



# Carleton St Hilda's CE Primary School

## Supporting Pupils with medical Needs Policy

### **MISSION STATEMENT**

Our mission statement '*Open hearts, open minds, learning together with God*' underpins all the work that we do. At Carleton St Hilda's we believe that every child is a gift from God, and as such brings with them unique talents and characteristics which are to be nurtured and celebrated.

### **Purpose**

The purpose of this policy is to ensure that Carleton St Hilda's Church of England Primary School has a clear Medicine Policy that is understood and accepted by staff, parents and pupils. It provides a sound basis for ensuring that children and young people with medical needs receive proper care and support in school.

The policy should be read alongside the DFE guidance 'Supporting pupils at school with medical conditions 2014.'

The Headteacher is responsible for ensuring that sufficient staff are trained (including cover arrangements in case of staff absence or staff turnover).

Whilst teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parents would to make sure that pupils are healthy and safe on premises (and this might in exceptional circumstances extend to administering medicine and /or taking actions in an emergency), school staff should not, as a general rule administer medicine without first receiving appropriate training. Whilst section 3 (5) of the Children Act provides protections to teachers acting reasonably in emergency situations, First Aiders are not trained generally as part of their first aid training to administer medication.

**It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school, should ideally be administered by the parent.**

**Definitions of Medical Conditions Pupils' medical needs may be broadly summarised as being of two types:**

Short-term affecting their participation in school activities because they are on a course of medication.

Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Prescribed Medicines**

**Parents are responsible** for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication needs are known. The information about regular prescribed medicines should be updated annually or at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to school office by parents or carers. **It is the parent's responsibility** to inform school, in writing, when the medication or dosage is changed or, is no longer required.

After the first receipt of medication, additional medication of the same may continue to be accepted without further notice, but **any** changes to the prescribed medication or a change in medication, must be notified to school in writing. 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed.

A record must be maintained of all medication administered to a pupil.

**Medicines should only be taken at school when essential; that is where it would not be detrimental to a child or a young person's health if the medicine would not administered during the school 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.**

Each item of medication must be delivered to the school office in a secure and labelled container as originally dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. The office will ask the parent/carer to complete a form so that the correct information and permissions can be recorded.

Items of medication in unlabelled containers should be returned to the parent. 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.

It is helpful, where clinically appropriate if medicines are in dose frequencies which enable it to be taken outside of the school day. We encourage the parents to ask the prescriber about this. **It is to be noted that medicines that need to be taken three times per day could be taken in the morning, after attending the setting and at bedtime.**

The Medicines Standard of the National Service Framework (NSF) for Children recommends that range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside of the settings' hours.

- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child or young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents.

### **Non-Prescription Medicines**

**Lancashire County Council (LCC) policy is that of not accepting non-prescription medication.**

LCC as an organisation, has a policy not to accept non-prescribed medication. This policy is commended to all Maintained Schools in Lancashire.

### **Controlled drugs**

Some controlled drugs may be prescribed for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. However, it would be considered good practice to have the prescribed controlled drugs stored in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

The school will keep controlled drugs in a locked non-portable container and only named staff will have access. A record will be kept for audit and safety purposes.

A controlled drug as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence. We will have an agreed process for tracking the activities of controlled drugs and recognise that the misuse of controlled drugs is an offence.

### **Long- Term Medical Needs**

The parent is responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's condition and medication are known. This would form part of the child's Individual Health care Plan.

The information should be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any child with long term medical needs. If a child or young person's needs are inadequately supported, this may have a significant impact on their experiences and the way that they function in a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect, perhaps disrupting access to education through unwanted effects of treatments or through the

psychological effects that serious or chronic illness or disability may have on their child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis which must be considered.

The school needs to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will also develop a written health care plan for such children, involving the parents and the relevant health care professionals. This can include: details of a child's condition, special requirements, e.g. dietary needs, pre-activity precautions and any side effects of medicines, what constitutes an emergency, what action to take in an emergency, what not to do in an emergency, who to contact in an emergency and the role that staff can play.

### **Individual Health Care Plans**

Parents complete admission forms that include notifying school of any medical conditions. Parents also inform school following any medical diagnosis that may include the need for an IHCP.

If the condition or IHCP warrants further training of staff, this is put into place through the school nurse or other relevant agencies. All staff will annually refresh their knowledge of Asthma, Epilepsy and Allergies. The Diabetes Team is also available for training and guidance, if necessary.

Following on from parental communication, parents are invited into school to write an IHCP with the appropriate school staff. If appropriate, other NHS staff, pupils and class staff will also take part.

An individual healthcare plans may contain the following information:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, including in emergencies. If a child is self-managing their medication, this is clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

- who in the school needs to be aware of the child's condition and the support required;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements.

## **Administering Medication**

No child or young person under 16 should be given medicines without their parent's written consent.

### **Administration of Medication Policy**

- **Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.**
- The medicine should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils.
  - Note: It is not practicable to bring one measured dose of a liquid medicine; adhesion of the liquid to the container results in the dose being less than sufficient.
  - GPs are able to prescribe antibiotics that do not need to be administered in doses that happen during the school day.
- If parents have explored other options but still request school staff to administer medicines they should complete a Parental agreement to administer prescribed medicine form. (available from the parent section of the school website, or the school office). This form must be in school with the medicine before medicines are administered.
- Medicines must be delivered to a member of the School Office and stored safely as per procedure.
- The medicine should be self-administered if possible, under the supervision of an adult. This may be any adult acting with the Head's authority.
- Medication must be sent into school in its original container.
- Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored. Medicines should not be kept in fridges used for the storage of food.

**It is the right of any professional to refuse to administer medicines.** Please tell the Head if you decide to do so. Under no circumstances will any medication be administered without the agreement of the Head Teacher, and the written, signed instructions from the parent or carer.

Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;

- Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in doubt about any procedure, members of staff should not administer the medicines but check with the parents or a health professional before taking further action. If members of staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional. Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from an early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their own medicines in agreement with parents, carers and health professionals and still under the supervision of an adult.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records and contact parents. Details may be included in a care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed as written down in the child or young person's care plan.

### **Storing Medication**

- Large volumes of medicines will not be stored;
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Other non-emergency medicines will be kept in the school office;
- Where medicines need to be refrigerated. They can be kept in the refrigerator in Staffroom. Access to these areas is restricted to adults only or

children who are supervised, no food products should be in the same refrigerator as medicines.

### **Educational Visits**

It is essential when planning an educational visit, the school can demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to children with disabilities and/or medical needs. Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/ medical needs child: the inconvenience. Indignity or discomfort a disabled / medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/ medical needs child may make in comparison with his or her peers who are not disabled or have medical needs. All school visits are planned in accordance with Lancashire County Council policy and procedures.

The school will ensure that:

- The visit is discussed with parents and where possible the child or young person involved.
- Where needed a risk assessment will be completed which covers the specific issues of the child or young person, including the management of the prescription medicines during the visit. Where appropriate reasonable adjustments will be made.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have SEND or medical needs.

### **Record Keeping**

Parents must tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or support required. However, staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check written details include:

- Name of child or young person
- Name of medicine
- Dose
- Method of administration
- Expiry date
- Date of dispensing

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. Records offer protection to staff and proof that they have followed agreed procedures.

