Ranskill Primary School

MEDICINES POLICY

PART OF SHINE MULTI ACADEMY TRUST

COMPANY NUMBER 081634448

Management log

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Author	Joanne Throssell (Acting Headteacher)
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Signed	**Signed**
	Joanne Throssell
Chair of the Local Governing Body	**Headteacher**

Policy	**Website link**
Accessibility plan	https://www.ranskillprimary.co.uk/policies/
Behaviour	https://www.ranskillprimary.co.uk/policies/
Child protection	https://www.ranskillprimary.co.uk/policies/
Complaints	http://www.shine-mat.com/pupil-welfare/
Equality	http://www.shine-mat.com/pupil-welfare/
Exclusions	http://www.shine-mat.com/pupil-welfare/

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1. Equality

SHINE Multi Academy Trust (SHINE) and its academies are committed to promoting equal opportunities and all stakeholders[1] will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (protected characteristics).

[1] SHINE defines stakeholders as anyone who is invested in the welfare and success of SHINE and its pupils, including premises staff, administrators, teachers, support staff, pupils, parents/carers, families, community members, businesses, and elected officials such as school board members, city councillors, and state representatives.

2. Policy statement

Ranskill Primary School (school) is an inclusive community that aims to support and welcome pupils with medical conditions and enable pupils to achieve regular attendance. This has been revised within the Children and Families Act 2014 and follows all legal requirements.

We endeavour to provide all pupils with medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Where a child has a long-term medical need a written care plan will be drawn up with the parent / carer and health professionals.

The parent / carer must inform the school about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up.

The National Curriculum in England: Framework for Key Stages 1 to 4 emphasises the importance of providing effective learning opportunities for all pupils within the section on inclusion.

3. Responsibilities

Parents and carers:

Parents/Carers should not send a child to school if they are unwell. If a child sustains an injury parents should take the child to their local Accident and Emergency or GP. School can only deal with first aid issues that occur on site.

Staff will administer medication to pupils and the parent/carer will be required to complete a consent form, which can be collected from the school office or downloaded from the school website. **Verbal instructions will not be accepted.**

Parents and carers must work with the school and let them know if their child is self-administering medication in school on a regular basis, a completed consent form is required.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- child's name and date of birth
- name and strength of medication
- dose
- expiry dates whenever possible
- dispensing date/pharmacist details

School staff

The headteacher may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school.

Each request will be considered on individual merit and staff have the right to refuse to be involved. It is important that staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

4. Care plans

The care plan should be completed by the parent/carer, designated staff who have volunteered and/or medical professional. They must include the following information:

- details of the child's condition
- special requirements, such as dietary needs, pre-activity precautions and any side effects of the medication
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

An example care plan is in appendix 1.

5. Staff training

When training is delivered to staff, the school will ensure that a training record is completed for inclusion in health and safety records. This will be primarily appropriate for the use of EpiPens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and audit purposes.

6. Storage

When items need to be available for emergency use, such as asthma pumps and EpiPens, they may be kept in the area designated (for example, reception) according to the size/layout of the building, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff.

When prescription items are held by the school for administration by staff, they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys or in the staffroom fridge (if medication is required to be refrigerated).

7. Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily “Ritalin” prescribed for Attention Deficit Syndrome) are kept on the school premises, a written stock record is used in order to comply with the Misuse of Drugs Act legislation. This will record the detail of the quantities kept, how they are administered and when. along with when they are returned on any educational visit or returned to the parent/carer, such as the end of term. These drugs are kept in a locked cabinet within a room with restricted access (staff only).

8. Antibiotics

The parent/carer should be encouraged to ask the GP to **prescribe an antibiotic** which can be **given outside of school hours (wherever possible)**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. The parent/carer must complete the consent form, confirming that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent/carer. The first and second dose of the course should be administered by the parent/carer to ensure the child does not experience any adverse reactions.

All antibiotics must be clearly labelled with the child’s name, the name of the medication, the dose and the date of dispensing. In school the antibiotics will be stored in a secure cupboard or where necessary in a refrigerator. It is recognised many of the liquid antibiotics should be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed.

Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, measured cup or syringe provided by the parent/carer.

Appropriate records will be made when prescribed medicines are administered in school. If the child does not receive a dose, for whatever reason, the parent/carer will be informed that day.

9. Analgesics (painkillers)

For pupils who regularly need analgesia (for conditions like migraine, arthritis), an individual supply of their analgesic should be kept in school and be part of a child's plan. It is recommended that school does **not** keep stock supplies of analgesics, such as paracetamol (in the form of soluble), for potential administration to any pupil. Written consent from the parent/carer must be in place.

Children should never be given aspirin or any medicines containing aspirin.

10. Over the counter medicine

Over the counter medicines for conditions such as hay fever are only accepted in exceptional circumstances and will be treated in the same way as prescribed medication. The parent/carer must clearly label the container with child's name, dose and time of administration and complete a consent form.

11. Disposal of medicine

The parent/carer is responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

12. Residential visits

On occasion it may be necessary for school to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance, the Parental Consent Form (EV4) will provide an “if needed” authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

13. Refusing medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the ‘Record of medication administered’ and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency, then our emergency procedures will be followed.

14. Self-management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

15. Off-site visits

If a child needs anti-sickness medication this should be given before leaving home, and when a written consent is received they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child’s details, contents and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.

16. Falling behind with work

Children and young people with medical conditions can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry

more than they want to say. The school, and the child or young person's parent/carer, should be able to reassure them and if necessary, arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of their child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to staff in the same ability sets as before, unless they specifically want to change groups. Regularly revise the pupil's timetable and school day as necessary.

17. Physical activity

Arrangements will be made for the child or young person to move around the school easily e.g. allowing them to leave lessons a few minutes early to avoid the rush. Arrangements for the pupil to have a buddy to carry their bags will be made where appropriate.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. The pupil will be included as far as possible e.g. allowing them to take part for 20 minutes rather than the full session or finding other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

18. Guidelines for the administration of EpiPen

When items need to be available for emergency use, such as EpiPens and asthma pumps, they may be kept in the area designated (for example, reception) according to the size/layout of the building, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff.

An EpiPen is a preloaded pen device, which contains a single measured does of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An

EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by staff that have volunteered, have received the appropriate training and designated as appropriate by the headteacher. Staff must check:

- that an individual care plan and consent form is in place for each child – these should be readily available
- the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box
- the EpiPen is readily accessible for use in an emergency and where children are of an appropriate age; the EpiPen can be carried on their person.
- expiry dates and discolouration of contents are checked termly
- the use of the EpiPen must be recorded on the child's care plan with, time, date and full signature of the person who administered the EpiPen
- once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent/carers' responsibility to renew the EpiPen before the child returns to school
- If a pupil leaves the school site for a trip or visit, the EpiPen must be readily available

19. Guidelines for managing asthma

People with asthma have airways which narrow as a reaction to various triggers, the narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects. Guidance for managing asthma includes:

- if staff are assisting children with their inhalers a consent form from the parent/carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency
- inhalers **must** be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If a pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place,

for example, the classroom. Individual circumstances will be considered, and inhalers may be kept in the school office

- it would be considered helpful if the parent/carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidently left at home of the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year
- all inhalers should be labelled with the child's name
- some children, particularly younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning
- staff will take appropriate disciplinary action if the owner or other pupils misuse inhaler and parents/carers will be informed
- parents/carers are responsible for renewing out of date and empty inhalers
- parents/carers will be informed if a child is using the inhaler excessively
- physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **must** be available during PE and games. If pupils are unwell, they will not be forced to participate
- if pupils are going on off-site visits, inhalers **must** still be accessible
- it is good practice for staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent/carer
- asthma can be triggered by substances found in school, for instance, animal fur, glues and hazardous substances. Care will be taken to ensure that any pupil who reacts to these are advised not have contact with them.

20. Guidelines for managing hypoglycaemia (hypo's or low blood sugar) in pupils who have diabetes.

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but

some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the headteacher will administer treatment for hypoglycaemic episodes.

To prevent hypos:

- a care plan and consent form in place must be in place. It will be completed at the training sessions in conjunction with staff and the parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the care plan
- pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities such as visits, overnight stays, will require additional planning and liaison with the parent/carer

To treat hypos:

- if a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech
- treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or Hypostop (dextrose gel), as per care plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term
- it is the responsibility of the parent/carer to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child put in the recovery position. Do not attempt oral-treatment. The parent/carer should be informed of "hypo's" where staff have issued treatment in accordance with the care plan.
- if Hypostop has been provided it is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's care plan with the time, date and full signature of

the person who administered it. It is the responsibility of the parent/carer to renew the Hypostop when it has been used. **Do not use Hypostop if the child is unconscious**

21. Guidelines for managing cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health

The three main ways to treat cancer are:

- chemotherapy
- surgery
- radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such ad being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

21. Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information.

If staff are concerned about the pupil, it is important that they phone the parent/carer to discuss the significance of signs or symptoms. The parent/carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call 999 for an ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

22. Further information and guidance

Asthma UK

www.asthma.org.uk

Diabetes UK

www.diabetes.org.uk

Epilepsy Action

www.epilespy.org.uk

CLIC Sargent (Cancer)

www.clicsargent.org.uk

Rett UK (Rett syndrome)

https://www.rettuk.org/

The Haemophilia Society

https://haemophilia.org.uk/

23. Appendices

Medical Care Plan

Child's name	
Class	
Date of birth	
Medical diagnosis or condition	
Date	
Review date	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Daily care requirements

PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION

This form must be completed by parents/carer

Please complete in block letters

Name of child:	
Class:	
Address:	
Condition or illness:	
Name of Medicine(s):	
Procedure to be taken in an emergency:	

Contact Information

Name:	
Daytime telephone number:	
Relationship to child:	

I would like add pupil name to keep their medication on them for use as necessary.

Signed:
Date:
Relationship to child:

Administration of Class 1 or 2 drug record (eg Ritalin)

Name of school/setting	Ranskill Primary School
Name of child	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Quantity returned	

Staff signature _____

Signature of parent/carer _____

Date Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
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Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Ranskill Primary School - Request for School to Administer Medicine

Pupil Details

Name: _____ Class: _____

Date of Birth: _____

Condition of illness:

_____

_____

_____

Medication

Name / Type of medication (as described on the container):

_____

How long will the medication be taken for:

_____

Prescribing Doctor: _____ Tel No.: _____

Date Dispensed: _____

Full Directions for Use

Dosage and Method: _____-

_____

When to be administered:

_____

Special Precautions:

_____

Side Effects:

_____

___

Self-Administration: (Yes / No)

Procedures to take in an emergency:

_____

Contact Details

Name: _____ Daytime Tel No.: _____

Relationship to pupil:

_____

Address:

_____

_____

_____

I understand that I must deliver medicine personally to the school and accept that this is a service the school is not obliged to undertake.

Date: _____ Signed:

_____