



CHEETWOOD COMMUNITY PRIMARY SCHOOL

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL NEEDS

ADMINISTRATION OF MEDICINES POLICY

September 2021

To be reviewed Autumn Term 2022

Judged to be GOOD by Ofsted in March 2018.

*"This is a highly inclusive school, where everyone feels safe, respected and valued.
Pupils enjoy school and are very keen to learn".*

INTRODUCTION

At Cheetwood we want all children to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of children with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential. This will also include children who have incurred injuries or undergone operations which temporarily restrict their mobility.

This policy has been considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case Cheetwood's governing body complies with the duties under the Equality Act 2010. The school will always make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support depends on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Unless pupils are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

PURPOSE OF DOCUMENT

The purpose of this policy is to ensure there are effective management systems, arrangements and practices in place to support children with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that the school will provide effective support for their child's medical condition and support their child to feel safe.

This policy also provides clear guidance for staff and parents/carers on the administering of medicines.

1. ROLES AND RESPONSIBILITIES

All staff at Cheetwood School have a duty to maintain professional standards of care and to ensure that the pupils are safe. In line with good practice Cheetwood School will consider and review cases individually and actively support children with medical conditions, including administering medicines or medical interventions in order to meet the all round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

1.1 The Governing Body

The governing body is responsible for:

- ensuring the headteacher is the named individual responsible for developing and effectively implementing this policy with partners and school staff, including regular policy review
- ensuring the headteacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child
- ensuring that all relevant staff are aware of an individual child's medical condition and needs
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change

- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations
- ensuring that appropriate insurance is in place to support staff to undertake this role
- ensuring that a complaints procedure is in place and is accessible.

1.2 The Headteacher

The Headteacher is responsible for:

- developing and effectively implementing this policy with partners and school staff
- ensuring that the notification procedure is followed when information about a child's medical needs are received
- ensuring that parents/carers provide full and up to date information about their child's medical needs by full completion of the medical information section of the school's admission form
- deciding, on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff
- ensuring that procedures are understood and implemented by all staff (including supply), volunteers and pupils.

1.3 Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

1.4 Parents/carers

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change
- complete, if appropriate, a 'Request to Give Medication form' to gain consent for medicines / medical interventions to be administered at school
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency / time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements, if relevant
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date
- collect and dispose of any medicines held in school at the end of each term or as agreed
- provide any equipment required to carry out a medical intervention e.g. catheter tubes
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box
- ensure that all attempts are made to enable their child to attend school

2. PUPIL INFORMATION

Parents/carers are required to give the following information about their child's long term medical needs and to update it at the start of each school year, or sooner if needs change:

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs, pre-activity precautions
- f) What to do and who to contact in an emergency
- g) Cultural and religious views regarding medical care/dietary needs

3. ADMINISTERING MEDICATION

Medication will only be administered at school if it has been prescribed.

It is expected that parents/carers will normally administer medication to their children at home but there are times when medication will need to be administered at school because of the number of doses required, or if it would be detrimental to the child's health or attendance not to do so. **To ensure that the administering of medication remains manageable in school the school's policy is that penicillin/antibiotics will only be administered if four doses are required and in these cases the school will only administer one dose, no more.** If a pupil is on penicillin/antibiotics and requires three doses it is expected the parent/carers will administer this dosage. If for any reason penicillin/antibiotics requiring three doses needs to be administered at school ie at a specifically designated time during the school day, a letter from the pupil's GP must be provided making this request. No medication will be administered without prior written permission from the parents/carers, including written authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Give Medication Form** must be completed. As stated in paragraph 1, staff are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.

The headteacher will decide whether any medication will be administered in school, and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it. In consultation with relevant staff, the headteacher will decide whether a designated member of staff will actually administer the medicine or whether a designated member of staff will observe the child administering the medicine themselves. This decision will depend upon the age/stage of the pupil concerned and the medicine s/he is required to take. Each case will be assessed upon its individual circumstances. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from a medical practitioner.

Any member of staff, on each occasion, giving medicine to a child or observing the child self-administer, should check:

- a) Name of child
- b) Written instructions as provided on the prescription label
- c) Prescribed dose (to be confirmed with a second member of staff)
- d) Expiry date

Paracetamol or other pain relief is not administered routinely at school unless prescribed and in such cases the administration will be over the shorter term only.

3.1 Inhalers

It is school policy that only blue inhalers (reliever inhalers) are allowed in school for medication purposes. Preventer inhalers (often brown in colour) are not allowed in school as they are generally taken twice a day so can be administered at home.

Children within the Early Years Foundation Phase and Phase 1 will be supported in administering their inhalers and a record made. In Phase 2 children are encouraged to manage their own inhaler medication. Such cases will be discussed on an individual basis. Full written information will be provided by the parent/carer on the **Request to Give Medication Form** as to how the administration of their child's inhaler will be managed and whether this will be observed by a member of staff and recorded accordingly, or if the child will manage their own inhaler and no record made.

3.2 Storage

Inhalers will be stored in the child's own classroom, clearly labelled with their name and easily accessible. Medicines for children in the Foundation Phase will be kept in a secure location in the Foundation Phase Unit. Those requiring refrigeration will be stored in the fridge labelled "medication" in the nursery kitchen.

Medicines for Phase 1 and 2 children, including antihistamines and epipens for children with severe allergies, are kept in the main school office in the medicines cabinet under the supervision of the office manager (trained first aider).

Medicines requiring refrigeration (such as a short term course of penicillin) will be kept in the headteacher's fridge labelled "medication" in the headteacher's office.

All medicine stored at school will be logged onto the school's electronic Administering Medicines file saved on Teachonly. Up to date paper copies are also stored within the headteacher's office and main office.

Each classteacher also has an up to date list of the medicines which children in their class are taking and the location of those medicines.

3.3 Records

Staff will complete and sign a record sheet each time medication is given to a child or a child is observed self-administering. The sheets will record the following:

- a) Name of child
- b) Date of birth
- c) Name of medication, dosage and frequency
- d) Date and time of administration
- e) Dosage administered
- f) Who supervised the administration and if there was a witness
- g) A note of any side effects

During the course of administration the record sheets will be retained by the member of staff administering the medicine/observing the child take the medicine. These record sheets will be clearly accessible. Once the course of medication is over the completed record sheet will be stored in the Headteacher's office in the Administering Medicines file.

The record of the administration of inhalers will always be retained in the child's classroom as the administration of inhalers is ongoing.

Staff with children who are pupils at the school and who require medication should follow the same procedures in this policy, complete the request to give medication form and ensure the medication is stored in line with requirements outlined in section 3.2 (above). Staff who require medication themselves must store medication which requires refrigeration in the headteacher's fridge. All other medication can be stored where convenient for the member of staff concerned, but must be out of the sight and reach of children.

3.4 Refusing medication

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medication must also be recorded as well as the action then taken by the member of staff.

4. TRAINING

All staff will be made aware of the school's policy for supporting children with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Induction training will raise awareness of school's policy and practice on supporting children with medical conditions.

A record of any staff training carried out will be kept.

5. INDIVIDUAL HEALTH CARE PLAN (IHCP)

Where appropriate, an Individual Health Care Plan will be drawn up in consultation with the school, parents/carers and health professionals. The IHCP will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms an asthma care plan is completed. Copies of IHCPs are kept by the child's classteacher with their medication information and also stored in the headteacher's office in the Administering Medicines file.

6. INTIMATE OR INVASIVE TREATMENT

Intimate or invasive treatment will only take place at the discretion of the headteacher and governors, with written permission from the parents/carers and only under exceptional circumstances. Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the child's IHCP and take account of safeguarding issues for both staff and children.

7. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

Children with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with the child, parents/carers and relevant healthcare professionals to ensure the child can participate safely.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessments will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

8. EMERGENCY PROCEDURES

The Headteacher will ensure that appropriate staff are aware of the school's planned emergency procedures in the event of medical needs.

Where a child has an IHCP this will clearly define what constitutes an emergency and describe what to do.

This may include an Emergency Medical Protocol and/or a Personal Emergency Evacuation Plan.

In the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack" which is contained within the appendix to this policy. These guidelines are available to all staff members and displayed in different areas around the school.

All pupils with asthma should have an easily accessible inhaler in school in line with their asthma care plan.

Reliever inhalers are prescribed for use by an individual pupil only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a pupil experiences severe asthma symptoms and his/her reliever is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guidelines on the Management of Asthma, reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

9. CARRYING MEDICINES

For safety reasons pupils are not allowed to carry any medication, except in the cases of pupils with inhalers. All medicines must be handed to the school administration staff, Headteacher or the class teacher on entry to the school premises.

10. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all times. Therefore school will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan this will be shared with key staff with regular scheduled reviews. School ensures that arrangements are in place to inform new members of staff of the children's medical needs. School also ensures that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

11. COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the classteacher.

If, for whatever reason, this does not resolve the issue then the parents/carers should follow the school's formal complaints policy, a copy of which can be viewed on the school website or obtained from the main office.

Further information appended to this policy

1. Medicines at school statement for parents/carers
2. Request to give medication form
3. Record of medication administered
4. Record of medicines held at school
5. What to do in an asthma attack
6. Example health care plan
7. Example asthma care plan
8. New medical information form