

MEDICINES IN SCHOOL POLICY
(Updated to reflect the Children and Families Act 2014)

Review Date	Autumn 2016		
Reviewed By	SBM AND Deputy Head		
Review Cycle	2 years		
Next Review Date	Autumn 2018		

Designated Teacher: Nicola Fray

Deputy Designated Teacher: Kate Stuart

Link Governor: Cath Rodger

Designated Officer-Health Care Plans (**DOHCP**): Rachel Noon

First Aid/Equipment/Administration of Medicine (**FAEAoM**): Michelle Hibberd, Karen Huntingford, Jane Conlon

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, and displayed on the School Website for parents and staff.

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.
- Ensuring the medical board in the staff room is up to date.

Notification of a pupil with a medical condition:

The **DOHCP** 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
- Devise a Health Care Plan in consultation with School Health when possible
- 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 e.g. 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;
- ensure that written permission has been obtained 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, e.g. 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 **FAEAoM** staff in school to ensure that the first aid stocks are checked and replenished every half term 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 should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- First Aid 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. It will be the parent's responsibility to make school staff aware of any 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. These will be stored in a central accessible location in the classroom. A record sheet will be kept with the name of the child, date of expiry and dosage check. These sheets will be checked every half term by the **FAEAoM**. Spacers will be provided by parents whose child needs it. All children will administer their own asthma medication under the supervision of a First Aider. Teaching Assistants will check the dates to ensure that they are in date. From 1st November 2016 the school will keep an emergency inhaler as part of their First Aid Kit.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- School will not administer non-prescription medicines.
- 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 are to 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 should be stored safely. Children should know where their medicines are stored and who to go to for administration. Medicines and devices such as asthma inhalers, blood glucose

testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

- For safety reasons, all medicines (with the exception of children's asthmatic inhalers and epi-pens) are stored centrally in the staff room. Inhalers will be kept 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. All medication must be collected by parents at the end of Summer Term or it will be taken to the local chemist to be destroyed.
- Children who are prescribed controlled drugs will be issued with a Health Care Plan. Controlled drugs are not permitted to be kept on school grounds.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. This is kept in the Caretaker's office.

Timing of Administration of Medicines:

Medicines are usually administered from the staff room. Medicines will be administered as required by the dosage label or at a time suitable to the child's needs. Wherever possible this will be 12.20 when pre-food and 1.30 when post food.

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 and authorised by a **FAEAoM** on a regular basis to ensure accuracy of information and expiry dates of medicines. For regular medication a health care plan will be completed.

New medication forms need to be completed at the start of each academic year and not carried over.

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 explain 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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

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 e.g. hospital appointments; (unless specified by the attendance policy)
- 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 prescribed 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, e.g. by requiring parents to accompany the child.

Liability and indemnity

The school is fully insured through Zurich Municipal 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. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.