

St Mary's Church of England V.A. Primary School Managing Medicines in School Policy

Introduction

This policy has been drawn up by the staff and governors of St. Mary's Primary School with reference to the guidance: 'Managing Medicines in Schools and Early Years Settings' produced by the DCSF and in consultation with parents from the school.

<u>Aims</u>

This policy aims to provide clear guidelines for ensuring that children with medical needs receive proper care and support and is understood and accepted by staff, parents and children of St. Mary's Primary School.

Children with Medical Needs

The governors and staff recognise that children with medical needs have the same right of admission to a school as other children and that the school should plan strategically over time to increase access for such pupils. Some children with medical needs are protected from discrimination under the Equality Act 2010. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. 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.

Roles and Responsibilities

The Governors

At St. Mary's School it is the responsibility of the governors to:

- Agree and regularly review the Health & Safety Policy which includes reference to the managing of medicines in schools.
- Enable the Headteacher and staff to support children with complex health needs.
- Ensure they have adequate Employers' Liability Insurance.
- Ensure proper procedures are in place and monitor the school's agreed policy.
- Ensure staff are aware of procedures and are properly trained.
- Work with the Headteacher in developing an effective policy

The Pastoral and Inclusion Lead

At St. Mary's School it is the responsibility of the Pastoral and Inclusion Lead to:

- Put the agreed policy into practice and develop detailed procedures where necessary.
- Take responsibility for day to day decisions.
- Ensure all stakeholders are aware of the policy
- Agree procedures, support and if necessary Individual Health Care Plans with the parents of children with medical needs.
- Ensure any medicines are stored according to the policy guidelines.
- Liaise with health services
- Ensure all staff are aware of their roles and responsibilities and are adequately trained.
- Arrange back up cover if staff are absent.
- Ensure all staff know what to do in an emergency.

Teachers and Support Staff

It is the responsibility of the teachers and support staff to:

- Ensure they are kept well informed of a child's medical needs and how to support them.
- Know what to do in an emergency
- Liaise with relevant health professionals and agencies.
- Administer any medicines according to the school's policy.

Parents

It is the responsibility of the parents of children with medical needs to:

- Keep the school well informed about their child's needs
- Work with the Headteacher to reach an agreement on how medicines are administered.
- Provide consent where appropriate in writing
- Keep children at home is they are too unwell to attend school
- Provide medicines in the **original** container, clearly labelled and with clear written instructions
- Inform the school when there are changes to a child's medication.
- Endeavour to administer short term treatment at home where possible.

Administering Medicines

1. Short term medical needs: (Occasional tablets, lotions and non-prescribed medicines)

- Medicines such as anti-biotics and lotions should only be brought to school when it would be detrimental to the child's health if it were not administered.
- The Headteacher or Pastoral Lead may agree to allow staff to administer non-prescription medicines with prior written consent from parents. In such cases the member of staff will be identified and any medicines will be administered in the presence of another member of staff. The administering of non -prescription medicines will also be recorded.
- Non-prescription medicines can usually be given to children before they leave for school in the morning and by parents/carers and again at the end of the day. If children really cannot cope for the day without such medication then the relevant paperwork must be completed.

- Products containing ibuprofen should not be given to children under 16, unless prescribed.
- Cough sweets are not permitted at school. If a child cannot last the day without cough sweets, they should be kept at home to recover.
- Where it is deemed to be necessary to administer medicines for short term illnesses written consent will be required from parents.
- Parents must provide the medicine in the original container, clearly labelled with the child's name and dosage.
- If a child refuses to take a medicine staff will not force them and parents will be informed.
- Only the school's agreed staff may administer medicines and records will be kept of any medication given, the amount and the date and time.
- If children are old enough they will be encouraged to take the medicine themselves under supervision from the agreed member of staff.
- Staff administering medicines must check the name on the prescription, the prescribed dose, the expiry date and the written instructions on the container.
- Another member of staff will witness any administering of medication.
- If staff are in any doubt about a medicine they should not give it to the child but should contact the child's parent.
- Parents/carers must inform the school of any possible side effects from any medication given.

2. Long term medical needs: (Eg. Diabetes, epilepsy, cystic fibrosis)

- Sufficient information must be received from parents in order to provide a protocol and administer medicines for long term medical needs. This includes:
 - ✓ Details of the condition
 - ✓ Special requirements
 - ✓ Side effects from medication
 - ✓ What constitutes an emergency
 - ✓ Action to take in an emergency
 - ✓ What not to do in an emergency
 - ✓ Immediate contacts
 - \checkmark The role staff play in supporting the child.
- In the case of long term needs the parents and staff will need to draw up a care plan following DfE guidelines.
- Records must be kept of all medicines administered along with written consent from parents.
- Emergency procedures need to be clear in the Health Care plan as well as an identified member of staff to take responsibility in an emergency.

Storing Medicines

- Large volumes of medicines should not be stored at the school.
- The school will only store, supervise and administer medicines for individual children.
- Medicines must be stored according to the product instructions.
- Medicines must be in the **original** container, clearly labelled and not accessible to children.
- Children with long term medical needs must know where their medicine is, who has the key and who is responsible for it.
- Emergency medicines should **not** be locked away. Eg. Epi-pens and inhalers.
- Children who are old enough to do so should be responsible for their own inhalers.(See asthma policy)
- Younger children should know where their inhaler is kept in the classroom. Inhalers should always be available to them.
- Inhalers must be clearly marked with the child's name.

Disposal of medicines

- Staff should not dispose of unused medicines. Parents must collect it from the school and dispose of it safely.
- If required sharps boxes will be made available for the disposal of needles.

Hygiene and infection control

• DfE guidelines will be adhered to when dealing with medicines in schools.

Offsite Visits

- The school will determine whether additional supervision is required for children with long term medical needs whilst risk assessing a school visit.
- It is preferable for a parent or support worker to accompany a child with medical needs during an offsite visit.
- Supervising staff need to consider arrangements for administering medicines before arranging the visit.
- A copy of a child's health care plan must be taken on the school visit with emergency procedures and contact details.

Sporting Activities

- The school recognises that sporting activities need to be flexible enough to accommodate children with medical needs.
- Risk assessments of sporting activities will be taken as necessary in line with the school's health and safety policy.

Review

This policy will be reviewed periodically by the staff and governors of the school.

ASTHMA - Procedures

This should be read in conjunction with the asthma pack for schools from Asthma UK at <u>www.asthma.org.uk</u>.

- 1. Asthmatic children must have immediate access to blue inhalers (relievers).
- 2. Children must be encouraged to take charge of and use their inhalers from an early age
- 3. In The Foundation Stage and KS1 named inhalers will be kept in a box where children can easily access them.
- 4. All inhalers must be clearly marked with the child's name.
- 5. In the case of severe asthmatics a spare inhaler needs to be kept in the school.
- 6. In the case of a severe asthmatic there must be clear agreement and procedures about what to do in the event of a severe attack.
- 7. Teachers with asthmatic children in their class must be trained using materials from Asthma UK.
- 8. Parents of severely asthmatic children must give asthma management plans to the school.
- 9. Inhalers must be taken to on all school visits.
- 10. Particular care needs to be taken in PE and cold weather.
- 11. Children who suffer from asthma should not be forced to do PE if they feel unwell.

Example of record sheet to be kept in medical cabinet or with individual medication.

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1. Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher or Pastoral Lead has agreed that school staff can administer the medication. **DETAILS OF PUPIL**

Surname:	Forename(s):	
Address:		M/F:
Date of Birth:	Class & year gp:	
Condition/illness		
MEDICATION		
Name/Type of Medication (as d	escribed on the container)	
For how long will your child take	e this medication:	
Date dispensed:		
Full directions for use:		
Dosage and method:		
Timing:		
Special precautions:		
Side effects:		
Self-Administration:		
Procedures to take in an emerge	ency:	
CONTACT DETAILS:		
Name:	Daytime Telephone No	
Relationship to Pupil:		
Address (if different from pupil	address):	
I understand that I must deliver	the medicine personally to the office a	and accept that this is a service the
school is not obliged to underta	ke.	
Date:	Signature(s):	
Relationship to pupil:		

Example of Medication Administered Record 2021 - 2022

Child's name	Date	Time	Name of medication	Dose given	Signature	Witness