



## ENGLEFIELD CE PRIMARY SCHOOL

### POLICY & PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOL

*Sowing the seeds for a flourishing future*

#### **Purpose and background**

As a church school we aim to work closely with parents to provide a supportive environment; Christian values are central to the ethos of the school and we encourage concern and care for all members of the school community.

The Children's & Families Act 2014 requires governing bodies to ensure that pupils at school with medical conditions are properly supported so that they have full access to all aspects of education and can enjoy the same opportunities as any other child at school. Our policy has been formulated using the DfE guidance document 'Supporting pupils at school with medical conditions' (September 2014, updated December 2015) and West Berkshire's Health & Safety Team's guidance 'Supporting Pupils with Medical Conditions & Managing Medicines in Schools and Early Years Settings' 2016.

#### **Aims of this Policy**

Here at Englefield School we will do what is reasonable and practical in order to support the inclusion of all pupils and to support individual children with medical needs to achieve regular school attendance. We focus on the needs of each individual child and recognise that absences, whether these be short or long term, can affect a child's educational attainment and emotional and social wellbeing. Long term absences due to health problems can impact on their ability to integrate with the peers; short term and frequent absences, including those for medical appointments, need to be effectively managed and appropriate support put in place to limit impact on the child.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person; any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, but they cannot be required to do so. As long as staff follow the school's agreed procedures, members of staff administering medicines will be covered by the school's public liability insurance. This indemnity would include Governors and any volunteers assisting the school in their business activities.

This policy aims to:

- 1) Clarify the roles and responsibilities of governors, school staff and parents in the administration of medicines during school time
- 2) Give guidance to staff regarding the safe administration of medicines to children where necessary
- 3) Ensure the on-going care and support of children with long term medical needs via a health care plan
- 4) Outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- 5) Outline the safe procedure for managing medicines on school trips

#### **Roles & Responsibilities**

By working in close partnership together - parents, staff and governors - we aim to ensure that children are supported as much as possible to enable them to attend school on a regular basis.

*The governing body will:*

- Ensure that policies and procedures clearly identify the roles and responsibilities of all those involved in supporting pupils at school with medical conditions;
- Ensure that the school has sufficient staffing resources to implement this policy;
- Ensure sufficient financial resources are available for staff to access appropriate training and support;
- Ensure that any such plans put in place are not unnecessarily burdensome for the school, considering that Englefield is a small school with a relatively small staff.

*The Headteacher will:*

- Have overall responsibility for the development of the school's procedures to support children with medical conditions;
- Ensure that there are sufficient members of staff who are willing and confident to support this policy including First Aiders and appointed persons;
- Ensure that sufficient staff receive appropriate support and training and are competent before they take on responsibility of supporting children with specific medical conditions. A school's ability to provide effective support will depend on working cooperatively with other agencies such as other healthcare professionals, i.e. GPs, paediatricians or school nurses;
- Ensure that all appropriate risk assessments are carried out;
- Ensure that there are procedures in place to brief supply teachers, afterschool club providers and any other such peripatetic staff if a child they are teaching requires specific medical support;
- Ensure that individual health care plans are developed if appropriate and are reviewed at least annually or earlier if there is evidence that a child's needs have changed;
- Ensure that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- Ensure that parents are aware of the school's Medicines in School Policy;
- Ensure that all relevant staff are made aware of a child's medical condition as necessary to ensure the safety of a child yet maintain confidentiality;
- Ensure that school staff are appropriately insured and are made aware that they are insured to support pupils in this way.

*School staff will:*

- Prepare a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long-term medical needs (if requested to do so);
- Monitor any individual health care plans (if requested to do so);
- Supervise self-medicating pupils;
- Retain confidentiality where possible;
- Take all reasonable precautions to ensure the safe administration of medicines;
- Contact parents with any concerns without delay;
- Contact emergency services if necessary without delay;
- Ensure information on health care plans are included in any transition arrangements;
- Comply with the school's procedures.

*Parents will:*

- Give the school adequate information about their child's medical needs. For children starting at a new school, arrangements should be in place for when the child starts school. For any new diagnoses or children moving to a new school in-year, every effort should be made to ensure that arrangements are put in place within two weeks;
- Follow the school's procedure for bringing medicines into school;

- Be reasonable with their expectations and only request medicines be administered in school when essential; where possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Ensure that medicines are in date and that asthma inhalers are not empty;
- Notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma.

### **Management of policy**

<b>School:</b>	This policy has been prepared by the Senior Leadership team, adapted from the West Berkshire guidance 'Supporting Pupils with Medical Conditions & Managing Medicines in Schools and Early Years Settings 2016. It will be implemented and managed by the Headteacher in liaison with staff.
<b>Governing Body:</b>	The Governing Body has delegated the oversight, review and update of this policy to the school.
<b>Approved:</b>	October 17 <sup>th</sup> 2023
<b>Next Review:</b>	Autumn 2025

### *Associated documents:*

Child Protection Policy

Equalities Scheme

Admissions Policy

Attendance Policy

Health & Safety Policy

School's First Aid Risk Assessment

DfE 'Supporting pupils at school with medical conditions' September 2014 & December 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306952/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf).

West Berkshire Health & Safety Team advice document on 'Supporting pupils with medical conditions and managing medicines in schools and early years settings', September 2016

Statutory Framework for the Early Years Foundation Stage - : [Statutory Framework for the Early Years Foundation Stage](#)

## **Partnership with Parents – How we can work together**

By working in close collaboration, parents should have confidence in the school's ability to provide effective support if their child has a medical condition which could affect their child's regular attendance at school.

### **School Attendance during/after an illness**

Our aim is for 100% attendance to be achievable but we recognise that it is not always attainable. Young children can be susceptible to illness and we do not expect children to be in school if they are not fit and well.

In line with safeguarding duties, schools have a responsibility to ensure that the health of all the school's pupils is not put at unnecessary risk from, for example, infectious diseases. It is therefore important that parents recognise that the school does not have to accept a child in school where it would be detrimental to the health of others to do so.

- Children should not be at school if they are unwell (other than with a mild cough or cold);
- Children should not be sent to school with earache, toothache or any other significant discomfort;
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours;
- Children should not be sent to school with an undiagnosed rash;
- Children should not be sent to school with a rash caused by a contagious illness;
- Any other symptoms of illness which might cause your child to feel unwell and be unable to fully participate in the school day.

Children can be supported to return to school with the help of medications, e.g.

- A short-term course, e.g. antibiotics
- A long-term course to maintain health or to control certain conditions such as asthma, diabetes, epilepsy, etc.
- As a response to a particular illness

If a child becomes ill at school, the school office will contact parents as soon as possible. No child will be left without an adult being near to keep an eye on the child, and generally children awaiting collection are kept either in the library or within their classrooms, but will always be supervised.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives or if necessary accompany the child to hospital by ambulance. Unless absolutely necessary, staff will not take pupils to hospital in their own car. If, however, after discussion with the emergency services it is agreed that the child be taken direct to hospital in a member of staff's car, an additional person should accompany the member of staff to and from the hospital.

### **Individual Health Care Plans (IHCP)**

For some children with specific medical needs, the school will work with the parent and the relevant health care professional to prepare an individual health care plan (IHCP) in order to support the child to regularly attend school. It must be noted that parents themselves cannot produce a care plan in isolation as the school has a responsibility to ensure that a child's specific medical needs are guided by a medical professional and parents must ensure that they have informed the school in good time in order that any training needs are identified at an early stage.

For children starting school for the first time, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school

mid-term, every effort should be made to ensure that arrangements are put in place within two weeks. It should be noted that should the school not have competent trained staff to undertake the care plan, the responsibility to administer the medication could be passed back to the parent. Schools may be required to put the necessary arrangements in place in a reasonable time, e.g. identify and train staff to deliver the IHCP.

In cases where a pupil's medical condition is unclear or where there is a difference of opinion, judgments will be needed about what support the school can provide. Not all children will require an IHCP. Consultation between the school, parents and healthcare professional, will help determine whether a healthcare plan is appropriate or disproportionate. If a consensus cannot be reached, the Headteacher is best placed to take a final view.

The aim of an IHCP is to help the child manage their condition and overcome any potential barriers. If appropriate, the pupil will be involved in the plan's preparation. Pupils will often be best placed to provide information about how their condition affects them. An IHCP should capture key information and actions required to support the child effectively and should not be unnecessarily burdensome to the school.

- The Headteacher will identify a member of staff who will act as a central point of contact for liaison. This member of staff will be identified on the child's IHCP;
- Where a child has an IHCP, there will be a photograph of the child for ease of identification;
- If staff require training to administer medication, before accepting any such commitment professional training and guidance must be sought from a health professional and identified within the IHCP;
- IHCPs will be reviewed at least annually or earlier if the child's needs have changed;
- Where a child has a special educational need identified in a statement or an EHC, the IHCP should be linked to or become part of that statement or EHC plan.

A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at Annex A.

### **Managing medicines on school premises**

Medicines must only be brought to school when essential, i.e. where it would be detrimental to a child's health or school attendance if the medicine were not administered during the school day.

1. If your child needs medicine then come and discuss this with the school office;
2. All medicines must be brought to the school office by an adult – medicines must never be brought to school in a child's book bag;
3. The adult bringing the medicine into school must complete a parental agreement form for the medicine to be administered by school staff. This adult should therefore be the parent/guardian. If the parent has not signed a written authorisation form, then the parent must be contacted to clarify what is required, dosage, timings, etc. Notes must be kept of the conversation and an email confirmation received from the parent. If another adult is acting on their behalf then an email must be received from the parent confirming this. Staff will never give a non-prescribed medicine to a child without specific permission from their parents;
4. Only prescribed medicines (including eye drops) in the original container labelled with your child's name and dosage will be accepted in school. Medicines containing aspirin will only be given if prescribed by a doctor;
5. Wherever possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
6. Non-prescription medicines. The school does accept that there are times when a child may require a medicine such as Calpol, Piriton, or a salve such as Savlon or an antihistamine cream. The

administration of such medicines is routine and straightforward and does not require professional training. In instances such as this, the school will only administer these medicines with the prior permission of the parent. If you think your child may need a medicine such as this during the day then please ensure you have informed the school office either in the morning at drop off time or via telephone/email. Please do not ask school staff to use their own judgment, a child's need for a medicine is ultimately the responsibility of the parent;

7. The exception to this is when your child is on a school residential when separate medical arrangements will apply;
8. Parents may come to the school office themselves to administer medicines;
9. Medicines that require medical expertise or intimate contact must be discussed with the Headteacher first and a health care plan agreed by all involved;
10. Some children are competent to manage their own health needs, such as insulin or asthma inhalers. Children who can self-medicate may require an appropriate level of supervision and in such instances this will be identified in the child's individual health care plan;
11. If a child has been prescribed a controlled drug, only named staff should have access to this drug. Staff administering such medicines must do so in accordance with the prescriber's instructions and should keep a record of what is administered, when and by whom. A note should be made of any side effects of the medication to be administered;
12. If a child refuses to take medicine, staff will not force them to do so. Any such refusal will be recorded and parents will be informed.

#### **Non-routine medicine administration**

Some children require non-routine administrations such as an injection, assistance with catheters, administration of rectal diazepam, or use of equipment for children with tracheotomies etc. Before the school accepts any commitment, professional training and guidance will be sought from the School Nursing Team or appropriate medical professions. Specific details must be included in the IHCP and signed off by the parent and Headteacher. In such instances the school will inform West Berkshire's Insurance Team to ensure cover is in place.

#### **Emergency Salbutamol Inhaler**

The school has a salbutamol inhaler for use in emergencies if a pupil's prescribed inhaler is not available (e.g. broken or empty). The emergency inhaler will only be used by children for whom written parental consent has been given, who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication. The emergency inhaler is kept in the First Aid cabinet and is marked as 'School'. The school office will keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, noting whether the parent has given consent for use of the emergency inhaler. This register is kept on the Health & Safety Board in the 1<sup>st</sup> Aid/Photocopier room. Use of the emergency inhaler will be recorded in the Medicines Administration folder.

#### **Sporting Activities**

Some pupils may need to take precautionary measures before or during exercise and need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities will be aware of relevant medical conditions and emergency procedures.

#### **Recording of medication**

In order to avoid any medication errors, the member of staff administering the medicine must

- Ensure that there is written authorization from the parent/guardian;
- Check on the dosage the parent has requested;
- Record any medicine administered in the Medicines Book in the First Aid/Photocopier Room, with the date, time, dosage and signed by the member of staff;

Parents who administer a medicine to their child in school must adhere to the above procedure.

Examples of medication errors are:

- medication given to the wrong pupil;
- the wrong medication given to a pupil
- wrong dosage of medication given to a pupil
- medication given at the wrong time

Medication errors should be reported to the Headteacher and may require recording on CREST as a near miss. To avoid medication errors a flow chart with a procedure for administering medicines is set out in Appendix B.

### **Storage of Medicines**

Children should know where their medicines are kept and that they are readily available. All medicines should be stored in the First Aid/Photocopier room unless it has been agreed with the Headteacher that the medicine can be stored in the child's classroom.

- Antibiotics (including antibiotic eye drops) must be stored in the First Aid room fridge;
- Any other medicines which do not require refrigeration must be stored securely in the locked first aid cabinet in the First Aid room; all members of staff will be shown where the key to the first aid cabinet is kept;
- Epipens must be immediately accessible for all members of staff trained to administer if necessary; these must be stored in an individual storage pack clearly marked with the child's name, photograph and individual health care plan, and pinned on the noticeboard in the First Aid room;
- Asthma inhalers – children requiring inhalers do not necessarily need an individual health care plan. When deciding whether an IHCP is required, the parent must provide the school with information such as triggers, signs, and symptoms. The important thing is that all staff are aware of symptoms and where inhalers are stored. Inhalers must be stored in an individual storage pack clearly marked with the child's name, and stored in the First Aid room, or if agreed in a health care plan, in the child's classroom. Children must be shown where their asthma inhaler is kept so they know where to immediately access it if necessary;
- If a child requires a controlled drug, these must be securely stored in the First Aid cabinet clearly marked with the child's name;
- At the end of each term a member of the school office team will return any uncollected, unused medicines to parents. Parents are responsible for the safe disposal of expired medicines at their pharmacy;
- The school has a Sharps Box used for the disposal of needles and other sharps.

### **Medicines on school trips**

Children with medical needs are given the same opportunities as all other children in the school. In planning any trips, staff will consider what is necessary to enable all children to participate fully and safely, and will discuss any concerns about a child's safety with the parent.

- The Headteacher is the school's Educational Visits Co-ordinator (EVC) and is responsible for designating a school first aider for trips;
- The EVC is responsible for ensuring that arrangements are in place for any child with medical needs before a trip takes place. This includes ensuring that epipens, asthma inhalers etc. are carried as required, together with a copy of any relevant health care plan;
- The designated school first aider for the trip will administer any medicines required and record the details on the School Trips Medical Form;
- The first aider will return the form and any unused medicines to the first aid room on return to the school.

### **Staff training**

The school has undertaken a First Aid Risk Assessment to help identify how many staff should be trained in administering first aid:

- All staff receive induction training when they join the school. This includes what the schools policy is on the administration of medicines, where it can be found and how to respond in an emergency;
- All members of staff are offered the opportunity and encouraged to undertake basic first aid training. Records of any training undertaken are recorded by the School Business Manager who will arrange refresher training as appropriate;
- After consultation with individual members of staff, the school has two *Appointed First Aiders* (3-day course);
- At least one person who has a current paediatric first aid certificate will be on the premises and available at all times when children are present and will accompany children on outings;
- All members of staff in Early Years and KS1 will receive paediatric first aid training;
- Where specific medicines require administering, relevant staff will receive training from a health care professional. This training will be updated on an annual basis or as and when required.

There is a Health & Safety board in the 1<sup>st</sup> Aid/Photocopier room which has guidance documentation and details of those staff trained in first aid. A list of those members of staff trained is also posted in the school hall by the wall telephone.

### **Hygiene and infection control**

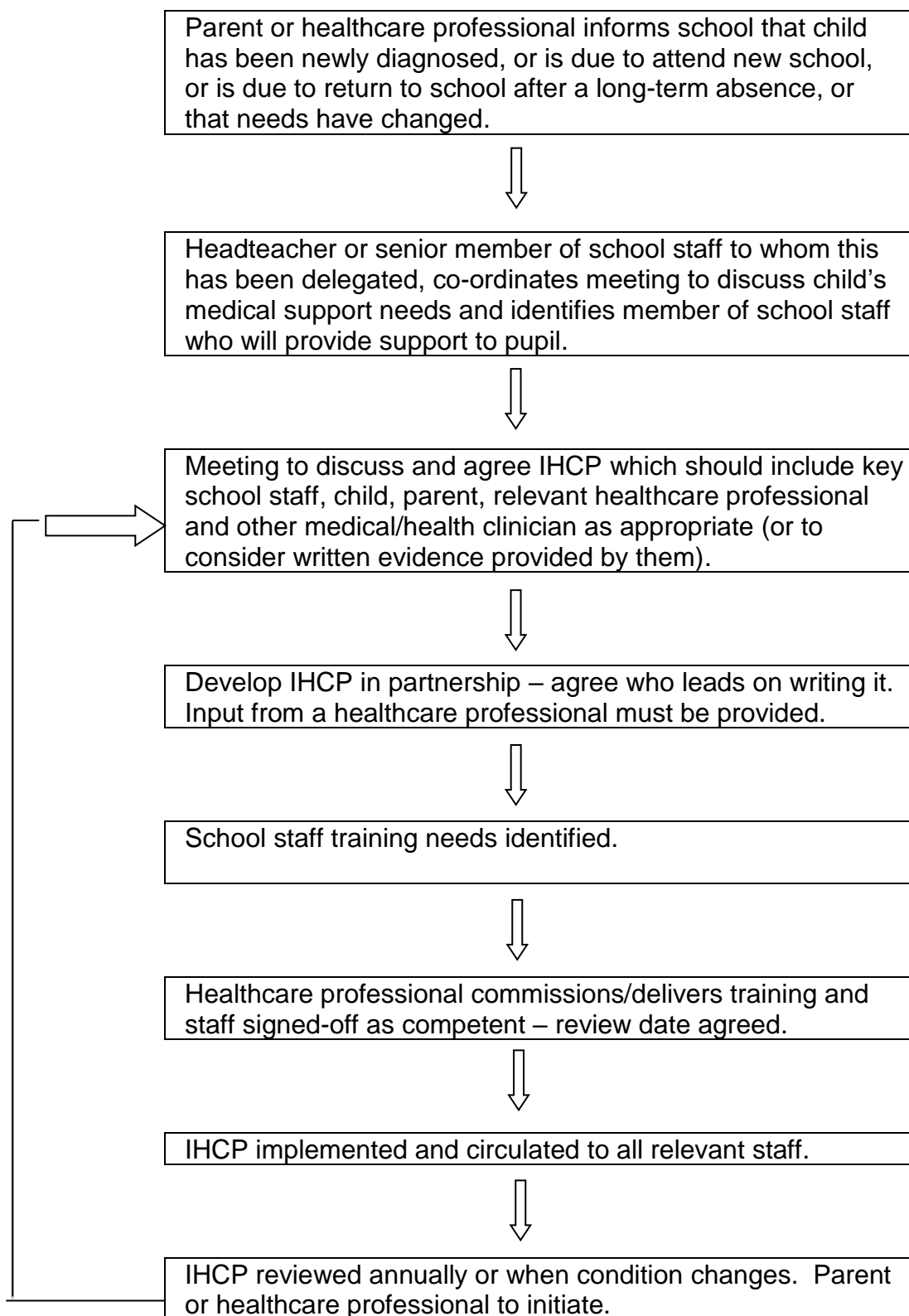
All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to PPE such as disposable gloves and aprons, and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Employee's medicines**

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.



## ANNEX A: MODEL PROCESS FOR DEVELOPING IHCP's



## **Appendix B: Medicine Giving Procedure**

