

Policy for the Administration of Medication and Medical Care at Lyme Community Primary School

AIMS:

To ensure that all children are able to attend school/setting regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the health and safety policy and sets out how the school/setting will plan to ensure that all children who require the administration of medication or medical care, will be supported.

RESPONSIBILITIES

School/settings will inform the various people of their roles and responsibilities (see DFES guideline, pages 67-70 for definitions).

They are:-

Parent/carers with parental responsibility

- Must take responsibility for making sure that their child is well enough to attend school/setting and take part in all learning activities. This includes group, class-based activities, organised trips and visits.
- Should ensure their child's school/setting has contact numbers and arrangements are in place should a child become unwell.
- One parent is required to agree to or request, in writing, that medicines be administered.
- Should provide the headteacher/head of setting with sufficient information about their child's medical condition, medication and treatment or special care needed. (Use proforma 1).
- Will reach an agreement with the headteacher/head of setting on the school/setting's role in helping with their child's medical needs. (Use proforma 2).
- Should ascertain whether prescribed medication can be taken outside the school or setting day. Parents should ask the prescribing doctor or dentist about this.
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child.
- Should be aware of those infectious diseases which should result in not sending their child to school/setting.
- **Parents and carers should be aware, there is no contractual obligation for teachers or headteacher to administer medication.**

The Governing Body/Employer

- Will ensure that the health and safety policy is in place and regularly reviewed.
- Will, where necessary, ensure that risk assessments are carried out.
- Will also ensure this policy is up to date and compliant with relevant legislation and guidance.
- Will ensure that staff training needs are identified and appropriate training sourced.

- Will consider adding the phrase ‘to assist in the specific medical and care needs of children when specific training has been undertaken’ to the level 3 teaching assistant job description. This should be included under the support for the curriculum (specialist support).
- Will be aware that giving medication does **not** form part of the contractual duties of headteacher or teachers.

It is recommended that, where possible, staff administering medication are subject to an enhanced DBS check.

The Headteacher/Head of Setting

- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed.
- Should ensure that all staff are aware of the health and safety policy and the policy relating to medication in school.
- Will agree with the parents/carers, exactly how the school/setting will support the child. (Use proforma 3).
- Will seek further advice when required, from the school health adviser, the school paediatrician, other medical advisers or the LEA.
- Will identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. (Use proforma 6). These persons should be named in an **individual health care plan**. (Use proforma 3).
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs, possibly through school prospectus.
- Will ensure that supply staff will be informed at the beginning of the day about any health care needs for any child in their class.

For registered day care settings, the conditions of employment are individual to each setting. It is therefore up to the registered person to arrange who should administer medicines within setting, either on a voluntary basis, or as part of a contract of employment.

Teachers/Setting Staff

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention.
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).

Staff have a common law duty of care to children in the school/setting. They are in ‘loco-parentis’ and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

Support Staff

- May have the administration of medication as part of their contractual duties.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be

aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

- Whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Who administer medication must be named. The named person will assist in drawing up an **individual health care plan**, (use proforma 1) for those children who require it. (See DfES guidance on drawing up an **individual health care plan**).

Procedures

It is recommended that school/setting draws up a flowchart detailing key points, where things are stored and the members of staff responsible.

Short term health care needs

- Where children are well enough to attend school/setting, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school/setting day. Parents should ask the prescribing doctor or dentist about this. **It is recommended that in cases of recovery from short-term illness, only two days of medication should be taken at school/setting.**
- Parents must complete a request form and undertake delivery and collection of medicines, (i.e., themselves or their adult representatives). (Use Proforma 2).

Long-term health care needs

- The school/setting will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.
- For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures. (Use proformas 1, 2 and 8).
- Health Care Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
- For children transported to school/setting by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.
- The school/setting will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

Non-prescribed medication

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.
- No child under 16 should be given medication without his or her parents/carers written consent. A pupil under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.
- Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) in school. The school cannot be held responsible for pupils self-medicating.

- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hayfever. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in writing, on the day painkillers are taken.
- If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

Self-management

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this. The school/setting policy sets out how children may carry and store their own medication after signed agreement from parents/carers.
- All staff involved will be made aware of the child's medical needs and relevant emergency procedures.
- Some children may require immediate access to medication before or during exercise.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their **individual health care plan**.

Generally, staff should not take children to hospitals in their own car. An ambulance should be called.

Intimate or Invasive Treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.
- Parents/carers, headteachers/head of setting will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and school paediatrician (please see attached list of clinics) it can approach for advice.
- The headteacher/head of setting and governing body will arrange for appropriate training for staff with the appropriate health professional.
- The school/setting should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment. (Use proforma 7).
- Staff should protect the dignity of the child as far as possible, even in emergencies.

Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Special arrangements for children with medical needs

- All children should participate on trips and managed outings, wherever safety permits.

- Additional staff arrangements may need to be made and if necessary, a risk assessment carried out.
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.
- A copy of the **individual health care plan** should be taken on visits.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the schools health service or the child's GP. See DfES guidance on planning educational visits.

Record Keeping

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail. (Use proforma 4).

- Parents/carers must supply information about medication that needs to be administered in the school/setting.
- Parents/carers should let the school/setting know of any changes to the prescription.
- School/setting should ensure proformas are used to provide clarity and consistency.
- The school is not legally required to keep a record of medicines given to children and staff involved, however, it is good practice to do so. All early years' settings **must** keep written records of all medicines administered to children and make sure their parents/carers sign the record book to acknowledge the entry.
- Where possible in schools, medical information will be recorded in SIMs STAR, background tab. It is recommended that this field is only updated for long-term illnesses or conditions.
- The school/setting will ensure that information is transferred to any receiving school/setting and brought to the attention of the appropriate member of staff.

Storing Medication, including Controlled Drugs

- School/settings should not store large volumes of medication.
- Headteacher/head of setting may request that the parent or child brings the required dose each day or uses a weekly dispenser, such as a dosset box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.
- When the school/setting stores medicines, staff should ensure that the supplied medication is labelled with:
 - the name of the child;
 - the name and dose of the medication;
 - the frequency of administration;
 - the date of issue;

and a measuring spoon or dropper must be supplied if appropriate.

- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container. (Use proforma 2).
- The headteacher/head of setting is responsible for making sure that medication is stored safely.
- The child should know where their own medication is located.

It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.

- A few medications such as asthma inhalers must not be locked away and should be readily available to the child.
- Many schools allow children to carry their own inhalers. The headteacher/head of setting will discuss whether this is appropriate with the child's parents/carers, taking into account the child's age and level of personal responsibility.
- Other medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet will be appropriate in such circumstances.
- The use of controlled drugs in school/setting is sometimes essential. School/setting should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescribers instructions.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. Schools should have a drug policy in place for dealing with drug misuse.
- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school/setting should restrict access to a refrigerator containing medicines.

Access to medication

- Pupils must have access to their medication when required. (Use proforma 5).
- The school/setting may want to make special arrangements for emergency medication that it keeps for certain children.
- It is also important to make sure that medication is only accessible to those for whom it is prescribed.

Disposal of medicines

- Parents/carers will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by a named member of staff.

Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an **individual child's health care plan**.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school/settings emergency procedures should be followed.

Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school/setting agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous To Health Regulations. (COSSH - 2002).

Emergency Procedures

Generally, staff should not take children to hospitals in their own car. An ambulance should be called.

- All staff must know emergency procedures, including how to call an ambulance. (Use proforma 8).
- All staff must also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- **Individual health care plans** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. (Use proforma 1).

Staff Training

- A health care plan may reveal the need for training. Training can be arranged in conjunction with the PCT via the schools health adviser/paediatrician, or specialist nurse, and is to be organised on a case by case basis by the employer. Training through the CPD for more generic, best practice approaches, is being developed.

Confidentiality

- All medical information held is confidential. It should be agreed between the headteacher/head of setting, child (if appropriate) and parent/carer, who else should have access to records and information about a child.

Reviewed and updated March 2017.

To be reviewed again – March 2019