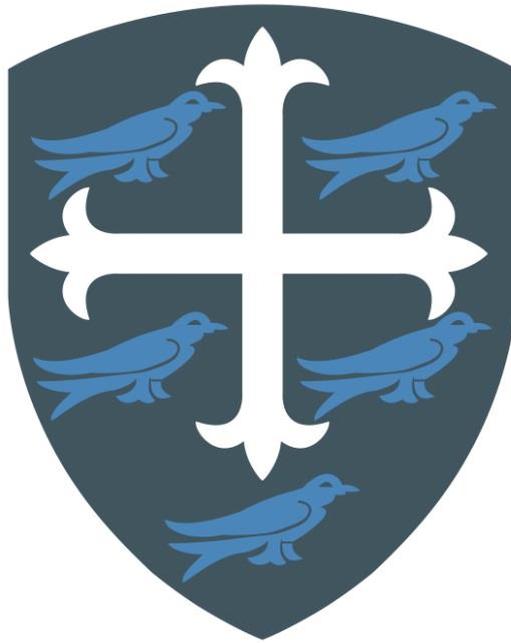


St Mary's Catholic Primary School



Administering Medicines Policy 2020-2022

Legal Status:	Statutory
Last Review:	September 2018
Review date:	October 2020
Next Review:	October 2022
Responsible Person:	Governing Body

Mission Statement

"The family of St Mary's strives to grow in God's love and care by learning together and valuing the uniqueness of each person."

This policy has been drawn up to ensure that children with medical needs are properly cared for and supported whilst at St Mary's Catholic Primary School.

Aims

1. To provide clear procedural guidance on the Administering of Medicines and record keeping at St Mary's School
2. To ensure that the children and young people in our school are safe and are able to attend school regularly.
3. To enable children and young people with medical conditions to access the same education as other pupils, including school trips and sporting activities.
4. To support children and young people with complex medical conditions and or long term medical needs.
5. Safeguarding of children is paramount. The Governing Body has a duty under Section the Education Act 2011 to safeguard and promote the welfare of children in this school.
6. We adhere to the Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Robina Maher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

Children with Medical Needs

St Mary's Catholic Primary School is an inclusive school; we recognise that children with medical needs have the same rights of admission to a school or setting as other children. We are committed to ensuring that children with medical needs receive proper care and support enabling them to participate in all activities appropriate to their own abilities.

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 daily need for inhalers and additional doses during an attack. Most children with medical needs can attend school regularly and take part in normal activities, sometimes with support. However some staff may need to take extra care in

supervising some activities to make sure that these children and others are not put at risk.

Roles and Responsibilities

THE GOVERNING BOARD

The Governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

HEADTEACHER

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First-Aiders and appointed persons for the school to be able to adhere to this policy including in contingency and emergency situations.
- To ensure that sufficient staff receive appropriate support and training and that a first aider is always on site and available.
- To ensure appropriate training for all staff supporting children on Individual Healthcare plans
- To ensure all relevant staff will be made aware of the child's condition
- To ensure that risks assessments for school visits, residentials and other school activities outside of the normal timetable are completed
- To ensure supply teachers are informed of any medical conditions
- To take overall responsibility for the development of IHPs
- To ensure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- To contact the school nursing service in the case of any pupil 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
- To ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- To ensure that this policy is reviewed annually

STAFF

- To follow procedure outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs, focusing on the needs of the child
- To understand how certain medical conditions can impact on a child's ability to learn
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary, without delay
- To keep the first aid boxes stocked with supplies

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, provided they have been adequately trained. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

PARENTS/CARERS have the prime responsibility for their child's health and should:

- Give the school adequate and up-to-date information about their children's medical needs prior to a child starting school
- Follow the school's procedure for bringing medicines into school
- Only request medicines to be administered in school when essential
- Ensure that medicines are in date and that asthma inhalers are not empty
- Notify the school in writing, of any changes in a child's medical needs e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

SCHOOL NURSES AND OTHER HEALTHCARE PROFESSIONALS

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. Wherever possible, this will be before a pupil starts school. Healthcare professionals, such as GPs and paediatricians, will liaise with school nurses and notify them of any pupils identified as having a medical condition.

Safe Administration of Medicines at School

- Medicines should only be brought to school when essential, that is, where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed for localised infections, eg, wound, can be administered at school.
- By prior arrangement, parents may come into school to administer medicine to their child.
- The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Additionally, the school will only accept medicines that are in-date and labelled.
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- Medicines will not be accepted in school that require medical expertise or intimate contact
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession

- The adult is required to complete a parental agreement form at the school office for the medicine to be administered by school staff (Medical Conditions/Allergies Form)
- The Headteacher must be informed of any controlled drugs required by children e.g. equasym
- Tablets should be counted and recorded when brought to the office and when collected again.
- Administration of medicines at school must be recorded by the Welfare Officer and it is advised that, where convenient, they administer in the presence of another adult
- Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form. The child will be supervised by an adult.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed immediately.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parent/carers are encouraged to ask the prescriber about this.
- It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime so it would not be normal practice for school to administer such medicines.

The Medicines Standards of the National Service Framework for Children (Dept. of Health/DfES 2004) recommends that a range of options are explored including:

- Prescribers using the medicines which need to be administered only once or twice daily (where appropriate) for children so that they can be administered outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and for school thereby avoiding the need for repackaging or relabelling of medicines by parents

It is not part of a teacher's statutory duties to administer medication so this is the responsibility of the Headteacher who may delegate it to the Administrative and Welfare Officers or other staff member working regularly with a specific child. Before administering medication the staff member will:

- Wash their hands
- Check the name of the child.
- Ensure that a drink is available if appropriate.
- Check the label on the medication, name of the child, dose, route of administration, and any special instructions and expiry date.
- Record time and date that the medication is given and inform the parent.

Storage of Medicines

All medications are stored securely in the Medical Area of the Holey room, under the supervision of the School Nurse and Welfare Officer. Only staff have the code for this area and children are not to access this. Each child's care plan is stored with their medication and these are clearly labelled.

- No medicines may be kept in the classroom
- Parents are responsible for the safe return of expired medicines to a pharmacy

In extreme health cases, where the healthcare plan states, the child may have the medication on them but it must be administered under the supervision of an adult.

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Medical Area and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Non-Prescribed Medicines

Staff will not administer non-prescribed medicines. If a child suffers regularly from frequent or acute pain the parents/carers should consult the child's GP. Parents/carers should consult the head teacher if specific arrangements need to be put in place for the child concerned. DfE guidance prohibits the use of aspirin for children under 16 unless prescribed by a doctor.

The school will work with parents/carers to ensure that the child is able to attend school regularly

Notification of a Medical Condition

- Parent/Carers are required to fill out the Medical Conditions/Allergies form and meet with the Welfare Officer.
- If the condition is serious or long term, the Headteacher will need to be informed in person and a doctor's or hospital report should be submitted.
- If necessary, a healthcare plan will be drawn up and shared with relevant staff
- If necessary, advice and training will be sought from the school nurse or other medical professionals
- On transition, full medical information will be shared with the next school allowing time for necessary training to take place
- For children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks

Support for pupils with a medical condition may be given even before a formal diagnosis is made. This will be based on the available medical evidence and in consultation with parent/carers.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Individual Healthcare Plans

Individual healthcare plans are developed for pupils with more complex needs ensuring that they are effectively supported and every effort is made for them to access all areas of school life. Healthcare plans:

- Will be drawn up in partnership with the parent/carers, child, headteacher, Welfare officer and other key staff e.g. SENCO.
- Will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed
- Include what needs to be done, when and by whom in school on a regular basis
- Who needs to be aware of the pupil's condition and the support required
- Outline the medical condition, GP and hospital information
- Detail the child's symptoms, triggers and emergency procedures
- Include dietary requirements and environmental issues e.g. crowded corridors, access to all areas
- Describe how absences will be managed and additional support in catching up with lessons
- Outline any additional support necessary e.g. counselling
- Include details of staff training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, if necessary, and cover arrangements for when they are unavailable

The level of detail within plans will depend on the complexity of the condition and the degree of support needed. The plan will be reviewed annually or sooner if the child's needs have changed. The plan will be developed with the child's best interests in mind, assessing and managing the risks to minimize disruption to the child's education, health and social well-being.

In discussion with the parent/carers, it may be appropriate for the child to self-administer medication and manage their own health needs with some adult supervision. This should be reflected within the healthcare plan. Ultimately, the headteacher is responsible for its implementation.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

Unacceptable Practice

The staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. However, 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 parent/carers; 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 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
- Require parent/carers, 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.
- 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.
- Administer, or ask pupils to administer medicine in school toilets.

Educational Visits

As an inclusive school we encourage all children to participate in safely managed visits. When the risk assessment is undertaken staff will identify any reasonable adjustments that need to be made in order for children with medical conditions to participate. Arrangements for taking any necessary medication will also be planned. Support staff will prepare the green First Aid rucksack prior to the visit, ensuring all necessary medication is taken with the children. If staff are concerned about whether they can provide for a child's safety, or the safety of other children while on the trip they should seek parental views and medical advice. A copy of any relevant health care plan should be taken on the trip.

Sporting Activities

Most children with medical conditions can take part in physical activities. Staff will take into account the need to adapt activities to meet the needs of all children and should be aware of how a child's medical condition will impact on their participation. All staff will be aware of issues of privacy and dignity for children with particular needs. Some children will need to take precautionary measures before or during exercise and need to be allowed access to medicines such as inhalers.

Emergency Procedures

In an emergency situation, eg. serious accident, an adult will remain with the child keeping them calm, and send for a first aider. It may be necessary to call on additional adults to supervise the remaining children. The Welfare Officer will inform the office staff and a Senior Leader who will then call 999. Clear instructions will be given to the emergency team e.g. condition of child, location and access from the lower double gate. The parent/carer will be called immediately after this. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives or accompanies them to the hospital by ambulance.

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

Staff Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Staff are trained whenever appropriate to be aware of the needs of asthmatic children and to administer Epi-pens.

The main first-aiders will undergo the full three day training with additional staff attending the one day Emergency First Aid course.

Disposal of Medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should also collect medicines at the end of each term.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Insurance is taken out annually through the Local Authority using:

Protector Insurance

7th Floor, 3 Hardman St, Manchester

St Mary's has Public liability, products liability and employers' liability cover.

Confidentiality

We will treat all medical information confidentially.

Equal Opportunities

Our school is clear about 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.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Complaints

In the first instance, parent/carers or the pupil should speak with the Class Teacher. They are the main first-aiders in the school. If appropriate, the Welfare Officer may speak with the class teacher. If this does not resolve the issue, the parent/carers should contact the Assistant Headteacher, who is the school's complaints officer. If the issue is still unresolved, the school's Complaints Procedure should be followed.

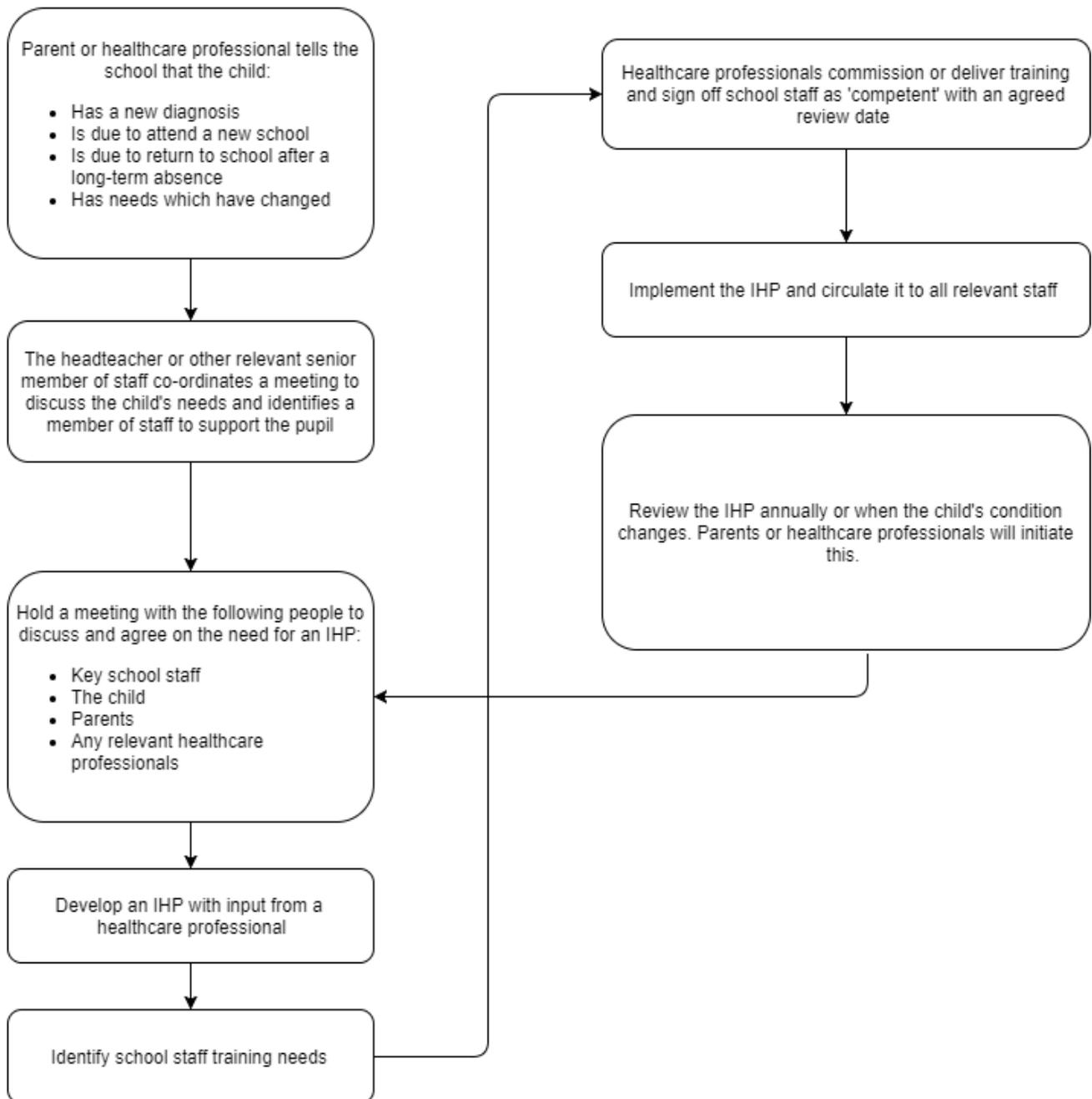
If parent/carers are still dissatisfied, then a formal complaint may be made to the Department for Education. The DfE will consider the complaint if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Procedure
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Being notified a child has a medical condition



Appendix 1:**Parental agreement for school to store/issue medication.**

St Mary's Catholic Primary School will not consider storing or issuing your child with medication unless you complete and sign this form. The medication must be clearly labelled with the name of the GP (or hospital) and dispensing pharmacy.

Child's name:		Date of Birth:
Class:		
Medical condition or illness:		
Name of Medicine (as stated on container)	Timing	Dosage and method
For how long will you child need to take this medication?		
Date dispensed:		
Expiry date:		
Any other instructions:		
Are there any potential side effects?		
Self-Administration:	YES/NO (Please note that children will be expected to self-administer if they are capable of doing so)	
Emergency Contact Name	Emergency Contact Number	Relationship to child
Parent/Carer Agreement:		
I understand that I must deliver the medication personally to the school office staff and collect when necessary. This is not a service that the school is obliged to undertake.		
I give permission for my child to be given the above named medication.		
Parents/Carers signature:		
Date:		
Relationship to child:		

