Policy for Administration of Medications in school

This document outlines the operational management and safety implications of medicines brought into Stamshaw Junior School.

This policy should be read in conjunction with the following policies:

- Health and Safety
- Safeguarding Policy
- SEND Inclusion Policy
- Medical request forms

The DFE has produced statutory guidance for governing bodies of maintained schools entitled 'Supporting pupils at school with medical conditions'.

Aims

It is our aim at Stamshaw Junior School, to ensure that pupils with medical conditions should be properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. In this school they cannot be ***directed*** to undertake this role but may do so voluntarily after receiving appropriate training.

Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take medication during school hours. The policy and procedures developed by Stamshaw Junior School are primarily designed for the benefit of the child but also maintains the safety of school staff and other pupils. Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Parents are advised to seek guidance from health experts in relation to their child's health.

Roles and Responsibilities

The Headteacher is responsible for day-to-day decisions and ensure that the school policy is developed and effectively implemented with partners. This includes:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared

- Liaising with parents about agreement of individual care plans
- Ensuring that emergency plans are in place when conditions may be lifethreatening liaising with the school nursing service in such cases
- Ensure Induction processes are in place for all new staff

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

Parents should:

- Provide the school with sufficient and up to date information about their child's medical needs
- Be involved in the development and review of their child's individual healthcare plan
- Provide medicines and equipment and ensure they or another nominated adult are contactable at all times

Identifying children with health conditions

This policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. We will use the 'Pupil Registration Form' to obtain the information required for each child's medical needs in order to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to request some formal medical evidence and consultation with the parents.

Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as required.

The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals.

The school will call on the Local Authority Nursing Service to deliver advice and support and receive appropriate documented training on specialist procedures. *Where school staff carry out glucose monitoring, records will be kept with parents and the school.*
The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

Individual Health Care Plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parents/carers will agree based on evidence when a healthcare plan would be inappropriate or disproportionate. Where children require an individual healthcare plan it will be the responsibility of the Headteacher and Inclusion Leader to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional. The Headteacher will work in partnership with the parents/carer, and a relevant healthcare professional. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, this individual plan will be linked to or become part of that statement or EHC plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the Local Authority and the Chichester Academy Trust to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

NB: All care plans must be updated at least annually or when needed by a change in a pupil's condition.
When deciding what information should be recorded on individual healthcare plans, the school should consider the following:

The medical condition, its triggers, signs, symptoms and treatments
The pupil's resulting needs, including medication (dose, side effects, 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

Specific support for the pupil's educational, social and emotional needs- for example, requirements for extra time to complete exams, use of rest periods or additional support for catching up with lessons or counselling sessions

The level of support needed, including in emergencies

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 health care professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the child's medical condition and the support required.

Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff

Separate arrangements or procedures required for academy trips or other activities outside of the normal timetable that will ensure that the child can participate, e.g. risk assessments

Where confidentiality issues are raised by the parent / child the designated individuals to be trusted with information about the child's condition

What to do in an emergency, including whom to contact and contingency arrangements.

Staff Training

This policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

Any member of school staff providing support to a child with medical needs should have received suitable training. Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff, where relevant, will be inducted on the policy when they join the school through the induction plans and systems. Records of this training will be kept on individual staff files and in the school safeguarding record filing system.

All nominated staff will be provided with awareness training on the school's policy for supporting children with medical conditions, this will include what their role is in implementing the policy. This training will be carried out as required.

Relevant awareness training will be provided to staff by the Headteacher or nominated leader as part of the induction meetings and agenda

We will retain evidence that staff have been provided the relevant awareness training on the policy by recording on training signature sheets and minutes and meeting notes.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

Managing medicines during the school day

Before giving medication to any child, the school must have written agreement from the parents. This agreement should include:

- the child's name
- the name of the medication,
- the required dose and agreed time of administration.

It should also be clear whether the medication is on-going or to be taken up until a particular date. Any possible side effects should be listed and/or the information leaflet that is normally supplied by the manufacturer made available.

Parents should bring the medicine into school and hand it to an appropriate person, who should then record that it has been received.

Prescription medicines should only be taken during the school day when essential. Only prescription medication that is in its original labelled container will be accepted. It is good practice for the person receiving the medicine to check that the label indicates the name of the child, that the dose parents have stipulated coincides with that detailed on the label and that the medicine is 'in date'. Where the medicine is in tablet or capsule form, they should if possible check the number provided.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

Prescription medicines:

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prescription medicines only will be given in line with this Policy. Analgesics, e.g. paracetamol or ibuprofen will not be administered unless prescribed by a doctor or in exceptional circumstances and only then with the specific permission from the Headteacher. Parents are welcome to come in and give their child medicine if they wish.

- No child under 16 should be given prescription or non prescription medicines without their parents written consent
- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away particularly when outside of the school premises e.g on school trips.

Roles and responsibilities of staff supervising the administration of medicines

It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented. Parental consent will be obtained for photographs taken to go on medication records.

As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)

- Check the label on the medication
- Check the name of child
- Check that there is written consent from a parent/carer
- Check that the medication name and strength and dose instructions match the details on the consent form
- Check that the name on the medication label is that of the child being given the medication
- Check that the medication to be given is in date
- Check that the child has not already been given the medication
- Check the route of administration (e.g. by mouth, into ear/eye, rubbed on the skin)
- Check for any special instructions

If there are any concerns about giving a medication to a child, then the member of staff **must not administer the medication** but should check with the parent/carer or a health professional, documenting any action taken.

If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the school's emergency procedures must be followed.

Record Keeping

A parental consent form must be completed each time there is a request for medication to be administered. All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

A record should be kept in the Medical file which includes:

- the name of the child
- child's date of birth
- the name and strength of the medication
- dose given
- the date and time of administration
- the person responsible for the administration
- quantity of medication received or returned

If on a school trip a record must be kept – the Medical File must not be taken out of school but recorded on a photocopy which must then be updated on return to school. Reasons for any non-administration of medication should be recorded and the

parent/carer informed as soon as possible “wasted” doses (e.g. tablet dropped on floor) should also be recorded.

Disposal

Tablets and capsules are occasionally dropped on the floor or spat out. In these cases the tablet will be placed in a labelled envelope and returned to the parents. In no circumstances should it be flushed down the toilet or thrown in the bin.

Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.
Medications should be returned to the child’s parent/carer:

- when the course of treatment is complete
- when labels become detached or unreadable
- when instructions are changed
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

At the end of every term a check of all medication storage areas will be made. Any medication which has not been collected by parents/carers and is no longer required will be disposed of safely. All medication returned or disposed of, even empty bottles should be recorded. Sharps boxes should always be used for the disposal of needles or glass ampoules. If a child leaves the school, ceases to need medication or if a medicine has passed its expiry date, it will be returned to parents or if this is not possible, it will be taken to a pharmacist for safe disposal.

No medication will be disposed of into the sewage system or into the refuse.

Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Medicines required to be taken when a child is on a school trip will be administered by the child’s class teacher or other designated person in accordance with the written instructions given by the parent on the appropriate form. The trip leader is responsible for checking with the parents that the correct quantity of medication has been provided.
All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be offered to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

Children's medical needs – parental responsibilities

It is the parents/carers responsibility to provide the school with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:

- name of child
- name of medication
- strength of medication
- how much to give i.e. dose
- when it should be given
- length of treatment /stop date, where appropriate
- any other instructions
- expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)
- Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

Children must not keep medicines anywhere in school. They must be taken to the Office at the start of the school day. Medicines must not be administered by the child Medicines are not accepted out of the container in which they were originally dispensed and must include the prescriber's instructions.

A parent/carer or guardian must complete the appropriate form, required under Health and Safety regulations, before medicines can be accepted into school
The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.
Any information for children subject to a care plan will be agreed jointly by the school and parents.
The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases parents know their child best. They should sign the appropriate agreement forms for the administration of medicines. The Headteacher should seek their agreement before passing information to other school staff.

Parents' written agreement

A *'Medical Request'* form must be completed and signed and passed with the prescribed medication to Office Team before administration of any medicines.
It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of each school year. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

Storage of medication

All medicine brought into Stamshaw Junior School will be placed in the Medical room and stored safely in the locked medical cabinet. The medication must be accessible to the appropriate members of staff at all times.

In this school, Mrs M Cornell (Administration Assistant) has responsibility for receiving / logging /storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to the Headteacher.

Medicines can be classed as substances hazardous to health and as such must be stored securely. It is also important to note that some need to be stored at particular temperatures or away from light. This information will be on the medicine label and in the manufacturer's information leaflet. Medicines should be stored safely but children should know where their medications are and be able to access them.

Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens should always be readily available to children and should not be locked away as children need quick access to these.

Arrangements to ensure that only those for whom they are prescribed have access to them will be made. Asthma medication is to be kept in classrooms for children to use when needed. Asthma medication must be taken on all school visits. **Controlled Drugs**

Whilst a child who has been prescribed a controlled drug may legally have it in their possession (if they are competent to do so), passing it to another child for use is an offence. Whilst lawful, there are rarely circumstances in which a child should be allowed to self-carry controlled medication at school.

Our default position is that pupils **must not** carry controlled drugs on their person. Controlled drugs should be provided directly to the school by parents, where clear records of receipt, administration, and remaining quantities will be kept. Controlled drugs will be stored in a secure, non-portable cabinet, accessible to named, trained staff only (but remaining easily accessible in an emergency). These medications will be administered by trained staff in line with a pupil's IHP and records of this will be kept.

A pupil may self-carry a prescribed Controlled Drug **only** where **all** of the following conditions apply:

- A **health professional confirms clinical necessity** for immediate access.
- The pupil is assessed as **competent** to manage the medicine safely
- Completion of a documented **risk assessment** which takes into account any additional vulnerabilities
- Arrangements are written into the pupil's **Individual Healthcare Plan (IHP)** and agreed with parents
- Approval is given by the **headteacher/designated senior leader**.

If any condition is not met, self-carry is not permitted.

Emergency procedures

An ambulance will be called in all emergency situations. A child should not be taken to hospital in a staff car except in very exceptional circumstances. In the parent's absence, a member of staff will accompany the child to hospital and stay with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- 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 activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the academy 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 the academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy 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 academy life, including trips eg. by requiring parents to accompany the child.

Insurance

Stamshaw Junior School is a member of the University of Chichester Academy Trust and as such, all employees are covered by the Academy Risk Protection Arrangement (RPA) insurance details of which are held with the School Business Manager.

Complaints

The School will endeavour to ensure that the best possible care is given to pupils requiring support with medical conditions. However, if parents or pupils are dissatisfied with the support received 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.

Adult Medication

It may be necessary from time to time for members of staff, governors, volunteers and other visitors to bring medication, either prescription or not onto the school premises. This is perfectly normal and allowable.

However, the person, be they staff, governor, volunteer or other visitor must ensure the medication is safely stored beyond the reach of children.

Adults should be sensitive and discrete when administering their own medication and wherever possible should do this in an adult only area within school.

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