



Ranvilles Junior School Administration of Medicines

1. ACCESSIBILITY

This policy is available in large print or Braille.
Please contact the school office who will be happy
to arrange this for you.

2. PURPOSE OF POLICY

The purpose of this policy is to ensure that there is a plan in place to support pupils with medical conditions and that employees are aware of their responsibilities and that relevant staff understand the administration of medicine arrangements.

3. APPROVAL

Approval date: May 2018

Approver signature:

Approver position: Head Teacher

Date for next review: May 2019

4. INTRODUCTION

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

5. KEY ROLES & RESPONSIBILITIES

Supporting a child with a medical condition is not the sole responsibility of one person. The school's ability to provide effective support depends on staff working co-operatively with healthcare professionals, local authorities, parents/carers and pupils.

The Governing Body

The Governing Body is responsible for ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions, and that they are then able to access information and other teaching support materials as needed.

The Headteacher

The Headteacher is responsible for ensuring that this policy is developed and effectively implemented. All staff must be made aware of this policy and understand their role in its implementation. The Headteacher must ensure that all staff who need to know are aware of a child's medical condition. She must also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. She should also be certain that any member of staff who is supporting a pupil in this way is sufficiently insured. The school nurse should be made aware of any pupil who may require support at school due to a medical condition.

Teachers and Support Staff

A designated 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. School staff should receive sufficient, suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurse

The School Nurse will notify the school when a pupil has been identified as having a medical condition which will require support in school. They can support staff on implementing a child's healthcare plan and provide advice and liaison on matters such as training.

Healthcare Professionals

GPs should notify the school nurse when a child has been identified as having a medical condition that will require support in school. They may provide advice on developing a healthcare plan.

Pupils

Pupils should be fully involved with discussions regarding their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/Carers

Parents/Carers must provide the school with up-to-date information about their child's medical needs. Parents/Carers will be involved with the implementation and review of their child's healthcare plan. They must carry out any agreed

actions such as providing any medication and equipment necessary. Parents/Carers must ensure that they or a nominated adult are contactable at all times.

6. LOCAL ARRANGEMENTS

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

7. INDIVIDUAL HEALTH CARE PLANS

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the person trained in the procedures for pupils with medical conditions to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The person trained in the procedures for pupils with medical conditions will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition) we will work with Hampshire County Council and the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

All healthcare plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and they will ensure that the school assess and manages the risks to the child's education, health and social well-being and minimises disruption.

When deciding on the information which should be recorded on the Healthcare Plan the following will be considered:

- The medical condition, its' triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication doses, storage and side effects and also any special measures which may be required
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed by the pupil
- The training requirements for the person who will provide the support and cover arrangements for when they are unavailable
- Who in the school will need to be aware of the pupil's condition, bearing in mind confidentiality issues raised by the parent/pupil
- Written permission from parents and the Headteacher will be required regarding the administering of any medication required in school
- Risk assessments and arrangements will be made for school trips and extra-curricular activities
- Emergency procedures

8. STAFF TRAINING

Any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through the Health and Safety Induction carried out by their line manager. Records of this training will be stored in the staff training file.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually or following a review of the policy. The awareness training will be provided to staff by the person trained in the procedures for pupils with medical conditions by way of a staff meeting.

We will retain evidence that staff have been provided the relevant awareness training on the policy by retaining signature sheets of attendance.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

9. THE CHILD'S ROLE

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

10. MANAGING MEDICINES ON SCHOOL PREMISES

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The Children's Services Medication Tracking Form is used to record all medicines received in and out of the premises.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk

assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

11. STORAGE

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator in a clearly labelled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

12. DISPOSAL

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through a specialist hazardous waste removal company who will remove them from site as required.

13. MEDICAL ACCOMMODATION

The First Aid Room will be used for all medical administration/treatment purposes.

14. RECORD KEEPING

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

15. EMERGENCY PROCEDURES

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital

by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

16. DAY TRIPS/ OFF SITE ACTIVITIES

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

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

17. DEFIBRILATOR

The school has a defibrillator on the premises for emergency use. Staff who hold 'Emergency First Aid in Schools' have been trained in the use of CPR.

18. UNACCEPTABLE PRACTICE

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send 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;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

19. LIABILITY AND INDEMNITY

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

20. COMPLAINTS

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

21. APPENDICES

None.