



High Street, Workington, Cumbria CA14 4ES

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Head Teacher: Mrs S Frost

## Ashfield Junior School Medicines Policy

### Introduction

This guidance describes how we support individual pupils who have medical needs and who may need to take medication in school. Its purpose is to clarify procedures and responsibilities for parents, to safeguard pupils and support staff.

### Routine Medication

As far as possible, school should not become involved in the administration of routine medication. Wherever possible, parents should ensure that their children's medication is prescribed and taken in dose frequencies that enable it to be taken outside of school time.

Where medicines have to be given during the school day,

- Parents must ensure that medicine is taken to the school office or given to the class teacher.
- Medicine must be fully labelled and staff will check that this is the case.
- Complete and sign a Medical Administration form which is attached to this document in Appendix A and which can be found on the school website.

School will not store large volumes of medication. Parents or children will be asked to bring in a daily dose, or a short course such as with penicillin. In the case of long term medication, separate arrangements may be agreed between teacher and parent and detailed on the parental request form. Medication will be stored according to the procedures outlined below.

### Emergency Medication

Any child who has been diagnosed with a condition that may lead to a medical emergency must have an individual healthcare plan (IHP), Appendix 2. This will be completed by class teacher, SENDco, Educational Support manager or head teacher in consultation with parents. Staff may need to contact the appropriate health professional(s) for further information or support. The IHP can be updated in response to any changes in the child's care or condition but **must** be updated at the beginning of every school year.

For a child with asthma, the additional information found in Appendix 2 (Emergency Action Plan) must be attached to the completed IHP.

IHPs with photographs of each child are displayed on the wall in the staffroom. Supply staff and volunteers supporting activities should be directed to this record as part of their induction process.

Class teachers must also place a copy of the IHP in the clearly labelled medical box within the classroom.

## Generic Medication

If a pupil suffers regularly from acute pain, parents must supply and authorise the administration of painkillers through completion of a Medical Administration form following the procedure for routine medicine as above.

Pupils may be given access to a school inhaler for asthma but only if they already have a completed IHP under the emergency medication procedure. It is the class teacher's responsibility to ensure the IHP is in place. **The school inhaler can only be administered by a member of the Safeguarding Team.**

Drinks and bottles – Staff must be vigilant when children bring liquids into school in their own containers. If they suspect the bottle may contain anything other than water (e.g. steroids, Movicol) they should notify the DSL or a member of the Safeguarding Team immediately. Medicines should not be hidden in a child's food or drink as they have a right to refuse taking medication. A child must always know if they are being given medication.

## Storage of Medicines

Where medicine is stored, the supplied container must be labelled with the name of the pupil, the name and dose of the drug, and the frequency of administration. Where a pupil needs two or more prescribed medicines, each must be in a separate container. Staff need to be aware of the potential dangers to children if they are given a substance from an unlabelled or incorrectly labelled container.

Medicines may be stored in the following locations:

- In the small refrigerator in the kitchen area of the Kingdom.
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- In the locked medicine cabinet in the Kingdom. The location of the key is known to all staff. (Eg. Routine medication, back-up emergency medication, generic medication).
- In a clearly labelled location in the classroom where it cannot be accessed by children. (Eg. Inhalers and epi pens). Supply staff should have this pointed out to them as part of their induction process.

Where appropriate, pupils should know where their medicine is stored. They should know who to ask if they need to gain access to it. Children with Epi-pens must have **two** Epi-pens in school at all times. Both pens must be labelled with the child's name and class and will be stored in the emergency medication box in the classroom. The box **MUST** be clearly visible and/or with a sign which indicates where the medication is stored.

## Monthly checks on Long-term and Emergency medication

All medicines in school must be checked for expiry dates **at least** monthly, bearing in mind that medicines have very varied shelf lives. Staff need to work with parents to ensure that medicine is always in date and available should a child need it.

## **Medicines Off- Site**

For example: on excursions, going swimming or for sports activities. Teachers will complete a risk assessment for off-site activities and medical needs will form part of this assessment. Emergency medicines must be checked by staff before leaving and kept in their boxes when taken off site.

## **Residential Visits**

Parental consent forms will be sent home with every child who is going on a residential visit. This identifies children's individual care needs, including medical needs. This may include:

- Medication for diagnosed illness
- Allergy alerts
- Permission for the administration of generic medicines such as pain relief, anti-histamine, travel sickness.

Parents of any child who will need specific medicine are required to complete and return the Medical Administration form. When medicine is administered, a member of staff will fill in the MED 1 form. All documentation must be carried by a staff member on the visit along with any specific medicine they may require. On return to school, individual children's medicines are sent home but MED1 forms are filed in the purple folder kept in the Kingdom as a record of medicines given.

Trip leaders are responsible for the safe and appropriate storage of both specific and generic medicines throughout the trip.

## **Refusing Medication**

If a pupil refuses to take medication, staff will not force them to do so. The school will contact the pupil's parent or carer. If necessary, the GP will be contacted. In urgent cases, the school may contact emergency services.

## **Information sharing**

Staff and supply staff will be given information on medical conditions that is necessary for keeping children safe and cared for. Supply staff will be directed to the IHP information centre in the staff room, by the class teacher or TA, and shown the emergency medication store in the classroom as part of their induction.

Apart from this, head teachers and all school staff will treat medical information confidentially. Where information has to be shared, the head teacher will agree with the parent or guardian who else can have access to medical records about the pupil.

## **Disposal of Medicines**

School staff **must not dispose of medicines**. Parents must be asked to collect medicines held at school at the end of each term. Parents are also responsible for the disposal of date-expired medicines. All medicines must be disposed of via a chemist, they cannot be tipped down the drain or put into bins for collection. Parents should be made aware that this is why we cannot dispose of medicines at school.

### **Staff and visitors' medicines**

Staff and visitors must ensure that their own medical needs are met in school without jeopardising the safety or well-being of other staff or children. All staff and visitors' medicines (paracetamol, antihistamine etc.) **MUST** be stored safely in a place which is secure and inaccessible to children.

Where staff or visitors have medical needs, which may require emergency treatment, it is their responsibility to ensure that they have informed the Headteacher and any other staff members who may be called upon to support in an emergency situation. Information about known health conditions and current medication can then be passed to paramedics, should they need to be called.

Information about staff and visitors medical needs is strictly confidential and should be treated as such.

All visitors **MUST** be informed about this section of the school Medicines Policy on arrival.

### **Appendices:**

Appendix A: Medication Administration Form (parental permission)

Appendix 1: MED1

Appendix 2: IHP Individual health plan

**Review: September 2021**

## Medicines Policy and Procedures – Reminder Sheet

Responsibility for a child's health and well-being lies with their class teacher. Actions may be delegated to a TA but responsibility remains with the class teacher at all times

Check children in your class through Scholarpack and liaise with previous class teacher to ensure that you are aware of the medical needs of all children in your class.

Wherever possible, do not give medication in school. Any medicine taken less than 4 times per day can be given at home. If a child needs to take routine medication in school (eg. For ADHD):-

- ensure that a Medication Administration Form (Appendix A in the Medicines Policy) is completed by parents and a copy put in the medical file in the Kingdom.
- the Med 1 form provides space for recording when each dose is administered and this must be completed by the teacher or TA every time a dose is given.
- check that medicine is fully and officially labelled, check its shelf life and initiate regular checks to make sure that it is always in date.
- ensure that medicine is stored safely, either in the medicine cabinet or in the small fridge in The Kingdom.

If a child has been diagnosed with a condition that may lead to a medical emergency eg. anaphylaxis, asthma...

- immediately complete an individual health care plan (Appendix 2a in the Medicines Policy)
- display this IHP on the wall in the staff room
- Epi-Pens – there MUST be 2 pens. Check they are both in date. They should both be stored in an orange medicines bag in a clearly labelled location in the classroom, where it cannot be accessed by children. Pens must be checked to ensure they are in date, at least monthly. Be aware that it may take 2 weeks or more to obtain a new set of Epi-pens. Out of date Epi-Pens must be returned to parents for disposal, and must be returned directly to parents at the end of every term.
- Asthma inhalers – store in the class medical box which should be in a secure place and clearly labelled. Pupils should know where their inhaler is stored, and who to ask in order to gain access to it. Use of inhalers must be recorded in Form MED1, which is kept in the class medical box. There is a generic asthma inhaler in school which is kept in the Medicines Cupboard. This can be administered by any member of the Safeguarding Team (IT, SF, ET, EL)
- Ensure that you and supporting staff in your year group are confident in administering emergency medicines and are familiar with the procedures detailed in the Medical Policy.

ALL MEDICINES WILL BE KEPT IN THE KINGDOM, IN THE MEDICAL CABINET OR MEDICINE FRIDGE, WITH THE EXCEPTION OF ASTHMA INHALERS AND EPI-PENS.

ALL STAFF MEDICINES MUST BE KEPT SECURELY, EITHER LOCKED AWAY IN A SAFE IN THE CLASSROOM, OR IN THE MEDICINES CUPBOARD IN THE KINGDOM.

PARACETAMOL AND IBUPROFEN FOR STAFF USE WILL BE KEPT LOCKED IN THE KINGDOM

**Appendix A- Parental Agreement Form**



# Ashfield Junior School Medication Administration Form

**Ashfield Junior School will not give your child medicine unless you complete and sign this form.**

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medicine (as described on the container):	
Date dispensed:	Expiry date:
Agreed review date: .....	
Review to be initiated by: .....	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration: Yes/No (delete as appropriate)	



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**MED 1: Record of medicine administered to an individual child**

(Only to be used if the Medical Administration Form has been completed)

<b>Name of Child</b>	
<b>Group/Class</b>	

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Administered by</b>			
<b>Overseen by</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Administered by</b>			
<b>Overseen by</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Administered by</b>			
<b>Overseen by</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Administered by</b>			
<b>Overseen by</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Administered by</b>			
<b>Overseen by</b>			



**Appendix 2  
Supporting Pupils with Medical Conditions**

**INDIVIDUAL HEALTHCARE PLAN (IHCP)**

School:	Ashfield Junior School		Photo
Name of Child:			
Date of Birth:			
Address of Child:			
Gender:	MALE/FEMALE	Class:	
Date:	Review Date:		
<b>Medical Diagnosis or Condition:</b>			
<b>EMERGENCY CONTACT INFORMATION</b>			
Family Contact 1		Family Contact 2	
Relationship to Child:		Relationship to Child:	
Home Tel. No:		Home Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	
Work Tel. No:		Work Tel. No:	
Clinic or Hospital Contact		GP Contact	
Name:		Name:	
Contact No:		Contact No:	







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## Emergency Action Plan- Asthma

It is essential that those members of staff working with or teaching children/young people with asthma can recognise the signs of an asthma attack and know what to do.

<p><b>Common signs of an asthma attack:</b></p> <ul style="list-style-type: none"> <li>• Persistent coughing (at rest)</li> <li>• Shortness of breath</li> <li>• Wheezing sound from the chest (at rest)</li> <li>• Feeling tight in the chest</li> <li>• Being unusually quiet</li> <li>• Difficulty speaking in full sentences</li> <li>• Tummy ache (sometimes in young children).</li> </ul> <p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Keep calm</li> <li>• Encourage the pupil to sit up, leaning slightly forward- do not hug or lie them down.</li> <li>• Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately, preferably through a spacer.</li> <li>• Ensure tight clothing is loosened</li> <li>• Reassure the individual.</li> </ul> <p><b>Note:</b> It is not possible to overdose on reliever medication, and side-effects such as increased heart rate or feeling shaky will soon pass.</p>	<p><b>If there is no immediate improvement:</b></p> <p>Continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve (preferably through a spacer).</p> <p><b>Call 999 immediately if:</b></p> <ul style="list-style-type: none"> <li>• Symptoms do not improve within 5-10 minutes</li> <li>• The pupil is too breathless or exhausted to talk</li> <li>• The pupils lips are blue</li> <li>• You are in any doubt</li> </ul> <p>Whilst waiting for the ambulance or doctor, ensure the pupil continues to take one puff of the reliever inhaler every minute.</p> <p><b>Contact parents/guardians.</b></p> <p>After a minor asthma attack: Minor attacks should not interrupt the involvement of the pupil with asthma in school. When they feel better they can return to school activities.</p> <p><i><u>Parents/guardians must always be informed</u></i> if their child has suffered an asthma attack, however minor the attack.</p>
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