St. Mary & St. Andrew's Catholic Primary School

POLICY FOR MEDICINE SAFETY
SUPPORTING PUPILS WITH MEDICAL CONDITIONS

We are guided by God who is at the centre of everything we do.
We support each other to be the best we can be to secure bright futures for everyone.
With our parishes, families and the community, we work together to create a school that is safe, happy, respectful and inspirational.

1. AIMS OF THIS POLICY STATEMENT

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.
- To support staff working in school and Newhouse Out Of School Club

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Please refer to the school's Sickness and Illness Policy for more information.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);
- All medicines should be taken directly to the school office or handed to the Head Teacher, Deputy Head Teacher or Class Teacher, by a responsible adult;
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
- Medicines will only be accepted for administration if Form 'Parental Agreement for School to Administer Medicine' is completed by parents/carers. This form link can be found on our website or is available from the school office.
- The appropriate dosage spoon should be included with all medicines sent to school;
- Any medicine administered will be recorded by the staff member under Medical Notes on **ARBOR.**

3. NON-PRESCRIPTION MEDICINES

- We will also administer non-prescription medicines if there is a compelling reason, for example, seasonal use of antihistamines, or Calpol. They must also be taken directly to the school office or handed to the Head Teacher, Deputy Head Teacher or Class Teacher, by a

responsible adult; and they will not be administered to children without Form 'Parental Agreement for School to Administer Medicine' being completed.

- They should be clearly marked with the child's name and class;
- Children must not carry medicines themselves for self-administration during the day.
- The medicine must be collected from the class teacher/office and taken under the supervision of an adult;
- Any non-prescription medicine administered will be recorded by the staff member under Medial Notes on **ARBOR**.
- We will not give paracetamol or ibuprofen routinely, as their primary use is to control raised temperature for which a child should be at home. If advised by a doctor, we will give them for pain relief;
- We do not allow cough sweets in school.

3. CONTROLLED DRUGS

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 2005 and its associated regulations. Some may be prescribed as medication for use by children and young people.
- Once appropriate information and training has been received any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. The appropriate Health Care Plan needs to be completed and updated annually by the parent/carer with support from Health Care professionals and the class teacher.
- A child or young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child or young person for whom it has been prescribed.
- We will keep controlled drugs in a locked non-portable container, in the school office, and only named staff should have access. A record will be kept for audit and safety purposes. A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence. There should be an agreed process for tracking the activities of controlled drugs and recognition that the misuse of controlled drugs is an offence.

4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- The Head Teacher is responsible for putting this policy into practice and for developing detailed procedures. Day-to-day decisions will normally fall to the Head Teacher or to the Deputy Head Teacher, in the absence of the Head Teacher.
- The Head Teacher will ensure that staff receive appropriate training on the policy and are properly supported. Appropriate training will take place annually and will include whatever conditions are appropriate to the children attending school.
- The Head Teacher will ensure that all parents and staff are aware of the policy and procedures for dealing with medical needs, by including it in New Intake Meetings and packs, by placing information in newsletters and on the school website. This policy is included in the induction training for new staff and is updated and discussed in staff meetings throughout the school year.
- Staff at St Mary & St Andrew's Catholic Primary School are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self-administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so;
- Staff with children and young people with medical needs in their class or group are informed about the nature of the condition, and when and where they may need extra

attention. The child or young person's parents/carer, previous class teacher and health professionals provide this information.

- All staff are aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors and supply teachers. This is also relevant for staff working in Newhouse Out Of School Club. Welfare staff are also provided with training and advice on a half termly basis. Supply staff are provided with a handbook on arrival and offered support from the Key Stage Leader whilst they are working in school.
- A Health Care Plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff will not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school will ensure appropriate training in collaboration with local health services.
- Staff must complete the Medical Notes in ARBOR each time medicine is administered within school time;
- Relevant staff will be trained, by school nurses on how to administer epi-pens, on diabetes and on any other appropriate conditions to our children.
- Annual staff updates are carried out in regard to this policy.
- At our school, we do not support children to administer their own medication, staff support this instead. We do however, support and promote the importance of the child's voice/behaviour (if non-verbal) as a key indicator that medication is required; if this is to be the case, the health care plan or parents will be consulted, and medication will be administered in the detailed way above.

5. **PARENTS' RESPONSIBILITY**

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete form 'Parental Agreement for School to Administer Medicine', found on our school website or from the school office before a medicine can be administered by staff;
- Primary school children may be able to manage their own medication, under adult, supervision but again, only with parental agreement given through the appropriate paperwork as above;
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, epi-pens, are kept up to date;
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.
- Is a parent in unhappy with the support provided, we ask for clear communication from the parent in the hope that any discord can be resolved easily. If, after face-to-face conversations, there is no resolution, parents must follow the complaints policy on the school website. Paper copies can be requested from the school office.

6. LONG-TERM AND COMPLEX NEEDS

Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan may be put in place involving the parents, class teacher and, if appropriate, relevant health care professionals. Health Care Plans are updated annually in the Autumn Term. Staff receive up-to-date training from relevant professionals on appropriate medical conditions for children in our school, so that they can respond effectively to individual children's needs.
Provisions will be made under the national legislation found here:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

The Head Teacher and Governing body will make arrangements to support pupils with medical conditions in school and ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

6A. Individual Health care plans

Individual healthcare plans can help to ensure that school effectively supports 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 should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

When deciding what information should be recorded on individual healthcare plans, the Head Teacher and, if needed, the 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, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Where there is a child with complex health care needs, or a health care plan, the Head Teacher will ensure that staff training is suitable and supported with the relevant healthcare professionals. This will be dealt with on a case-by-case basis.

A generic inhaler is kept on the school premises in the case of emergency use. We believe this voluntary act is critical in managing unexpected incidences of asthma. This inhaler is held by the Asthma Lead.

7. SAFE STORAGE OF MEDICINES.

The school is responsible for ensuring that all medicines are stored safely;

- Asthma inhalers are kept in Class Medical Boxes which are kept in the child's classroom.
- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration;
- All other medicines are stored securely in the school office or, if appropriate, in the fridge with access only for staff;
- Epi-pens are kept in the school office to ensure swift and easy access: Individual names are shown clearly in large black writing on each epi-pen and on the storage box;
- Where medicines need to be refrigerated, they will be kept in the staffroom fridge;
- When a child is in attendance of the Newhouse Out Of School Club, all medication will be stored in the staffroom and handed to the adult collecting the child at home time.

8. RECORD KEEPING

- Parents/carers must complete Form 'Parental Agreement for School to Administer Medicine', if they require their child to receive medicine whilst at school.
- Parents/carers, with the support of school staff and where appropriate health care professionals, must complete a Health Care Plan for children with long term or complex medical conditions. These plans must be updated annually.
- Although there is no legal requirement for schools to keep records of medicines given to pupils, it is good practice to do so. Therefore ,at St Mary & St Andrew's, staff complete a record each time they give medicine to a child, on the Medical Notes section on **ARBOR**.

9. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits, the teacher is responsible for taking the class medicine box and for the collection of individual medical boxes from the school office. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure. Any Medical Information for individual children should be recorded on the Risk Assessment for the trip.

11. EMERGENCY PROCEDURES

The emergency procedures for individual children are written into their individual care plans and reflect their own individual and unique needs. In the case of a general medical emergency staff will notify the Head Teacher, or most senior member of staff who will contact emergency services. Parents will then be notified and asked to respond.