



Longshaw Junior School

Success for all - Nothing Less!



Medicine Policy

Revisions

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Reviewed: November 2024

Next review date: November 2026

Aims

Inclusion Statement

This policy reflects the School's commitment to inclusion. We believe that all children should have access to an appropriate education that affords them the opportunity to help them achieve their personal potential.

The Children and Families Act 2014 and the DfE Statutory Guidance 'Supporting Pupils at School with Medical Conditions', issued in December 2015, places a duty on the school governing body 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 should have full access to education, including school trips and physical education.

At Longshaw Community Junior School, we believe that parents and guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEN and have an Education Health Care Plan (EHCP). Some children may have an Individual Health Care Plan (IHCP) drawn up by medical professionals to help us support them in school.

Objectives

This policy outlines the way in which the school aims will be met. The objectives of this policy and the practical aims of the school are

- to set out the appropriate support and input required from parents and carers.
- to ensure staff and children are educated in respect of special medical needs.
- to arrange training for staff to support individual pupils.
- to set consistent rules in which medications will be allowed in school.
- to set out what is expected of staff in the handling, storing, administering and recording of medicines.
- to liaise as necessary with medical services in support of individual pupils.
- to ensure access to full education if possible considering each child's needs individually.
- to effectively support pupils after absences due to frequent appointments or long-term absences.
- to monitor and keep appropriate records.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- parents will have confidence in the support provided by school.
- there is a commitment that all relevant staff will be made aware of the child's condition.
- procedures to be followed to support a pupil's medical condition should be clearly set out in the child's health care plan.
- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child.
- school seeks advice from healthcare professionals as well as listening to parents and the child.
- Individual Health Care Plans will be reviewed annually or earlier if the child's needs change.
- no child should be put at risk.

Responsibilities

- the Governing Body is responsible for ensuring this policy is implemented.
- the Governing Body should ensure that Individual Health Care Plans are reviewed at least annually.
- the Headteacher has overall responsibility for the management of medication in school.
- the Headteacher is responsible for ensuring that sufficient staff are suitably trained.
- the Headteacher should ensure all staff are insured to support children with medical conditions.
- the School Nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- the School Nurse is able to help develop Individual Health Care Plans.
- the Class Teacher and or the SEN co-ordinator is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged.
- class teachers supported by TA's will monitor Individual Health Care Plans.
- there is no legal duty which requires staff to administer or supervise the administration of medication; this is a voluntary role. However, where staff have agreed to do so, they must ensure this responsibility is upheld or notify the Head Teacher if they are unable to.
- specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).
- pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs.
- it is the parents' duty to inform school immediately if a diagnosis is made for their child that would require an Individual Health Care Plan or the long term administration of medication in school.
- parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- the parent/carer is responsible for ensuring that their child's medication does not expire – school will not administer medication that has exceeded its expiry date.
- the local authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Health Care Plans can be delivered effectively.

- the health service can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Managing Medicines on School Premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Staff will not administer medication that has not been prescribed.

Staff who assist with any form of medication in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. Indemnity will not be given in cases of fraud, dishonesty or criminal offence. This section of the policy refers only to medication.

At Longshaw Community Junior School children are not permitted to carry their own medication (with the exception of emergency medicines such as Asthma inhalers, Epipens and insulin). Systems and procedures laid out in this policy regarding administering and storage of medication must be followed for all children and all medication.

Medication Received by School

- All medication must be in the original container and prescribed by a health practitioner.
- School will only accept medication that is in date, clearly labelled by the doctor/pharmacist with the child's name, correct dosage and storage instructions. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- No child under 16 will be given prescription medicines without their parent's written consent.
- Parents should give antibiotics at home. Parents should ask the doctor if it is possible for the medicine to be prescribed in doses of three times daily rather than four times. If this is not possible and it is necessary for a child to complete a course of antibiotics at school, then parents should come into school and arrange for staff to administer medicine in agreement with the Headteacher/Deputy/ Assistant Head. In this case, school's 'Request for Administration of Medication' form (See Appendix 1) must be completed.
- A member of the Senior Leadership Team will authorise and sign the 'Record of Administration of Medication' form before medication is administered (See Appendix 2).
- On arrival at school all medication is to be handed to the designated member of staff (to the Office) by the parent. The medication will be stored in line with school policy.

Administration & Supervising the Administration of Medication

- Staff who have volunteered or who are employed for the purpose of administration of medication and health care will receive appropriate training and advice.
- The 'Request for Administration of Medication' form and the 'Record of Administration of Medicine' form are to be kept with the medication.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

- Short Term medicines will be returned to the parent or relevant responsible adult at the end of each day / or end of treatment.
- When Long Term medicines are no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.
- Medicines will never be left unattended.

Any member of staff giving medicine to a child should:

1. Have another member of staff with them to witness the administration of the medicine.
2. Check the child's name on the medicine container.
3. Check the prescribed dose stated on the 'Request for Administration of Medication' form and match this to the dose prescribed, ensuring that these match.
4. Check that the expiry date has not passed.
5. Comply with the written instructions provided by the prescriber on the label or 'Request for Administration of Medication' form (for example, to be taken with food).
6. If the information on the label or on the form is found to have an error or the expiry date has been reached, staff should telephone a parent/carer to explain this and that the medication is unable to be administered. Staff should make a recording of this on the 'Record of Administration' form.
7. Give the child the medication. Staff to help in the least way that they can whilst maintaining safety.
8. Check, as much as possible, that the full dose has been taken or swallowed.
9. Ensure that the medication is packaged up as appropriate and stored safely.
10. Complete the 'Record of Administration of Medicine' form and both members of staff sign to confirm that the medication has been given in accordance with the prescription and this policy. Any side effects of the medication administered at school should be noted.

Refusing Medicine

- If a child refuses to take medicine, staff should not force them to do so, but should note this on the 'Record of Administration' form.
- Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Self-Administration of Medication

Parents/carers must complete a 'Self-Administration of Medication' form for a child to self-administer medication (examples would include Insulin (Appendix 3) and/or asthma medication (see Asthma Policy – self administration consent is part of emergency inhaler consent form). This is not a conclusive list. This would only be allowed if a child has been trained and is competent to administer medication. Once consent has been provided and where appropriate, children would be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

Storage of Medicines

- Medicines that have been prescribed for a pupil will be securely stored in the allocated medicine cupboard, out of reach of children.

- Medicines will be stored in accordance with product instructions and in the original container in which dispensed.
- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines which need to be kept in a refrigerator are kept in the lockable Medicine Fridges.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important to consider when off site e.g. on school trips.
- All asthma preparations and equipment are to be kept in the classroom readily available to the asthma sufferer and staff concerned at all times.
- Medication for the emergency treatment of e.g. anaphylactic shock, is kept in the child's classroom. They should be in a sealed container clearly labelled.
- For specific conditions, basic emergency details and a photograph of the child to be available in the office and where relevant, for example the kitchen/servery.

Records

- Records will be kept of all children receiving medication. Parents will complete school's 'Request for Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/G.P/ Consultant.
- 'Administration of Medication' forms will be completed to record what, how and how much medication was administered, when and by whom. Any side effects will also be noted.
- Individual Health Care Plans are kept in the office in the emergency contact file and a copy held in class.
- 'Request for Administration of Medication' form and 'Record of Administration of Medication' forms are to be kept with the medication and destroyed after 12 months from when the need for medication is over.

Specific Health Related Issues

Asthma

See Longshaw Community Junior School Asthma Policy. Also see <https://www.asthma.org.uk/>

Diabetes

See <https://www.diabetes.org.uk/>

Highly Infectious Diseases

As soon as the school becomes aware that a pupil or a member of staff is affected, the school will seek the advice of the Public Health Service and act upon it, keeping parents, staff and others informed as and when necessary.

Allergies

- Parents should inform school if their child has any allergies and the procedures laid out in this policy should be followed with regard to medication.
- Where children have food allergies, all staff, including the kitchen staff will be given a list of the children involved and the allergies they have.

- Where children have an allergy which produces a violent allergic reaction – the school will liaise closely with the parents and the local health team. All procedures will be adhered to as set out in the Individual Health Care Plan.

Minor Contagious Ailments (e.g.; Head-lice, Scabies, Thread-Worm)

When school become aware that a child has symptoms of head-lice/scabies/thread-worm (this is not an exhaustive list), the teacher will ask the Office for an 'Alert' text and information letter (see Appendix 4) and this will be sent out to all children in the class. The class teacher / office will inform the parents/relevant adult of the child, that they suspect their child has head-lice/scabies/thread-worm and encourage them to seek treatment as soon as possible from a pharmacist.

The school is not in a position to check or treat children's heads themselves nor to allow other parents to do so.

Medical Checks

These are carried out at regular intervals during the school year and at different ages. They are arranged by the school nurse or Community Healthcare Service and include eye tests and height and weight checks.

Should staff have concerns about an individual pupil they will talk to parents and make a referral to the School Nurse.

Individual Health Care Plans

Individual Health Care Plans can help to ensure that school effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix 5.

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality (office emergency record and classroom file). Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or Educational Health Care Plan their special educational needs should be mentioned in their individual healthcare plan.

Individual Health Care Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The School Nurse will

take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. See Appendix 6 regards the contents of healthcare plan.

Staff Training and Support

New members of staff will go through the relevant medical policies as part of their induction process. Once staff have read and understood the policies and procedures they will sign the 'Administering Medicine – Staff Consent' form (see Appendix 7). Supply teachers will be notified on arrival in school of any children with medical issues and procedures that are in place to support the child and keep them safe.

Where appropriate, any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of Individual Health Care Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions, where possible will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Health Care Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training will be arranged for some conditions such as anaphylaxis, diabetes, asthma. This will usually be provided by the school nurse, specialist nurse or complex needs nurse.

School Visits

School will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

- Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- For children requiring medicine during a school visit staff will follow the same procedures laid out in this policy.
- The only exception to the procedures laid out in this policy would be if a child requires travel sickness medication. This would not be prescribed by a doctor. However following a discussion with the Head teacher and parental consent school staff would administer travel sickness medication in exceptional circumstances (e.g.; returning from a residential trip).

- A list of emergency contact numbers should be taken, or contact details are available in the office.
- If there is a particular concern, an additional adult should accompany the visit in order to look after the child.

Emergency Procedures

In a medical emergency First Aid trained staff in school must be informed along with a member of the Senior Leadership Team.

Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

If the child does not have an adult at school and the ambulance is ready to go to hospital, a member of staff will accompany a child in the ambulance and remain with them at hospital until an appropriate adult arrives. It is important that relevant information appertaining to the child is taken to hospital – this can be obtained from the school office. It may also be necessary to take the child's Health Care Plan.

At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual Health Care Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Longshaw has a modern defibrillators located in the reception area of the building. The local NHS ambulance service are aware of their location. Anyone can use a defibrillator but some school staff have received training through on their First Aid course and/or specific defibrillator training.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating in any aspect of school life, including school trips.

Staff with medical needs

- Employees are not obliged to disclose medical conditions or disabilities to their employer, however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
- If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.
- Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
- Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly.
- Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- Medication (prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard (e.g.; handbags, etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them).

Insurance

The Governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions. Longshaw Community Junior School is insured by Risk Protection Arrangement (RPA) through Blackburn with Darwen Borough Council. The arrangements cover staff that provide support to pupils with specific medical conditions, provide liability cover for staff administering medication and administering first aid. Members of staff receive the appropriate training and that training is updated when necessary.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.



**Longhsaw Community Junior School
Request for Administration of Medication**

APPENDIX 1

The school will not give your child medicine unless you complete and sign this form, and a member of the Senior Leadership Team has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Full Name _____

Year/Class _____

Condition or Illness _____

MEDICATION

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication _____

Date dispensed _____

Directions for use

Dosage and method _____

Timing _____

Special Precautions _____

Side Effects _____

Self-Administration _____

Procedures to take in an Emergency _____

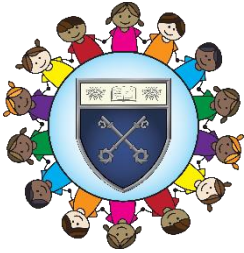
CONTACT DETAILS

Name _____ Daytime Telephone No _____

Relationship to Pupil _____

I understand that I must deliver the medicine personally to a member of staff and the medicine must be collected by an adult, and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature _____



Longsaw Community Junior School
Self-Administration of Medication
**Name of Long Term Condition*

DETAILS OF PUPIL

Full Name _____ M/F _____

Date of Birth _____ Year/Class _____

CONSENT

1. I can confirm that my child has been diagnosed with

2. My Child has a clearly labelled box containing (*please name all items*)

which will be kept in school and should be administered according to their Individual Health Care Plan.

3. I consent for my child to administer their own (*name of medication*) _____
 at the appropriate times (according to their Individual Health Care Plan) and use the medication when they feel they need it.

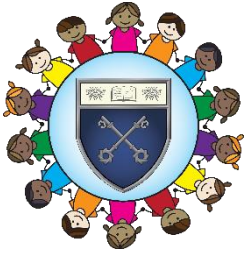
Medication

Name/Type of Medication (as described on the container) _____

Name of Parent/Guardian _____

Signature _____

Date _____



HEADLICE ALERT!

**There is a current, active infection in your child's class -
PLEASE CHECK ALL YOUR FAMILY'S HAIR TONIGHT.**



**Correct diagnosis is essential. The only reliable method is by detection combing
AND appropriate treatment. If you need help ask your local chemist, health
visitor or family doctor.**

THANK YOU



Dear Parents and Carers,

You are receiving this letter as we are aware there are children in school who have been in contact with children who have scabies . For more information regarding scabies and the treatment of it please visit:

<https://www.nhs.uk/conditions/Scabies/>

Thank you for your support in this matter.



Dear Parents and Carers,

You are receiving this letter as there have been several cases of Threadworms reported in your child's class. For more information regarding threadworm or the treatment of it please visit:

<http://www.nhs.uk/Conditions/Threadworms/Pages/Introduction.aspx>

Thank you for your support in this matter.

Model process for developing an Individual Health Care Plan

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Individual Health Care Plan

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
 - the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
 - specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the child's condition and the support required;
 - arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
 - where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
 - what to do in an emergency, including whom to contact, and contingency arrangements.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.



Longshaw Community Junior School Administering Medication – Staff Consent

Medication Training Content:

Information contained within the school's Medicine/Medication Policy, focusing particularly on the section entitled 'Managing Medicines in School'.

Name of School: Longshaw Community Junior School

Name of Staff: _____

Type of Training Received: The process in which to administer medication in line with the school's medication policy.
Information regarding all relevant procedures to be followed in line with the medication policy.

I confirm that I have received and read the training detailed above and am now aware of the medication policy that I need to comply with. I am aware of the relevant paperwork to be completed, where to store medication, what medication can be administered in school and the procedure for administering medication.

Staff Signature: _____

Date: _____

I *consent/do not* consent to administering medicines to pupils (*please delete as appropriate*).

Staff Signature: _____

Date: _____