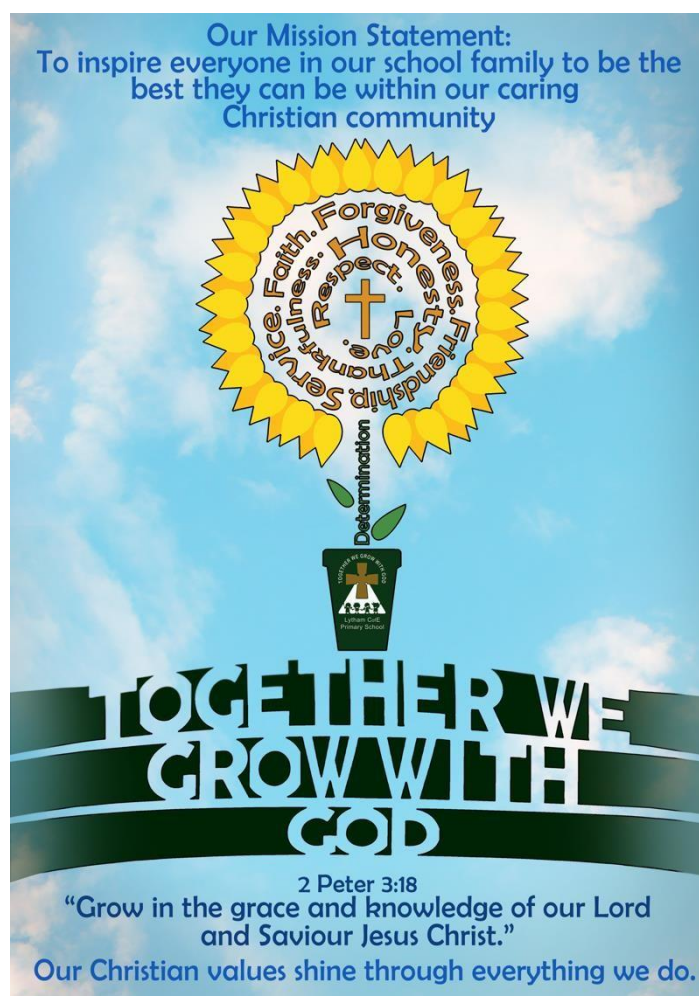


Lytham Church of England Primary School

Administration of Medication Policy



Written by: Mrs. H. Willott
Date of Policy: March 2020
Date of Review: March 2021

Introduction

This policy sets out the procedures which Lytham C.E School will follow when dealing with administering medicines.

This medicine policy has been prepared in line with the guidance given in the 2014 DFE document 'Supporting pupils at school with medical conditions' and also the Lancashire County Council Document 'Medicine Safety and other Health Related Topics' (2012). Section 100 of the Children and Families Act 2014 places a duty on governing bodies of schools to make arrangements for supporting pupils at their school with medical conditions.

The aim of this policy is to ensure that children at Lytham C.E School with medical needs receive proper care and support.

Parents should keep children at home when they are acutely unwell. 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.

It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should ideally be administered by the parent at home.

Roles and Responsibilities

Members of Staff Responsible for the Administration of Medication are:

KS1 - Mrs. Waby & Mrs. Wilkinson;

KS2 - Mrs. Booth & Mrs. Bottomley.

Governors

The governing body **must** ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing bodies should consider that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Headteacher

The Headteacher, Mrs. Willott, will ensure that Lytham C.E School's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Mrs. Willott should ensure that all staff who need to know are aware of the child's condition.

School staff

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.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about

their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. At Lytham C.E, we receive and fully consider advice from healthcare professionals and we listen to and value the views of parents.

Staff Training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will be 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. Training will 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.

The member of staff responsible for staff training is the Headteacher.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training - e.g. administration of insulin (updated to reflect any individual Healthcare Plans).

We will always consult with relevant Healthcare professionals, including the school nurse, to provide confirmation of the proficiency of staff in a medical procedure, or in providing medication or supporting the writing of a Healthcare Plan.

Individual Health Care Plans

Our Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A IHP should be easily accessible to all who need to refer to them, while preserving confidentiality.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (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 should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate

Individual Health Care plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Managing Prescription medicines to be taken during the day

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.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

Medicines should ideally be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools should only accept 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. 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 at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.

Medicines should only be taken to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Each item of such medication must be delivered to the School Office in the labelled container as originally dispensed.

Items of medication in unlabelled containers will be returned to the parent. The school cannot accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions. Medicines must therefore always be provided in the original containers and include the prescriber's instructions for administration, the child's name and date of dispensing.

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known.

All items of medication should be delivered directly to school by parents or escorts employed by the Authority. It is the parent's responsibility to inform school in writing when the medication or the dosage is changed or no longer required. Medication (short term) is returned at the end of the school day e.g, antibiotics.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the setting's hours. Medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Controlled drugs

· Some controlled drugs may be prescribed as medication for use by children. Staff administering medicine should do so in accordance with the prescriber's instructions. The school would look after the controlled drug in a locked container/cupboard. The key for this is kept in the cupboard above the sink unit in the staff room.

A record will be kept by the member of staff administering the medicine. This is kept in the staff room.

· All medicines will be returned to parents when no longer required.

Non prescription medicines

· Non prescription medicines will not be administered as per Lancashire County Council guidelines.

Administering medicines

· No child at school should be given medicines without the parent's written consent. Any member of staff giving medicines to a child must check:

o The child's name
o Prescribed dose
o Expiry date
o Written instructions provided by the prescriber on label or container

· If in doubt staff should not administer the medicine and should check with parents/carers or a health professional before taking further action.

· Staff should complete and sign a written record each time they give medicine to a child.

· Parents/carers will indicate on the Parental Agreement Form if their child is to self administered the medicine.

· If a child refuses to take medicine, staff should not force them to do so but should note this in records. Parents should be informed on the same day.

Record Keeping

· Parents are to fill in a Parental Agreement for School to Administer Medicines before a member of staff will administer any medicine to a child. Copies of this form will be kept in the staff room as some of the details are confidential.

· School will keep a record of all medicines given to pupils and staff involved. This will be kept in the School Office.

Emergency Medicines

All emergency medicines, such as asthma inhalers should be readily available to the child or young person and should not be locked away. Inhalers are kept in class, and taken with the child when leaving the school building.

Asthma - School Emergency Inhalers

From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should 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 only be used if the pupils inhaler is not available (for example, because it is empty or broken).

Lytham C.E School has an emergency inhaler bag which includes:

- one salbutamol inhaler and two spacers, which are all clearly labelled.
- Register of Parental Consent.
- Asthma Emergency Note - to go home.
- School Emergency inhaler usage logbook - Staff must record usage.

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED AND MUST BE SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE)

Asthma Inhalers are checked at the end of every term, and at the beginning of each new school year. All children who have an inhaler must have filled out a parental consent form from the office.

After a child has used their inhaler, a member of staff must record this in their asthma register. PARENTS SHOULD BE INFORMED THAT DAY IF THEIR CHILD HAS REQUIRED USE OF THEIR INHALER.

Education Visits

When planning an educational visit, we will take all reasonable steps and undertake reasonable adjustments to try and ensure that the visit is accessible to children and with disabilities and/or medical needs.

We have adopted Lancashire County Council's Educational Visits Policy and Guidelines which was written to comply with Health and Safety at Work law. The document, the accompanying Forms and Appendices, sets out the safety policy for off-site Educational Visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy.

We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

We will only administer anti-sickness/antihistamine medication for school trips when we have had written permission from parents.

Some children may need to take precautionary measures before or during exercise and may need immediate access to medicines such as inhalers. Staff should be aware of relevant medical conditions and any preventative medicine that may need to be taken.

EQUALITY ACT

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice⁴. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children. This role will be undertaken by the SENCO/Inclusion Lead.

Storing medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child or young person. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

There will be restricted and staff-only access to the refrigerator holding medicines - it will be kept locked at all times.

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

Confidentiality

The HT and staff should always treat medical information confidentially. The HT will agree with the parent/carer who else should have access to records and information about a child.

Review

The Headteacher and staff will review this policy in March 2020.

Signed: H. Willott

Date: March 2019

Reviewed: March 2020