

St. Mary's Catholic Primary School



Supporting Pupils at
School with Medical Conditions

Medicines in School Policy

With Christ, we live, we love, we learn, we grow

Reviewed Date: August 2019
Review Due: August 2020

1. AIMS

St Mary's is a welcoming Christian community, which upholds the values of justice, respect and equality, and promotes enthusiasm for learning.

At St. Mary's, we recognise that most children will have, at some time, a medical condition, which could affect their school attendance or participation in school activities. This may be of short duration (e.g. completing a course of prescribed medication) or a more long-term condition (e.g. diabetes), which, if not properly managed, could limit their access to school and the activities that are on offer.

The aims of the Medicines in School Policy are to:

- Enable regular attendance;
- Ensure there are effective management systems to support children with medical needs within school, in order that they receive appropriate care and support;
- Provide clear information on medicines in school and medicines safety to both staff and parents; and,
- Ensure there are formal systems and procedures in respect of storing and administering medicine within school.

This policy has been produced with reference to Medicine Safety and other health related topics; A Guidance Document for Service Working with Children and Young People (Lancashire County Council, 2009), the Statutory Framework for the Early Years and Foundation Stage and Supporting Pupils at School with Medical Conditions; DfE statutory guidance publication for governing bodies of maintained schools (September 2014) which refers to Section 100 of the Children and Families Act 2014.

2. ROLES AND RESPONSIBILITIES

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. St. Mary's will endeavour to cooperate closely with parents¹, health professionals and other agencies to provide a suitably supportive environment for children with medical needs.

Parents

It is the responsibility of parents to supply school 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's medication are known.

¹ Where the term parent is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, 'care of a child' includes any person who is involved in the full-time care of a child, but excludes baby sitters, child minders, nannies and school staff. It requires only one parent to agree to or request that medicines are administered. As a matter of practicality, this will usually be the parent with whom the school has day-to-day contact.

Information will be updated annually at the beginning of each academic year², or earlier, if a GP or Consultant alters a child's medication. It is the responsibility of parents to inform the school if medication is prescribed or altered within an academic year. Parents must provide this information in writing, signed.

Parents are responsible for keeping their child at home when their child is acutely unwell.

Governing Body

The Governing Body is responsible for the setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of policies, including the Medicines in School Policy.

The Governing Body is also responsible for making sure that staff have appropriate training to support children with medical needs and that this training is updated on a regular basis. It is also responsible for ensuring that there are appropriate systems in place for sharing information about a child's medical needs.

Lead Adult

The Lead Adult is responsible for putting the Medicines in School Policy into practice on a daily basis and for developing appropriate procedures. Day-to-day decisions will normally fall to the Lead Adult. The Lead Adult at St. Mary's is the Headteacher.

The Lead Adult will:

- Ensure that school staff receive the training they need to support children with medical needs, in liaison with the local authority, the Governing Body and the agencies within Lancashire Care NHS Foundation Trust.
- Ensure that all parents and staff are aware of the Medicines Policy and the procedures for dealing with medical needs;
- Ensure that appropriate systems for information sharing are followed;
- Agree with parents exactly what support can be provided at school (where parent expectations appear unreasonable, the Lead Adult will seek advice from the school nurse, the child's GP or other medical advisers and, where appropriate, the Governing Body and the local authority);
- With the Governing Body, ensure that the Medicines in School Policy and the procedures contained therein are compatible and consistent with any registered day care operated by external providers on the premises;
- Inform staff with children with medical needs in their class or group about the nature of the condition, and when and where the child may need extra attention;

² The school office will issue an annual update form in September each year.

- Ensure that staff responsible for children at different times of the school day, for example, welfare staff at lunchtime, are also provided with appropriate training information and advice;
- Arrange back-up cover when a member of staff responsible for administering medication and/or providing medical needs support is absent or unavailable;
- Organise liaison with voluntary organisations specialising in particular medical conditions in order to provide advice and information for staff on how to best support pupils with specific medical needs;
- Organise the provision of further information about a medical condition and specific training in administering a particular type of medicine/dealing with emergencies, where a School Health Care Plan (see section 8 below) reveals the need for this for specific members of staff.

School staff

Staff caring for children have a common law duty of care to act like any reasonably prudent parent; they need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities that take place off site as part of normal educational activities.

Apart from the above, there is no legal or contractual duty on staff to administer medicine or supervise a child taking it, although support staff may have specific duties to provide medical assistance as part of their contract.

3. ADMISSIONS

St. Mary's recognises that children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. In exceptional circumstances, where a child's presence at school represents a serious risk to the health and safety of others, the Lead Adult may send the child home that day, after consultation with the parents. However, this is **not** exclusion and may need to be done for medical reasons.

4. NON-PRESCRIPTION MEDICINES

The Governing Body of St. Mary's adopts Lancashire County Council's (LCC) policy of **not** accepting and administering non-prescription medication in school.

If parents wish to administer non-prescription medication to their child during the school day, it is the responsibility of the parent to attend school and administer the medicine. Parents must inform the school of their intention to do so and agree a mutually convenient time, preferably during lunch break.

Parents should note that guidance received in school states that a young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

5. PRESCRIBED MEDICINES

Prescribed medicines will only be accepted within school when **essential**; that is where it would be **detrimental** to a child or young person's health if the medicine were not administered during the school day.

If parents wish to administer non-essential prescribed medication to their child during the school day, it is the responsibility of the parent to attend school and administer the medicine. Parents must inform the school of their intention to do so and agree a mutually convenient time, preferably during lunch break.

St. Mary's will **only** accept essential medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Delivery of prescribed medicine

All items of prescribed medicine should be delivered to St. Mary's by parents or by escorts employed by the local education authority. Medicine should **not** be sent in with children.

On arrival at the school, parents/escorts should deliver the prescribed medicine to an authorised person. At St. Mary's the authorised persons are:

- School Business Manager (at the school office)
- Headteacher and Lead Adult (or, in the case of his absence or unavailability, the designated teacher in charge).

Parents are asked to deliver the medication to the school office in the first instance, where they will be asked by the authorised person to sign a form (see Template C)

Parents should ensure that each item of medicine is delivered in a **secure and labelled container, as originally dispensed**. The container must include the prescriber's instructions for administration, the child's name and the date of dispensing.

Parents are encouraged to discuss with prescribers the possibility of issuing a separate amount of medication for use in school. **Where clinically appropriate, parents should note that it is helpful if medicines are prescribed in dose frequencies that enable it to be taken outside school hours**. Parents are encouraged to ask the prescriber about this. For example, medicines that need to be administered three times a day could be taken in the morning, after attending school and at bedtime.

St. Mary's is unable to accept prescription medication that has been relabelled or repackaged by parents. Items of medication in unlabelled containers will **not** be accepted and will be returned to the parent.

6. CONTROLLED DRUGS

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Controlled drugs are sometimes prescribed as medicine for children.

Storage

At school, prescribed controlled drugs are stored in safe custody in the main school office (see Section 9: Medicines Safety below); each prescribed controlled drug is stored in a locked filing cabinet inside a locked container, which is clearly labelled with the child's name.

Administration

Once appropriate information and training has been received, any member of school staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering such medicines will do so in accordance with the prescriber's instructions, following appropriate training, which will be organised by the Lead Adult.

Controlled drugs will be administered either in the Headteacher's office or in the Quiet Room; currently the designated medical needs room within school.

After a member of staff has administered a controlled drug to a pupil, he/she will immediately sign and date the record of administration form. Another member of the school staff, usually the Headteacher, will witness the administration process and will countersign the form.

Disposal

Controlled drugs, as with all medicines, will be returned to the parent when no longer required. It is the parent's responsibility to arrange for the safe disposal of the medicine. Sharps boxes should always be used for the disposal of needles and other sharps.

7. LONG-TERM MEDICAL NEEDS

It is important for the school to have sufficient information about the medical condition of any child with long-term medical needs.

Parents are responsible for supplying the school 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's condition and medication are known.

Updates to information

The school will automatically request an annual update at the outset of each academic year, which parents are required to complete. However, the parent must inform the school in writing, signed if a GP or consultant alters their child's prescribed medication during the course of the academic year.

Health Care Plan

Where a child has long-term medical needs, a written Health Care Plan will be drawn up in liaison with the School Nurse Service and, where appropriate, other relevant agencies/professionals. Please see the section on Health Care Plans below.

8. HEALTH CARE PLANS

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support needed. (see Annex A)

We acknowledge that not all children who have medical needs will require an

individual health care plan; a written agreement with parents may be all that is required. In the latter case, (Template B) Parental agreement for setting to administer prescribed medicine must be completed and signed by the parent and accepted by the Lead Adult using Template C. Confirmation of the Adult with a Duty of Care's agreement to administer medicine (both forms are attached at Appendix 2).

Individual health care plans will clarify for staff, parents and the child the help that can be provided. Medical professionals write health care plans i.e. the child's GP, paediatrician, or other appropriate health professional, such as a diabetic nurse practitioner.

The Lead Adult will agree with a child's parents and the appropriate health care professional(s), how often they should jointly review the health care plan. Normally, this will be annually but will ultimately depend on the nature of the child's particular needs; some health care plans may need reviewing more frequently.

(see Templates – Supporting pupils with medical conditions) Health Care Plan (Template A) or an alternative provided by the designated health care professional will be used.

In addition to the input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the Lead Adult;
- the parent;
- the child;
- the class teacher;
- the support staff working with the child;
- staff who are trained to administer medicines;
- staff who are trained in emergency procedures.

The Lead Adult will ensure that information on individual children is shared with relevant staff and that all school staff that may need to deal with an emergency are kept fully informed.

9. MEDICINES SAFETY

All medicines may be harmful to anyone for whom they are not appropriate. The Governing Body has a responsibility to ensure that, where medicines are administered at school, the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

The Lead Adult is responsible for ensuring that medicines are stored safely.

Storing medicines

The school will not store large volumes of medicines; staff will only store, supervise and administer medicine that has been prescribed for an individual child and accepted as appropriate for administration at school.

Medicines will be stored in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed, 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 needs two or more prescribed medicines, each item of medicine will be kept in a separate container.

It is good practice for children to be made aware of where their medication is stored and who holds the key. The Lead Adult will liaise with class teacher to ensure that, where appropriate, children are kept informed.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be **made readily available** to the child and will not be locked away.

Other non-emergency medicines will generally be stored in a locked filing cabinet in the school's main office.

Some medicines need to be refrigerated. Such medicines will be stored in clearly labelled airtight containers in the staffroom refrigerator. It is the responsibility of the child's parents to provide and label the container. Access to the staffroom refrigerator is restricted to staff only or to children accompanied by staff.

Disposal of medicines

Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect such medicines, they will be taken to a local pharmacy for safe disposal.

Parents are also responsible for collecting medicines held at the end of each term.

Sharps boxes will always be used for the disposal of needles. If a child requires a sharps box, it is the responsibility of the child's parents to obtain and supply this box to school and for its safe disposal. Parents should note that sharps boxes can be obtained on prescription from their child's GP or paediatrician.

Emergency Procedures

As part of general risk management processes, St. Mary's has arrangements in place for dealing with emergency situations. These are contained within the School Emergency Plan, and the school's Health & Safety and First Aid policies and provision.

The Lead Adult will ensure that all staff know how to call the emergency services. Guidance on calling an ambulance is provided on Template F: Contacting Emergency Services (see Appendix 1). The Lead Adult will ensure a completed copy of Template F is situated next to the telephones in school.

If deemed an emergency a child will be taken to hospital by ambulance. Staff should never take children to hospital in their own car. A member of staff will always accompany the child in the ambulance and stay at the hospital until the parent arrives. At the hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Individual health care plans may contain instructions on how to manage a child in an emergency and the Lead Adult should ensure that these instructions are shared with staff as appropriate

10. ADMINISTERING PRESCRIBED MEDICINES

At St. Mary's, staff will never give a child prescribed medicine without written parental consent.

The Headteacher, the designated Lead Adult, will decide whether specific items of prescribed medicine will be administered at school and inform parents of the outcome.

If the Headteacher agrees that school staff will administer the prescribed medication, he/she will ask parents to complete and sign Template B: Parental agreement for setting to administer prescribed medicine. As Lead Adult, he will complete and sign Template C: Record of Medicine Administered to an Individual Child.

The Lead Adult will ensure that members of staff administering medicine to a child are trained to check the:

- Child's name is on the medicine container;
- Prescribed dose;
- Expiry date of the medication;
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in any doubt about any aspect of administering specific medication to a particular child, the member of staff will not administer the medicine but will consult with the Lead Adult before taking further action. Where appropriate, the Lead Adult will discuss the issue with the parent and/or with an appropriate health professional.

Each time prescription medication is given to a child Template C (Record of medicine administered to an individual child) will be completed. Where the prescription medication is also a controlled drug, either the above form or an alternative form – as determined by the health care plan - will be countersigned.

Self-Management

At St. Mary's, we acknowledge that it is good practice to support and encourage children, who are able to do so, to take responsibility to manage their own medicines from a relatively early age. We also recognise the need to bear in mind that the age at which children are ready to take care of and be responsible for their own medicines will vary.

The school will only agree to transfer responsibility to a child where health professionals, parents and the child have agreed an appropriate time to make this transition. This information must be provided to school in writing, signed by the parent, or will be detailed in an amended Health Care Plan.

In some circumstances, such as the use of an inhaler to treat asthma, the child may

carry and administer his/her own medication. Parents must ensure that all medication is clearly labelled with their child's full name.

Where it has been agreed that a child may administer their own medicine, a member of school staff will supervise the child.

Refusal

If a child refuses to take medicine, the member of staff responsible for administering the medicine, will record this on the 'record of medicine administered form' (Template D) and will immediately inform the Lead Adult. The Lead Adult will ensure that the child's parents are informed of the refusal on the same day.

If the refusal to take medicine(s) results in an emergency, the school's emergency procedures will be followed with due attention given to the procedures in the child's health care plan.

10. RECORD KEEPING

It is the responsibility of the child's parents to inform the setting about the medicines their child needs to take and to provide details of any changes to the prescription or the support required. The Lead Adult is responsible for ensuring that medical information and records are shared with staff as appropriate.

Members of staff administering medicines will check the prescriber's instructions, which should be provided in the original container sent to school (see Section 5: Prescription Medicines above).

In all cases it is necessary to check that written details include the:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Expiry date
- Date of dispensing

Parents will be asked to complete and sign Template B: Parental Consent for the school to administer prescribed medicine or a Health Care Plan, as appropriate.

The school will keep a record of all medicine given to children to offer protection to staff and as proof that they have followed agreed procedures. The school will use Template D (attached at Appendix 2) or an alternative form provided with a health care plan, as appropriate.

11. EDUCATIONAL VISITS

Staff will take all reasonable steps and reasonable adjustments to try and ensure that educational visits are accessible to children with disabilities and/or medical needs. They will ensure that when included in an outdoor visit a child is not put at any substantial disadvantage.

St. Mary's has adopted Lancashire County Council's Educational Visits Policy and Guidelines, which was written to comply with Health and Safety at Work Law. This document, with the accompanying forms and appendices, sets out the safety policy for off-site Educational Visits, participation in adventurous and outdoor activities, and the arrangements for the implementation of the policy.

In respect of individual cases where there are concerns, the Lead Adult will seek advice from the appropriate local authority technical advisers (Nursery, Primary and Special Schools – tel 01772 5322805).

The Lead Adult will discuss the proposed visit and planning process with relevant school staff, the parents and (wherever possible) the child as early as possible. The Lead Adult, who is also the Educational Visits Coordinator, will ensure that risk assessments cover the specific issues of the child with reasonable adjustments made and alternative activities considered where appropriate.

On all Type B visits, the Form 1B (Application to the Authority for Approval) and Form 5 (Risk Assessment) will clearly show that child(ren) with medical needs have been fully considered in the planning process and that any necessary reasonable adjustments have been made.

All staff and volunteers on the visit will be fully briefed and particularly if there are adjustments to the programme for the child(ren) that have any Special Educational Needs and/or medical needs. Staff will use the relevant planning forms (Form 2A for Type A visits and Form 2B for Type B visits).

If school staff are concerned whether they can provide for a child's safety, or the safety of other children on a visit, they will consult with the Lead Adult, who will ascertain parent views and seek advice from the School Health Service or the child's GP.

12. SPORTING ACTIVITIES

The school acknowledges that most children with medical conditions can participate in physical activities and extra-curricular sport, and will endeavour to ensure there is sufficient flexibility for all children to follow in ways that are appropriate to their own abilities. At St. Mary's, we recognise that physical activity can benefit a child's overall social, mental and physical health and wellbeing.

Any restrictions on a child's ability to participate in Physical Education will be recorded in his/her individual Health Care Plan. The Lead Adult will ensure that all staff are aware of issues of privacy and dignity for children with particular needs on a 'need-to-know' basis.

We recognise that some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines, such as asthma inhalers. The Lead Adult will ensure that staff supervising sporting activities give due consideration as to whether risk assessments are necessary for some children, are aware of relevant medical conditions (and any preventative medicine that may need to be taken) and relevant emergency procedures.

13. CONFIDENTIALITY

All members of school staff should treat medical information confidentially. The Lead Adult will agree with the child's parents who should have access to records and other information about their child. If information is withheld from staff, it should be noted that they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

14. COMMON CONDITIONS: PRACTICAL ADVICE

The practical advice offered in Chapter 5 of Medicine Safety and other health related topics: a guidance document for working with children and young people (LCC, 2009), will be consulted as appropriate in respect of the following common conditions:

- diabetes
- asthma
- epilepsy
- anaphylaxis
- attention deficit hyperactivity disorder (ADHD)
- pregnancy
- hand washing and infection control
- MRSA
- The use of oxygen in settings
- HIV.

This information is attached at Appendix 2.

15. LIABILITY AND INDEMNITY

The Governing Body of Chorley St Mary's ensure insurance arrangements are in place, details of such are made accessible to staff providing support to pupils with medical conditions. Further information and advice for school staff can be obtained from the Local Authority's Insurance Team.

16. COMPLAINTS

St Mary's will aim to have effective management systems, care and support in place to support children with medical needs. Should parents have any concerns regarding the support provided they should discuss their concerns with the school. If, for whatever reasons this does not resolve the issue, a formal complaint can be made via the school's complaints procedure.

15. RELEVANT DOCUMENTATION

This policy should be read in consultation with the following documentation:

- Child Protection Policy
- Health and Safety Policy
- Medicine Safety and other health related topics (LCC 2009)
- Asthma Policy
- First Aid Policy
- School Emergency Plan
- Equal Opportunities Policy
- Special Educational Needs Policy
- Race Equality Policy

- Gender Equality Policy
- Policy on the Care and Control of Pupils
- Admissions Policy
- Policy for Teaching and Learning
- Accessibility Plan
- Mission Statement

16. ACCESSIBILITY

The Medicines Policy has been produced in a designated dyslexia friendly font and size (Arial, font size 12) following advice given on the British Dyslexia Association (BDA) website. It is also left justified and avoids the use of italics.

The policy is available to stakeholders, including parents, via the school website and a copy can be viewed upon request via the school office.

Upon request to the school office, the policy is also available in the following formats: email as a PDF or Word attachment, on coloured paper and as an enlarged print version.

The school will endeavour to produce the policy in other formats to meet the needs of our stakeholders upon request to the Head teacher.

17. POLICY REVIEW

This policy will be formally reviewed on an annual basis.

In the event of significant changes to guidance or legislation, the policy will be reviewed earlier as appropriate.

Appendix 1: Model process for developing individual healthcare plans taken from the DfE's Supporting pupils at school with medical conditions statutory guidance (Sept 2014)

Appendix 2: DfE Templates – Supporting pupils with medical conditions (May 2014)

Template A : Individual Healthcare Plan

Template B: Parental Agreement for school/setting to administer medicine

Template C: Record of medicine administered to an individual child

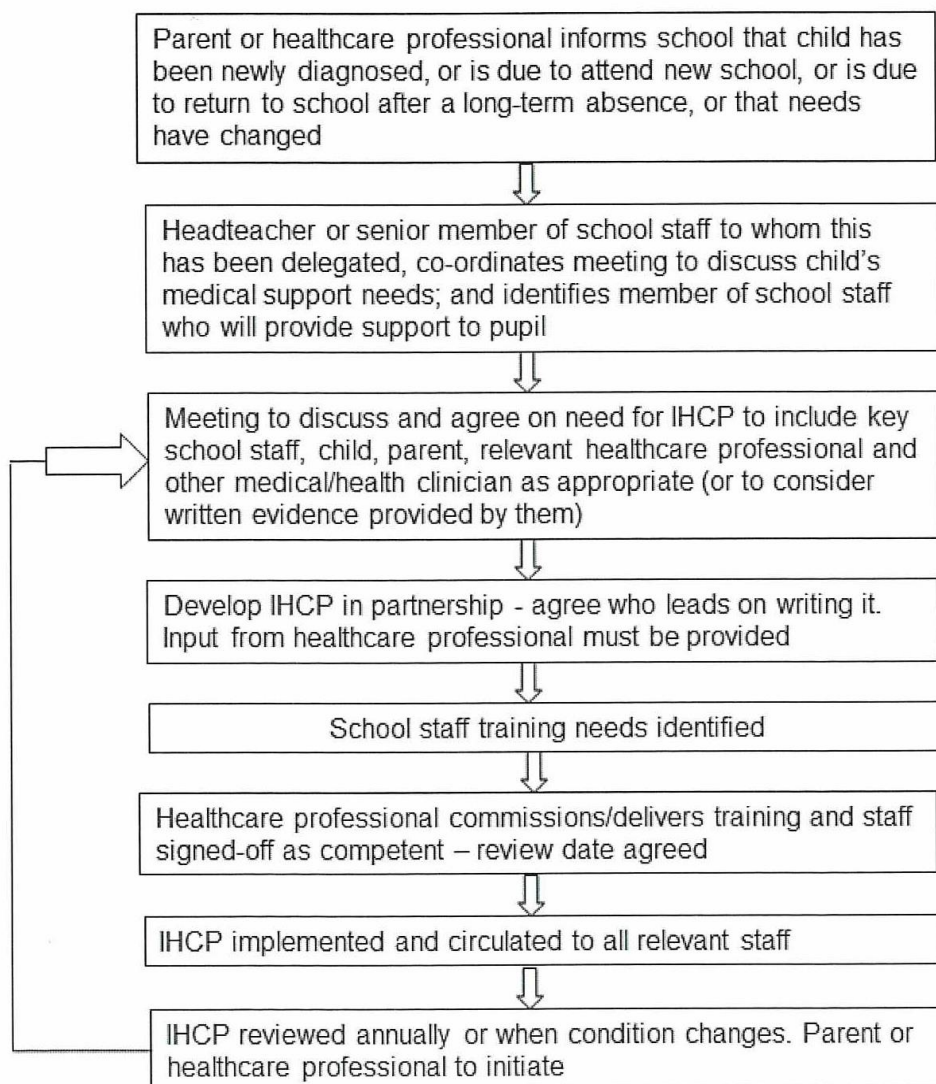
Template D: Record of medicine administered to all children

Template E: Staff training record – administration of medicines

Template F: Contacting emergency services

Template G: Model letter inviting parents to contribute to individual healthcare plan development

Annex A: Model process for developing individual healthcare plans



TEMPLATES: DfE's TEMPLATES: Supporting pupils with medical conditions (September 2014) available from the school's main office and held in the Medical Administration File.