

**Medicine Policy**

Updated: Feb 2023

To be reviewed: Feb 2025

**Farndon Primary School**

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| **EQUALITY SCHEME**  **EQUALITY IMPACT ASSESSMENT FOR**  **MEDICINE POLICY** | | | |
| Staff / Committee involved in development: | | Finance / Health Safety Committee; Headteacher / Bursar | |
| For use by: | | Staff and Parent/Carers | |
| This policy relates to statutory guidance: | | Supporting pupils with medical needs 2014  EYFS Guidance  Children and Families Act 2014  Equality Act 2010  DFE Asthma guidance | |
| Key related Farndon Policies: | | Health and Safety Policy  Asthma Policy | |
| **Equality Impact Assessment:** Does this document impact on any of the following groups? If YES, state positive or negative impact, and complete an Equality Impact Assessment Form or action plan, and attach. | | | |
| **Groups:** | **Yes/ No** | | **Positive/Negative impact** |
| Disability | No | |  |
| Race | No | |  |
| Gender | No | |  |
| Age | No | |  |
| Sexual Orientation | No | |  |
| Religious & Belief | No | |  |
| Gender Reassignment | No | |  |
| Marriage & Civil Partnership | No | |  |
| Pregnancy & Maternity | No | |  |
| Other | Yes | | Pupils with medical needs have full and equal access to curriculum. |
| **Reviewed by** | | Leadership and Management Committee | |
| **Agreed by** | | Leadership and Management Committee  Policies with negative impact must be  notified at full governing body | |
| **Next Policy review date** | | Feb 2025 | |
| A copy of this form, and any related impact assessment form or action plan must be sent to the school office | | | |

**Farndon Primary School**

**Medicine Policy**

***The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.***

**Policy aims**

The main aim of this policy is that pupils within our school with medical conditions are properly supported so that they have full access to education.

* With this policy our aim is to support individual children with medical needs to achieve regular attendance.
* A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
* A third aim is to ensure that medicines given at school are stored and administered safely.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

**Non-prescribed medicines:**

The school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol or cough medicines). Parents need to make arrangements to come into school if they wish to give their child these medicines.

No medicines can be administered without the Parents’ consent.

**Prescribed medicines:**

In line with other schools’ policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves. Parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

***Please consider whether your child is well enough to be at school if they require medicine 4 times a day***.

Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance to do so. We will only accept prescribed medicines that are in date, labelled and provided in the original container as dispensed by the pharmacist and include instructions for administration regarding dosage and storage.

**Storage of Medicines:**

Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so. If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

* Name of child.
* Name of medicine.
* Dose.
* Method of administration.
* Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

* Any side effects.
* Expiry date.

The school will provide blank medicines record forms, and parents/carers must complete and sign one of these forms if they leave medicine at school.

**Procedure for Administering Medicines:**

1. Medicines to be received, stored, administered and recorded by the same member of the first aid team, usually the Headteacher or Learning Mentor. Pupils also know where they are stored. Where it is not possible for the above persons to administer, Office staff may administer as long as it is counter signed by the Head or Learning Mentor. Out of school club staff can administer if Head consulted and gives permission – staff to use Out of School Medicine protocol – **Appendix 5**
2. Parents to complete the necessary pro forma and to personally hand the form and the medicine to the member of staff nominated by the Headteacher the class teacher (Mrs Hughes). This formal face to face meeting must take place.
3. Medicines to be stored in a secure, locked cupboard or fridge as appropriate (if in the fridge, must be in a sealed container).
4. Children who are to receive medicines will be collected by a member of the Office staff or the Headteacher and accompanied to the dedicated first aid area, which is opposite the Office and Headteacher’s Office.
5. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
6. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
7. Where it is pouring liquid medication, a dispensing cup (or syringe) should be used.
8. Stay with the pupil to ensure that the medication has been swallowed.
9. Where the child raises a concern that they don’t think they need to be taking any medication, the medication must not be given until the paper work has been checked and the parent contacted.
10. A record will be made to certify that the name/visual check has been made (see point 6) and that the dosage has been checked. A record will also be made of the date and time of the administration. The member of staff administering the medicine sign to show it has been given.

**Remember the 5 Rs when administering medication**

Right Student; Right medication; Right dosage; Right time; Right route.

**Emergency Situations.**

These are catered for in the IHC plans. It is clearly defined what constitutes an emergency and explains what to do. It should make clear all relevant staff are aware of emergency symptoms and procedures. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

**Longer term Medical needs:**

Where a child has a long term medical need a written Individual Health Care (IHC) plan will be drawn up with the parents and health professionals. In this case, school staff & Out of School staff will assist with medicines if this is in the care plan. **( Appendix 3 )**

The IHC plans ensure that as a school we effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. When deciding if an IHC is needed, we follow a flow chart taken from the statutory guidance ( **Appendix 4 )**

Plans are drawn up in partnership with the parents and relevant health care professionals. The aim is to capture the steps which the school must take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans are reviewed annually or earlier if the needs change. Where a child has a special educational need, the IHC should become part of the EHC.

The IHC plan should always consider the following:

* medical condition
* the pupil’s needs ( medication / dietary / dosage )
* specific support for pupil’s social and emotional needs
* level of support needed
* who will provide the support and training needs
* who in school is aware of condition
* arrangements for written permission for medication to be administered
* arrangements for school trips
* confidentiality
* what to do in an emergency

**Self-Management:**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately and ensure they are appropriately supervised.

**Refusing Medicine:**

When a child refuses medicine the parent or carer will be informed the same day. The medication **must not** be given at a later time stated in the administration of the medicine.

**Storage and Disposal of Medicine:**

The school will store medicine in a locked cabinet (in the school office), or locked fridge, as necessary. They are stored in containers and clearly labelled. Medicines that have not been collected by parents at the end of each term will be safely disposed of. School keeps a log of medication and expiry dates. The school Bursar and Family Liaison Mentor send reminders where necessary.

**Emergency treatment and medicine administration:**

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Reviewed by Headteacher: Mr Andrew Walker

Signed: 

Chair of Governors: Miss Lindsey Lancelotte

**School illness exclusion guidelines – Appendix 1**

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day. **See also Guidance on Infection Control in schools and other childcare settings for more details.**

|  |  |
| --- | --- |
| Chickenpox | Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash. |
| Conjunctivitis | Parents/carers expected to administer relevant creams. Stay off school if unwell. |
| Nausea | Nausea without vomiting. Return to school 24 hours after last felt nauseous. |
| Diarrhoea and/or vomiting | Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks. |
| German  measles/rubella | Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed . |
| Hand, foot and mouth disease | Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit. |
| Head lice | No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice. |
| Cold sores | Only exclude if unwell. Encourage hand-washing to reduce viral spread |
| Impetigo | Until treated for 2 days and sores have crusted over |
| Measles | For 5 days after rash appears |
| Mumps | For 5 days after swelling appears |
| Ringworm | Until treatment has commenced |
| Scabies | Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment. |
| Scarletina | For 5 days until rash has disappeared or 5 days of antibiotic course has been completed |
| Slapped cheek | No exclusion (infectious before rash) |
| Threadworms | No exclusion. Encourage handwashing including nail scrubbing |
| Whooping cough | Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days. |
| Antibiotics | First dose must be given at home, and first 24 hour doses must be given by parent or carer. |
| Viral infections | Exclude until child is well and temperature is normal (37 degrees). |

FARNDON PRIMARY SCHOOL **Appendix 2**

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that ………………………………………………… (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth ..………………………… Group/class/form ………………………

Medical condition or illness ………………………………………………..

Name/type of Medicine ………………………………………………..

(as described on container)

Expiry date……………………………. Duration of course…..………………….

Dosage and method ………………… Time(s) to be given………………….....

Other instructions …………………………………………………………………..

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child’s name in FULL.

Name and telephone number of GP ……………………………………………….

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed ……………..……………………Print Name ………………………………

(Parent/Guardian)

Date …………………………………….

Daytime telephone number …………………………………………………………

Address …………………………………………………………………..

…………………………………………………………………..

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service

**Appendix 3**

 Unlocking the potential…

**Individual Healthcare Plan**

**Child / Young person details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | | |
| **School:** |  | | |
| **Child’s Address** |  | | |
| **Year Group:** |  | | |
| **Date of birth:** |  | | |
| **Medical diagnosis:** |  | **Diagnosed since** |  |
| **Explanation of condition** |  | | |
| **Other conditions:** |  | | |
| **Allergies** |  | | |
| **Date:** |  | | |
| **Review date:** |  | | |

**Family contact information**

|  |  |  |
| --- | --- | --- |
| **Name:** | |  |
| **Relationship to child:** | |  |
| **Telephone numbers** | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **E mail address** | |  |
| **Address if different to child** | |  |

|  |  |  |
| --- | --- | --- |
| **Name:** | |  |
| **Relationship to child:** | |  |
| **Telephone numbers** | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **E mail address** | |  |
| **Address if different to child** | |  |

**Other essential information**

|  |  |  |
| --- | --- | --- |
| **Contacts** | **All the relevant contact details / numbers** | |
| **Job title** | **Named Contact** | **Contact number** |
| **General Practitioner** |  |  |
| **Class teacher** |  |  |
| **Health visitor / School nurse** |  |  |
| **SENCO** |  |  |
| **Relevant teaching staff** |  |  |
| **Relevant non-teaching staff** |  |  |

|  |
| --- |
| **Describe and give details of child’s symptoms, triggers, signs and environmental issues** |
|  |

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| --- |
| **Treatment, medication, dose, method of administration, when to be taken, administered by, with out without adult supervision** |
|  |

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| --- |
| **Daily care requirements** |
|  |

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| --- |
| **Specific support for the pupils educational, social and emotional needs** |
|  |

|  |
| --- |
| **Arrangement for school visits / trips etc** |
|  |

|  |
| --- |
| **Describe what constitutes an emergency and the action to take if this occurs** |
|  |
| **Training for staff needed / undertaken – who, what, when** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signatures** | **Date** |
| **Young person** |  |  |  |
| **Parent / Carer** |  |  |  |
| **School rep (including job title)** |  |  |  |
| **Headteacher** |  |  |  |

**Appendix 4**

**Model process for developing Individual Health Care Plans**

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

IHCP implemented and circulated to all relevant staff.

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

School staff training needs identified

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

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 ).

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.

Parent and 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.

**Appendix 6 Before and After School Club**

**Out of School Administering Medicines Protocol**

This is different from whole school policy to allow for different members of staff being available and the ease of recording.

**To be read in conjunction with the Whole School Medicine Policy.**

Medication will never be given without the prior consent of Head Teacher & parents (as outlined in whole school policy) unless instruction is given in a critical emergency by a hospital or GP.

Medicines should only be administered by the out of school staff when it would be detrimental to a child’s health, or school attendance, not to do so and it cannot be carried out by the designated school staff or parent. Therefore, it is most likely to be regular medication outlined in a child’s Individual Health Care plan that will be administered.

The Whole School Policy will be adhered to apart from the items below which replace **only** the Whole School ‘*Procedure for Administering Medicines’* paragraph.

**The procedure for administering medication at the club is as follows:**

**Child too young to self-administer**

One member of staff alerts another member of staff that a child is going to have medicine (can be verbal or visual) & other member of staff stays vigilant and observes from a distance until the medication is back in it’s original safe place.

One member of staff collects medicine, with child if possible.

2 members of staff to check the label for the correct child’s name and dosage.

One staff member, whilst being observed by second member of staff, administers the medicine – checking with the observer that the correct dosage & method is used.

Medicine is returned by one member of staff, with child if possible.

Both members of staff to record in Out of School Club medicine record.

**Child responsible enough to self administer and this has been approved by Head & parents**

One member of staff alerts another member of staff that a child is going to self administer (can be verbal or visual) & other member of staff stays vigilant and observes from a distance until the medication is back in original safe place.

One member of staff collects medicine, with child if possible.

1 member of staff & child to check label for correct child’s name, dosage & method.

One member of staff observes child self-administering the medicine. This can done discreetly if the child becomes self-conscious or anxious about others around them but must be monitored/ observed by one member of staff.

Medicine returned by one member of staff, with child if possible.

Both members of staff to record in Out of School Club medicine record.

Out of School Club medicine record to be shown to & signed by the parent. This can be done on a block basis e.g. once a week if it is a frequently taken medicine.

j0232276FACE /BC Medication Record Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Child’s name | Medicine & amount | Reason given | Given by (name & signature) | Seen/ agreed by (name & signature) | Responsible guardian / parent (name & signature) | Any further action /concerns/ response required. (only fill in if needed) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |