

Great Sankey Primary School



Administering Medicines and Supporting Pupils with Medical Conditions

Version	Date	Action
1	March 2019	New policy written and ratified by LGB
2	July 2020	Policy updated, consideration with COVID RA for September 2020
3	July 2021	Policy updated, continued consideration with COVID RA for September 2021
4	September 2022	No updates required
5	September 2024	No updates required
6	September 2026	Reference to the TCAT allergens policy Changes to administering medicines permissions (move from paper to Medical Tracker system)



Administering Medicines and Supporting Pupils with Medical Conditions Policy

Rationale

Great Sankey Primary School is committed to ensuring that children stay healthy and safe. GSP has devised its medicines policy and adopted strict procedures, in relation to the administering and storage of medicines to protect the health and welfare of children and all users of the school.

Great Sankey Primary School has written this policy to ensure that best practices and procedures are carried out at the school. This policy complies with the legal requirements of the Early Years Foundation Stage statutory framework.

This policy is to be read in conjunction with the TCAT Allergens Policy in light of Benedict's Law.

Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Great Sankey Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

Role of Parent/Carer

Parents/Carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carers visiting school at lunch time to administer the medication. However, this might not be practicable such as when a child is prescribed 4 doses of antibiotics within the day, and in such a case parents/carers may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent/carers must bring it to the school office and fill in the Administration of Medication Permission and Record form on our online system Medical Tracker. Medication must not be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent / carers at the end of the school day.

Implementation of Policy

- If a child or adult requires medicines to be administered during a session at the school, they will be supervised by an adult and encouraged to take responsibility for these themselves, for example with the use of asthma inhalers / application of creams.
- Parents and carers should discuss the issues with a member of staff and agree on the action which is necessary to ensure the health and safety of the child or adult.

- Parents and carers wishing the school to administer prescribed medicine must complete and sign the online form on Medical Tracker. NO MEDICATION WILL BE ADMINISTERED WITHOUT PRIOR COMPLETION OF THIS.
- The Headteacher will refuse a request to administer any medication if they feel unable to carry out the task required or feel that they could be placing the child in danger.
- The school reserves the right to decline a request from parents and carers to administer medication which requires a level of technical knowledge or training which the staff at the school does not possess the skills or training to carry out safely.

Supporting Children with Medical Conditions

Children and Families Act 2014

- The Children and Families Act 2014 includes a duty on schools to support children with medical condition and outlines how schools must plan for supporting pupils at schools with medical conditions.
- At Great Sankey Primary School, we will ensure that children with medical conditions are well supported. We have a range of experience of dealing with children who require this support including diabetics, asthma and other common childhood conditions.
- The Headteacher is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained.
- We have a commitment that all relevant staff will be made aware of the child's condition and will receive adequate training to ensure they are confident and well equipped to deal with the child's condition.
- In the event of the support adults' absence, we provide cover arrangements to ensure someone is always available.
- Risk assessments for school visits, residentials, and other school activities outside of the normal timetable will be undertaken for all children with medical conditions, and these will be shared with parents.
- We will regularly monitor all individual healthcare plans in liaison with the health practitioners, parents and the child concerned.

Prescription Medication

Prescription medicines should be administered at home wherever possible, for example, medicines that need to be taken 3 times a day can usually be taken before school, after school, and at bedtime. Parents are encouraged to ask the GP whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin, which must still be in

date but will generally be available to school inside an insulin pen or a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Prescribed medication, other than emergency medication, will be kept in the Medical Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, epi-pens etc.) should be kept in the child's classroom and be readily available. A second Epi-pen for each child who requires one, should be kept alongside the first pen in the same location as the child and in a box clearly labelled with the child's name and photograph.

Non-Prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

Refer also to the TCAT Allergens Policy for the location and administering of non-prescribed epi-pens.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete the online Administration of Medicine Consent form and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents or another adult as agreed, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs will be kept in the Medical Room, either in the cupboard or the refrigerator (located in the school office) as appropriate, and only specific named staff are allowed access to it. Each time the drug is administered it must be recorded on Medical Tracker, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Emergency Inhalers

In line with “Guidance on the use of emergency salbutamol inhalers in schools” March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the Medical Room, along with appropriate spacers. They will be administered by a member of the First Aid Team. If an emergency inhaler has been used, parent/carer must be informed by Medical Tracker and if necessary, a telephone call.

Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long-term medical needs. The school will draw up an individual health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

Procedure for Medicines

A member of staff will be assigned to administer medication for each individual child concerned.

They will also be responsible for ensuring that:

1. The medication consent form has been completed correctly and signed.
 2. All necessary details are recorded and the staff member clearly understands the instructions for the medication. If the staff member is uncertain of any aspect, they must consult the Headteacher immediately.
 3. The medication is correctly labelled and stored according to the product instructions, in the original container and with written instructions from the manufacturer stored with the medication.
 4. A member of staff must act as a witness to ensure when medication is being administered to ensure that the correct dosage is given and to offer support and practical assistance if required.
- If a child refuses to take their medication, staff will not force them. The member of staff attempting to administer the staff will contact the child’s parent/carer and inform a member of SLT immediately and the incident recorded on Medical Tracker.
 - Children who carry their own medication will be requested to store the medication safely under the supervision of a member of staff until it is required.

- Adults who carry their own medication will be requested to keep it stored safely out of the reach of children.
- It is the parent or carer's responsibility to ensure that all medication is clearly marked with the child's name and regularly checked to see if it is still working and in date.
- If the type of medication or dosage changes and differs from information contained on the *Administering Medication Permission Form*, the parent or carer must complete a new form immediately.

Individual Healthcare Plans

- Some children will require IHPs (Individual healthcare plans) as a result of their medical condition. Information included in an IHP include:
 - The name of the medical condition
 - What triggers the condition?
 - Signs and symptoms to look out for
 - Treatment and medication
 - Facilities and equipment required
 - Dietary requirements
 - Specific support for child
 - Persons responsible for each aspect of the plan
- IHPs help to ensure that schools effectively support pupils with medical conditions by providing a clear and explicit plan which is shared with all relevant members of staff.
- IHPs will outline what needs to be done to support the medical condition and the adults who are responsible.
- IHPs will be agreed by healthcare professionals and parents and will be easily accessible to all who need to refer to them, while preserving confidentiality.
- IHPs should include 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.
- IHPs will be reviewed annually or earlier if there is evidence that the child's needs have changed. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of the EHC plan and the SENDCo should work closely with the child, parents and other relevant staff.
- When a child returns to school following a period of hospital education the school will work with the child, parent and local authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Procedure to be followed when notification is received that a pupil has a medical condition

- We will liaise with a new school when we know of a child coming to or going from our school and ensure arrangements are in place before the start of the relevant school term to ensure a smooth and stress-free transition for the child and family.
- In situations where a child receives a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible.
- At Great Sankey Primary School, we will not wait or rely on a formal diagnosis before providing support for a child's medical condition.

Disability Equality Impact Assessment

This policy has been written with reference to and in consideration of the school's Equalities Policies. Assessment will include consideration of issues identified by the involvement of disabled children, staff and parents and any information the school holds on disabled children, staff and parents. This policy should be read in conjunction with:

- Health & Safety Policy
- Safeguarding Policy and Procedures
- Asthma Guidance
- Equalities Policy
- Inclusion Policy
- Accessibility Policy
- TCAT Allergens Policy

Monitoring Arrangements:

This policy will be reviewed annually. It will be approved by the Headteacher, Governors and Board of Trustees.

Any questions or concerns regarding this policy should be made to Lisa Wilding, Headteacher.



Appendix 5

Self-care medicines patients in Warrington

The medicines in phase two now join the medicines outlined in phase one's consultation, meaning that unless there is an exceptional circumstance, or a patient has a long-term condition, a patient will need to buy these medicines over the counter:

- Pain killers for **minor** aches and pains
- Tonics, vitamins and health supplements
- Ear wax removers
- Lozenges, throat sprays, mouthwashes, gargles and toothpastes
- Indigestion remedies for occasional use
- Creams for bruising, tattoos, and scars
- Hair removal creams
- Moisturisers and bath additives for dry skin
- Sun creams
- Foods and food supplements
- Pain relief cream/ointment for short-term
- Oral antihistamines for hay fever
- Decongestant nasal sprays and tablets
- Teething gels and ulcer treatments
- Vaginal moisturisers (for example lubricant gels and creams)
- Warts and verrucae paints
- Heparinoid gel/cream
- Antiperspirants
- Antifungal treatments (for example for athletes' foot)
- Treatments for bites and stings
- Treatments for cold sores
- Antibacterial eye drops
- Treatment for diarrhoea
- Head lice treatments
- Treatments for infant colic
- Creams/ointments for nappy rash
- Threadworm treatments
- Treatment for vaginal thrush
- Haemorrhoids treatment
- Cough preparations
- Eye care products (for example blepharitis wipes)
- Probiotics
- Treatments for mild acne
- Dandruff and cradle cap treatments
- Baby milks (unless a clinical need for a specialist milk)