

**Administering Medicines Policy**

**Mission Statement**

We provide a vibrant, caring, Christian environment with a happy, friendly and calm atmosphere in which children and staff can live and work together. We always aim for standards of excellence in teaching, learning and caring for each other.

**I lift my eyes to the hills – where does my help come from? My help comes from the Lord, the Maker of heaven and earth. Psalms 121 v 1-2.**

The purpose of this policy is to put into place effective management systems to support individual pupils with medical needs. Introduction Section 100 of 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 needs may be considered as those who have a medical condition that if not properly managed could limit their access to education. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child’s health lies with the parent who is responsible for the child’s medication and should supply the school with information. This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our website.

**Policy Implementation**

The person responsible for this policy implementation is Mrs Amourelle Leyland who is responsible for ensuring sufficient staff are suitably trained to support pupils with medical needs. All staff responsible for administering medication will have been trained prior to undertaking the role. A first aid certificate does not constitute appropriate training in supporting children with medical needs. All staff will be expected to show a commitment and awareness of children’s medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

The role of staff at Hapton is four if a child is deemed to have a long term medical condition; the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs.

**Roles and Responsibilities**

Governors

• Governors will ensure that pupils with medical conditions are support to enable the fullest participation possible in all aspects of school life.

• Governors will also ensure that support is provided to school staff to access information, teaching support materials and training.

Head teacher/Senco

* The head teacher will ensure that the school policy is developed and implemented with partners.
* Ensure that all staff are aware of the policy and that the staff understand their role
* Inform staff where necessary of pupils’ medical conditions
* Ensure staff are trained appropriately
* Ensure the development of Health Care Plans where necessary Staff
* Ensure they are trained to support the needs of the pupils in their care
* To support other staff in administering medication and use agencies to support them.
* Ensure they are aware of pupil’s medication needs
* Supply staff will be briefed by other staff on medical needs
* Develop risk assessments for school trips and residential trips to support medicine administration.
* Keep themselves up to date with the health care plan and involve themselves in the review at least annually.

Parents

• Parents should provide the school with sufficient and up to date information about their medical needs.

• Be involved in the development and review of their child’s health care plan

• Carry out any actions they have agreed to as part of its implementation

Pupils

• Involve themselves in discussion about their medical support needs

• Self – medication when appropriate School Nurse

• Notify the school when a child is admitted with an identified medical condition that will require support in school.

• Provide training and support for the school where appropriate

• Support the school in the development of the health care plan. Other healthcare professionals (GPs and paediatricians etc)

• Provide support for the health care plan.

• Provide training where appropriate for specialist conditions eg asthma, epilepsy, diabetes. Local Authorities

• They will support, advice and guide schools in order to ensure all children with medical needs can access education effectively.

Definitions of medical conditions.

Pupils’ medical needs may be broadly summarised as being of two types:

• Short-term affecting their participation in school activities because they are on a course of medication 6

• Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Procedure to be followed when notification is received that a pupils has a medical condition.

Short Term medical needs When children are diagnosed with short term medical needs the following procedures will be put in place:

• Staff will be informed as soon as is possible on the short-term needs of the particular pupil.

• Risk assessment for all pupils coming back to school with medical needs that hinder their movement around school. These will be personal to the individual and will have actions to reduce risk of further injury whilst at school.

• If children are, prescribed medication parents should be encouraged to plan does frequencies that enable the medication to be taken outside school hours.

• Medication should only be brought to school when absolutely necessary. It is suggested to parents that medicines that require three doses per day would be best taken – before, after school, and at bedtime. ONLY when four doses per day are needed – should it be necessary to bring medicines into school.

• This medication should be brought to the Bursar’s office at 9am and it will be stored on a high shelf in the classroom stock cupboard (or refrigerated if necessary in the staffroom) until it is collected at 3.15pm. Where possible pupils will self-administer their own medication with supervision.

• If a pupil suffers regularly from acute pain such as migraine, parents should authorise and supply appropriate painkillers for their child’s use, with written instructions about when the child should take the medication. The doctor must prescribe this.

• Only medication that are in date, labelled with the child’s name and provided in the original container with instructions for use, dosage and storage can be accepted. The only exception to this is INSULIN – it must be in date but often is not in the original container.

• If a pupil refuses to take medication, he/she will not be forced to do so. The child’s parents will be informed as a matter of urgency.

• Pupils will not be given medication, which has been presented, for another pupil. It is an offence to give another child a drug not prescribed to them.

• Written records are kept of all medicines administered to children. Records will show how and how much medication has been administered, when and by whom. Any side effects will also be noted by the school and parents informed.

• When no longer required medicines will be returned to the parent to arrange safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Long Term Medical Needs

The school needs to know before a child is admitted or when a pupil develops a condition so we can adequately support the pupil’s needs. Together with parents and health professionals, a health care plan will be drawn up for such pupils. When the school is notified of the medical condition the Senco will then ensure that any training required will be put in place as soon as possible. Pupils with existing medical conditions have opportunities to inform the school on their admission forms so that any required arrangements can be put in place prior to the pupil being admitted. In other cases where the pupil moves mid-term or has a new diagnosis the school will make every effort to ensure adequate arrangements are in place within two weeks. Any pupil returning to school from long term absence, due to medical needs, will need to be integrated effectively. The school does not have to wait for a formal diagnosis before providing support to pupils however judgements will be made on the support needed based on the current evidence – this would however involve some form of medical evidence until a formal diagnosis is made. Some members of staff have recently been trained and updated on the following: Asthma, Epilepsy and Anaphylaxis shock/use of Epi pen. Staff have regular training to ensure they are up to date with procedures. Each class keeps a record of the use of asthma inhalers and also epileptic fits. Asthma People with asthma have airways which narrow as a reaction to various triggers, these include pollen, fur and cold air. Exercise and stress can also precipitate attacks. Attacks are characterised by coughing, wheeziness and difficulty in breathing. About 1 in 20 children have asthma which requires medical supervision. It is good practice for pupils to take charge of and use their inhaler from an early age and the school supports this. Affected children must have immediate access to their reliever inhalers when they need them.

• Inhalers are stored in a safe but accessible place in the pupil’s classroom and are marked with the pupil’s name.

• Inhalers will be available during PE and school trips. Pupils with have responsibility for carrying their own inhalers on trips.

• Pupils with asthma should be encourage to participate as fully as possible in all aspects of school life including PE – but if they feel unwell they will be asked to rest.

• If a pupil has an attack the person in charge will prompt them to use their relievers and to sit down. If the medication has had no effect after 5 -10 minutes or the pupil appears distressed, medical advice will be sought and/or an ambulance called.

Health Care Plans

Senco alongside parents and health professionals (and where appropriate – the pupil) will develop a health care plan for these pupils. These health care plans will be reviewed at least annually but can be reviewed more regularly depending on the need. These health care plans help:

• To ensure that schools effectively support pupils with medical conditions.

• To clarify what needs to be done, when and by whom.

• Identify emergency intervention for major emergencies.

• Identify training needs for the school.

• Identify the level of support for the pupil.

• Identify who in school needs to be aware of the pupil’s condition.

• Identify procedures for school trips and visits.

**Emergency Procedures**

As part of the general risk management processes in school we have arrangements for dealing with emergencies ( see risk assessment file and EVC file) If a pupil has a health care plan – what to do in an emergency is stated in this plan. Pupils are also made aware of what to do if they see a pupil with a health care plan in difficulty – such as informing a teacher immediately. If a pupil has to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany a pupil taken to hospital by ambulance. Medicines on School Trips All pupils are to be included on school trips, where appropriate, regardless to any health care plans and medical needs. Schools should make arrangements with any adjustments as required unless a GP (or other clinical officers) state otherwise.

• All medication must be taken on the trip 10

• Where possible pupils will have responsibility for their medication

• Named staff are responsible for medicines and on residential it should be given to the name members in the same way medicine is administered in school.

• At least one first aider must be on the school trip and staff are adequately trained for the medical conditions.

**Unacceptable Practice**

The school does not condone unacceptable practice and these are:

• Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

• Assume that every child with the same condition requires the same treatment;

• Ignore the views of the child or their parents; or ignore medical evidence or opinion;

• 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 the health care plans;

• If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

• Penalise children 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 parent, or otherwise 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: or

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

Written by A. Leyland – November 2023