parent in writing if we have to revise the Health Care Plan or if we will no longer follow the Health Care Plan / no longer administer the medication due to concerns or uncertainty such as those set out above.

We will judge each child's needs individually based on ability to cope with poor health or a particular medical condition and the pupil's age and need to take personal responsibility.

In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute include:

- Headteacher or head of setting
- Parent or carer
- Child (if appropriate)
- Class teacher
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

We will consult health professionals and NHS Choices website when dealing with the needs of children with common conditions such as asthma and anaphylaxis.

## **Trips and sporting activities**

Without undermining key principles set out in this policy, we will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing procedures and arrangements to incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. If staff are concerned about how they can best 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.

We will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan. Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

## **Off-site education**

The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the site and supervision during non-teaching time or breaks and lunch hours.

## **Hygiene and infection control**

Staff have access to protective disposable gloves and take appropriate care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Public Health England has produced a useful guide which sets out when and for how long children need to be kept away from school:

<https://goo.gl/fgTg8M>

## **Emergency procedures**

As part of general risk management processes, we have arrangements in place for dealing with emergency situations. Guidance on calling an ambulance is provided for staff. A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (eg lunchtime supervisor) will need to be very clear of their role.

## **Risk assessment and management procedures**

The three schools in Sphere Federation follow the local authority's policies around health and safety; this policy operates within the context of Health and Safety Policy. We will ensure that risks to the health of others are properly controlled.

We will provide, where necessary, individual risk assessments for pupils or groups with medical needs. We will be aware of the health and safety issues relating to dangerous substances and infection.

# MEDICAL CONDITIONS POLICY TO BE USED IN CONJUNCTION WITH PG 505

Section 5: General School Safety, Health and Safety Handbook for Schools, Section: General School Safety  
Approved by Collective Agreement April 2015

## LEEDS CHILDREN'S SERVICE MEDICAL CONDITIONS POLICY FOR *Sphere Federation*

### Introduction

*Sphere Federation* recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions. Whilst the duties on governing bodies have not substantially changed as a result of the Children and Families Act 2014, the extent and scope of the responsibilities of schools to make arrangements to support pupils at school with medical conditions has been clarified. All schools are required to have a policy in place; it should be reviewed regularly and accessible to parents and staff.

This policy is written to support those children with individual medical needs and how their needs can be met at *any of the schools in Sphere Federation*.

### Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school. We will help to ensure they:

- are safe from harm
- do well at all levels of learning and have the skills for life
- choose healthy lifestyles
- have fun growing up
- are active citizens who feel they have voice and influence

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

The named member of our staff responsible for this medical conditions policy and its implementation is *David Roundtree* (Head Teacher or Designated Member of Staff Name).

The medical conditions policy is reviewed evaluated and updated annually.

### Policy Framework

The policy framework describes the essential criteria for how we meet the needs of children and young people with long-term conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

### Objectives

We will:

- Ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- Provide staff training on the impact medical conditions can have on pupils in order to be safe, welcoming and supportive of pupils with medical conditions.
- Strive to provide children and young people with medical conditions the same opportunities and access to activities, both on and off site, as other pupils.
- Consider what reasonable adjustments we need to make to enable children with medical needs to participate fully and safely on visits.
- Carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

We understand that children with the same medical condition will not necessarily have the same needs. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

Our medical conditions policy has been agreed in consultation with pupils, parents, on-site medical support, staff, governors, and relevant local health services. It is supported by a clear communication plan for staff, parents and

other key stakeholders to ensure full implementation.

We have clear guidance on:

- record-keeping
- providing care and support
- administering medication
- the storage of medication and equipment

This school takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. All staff, however, have received suitable training and have access to ongoing support.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

Each member of the school and health community knows their role in, and responsibility for, maintaining and implementing an effective medical conditions policy.

**Signed:**

*See minutes of the Governing Body Pupil Support Sub-Committee as evidence that this policy is approved.*



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary  
**Managing Medicines (form 1): Contacting emergency services**

**What to do if you have to call 999 for an ambulance**

*A completed copy of this form should be stored by the telephone in the School Office and in the Y5/6 building.*

*Be ready to speak clearly and slowly*  
*Be ready to repeat information if asked*  
*Dial 9 999*  
*Ask for ambulance*  
*Be ready with the following information:*

1. Your location →



**Scholes Elmet Primary**  
**Station Road**  
**Scholes**  
**Leeds**  
**LS15 4BJ**  
**telephone: 0113 264 9149**



**St James' C of E Primary**  
**Hallfield Lane**  
**Wetherby**  
**LS22 6JS**  
**telephone: 01937 583379**



**Moortown Primary**  
**Shadwell Lane**  
**Leeds**  
**LS17 6DR**  
**telephone: 0113 2685915**

2. The exact location in the school → Which class? Which playground?

3. Your name → What is your name (first name and last name)?

4. The name of the person and short description of symptoms →

**What is the name of the ill or injured person?**  
**What is the matter with the person?**

5. The best entrance, and state that the crew will be met and taken to.



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary

## Managing Medicines (form 2): Health care plan

If the period of administering medicine is eight days or more, there must be an individual Health Care Plan. A review of this plan should be agreed, and an earlier review should be arranged if any party has any questions / concerns / changes to make.

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_

Medical diagnosis / condition: \_\_\_\_\_

Date: \_\_\_\_\_

Review date: \_\_\_\_\_

### Contact information

Family contact 1		Family contact 2	
Name		Name	
Phone (home):		Phone (home):	
Phone (work):		Phone (work):	
Phone (mobile):		Phone (mobile):	

Clinic / hospital contact		GP	
Name:		Name:	
Phone:		Phone:	

### Health information

Describe medical needs and give details of child's symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daily care requirements: (e.g. before sport/at lunchtime)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

continued over...





**Describe what constitutes an emergency for the child, and the action to take if this occurs:**

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**Follow up care / further actions or considerations (including date of next planned review):**

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**Who is responsible in an emergency: (State if different for off-site activities)**

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**Form copied to:**

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<b>signature (parent / carer):</b>  	<b>signature (headteacher)</b>  
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Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary  
**Managing Medicines (form 3a): Request to administer medicine**



Medicines must be in the original container. Use a separate form if more than one medicine is to be given.  
Staff have the right to refuse to administer medication for any reason.

Child's name and class: \_\_\_\_\_

Medical condition / illness: \_\_\_\_\_

**Medicine** *Continue on a separate sheet for any points below.*

Name / type of medicine: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How to give (dosage and method): \_\_\_\_\_

When to give: \_\_\_\_\_

When should we stop giving medicine? \_\_\_\_\_

Agreed review date to be initiated by: \_\_\_\_\_

Special instructions / precautions: \_\_\_\_\_

Side effects for us to know about? \_\_\_\_\_

Can child take medicine independently? Yes / No *(delete as appropriate)*

Procedures to take in an emergency: \_\_\_\_\_

**Contact details**

Name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name and telephone number of GP: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate.  
I give consent to school (ie Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary) staff to administer medicine in accordance with school policy. I understand that I must deliver the medicine personally to the school office and accept that this is a service that staff at Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary are not obliged to undertake. I understand that I must notify the school in writing of changes. I give consent to the school to administer medication out of school if my child is on an education visit or other school trip. I understand that I should collect any remaining medicine and that medicine remaining at the end of a term will be disposed of by school.

Signature(s) and date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**School agreement to administer medicine**

To be completed by Head of School or School Manager: It is agreed that your child will receive the medicine in accordance with the details provided above. Medication will be given by a member of staff or self-administered; in both cases, another will witness the medication.

Signature(s) and date: \_\_\_\_\_







Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary  
**Managing Medicines (form 4a): Request for child to carry his / her own medicine**

This form must be completed by parent / carer.

Even if a child is able to administer the medicine independently, it will be stored centrally and safely by school.

If staff have any concerns discuss request with school healthcare professionals.

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

Child's name and class: \_\_\_\_\_

Medical condition / illness: \_\_\_\_\_

**Medicine** *Continue overleaf for any points below.*

Name / type of medicine: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How to give (dosage and method): \_\_\_\_\_

Special instructions / precautions: \_\_\_\_\_

Side effects for us to know about? \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

**Contact details**

Name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name and telephone number of GP: \_\_\_\_\_

I would like my child to keep his / her medicine on him / her for use as necessary.

Signature(s) and date: \_\_\_\_\_



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary

## **Managing Medicines (form 4b): Authorisation for school to store and administer an asthma inhaler**

Name of child: \_\_\_\_\_

### **I request that an inhaler is allowed in school for my child.**

I understand that

1. I need to provide two inhalers for school.
2. Inhalers must be in the original container and pharmacists label intact.
3. The inhaler itself and any accessories must be clearly labelled with the child's name.
4. Inhalers are kept in the classroom in a clearly labelled box and school office (unless there is a specific reason otherwise)

### **I understand that I am responsible for:**

1. Ensuring there is an adequate stock of up to date medicine.
2. Checking the equipment **regularly**.
3. **Ensuring my child is able to use the equipment and deliver the correct dose.**
4. **Informing the class teacher of the** required dosage including any teacher new to my child (for instance at the beginning of a new school year).
5. Speaking to the person in charge of a school visit and ensuring the inhaler is taken on the visit.
6. Letting the school know if there are any changes in medication.
7. Collecting the equipment at the end of each term.

I understand that whilst the school will do its best, it cannot be responsible for:

1. The equipment.
2. Ensuring the dose is taken.

**We will do our best to contact you in an emergency, or if we feel that your child is requesting too many doses.**

**I accept the above terms and absolve the school of any responsibility in connection with the above matter.\***

**I request a variation of the above as follows. I enclose a supporting letter from my doctor (to be attached to this request). I absolve the school of any responsibility in connection with this or the above matters.\***

Signature(s) and date: \_\_\_\_\_

We have an emergency salbutamol inhaler in school.

**I agree that school can administer or allow my child to use the emergency inhaler.**

Signature(s) and date: \_\_\_\_\_



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary

## Managing Medicines (form 5): Staff training for the administration of medicines

### Training overview

Type of training received: \_\_\_\_\_

Date of training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_

### Record of staff trained

Name: \_\_\_\_\_

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_