



St. Mary of Charity Church of England Primary School

Administration of Medicines and Supporting Pupils with Medical Conditions

“Feed my lambs....take care of my sheep.” John: 21

We are a family where everyone feels that they belong. A place of stability where through an innovative, creative curriculum, limitless aspiration and God’s love for us, learning flourishes for all.

In “Breakfast by Galilee” John: 21, Jesus teaches us how to have faith in times of change. He prepares his disciples to live in a changing world after his resurrection, just as we must be resilient to thrive in a future that is unknown to us. Everyone at St Mary of Charity will have the belief that they can be successful when challenged and that by working together and taking action, just as the disciples did under Jesus’ instruction, we can all achieve more than we thought possible.

Written and Agreed: January 2024

Review Date: December 2026

Administration of Medicines Policy

Introduction

Children with medical needs have the same rights of admission to our school as all other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

Aims of this policy

- to explain our procedures for managing prescription medicines which may need to be taken during the school day
- to explain our procedures for managing prescription medicines on school trips
- to outline the roles and responsibilities for the administration of prescription medicines

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of St Mary of Charity Primary School fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions

- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so
- Ensuring that the policy is explicit about what practice is not acceptable
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Louise Rowley-Jones, the Headteacher, and Claire Beyzade, the Deputy Head, will be responsible for ensuring that risk assessments are in place for school visits and other school activities outside of the normal timetable

Holly King and Becky Wood, Paediatric First Aiders will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. She will also be responsible for briefing supply teachers and for the monitoring of individual healthcare plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Legal requirements

There is no legal duty that requires any member of school staff to administer medicines.

Prescribed Medicine

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Staff at St Mary of Charity Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. Where appropriate medicines should be prescribed in dose frequencies which enable them to be taken outside of the school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication from a medical professional.

Exceptions Prescribed medicine will not be given:

1. Where the timing of the dose is vital and where mistakes could lead to serious consequences.
2. Where medical or technical expertise is required.
3. Where intimate contact would be necessary.

Children with Asthma

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This could either be in the drawer of the teacher's desk or in a child's own tray. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration. It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

Non-Prescription Medicines

With parental written consent we will administer non-prescription medicines although we will never administer aspirin or medicines containing aspirin except if prescribed by a doctor. Medication, e.g for pain relief, will never be administered without first checking the maximum dosage and when the previous dose was taken.

Storage of Medicines

All medicines should be delivered to the school office by the parent/carer* or Breakfast Club Representative. In no circumstances should medicines be left in a child's possession. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the office, locked in the medical cupboard in the School Medical room or kept in the staff room fridge and should not be kept in classroom, with the exception of adrenaline pens and inhalers. All medicines must be stored in the supplied container and be clearly labelled with:-

- the name of the child;
- the name/dose of the medicine
- the frequency of administration.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom or main school office. Children may carry their own inhalers, when appropriate.

Disposal of Medicines

Parents/carers* are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period. A letter or e-mail will be sent home to all parents/carers who have left medicines in the school in July for collection. If any medicines remain uncollected at the end of the summer term, they will be disposed of at a local pharmacy by First Aider (Jayne Reynolds).

Trips and Outings

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The class teacher will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication.

ROLES AND RESPONSIBILITIES

Parent/Carer

- Should give sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form.
- Must keep staff informed of changes to prescribed medicines.
- Keep medicines in date - particularly emergency medication, such as adrenaline pens.

Headteacher

- To ensure that the school's policy on the administration of medicines is implemented.
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receives support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

Refusal of medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents/carers immediately or as soon as is reasonably possible.

Record Keeping

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date
- A parental agreement form (see appendix) must be completed and signed by the parent/carer, before medicines can be administered.
- At the time of administering medicines, the member of staff must complete the medicines record sheet. (see appendix)

Children with Long Term Medical needs

It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents/carers and relevant health professionals.

Confidentiality

The head and staff should always treat medical information confidentially. The head should agree with the child/parent/carer who else should have access to records and other information about a child.

Staff Training

Training opportunities are identified for staff with responsibilities for administering medicines The following staff have received general training.

School first aiders are:

Daniel Walker

Michaela Harlow

Paediatric First Aiders:

Holly King

Becky Wood

Lawrence Brodigan

Rob Moorfield

Administrating medicines:

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. They may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Jayne Reynolds in conjunction with the Head teacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

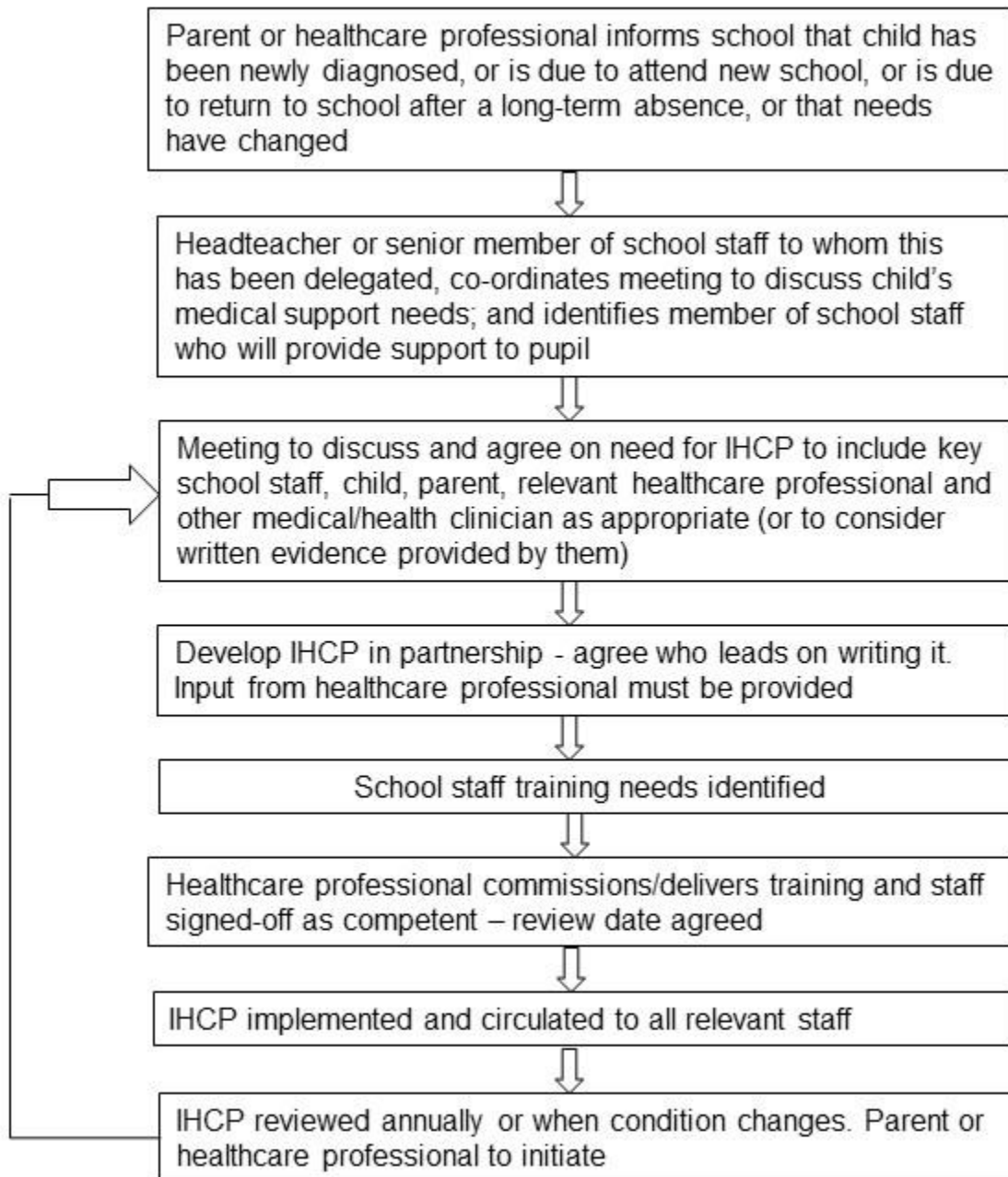
Complaints

Should parents\carers be unhappy with any aspect of their child's care at St Mary of Charity Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the school Complaints Procedure.

Monitoring

- This policy should be reviewed annually in accordance with national guidance.
- Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

Appendix A: Model process for developing individual healthcare plans





Individual healthcare plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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Clinic/Hospital Contact

Name

Phone no.

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G.P.

Name

Phone no.

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Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Parental agreement for setting to administer medicine



The school will not give your child medicine unless you complete and sign this form. The school will adhere to the Policy for administering medicine.

| | |
|------------------------------|--|
| Name of child | |
| Date of birth | |
| Class | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Date of first dose at school | |
| Number of days for school to administer | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|-----------------------|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |

| | |
|--|--------------------------|
| I understand that I must deliver the medicine personally to: | [agreed member of staff] |
|--|--------------------------|

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date



Record of medicine administered to an individual child

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

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Staff signature

Signature of parent

Date

Time given Dose given

Name of member of staff

Staff initials

Notes

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Date

Time given Dose given

Name of member of staff

Staff initials

Notes

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**Record of medicine administered to an individual child
(Continued)**



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| Date | | | |
| Time given Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Notes | | | |
| Date | | | |
| Time given Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Notes | | | |
| Date | | | |
| Time given Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Notes | | | |
| Date | | | |
| Time given Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Notes | | | |
| Date | | | |
| Time given Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Notes | | | |

Staff training record – administration of medicines and/or medical procedures

Name

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Type of training received

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Date of training completed

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Training provided by

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Profession and title

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I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

