



St Chad's CE (Cont.) Nursery and Infant School

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

School Leader: Kathryn Leach

Link Governor: Pat Geary

Policy Approved **Signed: Pat Geary** **Date: 07.06.17**

Policy Reviewed Signed: Pat Geary Date: **28/2/2018**

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Why is this policy in place?

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Aims

- Ensure up to date guidance and legislation is being followed
- Ensure procedures are fully outlined for all staff and parents.
- Ensure Children's medical needs are fully met and their access to school and education is not affected.

Governing body and the Senior Management team should ensure that the arrangements they set up include:

- who is responsible for ensuring that sufficient staff are suitably trained
- **a commitment that all relevant staff will be made aware of the child's medical condition**
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available briefing for supply teachers
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- suitable records are kept, and monitoring of individual healthcare plans.

Procedures for Managing general prescription medicines

Parents should complete a form including all appropriate details and consent, before any medicines can be administered.) This must be signed by an adult with parental responsibility for the child. (Appendix B). School will only administer medication that has been prescribed by a doctor. (The only time when an exception to this would be considered would be for travel sickness and residential trips. These would be discussed on an individual basis). 2 members of staff must be present when any medicine is administered and record and counter sign (Appendix C)

An asthma register is kept in the front of the medicines file. When a child presents with an inhaler in school, as well as the medicines consent form a parent is given a "School Asthma Card". They are encouraged to complete this with their medical professional to give the school a greater understanding of an individual child's needs.

Staff should check name, dosage and expiry date on all medicines before administration. Staff should always follow the six 'rights' when administering medicine –

Right child, right medicine, right dose, right route, right time, right to say no.

The medication will only be administered in accordance with the instructions on the pharmacy label. (eg if an inhaler says 2 puffs this is all that will be given, even if a parent tells school to give 10 puffs). School will stop giving medication after the prescribed period of time.

If a child refuses medication, inform a member of the senior management team and phone parent.

Storage of medicines in school is as follows:

- Healthcare plan as outlined under assisting pupils with complex medical needs
- Inhalers and other emergency medication (eg Epipens) are held within individual classrooms, to be readily accessible, in a labelled box out of the reach of children. There should be a Green cross symbol to identify quickly where they are stored.
- Prescription medicines are held in the downstairs office or the staff room fridge (as appropriate). If a medication needs to be refrigerated the medicine bottle should be put in a sealed, plastic box in the fridge.
- Controlled drugs will be held securely in a lockable, non-portable cupboard. Only 1 week's supply can be held at school. If controlled drugs are administered 2 members of staff will witness this and record it in a bound book.

If staff are uncertain about any aspect of administering a particular medication further advice maybe sought from a healthcare professional. This could be a pharmacist, nurse or doctor.

When a course of medication is complete the consent form will be transferred from the medicines file to the pupil's record file.

Procedures for managing general prescription medicines on trips and outings

All forms must be taken alongside the medicine, still in its original packaging, and held by the trip leader with details noted in the risk assessment.

The previous actions must be followed.

Assisting pupils with complex medical needs

For those pupils with complex medical needs, a health care plan will be drawn up in consultation with parents, staff and any health care professionals (Appendix A and C). A review may be initiated by a parent, a member of school staff or a healthcare professional. Copies are held by the SENCo, and alongside any relevant medication.

Any medicines that are part of a healthcare are held in the upstairs office in the medicine cupboard.

Where children also have an EHC Plan, the healthcare plan should be linked in.

Emergency Procedures

In the event of an emergency, all staff to notify the office to call 999 on your behalf whilst continuing to support the pupil as necessary.

If a child is taken to hospital a staff member should stay with the child until a parent arrives.

Risk Assessment and Management Procedures

Risk assessments are undertaken at any review point for a pupil with a health care plan or requiring access to prescription medicines within the appropriate forms.

Parent's Responsibilities

Parents should provide the school with up to date information about their child's medical needs. They may in some cases be the first to notify the school about the medical condition. Parents should remain involved in the development and review of their child's individual healthcare plan. They should carry out any actions as agreed as part of the health care plan.

Any medication supplied to school should be brought in its original packaging with the pharmacy label attached.

It should be understood by all that at St Chad's, due to the age of our pupils, children will not be left to carry or administer their own medicines in any circumstances.

Staff Training and responsibility

The senior management team will ensure that there are sufficient staff trained and willing to administer medicines, either prescription or in relation to a healthcare plan. Effective from 10.12.14 Appendix D will be completed following any training.

There is no legal duty that requires schools and staff to administer medication. This is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances and, therefore, it is up to schools to decide their local policy for the administration of medication.

All staff working in a local authority maintained school are covered in respect of public liability insurance while they are acting on behalf of the Council. This includes any duties that are undertaken to support a healthcare plan.

Whole school awareness training will be arranged as appropriate to school need.

Emergency Inhaler

Government regulations allow schools to obtain, without prescription, salbutamol inhalers for use in emergencies.

The emergency salbutamol inhaler is only for use by children, for whom written parental consent for the 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 a reliever medication. Permission to use the emergency inhaler will be kept with the child's healthcare plan and recorded on the asthma register.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, empty or out of date)

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The emergency inhaler will be kept in the upstairs office.

On a monthly basis, the following checks will be made:

Inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available:

That replacement inhalers are obtained when expiry dates approach;

The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler itself can usually be reused, provided it is cleaned after use.

The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.

The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is a risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Unacceptable Practice

- 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.

Drug Errors

A drug error is when medication is administered to the wrong child, at the wrong time, in the wrong dose, the wrong drug, by the wrong route, a dose is omitted to be given or administration is not (fully) documented.

Any drug errors will be recorded on the Medication Error/Near Miss Incident Report. The parents will be notified and the passed to a member of the Senior Management Team to decide what, if any, further action is necessary.

Reviewing of Policy

This Policy should be reviewed regularly by the Inclusion Manager.

Complaints

Please follow the school's complaint's procedure for any concerns in relation to the provision for pupils with medical needs.

Related policies

Accessibility plan

Child Protection/Safeguarding

Complaints policy

SEND Policy

Equality and Diversity policy

Trips Policy

Health and Safety policy