

MANAGING MEDICINES IN SCHOOL

AIM

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

Managing medicines on the school premises

Medicine will only be administered at school when it would be detrimental to a child's health or attendance not to do so. No medicine will be given without their parent's written consent. School staff administering medicine will do so in accordance with the prescriber's instructions. When no longer required, medicines will be returned to the parents to safely dispose. A child under 16 should not be given medicine containing aspirin unless prescribed by a doctor.

Prescribed Medicines

We will only accept prescribed medicine that 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 pump, rather than its original container.

Controlled drugs

The school will keep controlled drugs that have been prescribed for a child securely in a non-portable container and only named staff will have access to it. A child who has been prescribed a control drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

Non-Prescription Drugs

Staff should never give non-prescribed drugs to a child unless there is written permission from the parent. This will be an exceptional situation rather than the norm.

Storing Medicines

All medicines will be stored safely and children will know where their medicine are at all times and be able to access them immediately.

Record Keeping

Written records are kept of all medicine administered.

Emergency Procedures

When a child has an individual healthcare plan it will clearly define what constitutes an emergency. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital in an ambulance.

Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of up to 5 days, and only when previous avoidance strategies have been examined.

Long Term Medical Needs

The school will be fully informed of the child's needs before admittance, reintegration or when their medical needs change. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. The school will seek advice from the school nurse and other health care professional, if necessary. (Reference will be made to the 2014 DfE document in order to devise a care plan, if necessary).

Individual Health Care Plans

Individual Health Care Plans ensure the school effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. The school nurse and other health care professionals will advise when a health care plan is appropriate. Plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

Self-Management

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will generally apply to relief treatments for asthma. Children may still require an appropriate level of supervision.

Educational Visits

Teachers will be aware of how the child's medical condition will impact on their participation and the school will make reasonable adjustments to allow them to participate, unless evidence from a clinician such as a GP states that it is not

possible. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. Medicines will be in the safe care of a nominated member of staff.

Roles and Responsibilities

The Governing Body

The Governing Body will make arrangements for to support pupils with medical conditions in school to enable the fullest participation in all aspects of school life. They will ensure sufficient staff have suitable training and are competent before they take on their responsibility. The Governing Body have general responsibility for all school policies.

Responsibility in school

The Headteacher working in partnership with the Inclusion Leader (**Ciara Neli**) will take responsibility for developing and implementing the policy, ensuring it is available to parents and staff and monitoring individual health care plans. The Headteacher and Inclusion Leader will ensure that staff who need to know, are aware of the child's medical needs and that sufficient staff receive appropriate support and training to implement the policy and deliver against all individual health care plans. **Loretta Pelizza and Kim Callaghan** will take responsibility for administering medicines and in their absence a **nominated qualified First Aider** will take responsibility for administering medicine.

Teachers and Other Staff

All members of staff maybe asked to provide support for pupils with medicals, including administering medicines, although they cannot be required to do so. Before undertaking these responsibilities they will receive sufficient and suitable training.

Staff training

All members of staff providing support to a pupil with medical needs will have suitable training. Training needs will be identified during the review and development of healthcare plans. The training will normally be led by relevant healthcare professionals and will ensure the staff are competent and confident in their ability to support pupils with medical conditions. All staff will be trained on this policy and their role in implementing it.

Concerns

Any problems or issues arising shall be initially referenced to, a copy of DfE document Supporting Pupils at School With Medical Conditions (2014) which is kept in the school office. Although school staff use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 parents; 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 eg 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 parents, 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; or
- 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.