



Lyme Community Primary School Administration of Medication and Medical Care Policy



Article 24

Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Aim

- To determine who is responsible for ensuring that sufficient staff are suitably trained,
- To make a commitment that all relevant staff will be made aware of the child's condition,
- To determine cover arrangements or training in case of staff absence or staff turnover to ensure someone is always available.
- To ensure risk assessments for school visits, holidays, and other school activities outside of the normal timetable are completed with reference to medical needs.
- To ensure the monitoring of individual healthcare plans.
- To ensure that all children are able to attend school 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 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 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 with sufficient information about their child's medical condition, medication and treatment or special care needed.
- Will reach an agreement with the headteacher on the school's role in helping with their child's medical needs. (Use proforma 2).
- Should ascertain whether prescribed medication can be taken during the school 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
- Will seek further advice when required, from the School Nurse, a Paediatrician, other medical advisers or the LA
- 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. These persons should be named in an **individual health care plan**
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs, possibly through school prospectus.

Teachers/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. 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.
- Those 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
- Those who administer medication must be named. The named person will assist in drawing up an **individual health care plan** for those children who require it.

Procedures

Short term health care needs

- Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school 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.**
- Parents must complete a request form (kept in school office) and undertake delivery and collection of medicines (i.e., themselves or their adult representatives)

Long-term health care needs

- The school 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.
- The school 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
- 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 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.

Emergency Use of Asthma Inhaler

In accordance with Human Medicines (Amendment No.2) Regulations 2014 the Governors have agreed that we will keep a stock of Salbutamol Inhalers which can be supplied in an emergency by persons trained to administer them to pupils who are known to require such medication and who attend this school.

These will be stored in the School Office.

An emergency Salbutamol Inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Records in school will be kept of children who have needed to use an emergency inhaler and letters will go home to inform parents that an inhaler has been used.

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 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 they can approach for advice.

The headteacher 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.

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 school's 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.

- Parents/carers must supply information about medication that needs to be administered in the school
- Parents/carers should let the school know of any changes to the prescription
- School 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

- The school will ensure that information is transferred to any receiving school and brought to the attention of the appropriate member of staff
- 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.

Storing Medication, including Controlled Drugs

- School should not store large volumes of medication
- Headteacher 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 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.
- The headteacher 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 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 is sometimes essential. School 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 and our practice for schools 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 should restrict access to a refrigerator containing medicines

Access to medication

- Pupils must have access to their medication when required
- The school 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 emergency procedures should be followed

Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school 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 (COSHH - 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
- 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, child (if appropriate) and parent/carer, who else should have access to records and information about a child

Policy agreed by Governors: January 2015

Reviewed with addition of table below as guidance and amendments to First aiders: January 2018

To be reviewed: January 2020



Administering medicines in school

The table below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's [statutory guidance on supporting pupils at school with medical conditions](#).

Do	Do not
<p>✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so</p>	<p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p>
<p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p>	<p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p>
<p>✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p>	<p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p>
<p>✓ Inform parents if their child has received medicine or been unwell at school</p>	<p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p>
<p>✓ Store medicine safely</p>	<p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p>
<p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>	<p>✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents</p>

Taken from. 'The Key', January 2018

Appendix 1

FIRST AID PROCEDURES

NON-SERIOUS INCIDENTS

If a child has a minor incident resulting in a slight graze or bump etc, the teacher or teaching assistant on duty will check. If nothing more than reassurance, or at the most extreme, a wipe, (provided for the child themselves to clean a slight graze,) is needed they will deal with this and record the incident on the form by the Infant Door.

NO MEMBER OF STAFF IS ALLOWED TO ATTEMPT TO REMOVE A SPLINTER! NO ICE PACKS PUT ON THE HEAD!

INJURED CHILD (Anything needing a plaster, cleaning up of blood, a sprain needing an ice pack or a more serious knock leaving a visible sign etc.)

- If a child is injured and needs medical attention, a first aider must assess the injury and provide appropriate first aid. (Sarah Brooks, Gill Ashton, Chelsea Crook, Jo Roberts, David Thompson)
- For a more serious injury the senior first aider, Gill Ashton, should be asked to provide a second opinion.
- The '**Pupil Accident Reporting Book**' (kept in F.S.) should be filled in with details of injury, child's name and date of incident. The treatment given should be entered and signed by first aider filling in book. **The book should be signed by the parent and a copy given to them.**
- If a child is not picked up at the end of the day the parent should be called.
- In the case of a bang to the head where a bump is visible, parents should be called and given the option to take child home.

SICK CHILD

If a child becomes unwell in school the parent should be called by the Office Manager, (Sandra Marshall) or teacher in the class and asked to pick up the child. If the parent cannot be contacted, emergency contact details should be used.

The child should remain in class or, if supervised, outside the school office until the parent comes to collect them. If deemed necessary a first aider should sit with them.

No child should ever be left unattended for any period of time.

HEALTHCARE PLANS

For pupils with specific medical needs, a healthcare plan is drawn up and displayed in the staff room. These detail the specific needs of the child in case of an emergency. These plans are also kept in the child's classroom for all staff to be aware of. (See guidance in 'Supporting Pupils at School with Medical Conditions', 2014)

SERIOUS INJURY/INCIDENT

If a child is injured badly or becomes very unwell in school the teacher or learning assistant dealing with the incident should call an ambulance. The Office Staff will then contact the child's parent to inform them after the 999 call has been made. The sick or injured child will be supervised and comforted by a member of staff who will remain with them throughout if they are not a first aider, one should be present and if a parent does not get to school in time this member of staff will accompany the child in the ambulance. No food, drink or medicines will be given to the child.

FIRST AIDERS An up to date list of first aiders is contained in the Health and Safety Policy and is displayed in corridors around the school.

FIRST AID SUPPLIES

These are kept in the KS1 area and the Foundation Stage. Lead first aider (Gill Ashton,) has the responsibility to check and order stock. Additional stock is stored in the store room next to the Office.