



VISION, VALUES AND COMMUNICATION COMMITTEE

POLICY FOR MANAGING MEDICINES AND MEDICAL CONDITIONS IN SCHOOL:

Reviewed by Vision, Values and Communication Committee	January 2017
Agreed by Governing Body	8th June 2017
Date of review	Annually

Minchinhampton Primary Academy

Policy for

Managing Medicines and Medical Conditions in School

Policy Statement

The Governors and Head teacher of Minchinhampton Primary Academy accept their responsibility under *Section 100 of the Children and Families Act 2014* and acknowledge the importance of supporting children with complex medical needs, so that they can reach their full potential, and managing the administration of medicines within school. They are aware that each individual's needs will be different and that their medical condition will have an impact on their school life. In order to do this the school will work closely with parents, health professionals and other agencies with the school's Appointed First Aider taking on the day to day responsibility of implementing the policy.

This policy has been written in accordance with the advice given in the *Supporting Pupils at School with Medical Conditions Statutory Guidance for Governing Bodies of Maintained Schools and Proprietors of Academies in England December 2015* (this is to be reviewed July 2017).

This policy will be reviewed annually or after any changes to ensure the provision is adequate.

Children with Medical Needs

. Children with medical needs (both physical and mental health) have the same rights of admission as other children and it is acknowledged that most children will at some time have short-term medical needs, whereas others may have longer term medical needs.

. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with their duty under this Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice – this explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

. All staff are aware of the importance of providing effective learning opportunities for all children, which includes physical education and activities taking place off-site as part of normal educational activities.

. Staff will be aware of their pupils' medical needs and will, where appropriate, encourage children to take precautionary measures e.g. take their inhaler before exercise as per their School Asthma Card.

. All staff will be made aware of the likelihood of an emergency arising and what action needs to be taken. This will include Midday Supervisors, supply teachers and external club providers.

. Parents have the prime responsibility for their child's health and must provide the school with information about their child's medical condition and resulting needs and medicines. Parents need to ensure they or another nominated adult are contactable at all times.

. Parents should keep children at home when they are acutely unwell and inform the school when this happens. . The governing body do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so e.g. infectious diseases.

. The Head Teacher will work with pupils, parents, health and social care professionals to jointly reach an agreement on the school's role in supporting the child's medical needs.

. All staff will treat medical information confidentially and will liaise with the parents who else should have access to records and other information about their child.

. The school only requires one parent to request the administration of medicines, although where parents disagree over medical support then this must be resolved by the Courts. In these circumstances the parent will need to come into school to administer the medicine.

Long-Term Medical Needs

- . The school is aware that it is important to have sufficient information about the medical condition of any child with long-term medical needs in order that they can be supported fully.
- . The school is aware that the child's medical condition can impact them directly e.g. may affect cognitive or physical abilities, behaviour or emotional state and impact them indirectly e.g. side effects of medicines or through the psychological effects that serious or chronic illness or disability may have on a child and their family.
- . For these children the school will develop a written Individual Health Care Plan (see Form C attached), involving the pupil (where appropriate) parents and relevant health professionals. The Appointed First Aider will liaise with the different agencies and be the named school contact for the parents. The IHCP will be reviewed annually and it is the school's responsibility to ensure it is finalised and implemented – a relevant healthcare professional may initially write the IHCP. The December 2015 DofE Guidance specifies what statutorily needs to be included in the IHCP.
- . Any restrictions on a child's ability to fully participate in lessons e.g. P.E. will be recorded in the child's Individual Health Care Plan, although staff will differentiate their lessons to cater for individual needs.
- . If the child has been off school long-term due to ill-health this may impact on their educational attainment, their ability to integrate with their peers and affect their general well-being and emotional health – reintegration back into school should therefore be properly supported, whilst their absence from school needs to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Training and awareness

With the support of appropriate outside agencies the Appointed First Aider, alongside the Head Teacher, is responsible for:

- . assessing what training is required and when this is to take place. This may be through a risk assessment or discussions with parents and/or health care professionals. This assessment will also help decide who will provide the training.
- ensuring that sufficient staff are suitably trained and are competent, including in contingency and emergency situations – this includes induction arrangements for new staff;
- . ensuring when any training needs to be renewed/updated – a first aid certificate does not constitute appropriate training in supporting children with medical conditions;
- . putting in place arrangements to cover any transitional period between schools or diagnosis (preferably within 2 weeks);
- ensuring all relevant staff are aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing for supply teachers;
- setting up and monitoring of individual healthcare plans.
- . ensuring procedures are in place so that specific medicines are taken out of school in an emergency e.g. fire alarm/drill. This will include inhalers, epipens and diabetes packs.
- . ensuring that other pupils are aware of children's medical needs (whilst maintaining confidentiality) and what they should do in an emergency e.g. take emergency red card to office, stand still if they hear the emergency whistle and await further instructions.
- . ensuring staff are aware of what information needs to be given to emergency services.

It is the responsibility of individual class teachers/trip leaders, with the head teacher's support, to ensure they carry out risk assessments for school visits, residentials, and other school activities outside the normal timetable and that all members of staff/helpers are aware of the individual children's medical needs.

Where a child, with a specific medical need, attends a club run by an external provider it is the parents' responsibility to ensure that they speak to the club leader to ensure they are fully aware of their child's medical needs. For any of these children, all club leaders (internal and external) have the responsibility to ensure every week that there is a member of staff on site who is fully trained – if there isn't they will need to liaise with parents.

Administration of Medicines

- . There is no legal duty that requires staff to administer medicines and they will only do so on a voluntary basis. . The governors and head teacher will continually assess that they have sufficient members of staff who are willing and appropriately trained to manage medicines as part of their duties and look to build the administration of medicines into support staff's core job description if appropriate.
- . Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.
- . The governors have taken out Employers Liability Insurance to provide cover for injury to staff and in respect of actions that could be taken by staff within the scope of their employment.
- . The administration of certain medicines require specific training and the Head teacher will ensure staff receive appropriate training and support from health professionals e.g. School Nurse and that the training is updated regularly.
- . No child under 16 should be any given medicines without their parents' written consent.
- . Staff should therefore never give a medicine to a child unless we have specific prior written permission from parents. Staff should ask parents to complete the Parental Agreement for the Administration of Medicines (see Form A attached) and check the details provided are consistent with the instructions provided by the prescriber, including:
 - The child's name
 - Name of medicine
 - Method of administration
 - The prescribed dose e.g. time/frequency
 - The expiry date
 - Any side effects.
- . We will only accept medicines that are in their original container and include the administration and dosage instructions.
- . We will not accept any medicines that have been taken out of their original container nor make changes to dosages on parental instructions.
- . Two members of staff will administer the medicine and complete and sign the Administration of Medicine (see Form B attached) each time they give medicine to a child.
- . A child should never be given aspirin-containing medicine unless prescribed by a doctor.
- . The Appointed First Aider will be informed of all children we are administering medicine to on the day of the first request.
- . Staff should check that the medicine has been administered before without adverse effect and parents need to certify this is the case on Form A.
- . If the school has any concerns concerning the administration of medicine these will be discussed with the parent, if appropriate, the School Nurse or hospital consultant.
- . Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- . Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Prescribed Medicines

- . We will only accept prescribed medicines if these 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.
- . We will only administer prescribed medicines if it is deemed absolutely necessary, by the doctor in charge of the child's treatment, that they require medicine during school hours. Parents should request doctors to consider this limitation when prescribing medication.

Non-prescription Medicines

- . Non-prescription medicines will be administered at the Head teacher's discretion only. Again parents will be encouraged to ask for medicines that can be administered outside of school hours or come into school to administer these medicines.

. However the school is aware that no parent should have to give up working because the school is failing to support their child's medical needs.

Controlled Drugs

- . The supply, possession and administration of some drugs are controlled by the Misuse of Drugs Act and some may be prescribed as medicine for children.
- . The school can look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed, but it must be kept in a locked non-portable container and only named staff should have access to it. A record should be kept for audit and safety purpose, which should cover any doses used and the amount of the controlled drug held.
- . Misuse of a controlled drug, such as passing it to another child for use, is an offence and the school may need to set up monitoring arrangements.
- . Special care needs to be taken with off-site activities with regards to storage.

Self-Administration

- . The school recognises it is good practice to support and encourage children to take responsibility to manage their own medicines, where appropriate, but is aware that the appropriate age for this to happen will vary from child to child and in some cases will never be appropriate.
- . The school will liaise closely with parents and health professionals in the assessment of the appropriate time to make this transition. In these instances staff will take on a supervisory role.

Refusing Medicines

- . If a child refuses to take their medicine staff should not force them to do so.
- . In these circumstances staff should note this on Form B and contact parents immediately.
- . If a refusal to take the medicine results in an emergency then the school will follow its emergency procedures as set out in the school's First Aid Policy.

Off-site activities

- . In order to enable children with medical needs to participate fully and safely on school trips the school will consider what reasonable adjustments can be made.
- . The school will, where appropriate, carry out risk assessments for these children to ensure that additional safety measures are in place e.g. inclusion of an appropriately trained member of staff for the trip.
- . The leading teacher will be aware of any medical needs and relevant emergency procedures and it will be their responsibility to ensure any medication is taken on the trip.
- . A copy of any Individual Health Care Plans should be taken on trips, in the event of any of the information being needed in an emergency.
- . If the school is concerned about whether it can provide for a child's safety or the safety of other children on a visit, then staff will seek parental views and medical advice from the School Nurse, Hospital Consultant or the child's GP. There may be occasions where a parent will be asked to accompany a child on a trip/residential to ensure they are able to go. The school will be mindful, in these situations, of the child's needs to be able to participate on an equal par with their peers and their emotional well-being.

Clubs

- . It is the parents' responsibility to talk to external club providers to ensure they are aware of their child's specific needs.
- . It is each club leader's (external and internal) responsibility to ensure that a trained member of staff will be on site and that member of staff knows they are the named person to deal with any medical problems during the club.

Storing Medicines

- . The Governors recognise that it is their duty, as employers, to ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- . It is the head teacher's responsibility to ensure that medicines are stored safely.
- . Large volumes of medicines should not be stored.

- . Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- . Medicines should be stored strictly in accordance with the instructions, paying particular note to temperature.
- . Medicines must be labelled with the child's name, name & dose of medicine and frequency of administration.
- . Children should know where their medicine is stored.
- . Medicines, needed to be stored in a fridge, must be stored in the office fridge in an air-tight container and children are not allowed access to this fridge.
- . All emergency medicines must always be readily available to children e.g. inhalers, adrenaline pens i.e. not locked away. Other non-emergency medicines should be kept in a secure place.

Disposal of Medicines

- . Staff should not dispose of medicines.
- . Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- . If any medicines are not collected then the Appointed First Aider will take these to the local pharmacy for safe disposal.
- . Sharps boxes should always be used for disposal of needles and these can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services if parents do not collect them.

Advice on Common Medical Conditions

- . The Governors recognise that the medical conditions that most commonly cause concern in schools are:
 - asthma
 - diabetes
 - epilepsy
 - anaphylaxis
- . The school has individual policies for the above conditions.

Complaints

- . Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- . Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. As the school is an academy, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it.
- . Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Form A

Parental Agreement for the Administration of Medicines

Note:

- Medicines must be in the original container as dispensed by the pharmacy.
- Please complete a form for each medicine that needs to be administered.
- A child should never be given aspirin-containing medicine unless prescribed by a doctor.

Child's name: _____ Date of birth: _____

Medical condition/illness: _____

Name/Type of Medicine (as described on container): _____

Is your child asthmatic? Yes/No (Please note we cannot administer Ibuprofen to asthmatics, unless prescribed by a doctor)

Date dispensed: _____ Expiry Date: _____

Has your child had this medicine in the last 24 hours: Yes/No Time: _____

Dosage and method: _____

Timing: _____

Last date to be administered: _____

Special precautions: _____

Has your child had this medicine before?: Yes/No

Did your child suffer from any adverse side effects?: Yes/No

Side effects: _____

The above information is, to the best of my knowledge, accurate at time of writing and I, the parent /main carer of the child (named above), give my permission for the medication (named above) to be given at the stated times and accept that this is a service the school is not obliged to undertake. I am aware that it is my responsibility to ensure the medicine is in date and that I will replace the medicine if/when it expires. I will collect the medicine from school when it is no longer required or at the end of the academic year; I accept that the school will dispose of it via the local pharmacy if I do not collect it. I understand that I must notify the school in writing immediately of any changes and I also give consent for appropriate medical attention to be sought as required in an emergency.

Name: _____ Relationship to child: _____

Daytime telephone number: _____

Signed: _____ Date: _____

Form B

Administration of medicine

Child's name: _____

Name of medicine: _____

Date	Time	Dosage	Any Reactions	Name of staff	Signature of staff
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[illegible]

Individual Healthcare Plan

Child's name: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

Date: _____

Review date: _____

CONTACT INFORMATION**Family contact 1**

Name: _____

Relationship to child: _____

Phone No. (work): _____

(home): _____

(mobile): _____

Family contact 2

Name: _____

Relationship to child: _____

Phone No. (work): _____

(home): _____

(mobile): _____

Clinic/Hospital contact

Name: _____

Phone No.: _____

GP

Name: _____

Phone No.: _____

Names of school staff who have volunteered to be involved in this child's care:

1) _____ 2) _____

3) _____ 4) _____

Describe medical needs and give details of child's symptoms:

Name of medicine and dosage/time to be given: _____

Self Administration: Yes/No (delete as appropriate)

Daily care requirements/treatment e.g. dietary needs/before sport/at lunchtimes:

Are there any restrictions to the child's participation in any activities e.g. P.E.

Any known side effects from medicines:

Describe what constituents an emergency for the child and the action to be taken if this occurs (please include what not to do in an emergency, if applicable):

Is an individual care plan required from GP/consultant?: Yes/No

Date received (if applicable): _____

Is any particular staff training required: _____

The above information is, to the best of my knowledge, accurate at time of writing and I, the parent /main carer of the child (named above), give my permission for the medication (named above) to be given at the stated times. I understand that I must notify the school in writing immediately of any changes and I also give consent for appropriate medical attention to be sought as required in an emergency.

Signature: _____

Date: _____

Relationship to pupil: _____

Head Teacher: _____

Date: _____

School Nurse: _____

Date: _____

Copy to : Parents
 School
 GP/Consultant
 School health Team