

MEDICATION IN SCHOOL POLICY

Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term perhaps requiring them to complete a course of medication.

Other children have medical conditions or medical needs that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities.

Roles and Responsibilities of Staff

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff who provide support for children with medical needs or who volunteer to administer medication will have:

- support from the headteacher who will ensure that governors and parents are aware of this guidance
- access to information and training

Anyone caring for children has a common law duty of care to act like any reasonably prudent parent and staff are aware of their responsibility for the health and safety of children at school. Our duty of care could extend to administering medicine and/or taking action in an emergency. This duty extends to staff leading activities taking place off site, such as visits or outings. Where there is concern that a child's needs cannot be met, the headteacher will seek further advice from medical professionals and appropriate LA Officers.

Medical information will be shared with all those school staff directly involved in the care of individual children unless parents state that this should not be the case. All staff will be made aware that this information should be treated confidentially. If information is withheld from staff they will not generally be held responsible for incorrectly giving medical assistance in good faith.

Medicines

The headteacher (Mrs. Hughes) will be responsible for giving medicines with trained First Aiders as substitutes in her absence. Any member of staff administering medication to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If a child refuses to take their medication, emergency contact forms will be used to alert the parent or designated alternative contact.

- **Prescribed Medicines:**

- Medicines should always be provided in the original container as
- dispensed by a pharmacist and include the prescriber's instructions for administration.
- Changes to dosages will not be given on parental instructions.
- Wherever possible, dose frequency should be organised outside school hours.

- **Controlled Drugs:**

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. If the need arises, further guidance is available in "Managing Medicines in Schools and Early Years Settings", (DFES, March 2005).

- **Non-Prescription Medicines**

- Staff should NEVER give a non-prescribed medicine to a child without the agreement of the Head or Deputy (Another member of the Senior Management team should be consulted if both these members of staff are absent).
- Prior written permission from the parents (Appendix 1) must be obtained.
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short Term Illness

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. If a child is deemed well enough to attend school but requires medication for a limited period, it will be necessary to complete a Medication Plan (Appendix 1).

The Medication Plan includes:-

- details of a child's condition
- medication type/administration instructions
- any possible side effects
- what to do, and who to contact in an emergency
- the role of the school

Medication should be in its original container as dispensed by a pharmacist and clearly marked with the child's name, the preparation name and the dose required. This information will be entered on the daily Register (Appendix 2) which is kept in the school office. The parent must sign each day to confirm requirements. The medication will be stored, out of the reach of children, in the office or in the staff room refrigerator until it is required to be administered, usually at lunchtime. The medication should be collected by an adult from the school office and not handed directly to a child.

- An adult will always directly supervise a child taking their medication

It should not be necessary for:

- medication prescribed twice or three times daily to be administered during school time.

Only under exceptional circumstances will school staff give non-prescribed medication to children. They may not know whether the child has taken a previous dose, or whether the medication may react with other medication being taken.

Long Term Medical Needs

The Health Care Plan shown in Appendix 3 will be used by the school to record information if a child has a medium/long term medical need e.g. broken limb or other injury which requires special treatment or dietary need (asthma will be recorded separately, see Appendix 4). This plan includes:

- medical/dietary needs and child's symptoms
- daily care requirements
- what to do and who to contact in an emergency
- the role of the school

The Health Care Plans will be reviewed annually.

It is important for the school to have sufficient information about the medical condition of any child with medium/long term medical needs. If a child's medical needs are inadequately supported this can have a significant impact on a child's educational attainment.

The school therefore, needs to know about any medical needs before a child starts school, or when a child develops a medical condition during their school age years.

Admission forms have a section reminding parents to give such information and the Administration team will ensure that medical needs are brought to the attention of the headteacher and other staff who will be responsible for wellbeing e.g. class teachers, lunchtime staff.

Completed forms will be kept in the School Office as appropriate.

Allergy and Anaphylaxis (Severe allergic reaction)

Common triggers include nuts, eggs, cow's milk, certain drugs, insect stings.

Details of such allergies will be recorded on the Health Care Plan mentioned above (Appendix 3). Emergency action will be detailed in this plan and all staff will be made aware of the condition and course of action. Two main types of medication may be used:

- Antihistamines (eg:Piriton, Zirtec)
- Preloaded Adrenalin injection (eg:epipen)

Parents will be informed immediately if their child has an allergic reaction and emergency services will be contacted (procedures displayed in school office, see Appendix 5) if this is the advice outlined on Health Plan or if this is deemed to be the appropriate course of action by senior school staff.

Children with food allergies who choose to stay for a school dinner will need to draw up a Health Care Plan with the headteacher or senior manager and provide a medical note from their GP confirming condition and treatment and an up-to-date photograph of their child. The headteacher will ensure that the Health Plan, GP note and photograph are given to the Catering Staff. Catering Staff will ensure that this information is prominently placed so that relief staff are kept informed. The Catering Service will be kept fully informed about individual children electronically, according to prescribed procedures.

N.B. Less severe food allergies, food intolerances and special dietary needs will be recorded on Health Care Plans.

Any child with a severe medical condition will have their photograph taken and this will be displayed in the staff room in order to alert all staff. Another photograph will be kept in the First Aid Book with the child's name together with an explanation of the condition and action to be taken.

Storage of Medication

The importance of medication in maintaining the well-being of children with medical needs means that the required medication should be kept as close to the child as is practical.

- Asthma - Children with asthma must have immediate access to their reliever inhalers (blue) when they need them. All inhalers should be identifiable with the child's name and will be kept inside classrooms when the child is in school. Arrangements will be made to ensure that they are accessible on off-site visits.
- Other medication will be kept in a cupboard in the Head's Office or in the refrigerator in the Staff Room as appropriate.
- Parents and children will be advised as to where their medication is being stored.
- Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal and that all medication to be used within school is within date of expiry.

Educational Visits/Off-Site Activities

Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. These will be detailed on the appropriate Risk Assessment. It may be necessary on rare occasions for an additional member of staff or the parent to accompany a particular child.

Importance of Communication

It is important that responsibility for children's safety is clearly defined and that each person involved with a child's medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

Guidance

Guidance on how to manage Allergy, Epilepsy, Asthma and Diabetes can be found in the "Guidance on supporting children and young people with medical needs" document kept in the Headteacher's Office.

Agreed at Staff Meeting and with Administration Staff on

Agreed at Governing Body Meeting on