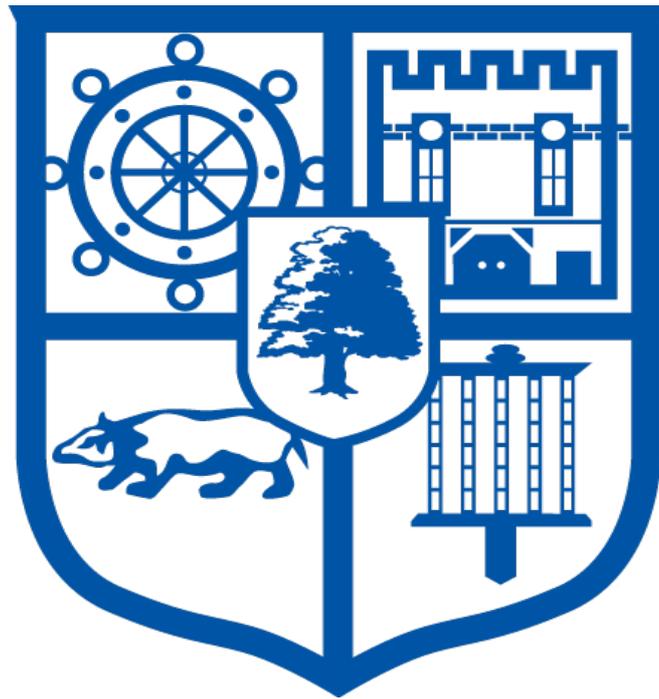


# Administration of Medicines in School Policy

## The John Warner School



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## 1. General

The governing body recognises that many pupils will at some time need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

## 2. Staff Indemnity

The governing body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The governing body will meet any claims in these circumstances.

## 3. Roles and responsibilities

The governing body takes responsibility for the administration of medicines during school time in accordance with the government's policies and guidelines.

The headteacher will implement this policy and report as required to the governing body.

Medication will normally be administered by specially designated staff.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body and the headteacher do not require staff to administer medication.

However, some specified staff (e.g. firstaiders, PE and games staff) who volunteer their services, will be given training to administer first aid and/or medication to pupils.

### **3.1 The governing body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training for supporting children with medical conditions.

### **3.2 The headteacher**

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service or parents in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the primary firstaider.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.3 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed as part of the implementation of the IHP, eg: provide medicines and equipment.

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Healthcare professionals, such as GPs and paediatricians may liaise with the school's primary firstaider or nursing team and notify them of any pupils identified as having a medical condition.

## 4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 5. Being notified that a child has a medical condition

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g. dietary)

At the beginning of each academic year all parents will be required to up-date the medical information.

When the school is notified that a pupil has a medical condition, the primary firstaider will decide whether the pupil requires an IHP. If unsure, the primary firstaider will contact the school nursing team.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

## 6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the primary firstaider.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with the school and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and the parents and the pupil will be involved wherever appropriate.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher and the primary firstaider, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage

their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required (usually all staff).
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where we have parents' written consent.

Any requests for medicine to be administered must come from a parent in writing on the school's 'Request to Administer Medication' form, and each request will be considered on an individual basis.

The form will include:

- name of parent and contact number
- name of child and class
- name of medicine
- how much to give
- how it should be kept and stored
- how it is to be administered
- when to be given
- any other instructions
- The form will end with the following consent statement:-

"The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information".

It will be signed and dated by a parent or someone with parental control.

- A separate form must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the the primary first aider what can be done in the school, before a decision is made. (see the government guidance ' Supporting Pupils with Medical Needs').

The headteacher or the primary firstaider will decide whether any medication will be administered in school, and by whom (usually the primary first aider).

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents.

If the pupil is required and able to administer his/her own medicine (eg inhaler for asthma) this should be indicated on the 'Request to Administer Medication' form.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

In some circumstances, the school will allow students to take non-prescription/prescription medication. This should be recorded in the 'Administration of Medication Record' which is kept in Student Services. Parents/Carers should always sign the consent form/label when requesting that their child be permitted to take medication in school.

### **7.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments.

A pupil who has been prescribed a controlled drug may have it in their possession (ie: EpiPen, asthma inhaler, insulin pump) if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cabinet in Student Services and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the medical room unaccompanied or with someone unsuitable.

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

## 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## 9. Training

Relevant members of staff are provided with annual training which covers:

- Management of anaphylaxis.
- Introduction to epilepsy and an understanding of the principles of safe and appropriate administration of Buccal Midazolam/Rectal Diazepam.
- Asthma – what to do in an emergency.

Relevant members of staff have also received diabetes training.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be made aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs and who to call if a child is taken ill.

## 10. Record keeping

IHPs are kept in a readily accessible place and all staff are made aware of a child that has an IHP in place.

## 11. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the primary firstaider in the first instance. If the primary firstaider cannot resolve the matter, she will seek the advice of the headteacher who can direct parents to the school's complaints procedure.

## 12. Monitoring arrangements

This policy will be reviewed and approved by the headteacher annually.