**Administering of Medicines Policy**



**Revised: October 2017**

Rationale

We believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care. This policy has been written in line with “Supporting pupils at school with Medical Conditions” April 2014 and is compliant with the legislation which surrounds this.

Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

**Key Points:**

• Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

• The Governing Body must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

• The Governing Body should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

At St. Thomas’ C.E. Primary School we will not administer medication that has not been prescribed by a medical professional in any circumstance. The lead person in relation to supporting pupils at school with medical conditions is the Headteacher who will liaise closely with the school SENco and pastoral officer.

Any medication administered by the school must be supported by prior written agreement from parents / carers or guardians and agreed by a medical practitioner. This will be detailed through an Individual Health Care plan.

Parents / carers are requested to provide the school with full information about their child’s medical needs. Staff noticing deterioration in a pupil’s health over time should inform the Headteacher who should let the parents / carers know.

**Short Term Medical Needs**

Many pupils will need to take medication at school at some time in their school life. Mostly this will be for a short period only. A prescribed dosage of 3 times per day should be requested by parents from their medical practitioner and this should be administered at home eg. Before school, after school and then before bedtime.

Parents should bring any pre-arranged permitted medications into school clearly labelled with the child’s name and take directly to the school office.

The medication should have the box stating the details prescribed by the child’s doctor.

Once completed, the agreed administration of any short term medication should be recorded kept on the pupils file in the Head Teacher’s office along with the parental consent form.

Annex 1 provides an example of a medical record form.

Pupils are not allowed to carry medication into school or take medication themselves.

Any medication/drugs found in the possession of a pupil will be immediately confiscated and parents will be informed to collect it from the school office.

An unregulated drug on school site poses a possible serious threat to pupils in school and will be taken extremely seriously.

**Long Term Medical Needs**

Pupils with long term or complex medical needs will be supported by the school.

 School will work closely with other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

Therefore, it is important for the school to have sufficient information about the medical condition of any pupil with long term needs.

Parents should inform school about any medical condition before a child starts school, or when a pupil develops a condition. For children with such needs a health care plan will be written in consultation with parents and any relevant health care professionals (See Annex 2).

The administration of any long term medication should be recorded kept on the pupils file and in the child’s SEN file along with the parental consent form. Copies of children’s long term medical needs are also available in the staff room to highlight awareness of medical issues.

Annex 1 provides an example of a medical record form.

 In all of the above instances it must be remembered that, in spite of any form of disclaimer, the Head Teacher will continue to ensure that the school exercises its duty of care.

**Staff Training in Dealing with Medical Needs**

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

For very specific individual needs the staff member will need to be trained and signed off as competent by a lead medical professional. Where this is not possible alternative arrangements will be made. All relevant staff will be made aware of the child’s individual medical condition.

In case of staff absence, a further member of staff will be trained to support the child’s individual condition/medication or need. Supply staff will be made fully aware of the child’s condition and briefed accordingly.

Intimate care issues should be attended to by two members of staff and should be provided by a member of staff specifically employed and trained to deal with such issues. For a child with specific special educational or medical needs this will be covered in the contractual arrangements of the support staff employed to provide support for a pupil.

Whole school awareness training will be provided where necessary for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will also highlight this. Support form healthcare professionals will be sought to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

**Managing Medicines on the School Site**

No child under 16 should be given prescription or non-prescription medicines without their parent’s written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

No child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

School will 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 will be stored safely. Children will 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 and adrenaline pens should be always readily available to children and not locked away.

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.

School has purchased a defibrillator – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. Several members of staff have received training on this.

 An asthma pump station has also been purchased for emergency situations only.

**Record Keeping**

Written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

**Individual Health Care Plans**

 Individual healthcare plans, (and their review), will be initiated, in consultation with the parent, by a member of school staff and 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, e.g. school, specialist or children’s community nurse, who can best advice on the particular needs of the child.

Pupils should also be involved whenever appropriate. The aim is to capture the steps which school take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Generally, and where appropriate school will take the lead in writing the plan, and ensure it is finalised and implemented within the school. The plan will be reviewed at least annually but essentially as and when the child’s needs change.

**The Storage and Access to Medication**

For safety reasons, all medicines are stored centrally in the designated box in the school administration office. For medication which required a specific temperature these will be stored in the designated counter fridge and are handled by adults only.

Parents are asked to deliver any medication to school via the school administrator and to collect them at the end of the day in the same way.

Some medications may need to remain in school. At no time should children be given medicines to bring in or take home from school.

**Invasive Procedures**

Some children require types of treatment which school staff may feel reluctant to provide e.g. the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies.

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.

Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Where it is known in advance that a child may be vulnerable to lifethreatening circumstances the school will have in place an agreed plan of action detailed in the child’s healthcare plan.

This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures. The individual health care plan should detail an emergency action plan for such situations after liaising with the appropriate paediatrician. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

The school’s general emergency procedures are detailed in annex 3

**Refusing Medication**

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Other Circumstances When A School May Need To Make Special Arrangements For Pupils With Medical Needs

**School Trips**

School recognise the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be aware of how a child’s medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. St. Thomas’ CE will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant

**Emergency procedures.**

Sometimes an additional supervisor or parent might accompany a particular pupil.

If staff are concerned about whether they can provide for a pupil’s medical needs, they should seek advice from the school nurse or and obtain his/her written permission before a pupil is accepted and if necessary refer the parents / carers to their G.P.

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Further information on school trips can be found in the Rochdale LA Policy and Guidance for Schools on Outdoor Education Visits and Off- Site Activities.

**Sporting Activities**

Most pupils with medical conditions or needs can participate in extracurricular sport or in the PE curriculum. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a pupil’s ability to participate in PE should be included in their individual health care plan.

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures by referral to the pupil Health Care Plans.

 **Dealing With Medicines Safely**

 **Safety Management**

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations (COSHH).

**Storing Medication**

St. Thomas’ CE does not store large volumes of medication. The Head Teacher will request that the parent or pupil bring in the required dose each day. However, this is not always possible.

When the school stores medicines staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The Head Teacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored. A few medicines, such as asthma inhalers, must be readily available to pupils. Other medicines should generally be kept in a secure place not accessible to pupils.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator in an airtight container and clearly labelled. St. Thomas’ CE Primary School restricts access to the refrigerator holding medicines to staff only by locating the medicine to the staff room.

**Access To Medication**

Pupils must have access to their medicine when required. It is important to make sure that medicines are only accessible to those for whom they are prescribed and where this has been pre agreed with parents and the Headteacher.

**Disposal of Medicines**

School staff should not dispose of medicines. Parents / carers should collect medicines held at school at regular intervals and are responsible for the disposal of date-expired medicines such as asthma inhalers.

 **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. St. Thomas CE has arrangements in place for the collection of medical waste. Emergency Procedures As part of general risk management processes, St. Thomas’ CE will have arrangements in place for dealing with emergencies.

 Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. School staff will need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

**Unacceptable Practice**

 All of the following are considered unacceptable practice at St. Thomas’ CE Primary school:

* preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
* assuming that every child with the same condition requires the same treatment;
* ignoring the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
* sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
* if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
* individual healthcare plans;
* if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
* penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
* prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
* prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child (unless they would like/prefer to)

**Confidentiality**

The Headteacher and school staff should treat medical information confidentially and agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

**APPENDIX 1: Record of medication administered in school**

Example form for schools to record details of medication given to pupils

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Pupil’s Name  | Time | Name of Medication  | Dose Given  | Any Reactions  | Signature of Staff  | Print Name  |
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**Appendix 2**

**GUIDANCE ON DRAWING UP A HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS**

**Purpose of a Health Care Plan**

 The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents / carers clarifies for staff, parents / carers and the pupil the help that the school can provide and receive. School should agree with parents / carers how often they should jointly review the health care plan.

 It is sensible to do this at least once a year.

 The school should judge each pupil’s needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school’s medication policy must be applied uniformly.

The Headteacher will not make value judgements about the type of medication prescribed by a registered medical or dental practitioner.

Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. Schools could use or adapt Appendix 1.

Those who may need to contribute to a health care plan are:

* the Headteacher
* the parent or guardian
* the child (if sufficiently mature)
* class teacher
* care assistant or support staff
* school staff who have agreed to administer medication or be trained in emergency procedures
* the school health service, the child’s GP or other health care professionals (depending on the level of support the child needs).

**Co-ordinating Information**

Co-ordinating and disseminating information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The Headteacher may give a member of staff specific responsibility for this role. The person can be a first contact for parents / carers and staff, and liaise with external agencies. The Special Educational Needs Coordinator may sometimes take on this role.

 **Information for Staff and Others**

Staff who may need to deal with an emergency will need to know about a pupil’s medical needs. The Headteacher must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience, the Headteacher should ensure that the placement is suitable for a student with a particular medical condition. Students should be encouraged to share relevant medical information with employers. Staff Training

 A health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies.

 School staff should not give medication without appropriate training from health professionals. If school staff volunteer to assist a pupil with medical needs. The Headteacher should contact the LA School Safety Team telephone 01706 925060, who will liaise with the Primary Care Trust to determine the nature and availability of the training requirements. Confidentiality

The Headteacher and school staff should treat medical information confidentially and agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

**Intimate or Invasive Treatment**

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents / carers and Headteachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.

The Headteacher or governing body should arrange appropriate training for school staff willing to give medical assistance.

Again assistance should be sought from the School Safety Team telephone 01706 925060.

 If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

 **GENERAL GUIDELINES IN THE EVENT OF AN EMERGENCY**

Dial 999 with a request for an ambulance to:

St Thomas’ CE Primary School,

Give your location and details as follows:

Huddersfield Road,

Newhey

Rochdale

OL16 3QZ

Telephone: 01706 847093

Provide the exact location of the emergency within the school

Give your name

Give a brief description of the pupil’s symptoms

Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the emergency.

Speak clearly and slowly and be ready to repeat any information if asked