



CHESLYN HAY PRIMARY SCHOOL



MEDICINES IN SCHOOL POLICY

(Updated to reflect the Children and Families Act 2014)

Designated Teacher: Craig Griffiths

Deputy Designated Teacher: Caroline Sivorn, Nicola Harrison

Link Governor: Jan Toplis

Rationale

At school we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care. This policy is to be reviewed annually by the Governing Body.

The Designated Teacher is responsible for:

- Ensuring sufficient staff are suitably trained.
- To ensure relevant staff are made aware of the child's condition.
- To arrange cover in case of staff absence.
- To brief supply teachers
- To ensure adequate risk assessments are in place for school visits, holidays and other school activities outside of the normal timetable.
- To monitor individual healthcare plans.

Notification of a pupil with a medical condition:

The SENCO is responsible for individual healthcare plans to support children with medical conditions and will:

- Meet with the parents and record the medical needs of the child before the child starts/returns to school.
- Devise a Health Care Plan in consultation with School Health
- Arrange staff training and support as required to meet the needs of the child.
- Ensure plans are reviewed each year, unless medication/care/provision changes.

Healthcare Plans will include:

- 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 eg 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 headteacher 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, eg 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.

a) **Medical Equipment:**

It is to be the responsibility of First Aid staff in school to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained.

Where deficiencies are identified ensure new stock is ordered through liaison with the school office.

Managing medicines on school premises:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- First Aid trained office staff dispense all oral medicine to children in accordance with Statutory Guidance (2014). As a school we will ensure that there are sufficient support staff appropriately trained to administer medicines. They will be aware of possible side effects of the medicines and what to do if they occur.
- In accordance with Statutory Guidance (2014) children with asthma need to have immediate access to their inhalers when they need them. Spacers will be provided by parents whose child who needs it. Children from Nursery to Year 4 will be supported to administer their own asthma medication under supervision of the First Aider. Year 5 & 6 children with asthma, are responsible for carrying and administering their own medication if it is felt appropriate. Inhalers will be stored in a safe, but accessible, place in the classroom. Teachers will check the dates to ensure that they are in date. From 1st October 2014 the school will keep an emergency inhaler as part of the First Aid Kit.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage will be accepted by the school. 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

- All medicines will be stored safely. 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 and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.
- For safety reasons, all medicines with the exception of Upper KS2 children's asthmatic inhalers are stored centrally in the locked medicine cabinet in the office. Inhalers will be kept in a cupboard, in the child's classroom. Medicines are to be handled by adults only. Parents are asked to deliver any medication to school via the school office and to collect them at the end of the day in the same way. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named are allowed in school.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Unless identified within the Health Care Plan, controlled drugs that have been prescribed for a pupil will be kept securely in a non-portable container and only named staff in the Plan are to have access. Controlled drugs are to be easily accessible in the office in case of emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Timing of Administration of Medicines:

Medicines are usually administered at lunch time from the office. This is the only time medicines are administered. The headteacher must give authorisation for medicines to be administered at any other time in exceptional circumstances where medicines have been prescribed.

Administration of Antibiotics:

The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

Record Keeping:

Parental Authorisation Forms:

Before medication can be given in school, Parents must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office. All forms must be checked by authorised First Aid staff on a regular basis to ensure accuracy of information and expiry dates of medicines. For regular medication, a health care plan will be completed.

Emergency procedures:

Please refer to individual Health Care Plans.

- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 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.

Day trips, residential visits and sporting activities:

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- The school will consider what reasonable adjustments to make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice:

- 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 or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg 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, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

The school is fully insured through the Council, with the policy providing liability cover relating to the administration of medication.

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. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Signed: _____
Chair of Governors

Date: _____

Signed: _____
Headteacher

Date: _____

Date to be reviewed: July 2018