



## Manifold Church of England Academy School policy on Medicines

*Love Jesus, Love Others, Love Learning, Love life*

### **Introduction**

1. The aim of this policy is to provide a sound basis for ensuring that students with medical needs receive proper support at school.
2. This policy also will enable students to achieve regular attendance even if they have a medical need, as long as the school feels that the student concerned is well enough to benefit from curricular activities.

### **Responsibility**

3. There is no legal duty that requires school staff to administer medication.
4. This is a role the school take on voluntarily.
5. The Headteacher accepts responsibility in principle for named school staff supervising students taking prescription medication during the school day, in order to avoid absence from school.

### **Procedure**

6. If at all possible, medication such as antibiotics can be prescribed and given in frequencies that enable it to be taken outside school hours.
7. Parents are strongly encouraged to consult the doctor and take this action if at all possible.
8. The school will only assist in the administration of medicines in exceptional circumstances. See point 9.
9. One parent is required to complete a medication request form that can be obtained from the school office requesting that medicines will be administered. The form either gives the school permission to administer or states that the student may self administer prescribed medication.
10. A record is kept in the school office of any medicine administered

### **Storage of Medicines**

11. The medication needed should be brought in each day by the student unless ongoing medication is required.
12. The school will place medication in a labelled bag in the fridge or in basket in the staffroom.
13. The Headteacher will administer medicine, if they are unavailable the office manager will administer.
14. Parents should collect the medicine and dispose of it appropriately when the student no longer requires it.

### **Refusal**

15. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow point 16. If a refusal to take medicine results in an emergency, the school/settings emergency procedures will be followed.
16. The school will then inform parents as soon as possible - and before the end of the school day.

## **Trips**

17. Medication may be necessary for a student on a school trip.

18. The parents need to keep the school informed of any medical details to ensure the safety of the student on the trip.

19. The teacher on the trip will have a list of all students with any medical needs.

## **Access to medication**

20. It may be necessary for children to have immediate access to medication e.g., asthma, anaphylaxis, diabetes. Parents will need to complete the form giving the student permission to have the medication to hand and self-administer. Inhalers may be kept by students with parental permission. Inhalers and any medication should be clearly labelled with the student's name.

21. All medicines may be harmful to anyone for whom they are not prescribed. Because we agree to administer prescribed medication, we will 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 - 2002).

## **Confidentiality**

22. All medical information held is confidential. It will be agreed between the head teacher, child (if appropriate) and parent/carer, who else should have access to records and information about a child.

23. School staff will not administer any intimate or invasive treatment due to considerations of child protection

## **Parents as partners**

24. Parents must take responsibility for making sure that their child is well enough to attend school/setting and take part in all learning activities. This includes group, class-based activities, organised trips and visits. Parents should be aware of those infectious diseases, which should result in not sending their child to school/setting.

25. Parents will ensure their child's school/setting has contact numbers and arrangements are in place should a child become unwell.

25. It is with the school and home working in partnership that we will ensure the health and safety of the students in our care. Parents must provide the head teacher with sufficient information about their child's medical condition, medication and treatment or special care needed.

## **School Staff**

26. While staff are aware of conditions such as epilepsy, asthma, diabetes and anaphylaxis, they are not experts and act "in loco parentis" or as any reasonable parent would.

27. Therefore if staff have any concerns they contact a first aider who then deals with the immediate situation and informs the parent as necessary.

## **Health Care Plan**

28. If a student has a long term condition the parents, head and staff will work together to prepare a health care plan. This aims to ensure that the student is cared for appropriately in school and maintains regular attendance if at all possible.

### **The Governing Body/Employer**

Will ensure that the health and safety policy is in place and regularly reviewed.

Will, where necessary, ensure that risk assessments are carried out.

Will also ensure this policy is up to date and compliant with relevant legislation and guidance.

Will ensure that staffs training needs are identified and appropriate training sourced.

Only staff with relevant up-to-date specific training for administering medication will be allowed to do so (with the exception of antibiotics)

Will be aware that giving medication does **not** form part of the contractual duties of head teacher or teachers.

### **The Head teacher**

Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed.

Will ensure that all staff is aware of the health and safety policy and the policy relating to medication in school.

Will agree with the parents/carers, exactly how the school/setting will support the child. (Use Care Plan for long term medical needs)

Will seek further advice when required, from the school health adviser and other medical advisers.

Will identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. These persons should be named in an **individual health care plan**.

Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs, possibly through school prospectus.

### **Teachers/Setting Staff**

Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention.

Staff will be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).

*Staff have a common law duty of care to children in the school/setting. They are in 'loco-parentis' and will therefore take the steps that a reasonable parent would take to promote or maintain the*

*health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.*

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Whose duties include this role must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.

Who administered the medication must be named. The named person will assist in drawing up an **individual health care plan**, for those children who require it i.e., those with long-term medical conditions.

Those administering medicines must ensure the correct paperwork is completed by the parent/carer and log the administration each time medicine is administered.

## **Procedures**

### **Short term health care needs**

Where children are well enough to attend school/setting, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school/setting day. Parents should ask the prescribing doctor or dentist about this. It is recommended that in cases of recovery from short-term illness, only three days of medication should be taken at school/setting.

Parents must complete a request form and undertake delivery and collection of medicines, (i.e., themselves or their adult representatives).

Parents must take any medicines to the school office and complete the appropriate paperwork. **No medication must be left in a child's reading bag.**

### **Long-term health care needs**

The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.

For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.

For children transported to school/setting by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.

The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

### **Non-prescribed medication**

School will not administer any medication unless prescribed by a doctor or dentist.

No child under 16 will be given medication without his or her parents/carers written consent. A pupil under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.

Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol, cough medicine) in school. The school cannot be held responsible for pupils self-medicating with this type of medication.

If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

### **Self management**

It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this, i.e. inhalers and Epi pens. All medications will be stored appropriately. (See storage section)

All staff involved will be made aware of the child's medical needs and relevant emergency procedures.

Some children may require immediate access to medication before or during exercise.

Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their **individual health care plan**.

### **Intimate or Invasive Treatment**

Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.

Parents/carers, head teachers will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.

Our school has a school health adviser who we can approach for advice.

The head teacher and governing body will arrange for appropriate training for staff with the appropriate health professional.

The school will arrange for two adults, to be present for the administration of intimate or invasive treatment. Two adults will also often oversee practical administration of treatment.

Staff will protect the dignity of the child as far as possible, even in emergencies.

School will work closely with parents/carers to ensure their child's needs and parent's wishes are considered.

### **Hygiene and Infection Control**

All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will 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.

### **Special arrangements for children with medical needs**

All children will participate on trips and managed outings, wherever safety permits.

Additional staff arrangements may need to be made and if necessary, a risk assessment carried out.

Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.

A copy of the **individual health care plan** should be taken on visits.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice from the schools health service or the child's GP.

## Record Keeping

Parents/carers will supply information about medication that needs to be administered in the school/setting by completing the appropriate paperwork.

Parents/carers must let the school/setting know of any changes to the prescription.

School will ensure paperwork is used to provide clarity and consistency.

Medical information (long term illnesses or conditions) will be recorded in SIMs background tab. It is recommended that this field is only updated for long-term illnesses or conditions.

The school will ensure that information is transferred to any receiving school/setting and brought to the attention of the appropriate member of staff.

## Storing Medication, including Controlled Drugs

School will not store large volumes of medication.

We request that the parent or parent representative brings the required dose each day, clearly labelled with the child's name and contains the dose to be administered for that day. This should be collected at the end of the school day by the parent or their representative from the school office.

When the school stores medicines, staff will ensure that the supplied medication is clearly labelled with:

- the name of the child;
- the name and dose of the medication;
- the frequency of administration;
- the date of issue and the expiry date;
- the prescription label from the chemist;

and a measuring spoon or dropper **must** be supplied if appropriate by the parent.

Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container.

The head teacher is responsible for making sure that medication is stored safely.

The child should know where their own medication is located.

*It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed. No medicines will be administered unless it is in its original container and correctly labelled.*

A few medications such as asthma inhalers will not be locked away and will be readily available to the child.

We allow children to carry their own inhalers. We are willing to discuss whether this is appropriate with the child's parents/carers, taking into account the child's age and level of personal responsibility.

It may be necessary to store some medicines in the fridge in the staff room, which is not accessible to children.

Other medications are to be kept in a secure place, not accessible to children. This will be the locked medicine cupboard outside year 1 classroom.

The use of controlled drugs in school is sometimes essential. School will keep controlled drugs in a locked, non-portable container, e.g. the locked medicine cupboard, and only named staff will have access. A record should be kept for audit and safety purposes in the main office.

### Emergency Procedures

Generally, staff will not take children to hospital in their own car unless parents cannot arrive at school within a reasonable timeframe. **An ambulance will be called in emergency situations only.**

All staff must know emergency procedures, including how to call an ambulance. Dial 9 for outside line, followed by 999.

All staff know who is responsible for carrying out emergency procedures.

A member of staff will always accompany a child taken to hospital by ambulance and will stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

**Individual health care plans will** include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

### Staff Training

Staff will undergo training as and when necessary.

Policy to be reviewed bi-annually

Policy history		
Approved	Details of changes made	
Signed by chair of governors	Amendments made yes/no	Date September 2016
Signed by chair of governors	Amendments made yes/no	Date
Signed by chair of governors	Amendments made yes/no	Date
Signed by chair of governors	Amendments made yes/no	Date