Administration of Medicine Policy

Hillborough Infant and Nursery School

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This policy has been updated to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and it supersedes the HM Government Information Sharing Guidance for Practitioners and Managers published in March 2015.	

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Purpose of the Procedure

1.1 The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

1.2 The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

Scope of the Procedure

2.1 The procedure applies to all employees.

2.2 This procedure should be read in conjunction with the relevant statutory guidance; Supporting pupils at school with medical conditions, DfE which provides greater detail regarding notification and individual healthcare plans and with the school's Intimate Care Policy.

2.3 *All staff will be expected to have an awareness of those children with medical conditions and how to respond in an emergency, if staff are in doubt they should call 999 and ensure the pupil is not left unattended.* This policy will form part of the schools induction arrangements.

3. Roles and Responsibilities

3.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

3.2 The governing body will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that suitable accommodation for the care of pupils with medical conditions is available. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

3.3 The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. S/he will ensure that all staff are aware of the policy and understand their role in its implementation. S/he will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans. S/he will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

3.4 School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines and intimate care, although they cannot be

required to do so unless it is covered within their Job Description. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Training will be provided to all staff. A pupil taken by ambulance to hospital will be accompanied by a member of staff who will stay with the child until a parent or carer arrives.

Appropriately trained staff (those trained by a member of the medical profession) can use EpiPens and defibrillators, administer injections, dispense prescribed oral medicines and apply splints and topical medicine and other medical support covered for example within a First Aid certificate or where appropriate training has been provided. All medication must be administered as prescribed by a medical professional. School staff may also be asked to provide other support, for example; assisting with feeding, including enteral feeds, or toileting, including changing colostomy bags and catheterisation.

3.5 School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide training, advice, and liaison.

3.6 Other healthcare professionals, including GPs and paediatricians notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

3.7 Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be encouraged to be sensitive to the needs of those with medical conditions.

3.8 Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times. Where possible parents/carers should be encouraged to request that medication is prescribed in dose frequencies which enable it to be taken outside of school hours. Where possible parents/carers should be encouraged to support their child in learning for example to self-catheterise, monitor own blood sugar levels, administer their own insulin. This is not an exhaustive list.

3.9 Local authorities should work with schools to support pupils with medical conditions to attend full time.

3.10 Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

3.11 Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

3.12 Ofsted – Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

4. Staff training and support

4.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. Staff must not send a child who becomes ill to the school office or medical room unaccompanied or with another child.

4.2 Pupils competent in managing their own health needs will be allowed to carry their own medicines and devices if that does not pose a risk to other pupils. Younger pupils or those not deemed competent to manage their own health needs should know where their medicines and relevant devices are.

4.3 Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

4.4 The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

4.5 Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations staff are covered provided they have followed the Care Plan in place and have had relevant training.

5. Managing medicines on the school premises

5.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so

5.2 No child under 16 will be given prescription or non-prescription medicines without their parents' written consent

5.3 A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor

5.4 The school will only accept prescribed medicines that have been prescribed by an appropriate practitioner. The medication must be 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 pump, rather than in its original container). A template consent form for schools can be found in appendix 1. This form has been provided by the CCG's medical team for adoption or adaption.

5.5 All medicines will be stored safely in ……Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so,

however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases).

5.6 Staff administering a controlled drug and/or over the counter medication (OTC) must do so in accordance with the prescriber's instructions and/or in accordance with the recommended dosage. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. A template consent form for schools can be found in appendix 2. This form has been provided by the CCG's medical team for adoption or adaption.

5.7 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. Older pupils may carry devices and medicines with them whilst for younger pupils these will be stored appropriately and where the class teacher, class TA and other appropriate staff and child know how to access them.

5.8 During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required.

5.9 If a pupil refuses to take medication or carry out a necessary procedure they should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.

5.10 Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medication no longer required or out of date should not be allowed to accumulate.

6. Unacceptable Practices

6.1 Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

6.2 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

6.3 Assume that every child with the same condition requires the same treatment.

6.4 Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents.

6.5 Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan.

6.6 If the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable.

6.7 Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

6.8 Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

6.9 Require parents or 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)

6.10 Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trip, e.g. by requiring parents to accompany the child.

Appendix 1

Parental/carer consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Appendix 2

Parental/carer consent to administer an 'over-the-counter' (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	