

## Medicines in School Policy

### Policy statement

Aim: This policy is designed to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they play a full and active role in school life, remain health and achieve their full academic potential.

Regular school attendance is vital for every child and at Lowbrook we do all that we can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete.

There are, however, a few exceptions:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler.
- Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

### Roles and Responsibilities

Section 100 of The Children and Families Act 2014 requires school and their Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. This legal duty means they must take account of the statutory guidance and carefully consider it and having done so, there would need to be a good reason to justify not complying with it.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

If for what ever reason the school is unable to secure a willing competent person to administer medication the function will then rest with the parent or the health service, who will then be responsible for providing a person to administer the medication, to competently monitor and test a fluctuating condition or administer medication in response to either a fluctuating or stable but enduring medical condition.

### Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role.* Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child.
- Where there are potentially serious consequences if medication or treatment is missed.
- Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even non-prescription drugs such as *paracetamol*, be administered without parental approval. With parental approval the Academy would deem the administration of most medicines as a reasonable adjustment.

### **Long Term or Complex Medical Needs**

Consultation with the parent/guardian will need to take place prior to the administration of long term medication or complex medical needs. Specialist professionals will be consulted if necessary. A written description of the medical condition and needs will be produced by the school and linked to an Individual Health Care Plan (IHCP), having been provided by the parent, checked by the latter and issued to the School Matron and Class Teacher at the start of the school year.

A copy will be displayed in the school staff room and kept in a special file in the medical room. These records will be updated annually in September. An up to date list of all children with on-going medical conditions is kept in the medical room, and on display board in the staff room.

### **Individual Health Care Plan (IHCP)**

IHCP's are in place to ensure that the school can effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take the final view.

IHCPs are easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs & Disabilities (SEND) but does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs will be mentioned in their IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's

education, health and social well-being and minimises disruption. Where the child has a SEND statement, or an EHC plan, the IHCP will be linked to or become part of that statement or plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively. When deciding what information should be recorded on IHCP's, the school and governing body will consider the following:

- 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.
- 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 Executive Principal 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. Arrangements are required to be clear and unambiguous, and not prevent them from taking part.
- 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 IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This

also facilitates setting review dates, recording any changes introduced and also lends itself to future auditing.

### **Instruction and Training**

Specific instructions and training should be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff involved and to ensure the well being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

The school will ensure that there are sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

### **Procedures**

Mrs Paula West (School Matron) has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to our Deputy Matron, Mrs Louise Elliott. In the absence of either personnel, the Head of School & SENCo Miss Bianca Iasi should be consulted.

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

No child under 16 should 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, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

Prescribed medicines will only be accepted if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately. They know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

### **Emergency Procedures**

As part of general risk management processes, arrangements are in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this defines 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 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 for reasons associated with their medical condition 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;
- 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, 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.

### **Medication Errors**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when there is more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil;
- administration of the wrong medication to a pupil;
- administration of the wrong dosage of medication to a pupil;
- administration of the medication via the wrong route;
- administration of the medication at the wrong time.

Each medication error must be reported to the Principal and an Incident Report Form completed.

### **Accidental failure of the agreed procedures**

Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school.

### **Routine administration**

Professional training is not be necessary in cases where the administration of medicines is routine and straightforward (prescribed painkillers, antibiotics etc.) Where training is identified the details will be included in the care plan. Staff should never volunteer to give non-prescribed medicines (e.g. Calpol, Piriton) to children unless the parent has given prior written or verbal permission. If verbal permission is obtained, this is recorded on the 'Record of Medicines Administered To All Children' form kept in school.

### **Non-Routine administration**

Some children may require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance will be provided by appropriate medical professionals. Once again the training requirements and specific details will be included in the care plan signed off by the Parent and the Executive Principal.

### **Emergency salbutamol inhalers**

In late September 2014 a new guidance document on the use of emergency salbutamol inhalers in schools was issued by the government. Consequently, from 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school will keep a register of children who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which will also be kept with the emergency inhaler.

Written parental consent will be obtained for use of the emergency inhaler included as part of a child's individual healthcare plan.

Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions will be provided to staff administering the inhaler.

### **Safety checklist**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Will medication be stored in a same place and at a suitable temperature?
- Staff must be aware of guidance on infectious diseases

### **Record Keeping**

The following information must be completed by the parent:

- Name and date of birth of the child
- Name of parents/guardian, contact address and telephone number
- Name, address and telephone number of GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by the parents/guardian for staff to administer these medicines.
- Expiry dates of the medicines
- Storage details

The Parent Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference.

### **Safe storage and disposal of medicines**

Medicines should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines.



When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff.

Medicines should only be kept while the child is in attendance.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

Any unused or outdated medication will be returned to the parent for safe disposal. At Lowbrook refrigerated medicines are kept in a locked refrigerator in the Lowbrook Suite kitchen. All other medicines are kept locked in the medical area beside the office and emergency medications such as asthma inhalers and Epinephrine Auto-Injectors are kept in close vicinity of the children in their classrooms. Older children in the school take responsibility for their own asthma inhalers.

### **Children with infectious diseases**

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse or local health authorities.

### **School Insurance Arrangements**

Zurich Municipal is the Academy's insurer and they provide liability cover relating to the administration of medication.

Certificates are displayed at various points around the site.

### **Related Policies**

Health & Safety

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The Governing Body approved this policy on date: **25<sup>th</sup> November 2016**

Signed:

Chair of Governors

Signed:

Executive Principal





## Appendices

1. Individual Healthcare Plan
2. Parental agreement for setting to administer medicine
3. Record of medicine administered to an individual child
4. Record of medicine administered to all children
5. Staff training record – administration of medicines
6. Model letter inviting parents to contribute to individual healthcare plan development

**Individual Healthcare Plan**

Name of school/setting  
 Child's name  
 Year group / Class  
 Date of birth  
 Child's address  
 Medical diagnosis or condition  
 Date  
 Review date


**Family Contact Information**

Name  
 Relationship to child  
 Phone no. (work)  
 (home)  
 (mobile)


Name  
 Relationship to child  
 Phone no. (work)  
 (home)  
 (mobile)


**Clinic/Hospital Contact**

Name  
 Phone no.


**G.P.**

Name  
 Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips, etc.

Other information

Describe what constitutes an emergency and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Parental agreement for School to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

***Important: School staff are not required to undertake this duty***

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

**Medicine**

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Date and time of last dosage given

--

Storage instructions

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

What action is necessary in the event of an accident or failure of the agreed procedure:

--

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to the school office

--

**PARENT/GUARDIAN CONSENT.** Please read and sign.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.*

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF MEMBER.**

DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



**Record of medicine administered to an individual child**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
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Dose given  
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Staff initials








**Staff training record – administration of medicines**

Name of school

Name of staff member

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_



## **Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,