

Medication in Schools Policy 2021

Reviewed: Dec 2021

Ratified: Dec 2021

Next review: Dec 2022

This policy is drawn up based on guidelines from the DfE publication "Supporting pupils at school with medical conditions". Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to decide for supporting pupils at their school with medical conditions.

In meeting the duty, the Trust Board must have regard to guidance issued by the Secretary of State under this section. This guidance came into effect on 1 September 2014.

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The Trust Board must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The Trust Board should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Consideration must be given 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. The Trust Board should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Trust Board should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements 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. They should ensure that staff are properly trained to provide the support that pupils need.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- All arrangements put in place must meet the Trust Board's statutory responsibilities, including properly and effectively implementing policies, plans and procedures.
- This policy must be reviewed on an annual basis and be readily accessible to parents and school staff.

Implementation

It is the decision of each School Leader, as to whether school staff should be asked to administer medication to a pupil in school. They are responsible for:

- ensuring that sufficient ONLY suitably trained staff administer medicine;
- ensuring all staff and volunteers are briefed with children's medical conditions;
- risk assessments for school visits and other school activities outside of the normal timetable are in place;
- individual healthcare plans are in place, shared, fit for purpose and monitored.

Individual Health Care Plans

A child will require a Care Plan if they have complex medical needs. A Care Plan must be formulated in collaboration with parents and any relevant professional body i.e. hospital and school nurse/paediatric teams. Care Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, minimising disruption. An up-to-date Care Plan should ideally be in place for a child with complex medical needs before they are admitted to school and staff are requested to administer medication.

It is the parents/carers responsibility to ensure there is sufficient, in date medication in school. Medication must always be provided in its original container with the pharmacist's original label and clearly stating directions for use. A parental consent form for the Administration of Medicines in School must also be completed (see Appendix B).

Please see Appendix A (Flow Chart for identifying and agreeing the support a child needs and developing an individual Care Plan).

Care Plans must be reviewed annually, or earlier if evidence is presented that the child's needs have changed.

Information regarding a child's medical needs is kept securely in a medical folder in the school office. A summary is also stored on the Trust's online MIS, Arbor. While it is essential for staff to be fully acquainted with individual medical needs, this information must only be shared with relevant members of staff.

The Trust Board should consider the following when deciding what information should be recorded on care plans:

- a) the medical condition, its triggers, signs, symptoms and treatment;
- b) 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;
- c) specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time in tests, use of rest periods or additional support in catching up with lessons or counselling sessions;
- d) the level of support needed (some children are capable of taking responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- e) who will provide support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are not available;

- f) which school staff need to be aware of the child's condition and support required;
- g) arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- h) separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- i) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- j) what to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual care plan.

Roles and responsibilities

When caring for a sick child in school, the child **MUST** never be left alone.

Supporting a child with a medical condition is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parents/carers and pupils will be critical. It is important that parents/carers provide school with sufficient and up-to-date information about their child's medical needs.

Each school and the Trust Board must make arrangements to support pupils with medical conditions in school to enable the fullest participation possible in all aspects of school life.

Staff training and support

ONLY TMPF trained staff can administer medicine.

Any member of staff providing support to a pupil with medical needs should have received relevant training from a suitably qualified person. Our Trust uses Elite for First Aid and Medicine administration training.

All teaching and learning staff within the TMPF receive annual asthma training and any other relevant training according to the needs of each individual school (i.e. epilepsy training, if appropriate).

Managing and administering medicines on school premises

Short term antibiotic medication

Wherever possible, GPs will prescribe antibiotic medication in such a way that it can be given outside school hours. If antibiotic medication has been prescribed 4 times daily and the child is well enough to attend school then the medication will be issued by trained school staff, **only with written permission from parents** (please see Appendix A). School will only accept medicines which are in date, labelled, provided in the original container as dispensed by a pharmacist or doctor 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 pen or a pump, rather than its original container.

Non-prescription medication

Non-prescription medication will not normally be administered. It will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Written consent is required from parents and each case will be decided on an individual basis at the discretion of the Executive/Principal or School Leader.

A child under the age of 16 years should never be given medicine containing aspirin unless prescribed by a doctor. Primary aged children must never be given Paracetamol of 500mg or above.

Storage of medicines

All medicines must be stored safely, in sealed box, in a cool place. Any medicines requiring refrigeration must be isolated from other foods in a sealed box. All medicines should be stored out of reach of children, i.e in a locked room or cupboard. Controlled drugs must be stored securely within a locked cupboard and form Appendix C MUST be completed. With controlled medicine, two staff signatures MUST be obtained.

Any emergency medication must be easily accessible as identified in a care plan and the whereabouts known to relevant staff.

Self-Administration

Where the child is recognised by a qualified person (i.e. parent/carer or medical staff) as being competent to self-administer, e.g. using an asthma inhaler, it will be specified on the school consent form and school asthma care plan.

Record keeping

Written records are kept of all medicines administered to children. If a child has had to use their blue reliever inhaler, parents are notified, and a record is maintained in the asthma audit system.

Disposal of medicine

Schools should return used or out-of-date medicine to parents or carers. If this is not possible, medicine must be taken to a pharmacist for correct disposal. Records should be kept of any medication returned to a parent/carer even if it is no longer needed or out of date.

Emergency situations

See Form 1. The list of qualified First Aiders is displayed throughout the school.

When administering medicine trained staff must follow the 'five rights'.

1. Right patient
2. Right dosage
3. Right time
4. Right medicine
5. Right route

Emergency medication

Specific guidelines are in place within a child's individual Care Plan. A copy of this Care Plan is stored in the medical folder in the school office, parents also have a copy. Children (age appropriate) should know where their own medicines are stored and who holds the key. School Leaders are responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away – but stored safely.

School trip/off-site activities

Each member of staff leading a group of children on an off-site activity will carry a medical first aid kit equipped with basic medical equipment, accident slips, a list of any children who have a medical condition/and or Care Plan, inhalers, adrenaline pens where relevant and parent/carer contact details. A child undertaking an off-site activity who has been prescribed emergency medication **must have a named trained person on the activity who will ensure that such medication accompanies the child at all times and is returned to the designated storage area in school.** The group leaders will also each take a mobile telephone.

Pupils with medical conditions will be actively supported to participate in educational visits, wherever possible.

The above also applies when taking children to more remote areas of a school site. For example: Forest School sessions at The Valley Primary School, activities on the school field and Farm School sessions at Dilhorne Endowed C. E. Primary School.

Unacceptable practice

It is generally deemed as unacceptable practice to:

- prevent children (age appropriate) 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 parents or ignore medical evidence or opinion (although this may be challenged);
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition (eg hospital appointments);
- prevent children from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life.

Incident Reporting

Adverse reactions or errors in administration of medication must be reported to the School Leader/Trust Principal and Executive Principal.

The incident report must cover:

- a. The facts of the incident,
- b. Persons involved,
- c. Reason for the incident,
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the appropriate bodies),

- e. Witness Statement.
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Trust board, OFSTED),
- g. Corrective and Remedial action taken.
- h. Outcome of Investigation by senior leader.

Liability and indemnity

TMPF is a member of the Department for Education's Risk Protection Arrangements (RPA) which provides appropriate cover in the form of unlimited indemnity cover for professional indemnity as well as unlimited third-party public liability and employer's liability. The insurance policies are readily accessible to members of staff.

Complaints

Please refer to TMPF Complaints Policy. In the case of parents or pupils being dissatisfied with the support provided in respect of medical conditions, contact should be made in writing to the Executive Principal. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Appendices:

Appendix A (Flow Chart for identifying and agreeing the support a child needs and developing an individual healthcare plan).

Appendix B Parental consent to administer medication in school

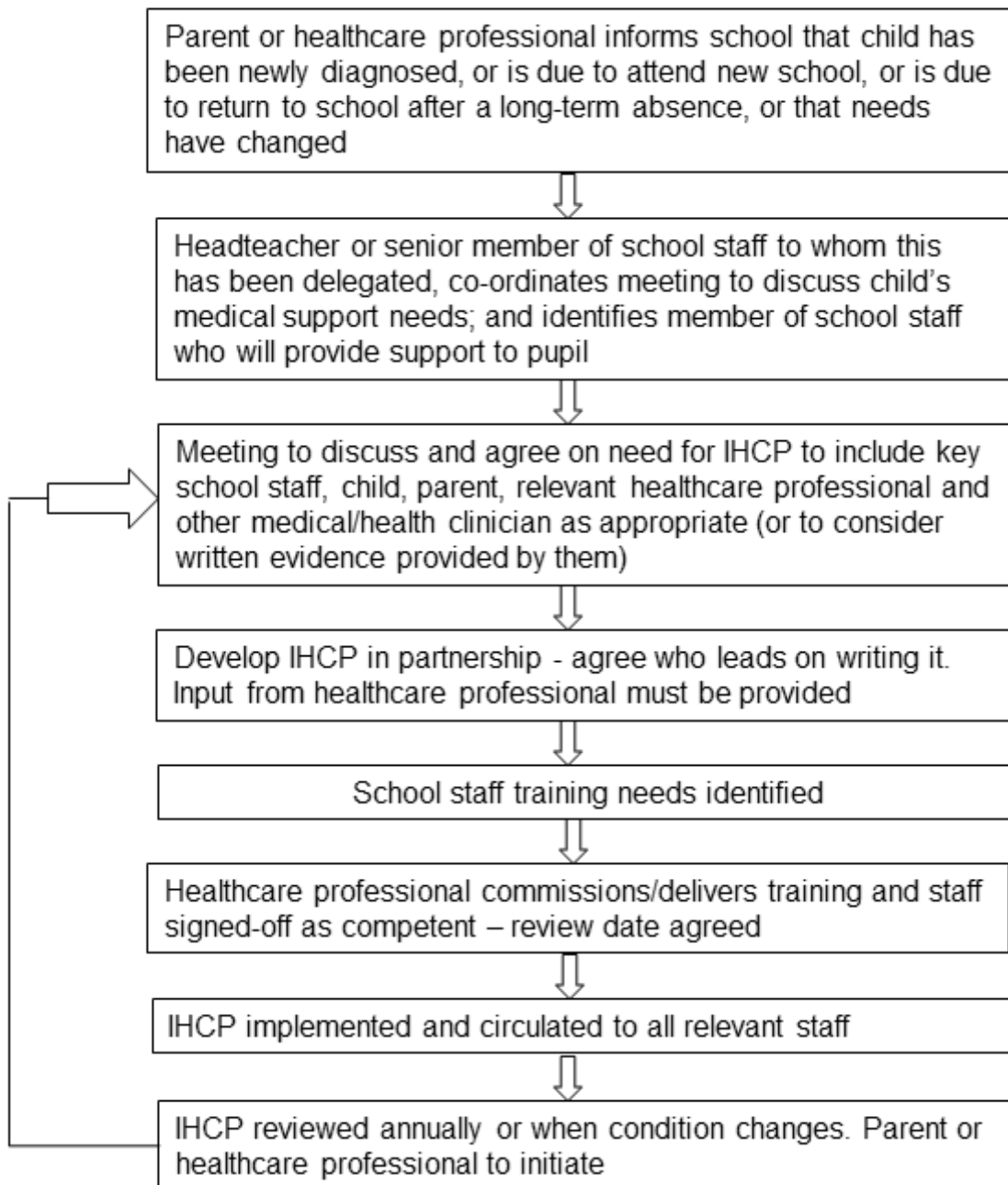
Appendix C Record of Controlled medicine administered to an individual child

References:

Department for Education "Supporting pupils at school with medical conditions" September 2014

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

APPENDIX A



APPENDIX B

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Address

Doctor's name

Group/class/form

Medical condition or illness

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Medicine - prescribed

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Required dates and times of
administration

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

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Medicine non-prescribed

My child requires the following medicine:

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Required dates and times of
administration

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Procedures to take in an emergency

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Non – prescribed medicine

Agreed/not agreed by Executive/Principal/School Leader
(delete as appropriate)

Date:

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

Medicine returned for disposal:

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Signature of Parent:

Date

Staff signature:

Date

APPENDIX C

Record of Controlled medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Class
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

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Staff signature _____ (one)

Staff signature _____ (two)

Signature of parent _____

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

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

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C: Record of controlled medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Form 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone