



Administration of Medication and Intimate Care Policy.

Administration of Medication in School

The information in this document contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's [statutory guidance on supporting pupils at school with medical conditions](#).

The Governors and staff of West Lancashire Community High wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered or have been trained to do so. Staff should be aware of the guidance stated in **Appendix One**.

Medication will only be accepted in school if it has been prescribed by a doctor. The only exception is for 'paracetamol' and some over the counter 'hay fever' medications. These medications will need to be stickered and labelled by the parents with their name, dose and parental signature.

Only medication that is required at specific times or needed more than 4+ times daily will be given by the school. There may be extenuating circumstances where medication may need to be administered. This will be undertaken in consultation with medical lead at school and parents. All discussions will be logged within CPOMS.

Medication will not be accepted in school without complete written and signed instructions from the parent. In these situations, it is the duty of the parent to attend school to administer any medication.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered in its original container and handed directly to the medical lead with a current medication form.

Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be clearly labeled (The label should be a pharmacy label) with the child's prescription details showing the following information:

- Dosage.
- Pupil's name.
- Name of medication.
- Frequency of dosage.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

There may be times when a student is prescribed a short course of medication. Short term medication will only be administered after completion of a temporary medication form. There will be a 24-hour grace period for the completion of this form. After 24 hours, if the form is not returned to school, medication **WILL NOT** be administered. Temporary medication should also be prescribed and with a pharmacy label.

The school will not accept items of medication which are in unlabelled containers.

Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet.

The school will provide parents/carers with details of when medication has been administered to their child. It is the duty of the parents to inform school of any changes to administration procedures as soon as possible along with updated forms.

Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Parents must complete a medical form for all new pupils before they attend school. This will form

Staff who assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This will generally be undertaken by the School Nurse and Epilepsy Nurse.

Any medication given will be recorded within school – dosage, date and time and givers (always 2 trained members of staff). Medication will not be administered by a single member of staff. There should always be a secondary person to witness the procedure and countersign.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Separate procedures are in place for residential trips and how medication is stored. Consultation between medical lead, visit lead, staff and parents must be conducted to gather an overview of medication.

On residential trips, it is the responsibility of the parents to provide pre-packaged doses from the pharmacy or with medication organisers. Separate medication forms will be completed and countersigned by all parties.

On residential trips medication storage will be the responsibility of a key identified person. This person will liaise with the visit lead and coordinate the administration of medication at allocated times. The same procedures as in school should be implemented when administering.

Intimate Care Definition.

The following points should be read in conjunction with the Safeguarding and Child Protection Policy and statutory documents 'Keeping Children Safe in Education 2019' and 'Working Together to Safeguard Children 2018'

Our definition of Intimate Care is any personal care activity a child would normally be able to do for him/herself which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

Best Practice for Intimate Care

The management of all children with intimate care needs will be carefully planned where appropriate.

Prior permission must be obtained from parents before intimate care procedures are undertaken. This may include Health Care plans (if appropriate) and any other plans which identify the support of intimate care where appropriate.

The most appropriate environment (this is usually the hygiene room or adapted areas of specified toilets) should always be selected to ensure privacy and dignity.

Care should always be undertaken with tact, sensitivity and in an unhurried manner. Whenever possible, gloves should be worn.

If washing is required, always use a disposable cloth or baby wipe and, where possible, encourage the child to attempt to wash private parts themselves. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the circumstances and the child's needs.

Parents who have children wearing pads will be asked to supply appropriately sized nappies, wipes and disposable bags. The school will supply gloves. We also require parents to supply specialist swimwear designed to promote hygiene in the swimming pool.

The child who requires intimate care is always treated with respect ; the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected.

Training is delivered according to the need of individual pupils. Staff who provide intimate care are trained to do so (including Child Protection) and are fully aware of best practice.

Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.

Individual intimate care plans, if appropriate will be drawn up for children as felt appropriate to suit the circumstances of the child.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for them self as they can. This may mean, for example, giving the child responsibility for washing themselves.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by two adults unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible staff should only care intimately for older/more aware pupils of the same sex. Male staff will not be asked to carry out intimate care procedures on female pupils. However, in the case of younger pupils and older boys with more significant learning difficulties female staff will assist in their needs as the majority of staff are female and this is the only practical option.

Intimate care arrangements will be discussed with parents/carers as appropriate and recorded on the child's care plan if there is one.

The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Dealing with toilet accidents:

Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place or prior parental authorisation. In some situations (eg: needing to shower a young person after a toilet accident) and where the delay will not cause distress, phone permission can be sought.

Children, parents and staff all have responsibilities linked to this issue:

Children must be taught strategies to make their need for the toilet clear either verbally or using a sign or symbol.

Staff who have children on toilet training programmes must ensure that relevant staff beyond the immediate class team are aware and competent in maintaining programme consistency.

Staff will ensure that all children have regular opportunities and encouragement to go to the toilet at suitable times during the day.

All staff will ensure that any soiling incidents are dealt with quietly and respectfully to avoid any embarrassment for the child.

Parents must keep children who are unwell away from school to reduce the chance of stomach bugs from spreading. Children should stay off school until the symptoms have stopped for 2 days. Parents must also come to the school as quickly as possible to care for their child who has become unwell.

This policy should be read in conjunction with;
'Supporting pupils at school with medical conditions'
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
December 2015

Appendix One – Do and Don't with Medication

DO

- Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so
 - Check the maximum dosage and when the previous dosage was taken before administering medicine
 - Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
 - Inform parents if their child has received medicine or been unwell at school
 - Store medicine safely
 - Ensure that the child knows where his or her medicine is kept, and can access it immediately
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DON'T

- Give prescription medicines or undertake healthcare procedures without appropriate training
- Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents

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