



Sheep Dip Lane  
Academy



Exceed Learning Partnership  
• EVERY CHILD • EVERY CHANCE • EVERY DAY •

# Managing Medical Conditions (including Managing Medicines) Policy Sheep Dip Lane Academy



<b>Responsible Governing Board</b>	<b>Local Govern</b>
<b>Responsible Persons</b>	<b>Principal/SENCO</b>
<b>Date of last review</b>	<b>28<sup>th</sup> September 2021, Nov 22 &amp; Nov 23</b>
<b>Review Date</b>	<b>November 2024</b>

## Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

## Rationale

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from Doncaster Metropolitan Borough Council's Recommended Procedures for The Management of Medicines in School's and Settings which encourages self-administration of medication when possible. Additional support and advice is also sought from the School Nurses and other Health Teams such as the diabetes nurse, Epileptic Nurse, Consultants based as DRI and the asthma team.

## Aims

The school aims to:

- assist parents/carers in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

## An individual Health Care Plan

Can help schools identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. A Health Care Plan is included within this policy (Appendix 1)

## Support for Pupils with Medical Needs

Parents or guardians have prime responsibility for their child's health and should provide the School with information about their child's medical condition. Wherever possible, self administration of medication should take place or parents should be actively encouraged to administer medicines to their children personally.

There is no legal duty, requiring School staff to administer medication. This is a voluntary role.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Principal, parents, access to information, training and reassurance about their legal liability. They should be given information and guidance in the form of:-

- \*Policy
- \* Health Care Plans
- \* Systems of work and reporting procedures
- \* Access to suitable training
- \* Clarification of their legal liabilities

## Staff Indemnity

The Trust fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment, have been provided with adequate training and are following guidelines for the purposes of indemnity. The administration of medicines falls within this definition; hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that may arise if an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means that the Council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for School staff to be sued for negligence instead an action will usually be between the parent and the employer. The administration of medications falls under three categories:-

- \* Short term medical needs
- \* Non prescription medication
- \* Long-term medication

## Short Term Medical Needs

Many pupils will need to take medication (or be given it) at our school at some time in their school life. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion (prescribed by a doctor/dentist). To support pupils with this will undoubtedly minimise the time they need to be off school. Medication should only be taken in school when absolutely essential.

It is helpful if, where possible, if medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

## Non Prescription Medicine

Pupils sometimes ask for painkillers (analgesics) at our school, including ibuprofen or paracetamol. **Staff should not give non-prescribed medication to pupils.** They may not know whether the pupil has taken a previous dose or whether the medication may react with other medication being taken. A child under 12 should never be given aspirin, unless prescribed by a doctor. If a pupil suffers regularly from acute pain such as migraine, the parents should seek advice from the doctor and obtain a prescribed medication that can be

issued at our school. No member of staff should administer any painkillers unless they have spoken with the parent/carer regarding their last dosage time etc, to prevent overdose. Throat lozenges containing Amylmetacresol are not permitted in school. Throat lozenges such as Locketts are fine. If a stronger lozenges is required i.e. Strepsils the parent must be contacted to administer.

## Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long-term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a child starts school, or immediately should a child develop a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. For a child who has a long term medical need but does not require medication but have a condition that may require medical assistance in an emergency, a Medical Information Form must be completed (Appendix 6)

For a child with a long term medical need requiring staff to transition from Wheelchair to Bed/Floor/Standing Frame, staff will be required to do a course on Moving and Handling. Staff are to work with External Agencies to identify sequence and complete the Moving and Handling Form (Appendix 7)

It is at this stage that an Individual Care Plan for such pupils should be drawn up (Appendix 1) This should involve the school, parents and relevant health professionals.

This can include:

- \* Details of pupil's condition
- \* Special requirements e.g. dietary needs, pre-activity precautions
- \* Medication and any side effects
- \* What to do and who to contact in an emergency
- \* The role the school can play

## Allergies

Allergies Information and photographs of those children who suffer from an allergy is available to all staff. The school has identified those able to administer adrenaline via an Epi Pen when necessary. If any allergy relief medication has to be administered in cases of urgency, the school will identify a procedure and those involved in that procedure. If a pupil/student needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany them to hospital by ambulance.

## Administering Medication

No pupil under 16 should be given medication without his or her parents' written consent, this must be obtained of the request to administer pupil medication form. Only authorised members of staff may administer medication to pupils.

- \* The pupil's name
- \* Written instructions provided by parents/doctor
- \* Prescribed dose
- \* Expiry date & prescribed date.

If in doubt of any of the procedures as outlined within the Policy and Health Care Plan, the member of staff should check with the parents or a health professional before taking further action.

## Self-Management

It is good practice to allow pupils who can be trusted to do so, to manage their own medication from a relatively early age and school should encourage this. If pupils can take their medicine themselves, staff may only have to supervise this. The school policy states that pupils can carry and administer their own medication (e.g. Inhalers). However, staff must bear in mind the safety of other pupils if this is allowed. This will need to be authorised in writing from the parents to do this.

## Refusing Medication

If pupils refuse to take medication, school staff should not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.

## Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at our school (Appendix 4) and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including: -

- \* Name of medication
- \* Dose
- \* Method of administration
- \* Other treatment
- \* Any side effects

OTHER CIRCUMSTANCES WHEN THE SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS

## School Trips

It is good practice for the school to encourage pupils with medical needs to participate in School trips, wherever safety permits. Sometimes the School may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil to offer one to one support. If staff are concerned about whether they can provide for a pupil's safety, or the safety of others on a trip, they should seek further advice from parents, schools Health Service or child's GP.

## Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual Health Care Plan. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylactic - if you are on the sports field you need access to this medication immediately). All inhalers must be taken to PE activities, Assemblies etc. Teachers/Coaches supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

## Dealing with Medicines Safely

Some medicines may be harmful to anyone for whom they are not prescribed. Where the School agrees to administer this type of medicine, the employer has a duty to ensure that the risks to the health of others are

properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

## **Storing Medication**

The school should not store large volumes of medications. All medicines will be stored in a locked cupboard/cabinet in the Academy Business Manager office in an area not accessible to children. All medications must be in the original packaging/ container and is clearly labelled by the pharmacy with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health-care staff should never transfer medicines from their original containers. The Principal is responsible for making sure that medicines are stored safely.

Pupils should know where their own medication is stored and who holds the key.

## **Emergency and Preventative Medications**

Medicines such as asthma inhalers or epipens should be easily accessible, these are securely kept within class so are close to the pupil at all times. The school holds an emergency inhaler which is located within the medical room. A register of pupils who require inhalers is kept within the class and the school office; these should be checked regularly by the LSA/class teacher. Parents/carers must be notified if the inhaler is missing, empty or expired; they will be asked to provide one. It is essential that children have access to their inhalers at all times whilst in school.

## **Access to Medication**

Pupils must have access to their medication when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. Children must be supervised at all times by a designated member of staff when medications are being administered.

## **Disposal of Medicines**

The school staff will not dispose of medicines. Parents should collect medicines held at the school at the end of each term. Parents are responsible for disposal of date expired medicines.

## **Hygiene/Infection Control**

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

## **Emergency Procedures**

The designated of staff will contact the emergency services if required , however all staff are aware of the procedures for contacting emergency services. All staff are aware of who is responsible for carrying out emergency procedures in the event of need.

A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parents arrive. Generally, staff should not take pupils to hospital in their own car, however, in an emergency it may be the best course of action. This will only be carried out if another member of staff accompanies the casualty and driver, and the car driver holds public liability vehicle insurance.



## Purpose of a Health Care Plan

The main purpose of an individual Health Care Plan for a pupil with medical needs is to identify the level of support that is needed at our school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. The school will agree with parents how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year. The school will judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's Medication Policy will be applied uniformly. The Principal will not make value judgements about the type of medication prescribed by a medical or dental practitioner.

Drawing up a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. A model Health Care Plan is enclosed with this policy (Appendix 1)

Those who may need to contribute to a Health Care Plan are:-

- \* Principal/SENDSCO
- \* Parent/Guardian
- \* Child (if suitably mature)
- \* Class Teacher/Form Tutor/Year Head
- \* Care Assistant or Support Staff
- \* School staff who have agreed to administer medication or be trained in emergency procedures
- \* The school health service, the child's GP or other health care professionals

## Co-ordinating Information

Co-ordinating and disseminating information on an individual pupil with medical needs, can be difficult. The Principal will give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies (Admin staff).

## Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. The Principal must make sure that supply teachers know about any medical needs.

## Staff Training

A Health Care Plan may reveal the need for some school staff to have further information/training about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies, eg: epipen: school staff will not give medication without appropriate training from health professionals. The local Health Authority will be able to advise further.

## Intimate or Invasive Treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment e.g. Rectal diazepam for fears about accusation of abuse. Parents and the Principal/SENDSCO will respect such concerns and will not put any pressure on staff to administer medication unless they are entirely willing to do so. The Health Authority will be able to offer specific advice. The Principal or Governing Body should arrange appropriate training for School staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment this will minimise the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff will obviously

protect the dignity of the pupil as far as possible, even in emergencies. For pupils who require Intimate Care, such as changing of nappies, an Intimate Care Plan is to be completed (Appendix 5)

## Administration of Medication Policy

The policy aims to provide clear guidance and procedures to staff and parents. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in mainstream schooling.

- \* Each request for administration of medication to a pupil in our School will be considered individually.
- \* The Principal is responsible for deciding, in consultation with staff, parents, health professionals whether the school can assist a pupil with medical needs.
- \* No medication will be administered without prior consultation with, and written permission from the parent or guardian. (In addition a note from the family GP confirming the child is fit to attend our School and the necessity for the child to take medication during school hours may be required).
- \* 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 Principal.
- \* Specific cultural and religious views on a pupil's medical care will be respected but must be made known to the School in writing.
- \* Personal Health Care Plans will be drawn up in consultation with the school, parents and medical professionals.
- \* A minimum amount of medication, required by the pupil, will be held in our school to accommodate the needs of that pupil.
- \* Medication must be delivered to our school by the parent or escort (not sent in the child's bag) and handed into the office (or designated person).
- \* Medicines brought in should be clearly marked with:-
  - the name of the medicine
  - the pupil's name & dob - dosage (including method of administration and times)
  - special storage requirements - prescribed and expiry date
- \* Medicines received will be logged onto the school's medical needs register file and held securely within the school in the first aid cupboard in the staff room.

All essential staff will be able to access medicines in case of emergency.

- \* The school will establish a medication chart, used in conjunction with the pupil's individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication.

During residential school trips and visits off site, sufficient essential medicines and medical charts/health care plans will be taken and controlled by the member of staff leading the party. If additional supervision is required during activities such as swimming, the parent may be required to assist by escorting their child.

- \* The school will provide training for staff in order that they are equipped to administer emergency medical treatment to pupils with medical needs e.g. administration of rectal diazepam, epipen etc.

Maintenance of staff training records and annual reviews will be the responsibility of the Principal.

The Principal will ensure all staff are aware of:

- \* The planned emergency procedures in the event of medical needs
- \* Designated persons with responsibility for medical care (in order of priority) Mrs Faye Parish – Principal, Mrs Alison Parkhurst – Vice Principal,
- \* The 'stand-in' person in charge should be the designated person available/in the event of absence. Miss Dawn Barker Assistant Principal, Mrs Sarah Sparrow Foundation Leader, Mrs Sylvia Foster Academy Business Manager



- \* All staff must be aware of the school's procedure for calling the emergency services (999) and conveyance of pupils to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance). If pupils are conveyed by car, a trained member of staff will attend to escort the child.
- \* Some pupils carry their own medication (inhalers), this decision is based on wishes of parents, age, maturity and ability of individual child.

Date of Policy 5<sup>th</sup> December 2021

To be reviewed November 2024

Signed: Principal – F Parish



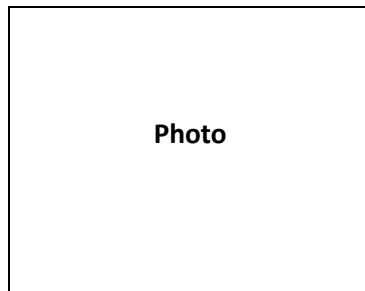
Signed: CofG – C Lambert



## Appendix 1

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### Individual Care Plan



**Pupil Name:**  
**DOB:**  
**Class:**  
**Date of plan:**  
**Date of Review:**

Level of Independence	Relevant information

### Other relevant information

Compliance	Understanding

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**DETAILS OF ASSISTANCE TO BE GIVEN**

<b>Assistance to be given</b>	
<b>No of carers needed</b>	
<b>Equipment needed</b>	
<b>Method to be used</b>	

Signed by parent:.....

Signed by teacher:.....

Singed by cover teacher for PPA:.....

Signed by LSA support.....

Signed by LSA support.....

## Appendix 2

### Request for Medication

Date .....

Time .....

I, ..... give permission for a First Aider in school to administer/supervise the taking of the following medication to my child:

- Medication .....
- Expiry Date .....
- Dosage .....
- Time .....
- Time .....
- Time .....

The reason he/she needs this medication is .....

The reason I cannot supervise this myself is .....

Signed Parent/Guardian .....

I authorise that a Designated First Aider in school can administer/supervise the taking of the above medication to this child. Thank you

Signed Headteacher .....

I, Designated First Aider ..... agree to administer

Supervise ..... taking the above

medication as listed by the parent. I agree to do this for

(Day, Week etc) .....

Signed .....

## Appendix 3

Managing Medicine in Schools Procedures to follow.

Only prescribed medication is permitted to be given to a pupil at the parent's request. The parent/carer must hand the medication into the School office and complete the administer medicines form, clearly stating:

- Name, date of birth and address
- Condition of illness
- Medication, Dosage and Frequency, date prescribed and expiry date.
- Possible side effects
- Emergency contact number

The form must be signed by parent/carer. It is the responsibility of the parent/carer to ensure that the medication is collected at the end of the day and returned to school the following day if required. The form and medication will be received by a trained First Aid member of staff. If a new medication, the First Aider to inform office staff to update the medical register. The medication is then stored appropriately following guidelines based for the medication.

### Administering Medicines

- Ensure that the correct medication is collected for each child.
  - Ensure that hands have been washed prior to and following the administration of medication.
  - Medication should be administered in the medical room (preferred), classroom or Inclusion office
    - Only authorised persons should administer medicines eg. First aider linked to class the child is in
  - Check the name on the medication corresponds to the child and the form checking all details prior to administering. Check the reverse of the form to ensure that another member of staff has not already administered the medication.
  - Once the medication has been administered, the form on the reverse of the Administering medication form should be completed clearly stating; time, dosage, name of medication and signed by the staff member and witnessed by another staff member.
  - Return the medication appropriately.
- If a child refuses to take medication, do not force them. Contact parent/carer to inform them. If a pupil requiring medication is on a school visit, the medication must be taken and given with clear instructions as above to the Group Leader for them to supervise the administration of medication.

All medication must be handed back to the parent/carer to dispose of. Staff members must not dispose of any medication themselves.

### Pupils with Asthma

All Inhalers are located within the class room and securely stored. These must be taken with the class whenever they leave to do activities such as Music, PE, Assemblies and school visits. A second inhaler may be kept within the staffroom first aid cabinet which is kept locked at all times. The key is located in the staff room, with a spare located in the school office. Our school will also obtain an Emergency Inhaler which will be located within the First Aid Room.

Parents will complete our request for medication form to allow our school to supervise the administration of their child's medication clearly stating:

- Name, date of birth and address
- Condition of illness
- Medication, Dosage and Frequency, expiry date and date prescribed.
- Possible side effects
- Emergency contact number

In the event of a severe case of asthma it may be necessary to draw up a medical care plan for the individual pupil. Inhalers are checked weekly by LSA's within class. It is the parent's responsibility to ensure that an inhaler is available in our school, if however the school notices that an inhaler is missing the parent/carer may be asked to bring one in immediately. Each child will receive a log book, and the following must be documented when a child administers their medication. A copy of the permission form is also attached to the book.

- Name
- Number of sprays/puffs of Ventolin administered.
- Time
- Date
- Supervisors signature

Pupils who participate in swimming lessons must take their inhalers with them. Medication must also be taken on school visits.



## Appendix 4

### Record of medication administered

Name:..... Class.....

Date request for medication form started:.....

Date	Medication	Amount given	Time	Administered by Initial	Co signed	Amount left	Any side effects noticed? Contact parent/carer

## Appendix 5

### Intimate Care Plan

<b>Child's name</b>	
<b>Class</b>	
<b>D.O.B</b>	
<b>Medical diagnosis or condition</b>	

#### NATURE OF PERSONAL CARE

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#### How and what will be carried

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#### PROCEDURE A

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#### PROCEDURE B

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<b>PROCEDURE C</b>

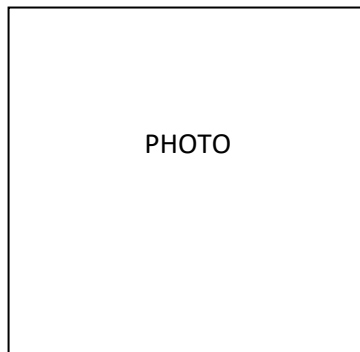
<b>PROCEDURE D</b>

<b>Signed by practioner</b>	<b>Date:</b>
<b>Signed by parent:</b>	<b>Date:</b>

<b><i>Author</i></b>	
<b><i>Date</i></b>	
<b><i>Review Date</i></b>	

**Appendix 6**

**Medical  
information**



Name:							
DOB:							
Class:							
Medical Condition:							
Names of professionals involved:	Name			Dept			
Dates of medical appointments:							
Triggers/Signs:							

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Treatment Required (What to do when)	
Any other information	
Emergency Contact:	1)
	2)
	3)

## Appendix 7

Manual Handling Plan for:

Members of staff:



Out of wheelchair to floor - 1 staff -

From Floor to Wheelchair-