



Medicine Management Policy

Holy Trinity C of E Primary School

This policy has been written in line with the following documents –

- ‘Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England’, February 2014, Department for Education
- ‘Managing Medicines in Schools and Early Years Settings’ guidance, 2005, Department for Education and the Department for Health.
- Children and Families Act, 2014
- ‘Guidance for the use of emergency Salbutamol inhalers in schools’, March 2015, Department for Health
- East Lancashire Health Economy Medicine Management Board, Giving medication to children in schools and nurseries, Updated Guidance October 2017.

‘No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.’

(DfE, 2014)

Children with medical needs have the same rights of admission to a school or setting as any other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. This policy aims to set out clear guidelines to aid children in circumstances such as these to enable them to follow the daily routine of school as best as possible. Some points to consider taken from ‘Supporting pupils at school with medical conditions’ statutory guidance are -

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies 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.

‘Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities. Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.’

Managing Medicines in Schools and Early Years Settings’ guidance, 2005, DfE

Governing bodies and Schools must comply with their duties under the Equality Act 2010 regarding children who have special educational needs and disabilities (SEND) and an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. In other cases where a child does not have an EHC, it may be necessary to use an Individual Health Care Plan.

Education, Health and Care Plans (EHCP) –

An education, health and care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. When a child begins our school, if they have any medical needs, it will be considered by the teaching staff whether it is necessary to produce an individual health care plan. If it is deemed necessary, advice and guidance will be sought from the SENCO, Mrs A Gorman or acting SENCO.

Links with the school nurse will ensure that the plan is clear and accessible to all as well as ensuring any relevant training takes place, such as Epi-Pen training. The level of detail within the plans will depend on the complexity of the child’s condition and the degree of support needed. This is important because different children with the same health condition may require very different support. The SENCO will ensure plans are reviewed regularly and that additional training takes place if necessary.

Roles and responsibilities –

Responsibility for policy implementation – Miss J Ringland, Mr J Aspin

Responsibility for implementation of EHCP and training – Mrs A Gorman, SENCO

Roles and responsibilities taken from Statutory Guidance, DfE, 2014 -

Governing bodies - must make arrangements to support pupils with medical conditions in school. This may include making sure that school policies for supporting pupils with medical conditions in school are developed and implemented. They should ensure that a pupil with medical conditions is supported to enable as full participation as possible in all aspects of school life.

Head teachers – should ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse.

School staff - Any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Governing bodies should ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.

School nurse or other qualified healthcare professional – this role is critical. Every school should be allocated a school nurse. They are responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs.

In School Procedures –

It is first key to ensure staff are aware that medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Storage –

Medicines for children in KS1 and KS2 will be stored in the school office in the locked cupboard above the computer desk or inside the staffroom fridge if the medication needs to be refrigerated. The key to the office cupboard will be in the office draw. This cupboard is out of direct sunlight and out of reach of children.

Medicines for children in the Foundation Stage will be stored in the FS kitchen on the shelf. Again this is out of direct sunlight and out of the reach of children. The door to the kitchen is closed. Equally, if the medication needs to be refrigerated the medication will be stored in the Foundation Stage fridge.

Exceptions to the above statements will include:

EpiPens - these will be stored in the child's classroom at an accessible place to access in an emergency. It will be contained in a clear Tupperware box with the child's photo on and a label with the child's name. This must be out of direct sunlight. This may be in the classroom's medical cupboard if appropriate. The child's parent will be responsible for ensuring that the EpiPen is within date. All staff will be aware of the location of the EpiPen in relation to each child.

Inhalers - these will be stored in the classroom's medical cupboards. These are available to the individual children when needed. Where an adult assists in administering the inhaler with the child, a record will be kept of the date, time and dosage administered.

Medicines that need to be refrigerated – these will be stored in the staffroom fridge in the labelled Tupperware box. Staff will wash their hands before and after dealing with medicines that are to be refrigerated.

Receiving Medication –

Office staff will receive all medications. Holy Trinity will only administer prescribed medications that are clearly labelled with the child's name and date of birth. We 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.

Holy Trinity will only administer non prescribed medications if it is to treat minor, self-limiting conditions. These medicines are known as 'Over the counter' products. We will only accept medicinal products that are in-date, labelled by the parent with the child's name and are provided in the original container as dispensed by a pharmacist counter or shop. This container must have dosage information clearly visible on it. Only doses in line with this information will be administered.

Before receipt of the medication the member of staff will ensure parents fill in the MED1P, MED1NP or the MED 2 form. MED 1P forms will be used for prescribed medications. MED 1NP forms will be used for non-prescribed medications. MED 2 forms will be used for asthma inhalers. This will ensure we are aware of the dosage and timing when administering the medication. The office staff will check the MED 1P, MED 1NP or MED 2 form has been filled in correctly by the parent or carer and then ensure the medication is stored appropriately in accordance with the above storage statements.

MED 1P and MED 1NP forms will be kept with the medication where possible or upstairs outside the staffroom door. MED 2 forms will be kept in the classroom medical cabinets with the child's inhaler.

Administering Medication –

Please note, it must be considered that each child is entitled to retain their dignity when receiving medication. Ensure that the child is comfortable and happy to receive the medication. In most cases medicines will be administered in the school office, out of sight from other children.

Before administering any medication, the member of staff should check –

The child's name is clearly labelled on the medication

Prescribed medication must have a printed label from the pharmacist. Non-prescribed medication must be labelled with the child's name by the parent or carer.

Written consent has been sought via the MED 1P or MED 1NP form

The prescribed does

Does frequency

Expiry date

Side effects

Method of administration

After administering medication a record must be kept. The exception to this would be where a KS2 child is administering their own inhalers. If the child self-administers, a record does not need to be kept. In some cases where a child is using their inhaler frequently it would be advisable that the class teacher informs the parents as the child may need alterations to dosages or medications.

Records must state –

Date

Time

Adult name/initials

Comments

Records will be on the back of the MED 1 forms or MED 2 asthma form.

It is important to remember that the person that administers the medication is responsible for the child once the medication is given. Therefore it is important to record and document not only the administering of medication but also any side effects noted after the medication has been given. In these cases where a child may display side effects, a parent/carer would be contacted immediately.

Emergency Inhalers –

In case of emergency, there are two inhalers stored in the silver cupboard in the school office. They are for use in the case where a child's inhaler is not in school, broken or empty.

'From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed.' DfH, 2015

The inhalers are stored with spacers. If the child is used to using a spacer when receiving their inhaler then the spacers can be used. All spacers and inhalers must be washed and cleaned after use and returned to the silver medical cupboard.

There is a record log stored with the inhalers where staff can note the usage of the emergency inhalers. Miss J Ringland will ensure the inhalers are monitored including checking when they need to be replaced and purchasing new inhalers.

School Trips -

On school trips the Trip Leader is responsible for all medication during the duration of the trip. They should ensure that medications are only carried by adults and that the above procedures are followed as closely as possible within reasonable expectations. Where the trip leader believes it would be dangerous for the child to attend a trip, they must consult with the EVC and Head teacher. The appropriate strategy for dealing with the situation will then be discussed and the relevant risks and hazards will be considered. Parents will be consulted to enable their opinions and questions to be answered.

Residential Visits –

During residential trips a named member of staff will be responsible for the administration of medications. They will follow the above procedures as closely as possible including ensuring medications are kept away from children and stored correctly. Medicines will be taken from parents prior to departure and returned to the parent upon return.

Medicines will be kept in a member of staff's room. Records of administration will be kept in line with the above procedures. They will ensure that when leaving the site, any necessary medication will be taken to the activities and are given at the correct times.

Emergency Procedures –

The governing body should ensure that a policy is set out for what should happen in an emergency situation. As part of general risk management processes, school should 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, 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. Staff should not take children to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements.

Any further clarification of the above policy can be sought from Miss J Ringland and further advice and guidance can be found from Mr J Aspin and Mrs A Gorman where necessary.

Miss J Ringland
November 2017