



Medicines Policy

[Supporting pupils with medical conditions]

Administering Medicines in School, or on residential or educational visits

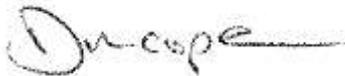
Includes the storage of medicines in school.

Aim:

- 1) To ensure that all students with medical conditions, in terms of physical and mental health, are supported in school so that they can play a full and active role in school life.
- 2) To ensure the safe administration of medicines to children where necessary.
- 3) To ensure the on-going care and support of students with long term medical needs via a health care plan
- 4) To explain the roles and responsibilities of school staff in relation to medicines
- 5) To clarify the roles and responsibilities of parents in relation to student's attendance during and following illness
- 6) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- 7) To outline the safe procedure for managing medicines on school trips

Review:

This policy will be reviewed at regular intervals in the light of new guidance.

Signed:


Chair of Governors

Signed:


Headteacher

INTRODUCTION

This policy has been based on local authority guidance, and guidance from the DfE (*Code of Practice for Schools – Disability Discrimination Act 1995: Part 4*) (Disability Rights Commission, 2002), *Supporting pupils at school with medical conditions* (DfES, 2014) and *Guidance on First Aid for Schools: a good practice guide* (DfE, 1998), in conjunction with the medically trained staff, and the Headteacher, subject to approval by Governors.

There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all students. The DfE states that the Children and Families Act 2014 places a duty on schools to ‘make arrangements to support students at their school with medical conditions’.

ROLES AND RESPONSIBILITIES

Leadership team

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of the school’s Administering Medicines Policy
- To ensure that this policy is reviewed annually

All staff

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for students with complex or long term medical needs
- To share medical information as necessary to ensure the safety of a student
- To retain confidentiality
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid room and first aid boxes stocked with supplies
- Educational Visits Leader – see ‘MEDICINES ON SCHOOL TRIPS’ below

Parents/ carers

- To give the school adequate information about their child's medical needs prior to a child starting school ; and any changes, such as higher/ lower dosage
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

SCHOOL ATTENDANCE DURING/AFTER ILLNESS

- Students should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a student to be absent from school and not to return until clear of symptoms for 48 hours
- Students should not be sent to school with earache, toothache or other significant discomfort
- Students should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the student to feel unwell and unable to fully participate in the school day require the student to be absent from school

SAFE ADMINISTRATION OF MEDICINES AT SCHOOL

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the student's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed more than three times a day may be administered at school
- Only prescribed medicines (including eye drops) in the original container labelled with the student's name and dosage will be accepted in school
- Medicines will not be accepted in school that require medical expertise or intimate contact

- All medicines must be brought to the school office by an adult
- The adult is required to complete a parental agreement form (see appendix B) at the school office for the medicine to be administered by school staff
- The Headteacher must be informed of any controlled drugs required by children, e.g. equasy.
- Tablets should be counted and recorded when brought to the office and when collected again
- Painkillers, such as paracetamol or ibuprofen, may NOT be brought in to school without checking with school first (school has a supply of non-prescription painkillers, travel sickness tablets and hayfever medicine)
- Administration of medicines at school must be recorded in the Medicines Book by the appointed person dealing with the administration, in the Medicines Book in the First Aid Room and witnessed by a second member of staff
- Parents may come to the school reception to administer medicines if necessary
- If a student refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed
- Details are cited in Appendix A

STORAGE OF MEDICINES

- Antibiotics (including antibiotic eye drops) must be stored in the first aid fridge
- Tablets must be stored in the locked first aid box in the first aid room
- Epipens should be stored in the wall cabinet in the First Aid Room
- Asthma inhalers should be stored in the first aid room, and labelled with the student's name and should be taken with the student during physical activities
- Antihistamine eye drops for severe hayfever must be stored in the wall cabinet in the First Aid Room
- No medicines may be kept in the classroom
- Parents are responsible for the safe return of expired medicines to a pharmacy

MEDICINES ON SCHOOL TRIPS

Students with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all students to participate fully and safely on school trips. Staff should discuss any concerns about a student's safety with parents.

- 1a. The trip leader is responsible for designating a person trained in administering relevant medicines for the trip. This person will be responsible for ensuring the correct medicines and health care plans are taken on the trip (including first aid equipment)
- 1b. The trip leader is responsible for ensuring that arrangements are in place for any student with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip
- 1c. The designated school person (named in 1a) on the trip will administer any medicines required and record the details on return to school
- 1d. The person (named in 1a) will return the IHCPs to reception, and any unused medicines to the First Aid room on return to school
- 1e. All medications must be kept safe by the person named in 1a

Appendix A

ADMINISTRATION OF MEDICINES

1

GENERAL

- 1.1 No medicine should be administered unless clear written instructions to do so have been obtained from a doctor. The school reserves the right to refuse responsibility for the administration of medicine in some instances.
- 1.2 Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, he/she can sometimes adjust the dose so that none is required during school hours. Products containing paracetamol can only be administered after telephoning parents/carers to ensure no other product containing paracetamol has been given or may be given in the home environment to prevent over dose.
- 1.3 For each child, medicines should be administered by named individual members of school staff (with specific responsibility for the task) in order to prevent any errors occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report. This procedure will only be necessary where medicines have to be taken for an extended period of time or retained by the school for emergency purposes. Copies to be kept in child's main file/ reception/ medical room.
- 1.4 The parents or legal guardians must take responsibility to update (with a doctor's signature) the school of any changes in administration for routine or emergency medication and maintain an in date supply of the medication. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.
- 1.5 All medicines must be clearly labelled with the child's named, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. Oral medication must be in a childproof container, or in a locked space
- 1.6 Inhalers and other emergency treatment medication (see below) must follow the child to the sports field/swimming pool/ trips, etc. All other medicines (except inhalers) should be kept securely.

- 1.7 If there is any difficulty about the use of medicines, including injections or inhalers, the school nurse should be contacted for advice.
- 1.8 A record of medication given in school must be kept in the medical room.
- 1.9 Staff must be issued by the school with disposable protective gloves to be used where appropriate.
- 1.10 Staff asked to handle hazardous material e.g. “sharps” should request specific information regarding disposal.
- 1.11 Procedures, including tube feeding, can only be carried out by trained staff. A care plan must detail all aspects of the procedure. A copy to be maintained in the medical room.
- 1.12 Cough sweets are considered as sweets and therefore can not be eaten in class
- 1.13 Medical Alerts -The named first aider will regularly check the medical alerts web site to ensure school has up to date information and will inform whoever necessary if there are any changes.

2 LONG TERM MEDICATION

- 2.1 The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see paragraph 1.5 above, otherwise the management of the medical condition is hindered.
- 2.2 In addition, the parents/carers must be informed that they must use Medical Form to report any changes in medication to the school. Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.
- 2.3 It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.
- 2.4 Long term medication is particularly applicable to the management of asthma.
 - i) Advice for school staff on the management of asthma for individual children (including emergency care) will be provided by the school nurse or main first aider, as requested.

- ii) Any difficulties in the use of an inhaler or understanding about medication usage should be referred to the school nurse or main first aider for further advice.
- iii) It is important that the reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity and outings
- iv) If a midday dose of a preventative inhaler is prescribed, this must be given in accordance with section 1 – see above

3 EMERGENCY TREATMENT

- i) No emergency medication (insulin, inhalers, EpiPen) should be kept in the school except those specified for use in an emergency (see 1.1 above)
- ii) Advice for school staff about individual children will be provided by the school nurse or school main first aider on request.
- iii) Information will be recorded on the care plan and filed in the school office.
- iii) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents /carer of the child, and a copy retained in the school.

All members of staff must sign to confirm that they have read and understood the Policy and Guidance for supporting pupils with medical needs.

4 SCHOOL VISITS

- 4.1 The leader of the visit should ensure that the medical needs of all the children participating in the visit have been identified.
- 4.2 A named person must supervise the storage and administration of medication.

- 4.3 If the student needs medication to be administered during the visit a photocopy of the administration sheet should be taken with the student and a copy left in the file. The appropriate amount of medication should then be taken on the visit with the medical sheet. On return to school the sheet should be replaced into the file.

5 TRAINING STAFF

- 5.1 The leadership team are responsible for the implementation of this policy
- 5.2 The SENCo will ensure that staff allocated to the roles of administering medicines are adequately trained.
- 5.3 The SENCo will name staff responsible for administering medicines, or delegate the role to a trained member of staff as appropriate.
- 5.4 The SENCo will ensure that all staff are updated on the medical needs of the students; be able to access the names of the students with IHCP; be aware of the changes to students' medical needs; aware of who the lead staff are when faced with an issue to do with administering medicines.
- 5.5 The named staff in Appendix A, are responsible for writing, maintaining and monitoring IHCPs.

6 INDIVIDUAL HEALTH CARE PLANS

- 6.1 IHCP can be initiated, in consultation with the parent/ carer, by the SENCo or school nurse. Plans should be drawn up in partnership between the school, parents and healthcare professional. The SENCo is responsible for confirming the need for an IHCP, in discussion with the parents/ carers.
- 6.2 The SENCo and assistant SENCo are responsible for ensuring that IHCP are available to all staff.
- 6.3 The SENCo and assistant SENCo are responsible for ensuring that relevant information pertaining to the health of the student is available at the start of the student's admission.
- 6.4 Where there is disagreement about the need for an IHCP, between the parents, medical professional and school, the headteacher will make a final decision.
- 6.5 The IHCP should be linked to, or be part of the Education Health Care Plan.

7 RESPONSIBILITIES

7.1 The parents/ carers are responsible for ensuring that the school is aware of the medical needs of their child/ children

7.2 The parents/ carers are responsible for ensuring that medication sent into school is in date and in it's original container with administration details

7.3 The parents/ carers are responsible for ensuring that the medical forms have been completed and signed, and passed to school before their child attends. **The school cannot administer medicines without the signed medical forms.**

7.4 The school is responsible for ensuring that medicines are administered to the student, following the procedures stated in this policy.

7.5 The school is responsible for contacting parents/ carers if the medicines cannot be given on the same day that they were due.

7.6 The school is responsible for ensuring that a reasonable number of staff are trained to administer medicines to students.

7.7 The school is responsible for ensuring that staff are aware of the medical needs of their students.

7.8 **If the student refuses to take the medicine, or allow a specific procedure,** the school will not force them to do so. The school will inform parents/ carers on the same day.

Appendix A-

Named staff responsible for administering medicines**Governing body:**

Ensures that this policy is implemented and updated

Headteacher:

Responsible for the implementation of this policy

SENCo

Responsible for ensuring that :

Assistant SENCo and designated person have the necessary information needed to carry out their roles successfully.

Staff have easy access to IHCPs of students.

Staff have updated information on the medical needs of the students.

Arrange for IHCP to be drawn up as necessary.

Assistant SENCo: Rachel Russell

Work closely with the designated person, to ensure medical needs are regularly updated.

Ensure that IHCP are accessible to all staff.

Ensure that medical information is updated and available to staff.

Designated person responsible for overseeing the administration of medicines in school:

Rachel Russell

Emily Snook

Responsible for: checking validity of medicines; ensuring medicines are stored correctly; ensuring that only trained staff are administering medicines; recording the administration of medicines; contacting parents about any issues concerning the administration of medicines.

Appendix B - Form for parents to complete if they wish the school to administer medication .

Student name: Date of Birth:

Name of Medication:

For how long will your child be taking this medication?

Condition or illness:

Section A: Full directions for use: -

Dose and method:.....

Time of dose: (eg lunchtime)

Special Precautions:.....

Side Effects:

Procedures to take in an emergency:.....

.....

Section B: Doctor's Details:

Doctor's Name:

Doctor's Address:

Doctor's Telephone:

Doctor's Signature:

Date:

I will deliver the medicine to school, in the original packaging (with prescription details printed on).

I will inform the school if the medication changes.

I accept that this is a service, which the school is not obliged to undertake.

Parent/Carer signature:

Date:

School representative signature:

Date:

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU (the parent/ carer) COMPLETE AND SIGN THIS FORM, AND THE SCHOOL HAS AGREED THAT SCHOOL STAFF CAN ADMINISTER THE MEDICATION.

Please complete section A on a separate form, for each medication, and sign each form.

A letter explaining the medication (dose and administration procedures), attached to the medical form, and signed by the student's doctor, can be accepted.

Appendix C- Epilepsy

Form to allow the administration of emergency seizure medication in school. To be completed by or in consultation with a medical practitioner.

Name of student: **Date of Birth**

Name of Medication:

Seizure classification and/or description of seizures which may require medication.

(Record all details of seizures eg. Goes stiff, falls, convulses down both sides of body, convulsions last three minutes etc. Include information re triggers, recovery time etc. (If status epilepticus, note whether it is convulsive, partial or absence)

.....
.....
.....
.....

Usual duration of seizure?

Other useful information

.....
.....

TREATMENT PLAN

1. **When should medication be administered?** (Note: length of time or number of seizures)

.....
.....

2. **Initial dosage:**

3. **What is the usual reaction(s) to this medication?**

.....
.....

This plan has been agreed by the following:

Prescribing Doctor **Signature****Date**

Parent/Carer **Signature****Date**

Headteacher**Signature** **Date**

Appendix D Information for parents/ carers relating to the administration of medicine in school

No medicine can be administered unless clear written instructions to do so have been obtained from a doctor

Medical Form must be completed (a covering letter signed by a doctor and appended to form is acceptable)

The school reserves the right to refuse responsibility for the administration of medicine in some instances

Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. **Antibiotics in liquid form cannot be administered at school**

Products containing paracetamol can only be administered after telephoning carers to ensure no other product containing paracetamol has been given or may be given in the home environment to prevent over dose.

Medicines can only be administered by named individual members of school staff in order to prevent any errors occurring.

Medication is administered in the presence of two members of staff.

Correct medication and dosage are checked by staff members.

Staff members sign their initials in the medical file every time medication is administered.

All medication must be clearly labelled with the child's name, mode of administration, dosage, frequency and the name of the medication being given.

Any changes to medication must be reported to school on Medical Form (multiple copies are available from the school office and website)

Appendix E

Information for parents of students attending residential visits relating to the administration of medicine

No prescription medicine can be administered unless clear written instructions to do so have been obtained from a doctor

The administration of non prescription medications is permitted with parent's written permission.

Medical Form must be completed and signed by parents and the Headteacher

A copy of Medical Form will be stored in students main file in the school office.

The school reserves the right to refuse responsibility for the administration of medicine in some instances

Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. **Antibiotics in liquid form cannot be administered at school**

No medication containing aspirin can be administered by staff in school.

Products containing paracetamol can only be administered after telephoning carers to ensure no other product containing paracetamol has been given or may be given in the home environment to prevent over dose.

All medication must be clearly labelled with the child's name, mode of administration, dosage, frequency and the name of the medication being given

Appendix F – Intimate Care

Introduction

Staff who work with children who have special needs realise that the issue of intimate care requires staff to be respectful of children's needs.

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provides intimate care to children has a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Crowdys Hill School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social, Emotional and Health Education to all children as appropriate to their developmental level and degree of understanding.

Crowdys Hill School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Crowdys Hill School recognises that there is a need to treat all children with respect when intimate care is given. No child is attended to in a way that causes distress or pain.

Our approach to best practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and, if needed, Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus is provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs

and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans may include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented in the care plan.

Best practice indicates that there should be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers are involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan.

The needs and wishes of children and parents are carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person has access to the school nurse to act as an advocate to whom they are able to communicate any issues or concerns that they may have about the quality of care they receive.