Lynsted and Norton Primary School

Administration of Medicine

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This policy has been adopted by the Governing Body of Lynsted Primary School Primary School to provide clear guidance on the administration of medicines.

For School staff to administer medicine Parents are required to complete a Medicine Request Form. This can be found on the Borden School website www.borden.kent.sch.uk and going to the Parents and Children section. If for any reason this cannot be completed please go to the school office where a paper copy will be made available.

Guidance on administration of medicines is based upon the following documents:

- "Managing Medicines in Schools and Early Years Settings 2015" by DfE and Department of Health. https://www.gov.uk/government/publications/supporting-pupils-at-school-with- medical-conditions--3#full-publication-update-history
- "Including Me (Managing Complex Health Needs in Schools and Early Years Settings)" by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing

- Health and Safety Commission "Principles of Sensible Risk Management" 2006 www.hse.gov.uk
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

The guidance gives detailed advice about:

- Roles and responsibilities
- Dealing with medicines safely
- Drawing up a Risk Assessment and Health Care Plan.
- The Legal Framework
- Common Conditions
- Example forms
- Useful contacts

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their childs needs, where information needs to be shared outside the school. However, in cases of confidentiality the Health & Safety of the child must take precedence.

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1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

a) *Prescription*

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Any "controlled drugs" need to be kept in a more secure environment than suggested
  above e.g. in a cupboard attached to a structural wall.

b) *Non-prescription*

- Children's Paracetamol and ibuprofen can only be given to children with parents written permission.

2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person/trip leader.

Home to school transport

If a pupil's care plan describes emergency procedures, which might occur, on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all relevant staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. The school Public Liability Insurance with Zurich covers such incidents, including the administration of medication. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The EHT or HoS (or delegated person) is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training e.g Epipen, Diabetes or written instructions from parents.
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

Should there be any cause for complaint then these should be discussed directly with the school in the first instance. If for whatever reason this does not resolve the issue, a formal complaint may be made to the Chair of Governors in writing.

4. Children's medical needs/Individual Health Care Plans – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1). The Headteacher should seek their agreement before passing information to other school staff.

5. Parents' written agreement

The attached form (Appendix 1), or its electronic equivalent, is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

6. Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals.

The school will call on the School Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

7. Policy on children taking and carrying their own medicines

When administered by staff, drugs will be kept in a secure place and only named staff will have access. When drugs are administered, the school will keep records.
Epipens need to be kept with or near the pupils who need them.
Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication will be kept in the classroom, until the school or parent consider the child competent to carry and use it independently. It must be taken on school trips.

8 Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

Appendices

1. Parental agreement for the administration of medicines
2. List of School First Aiders

NB All risk assessments and care plans must be updated at least annually or when needed
by a change in a pupil's condition

11. Storing medicines

The school will keep medicines in a secure place, with access only by named staff.
Asthma inhalers and Auto-Injectors e.g. Epipens will be kept in the medical cupboard within the

classroom and all other medications will be kept in the school office. Where refrigeration is needed, the fridge in the school office will be used.

12. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties. Risk assessments will be carried out for all school trips and after school clubs to ensure that arrangements for dealing with emergenices are clear.

All staff will be made aware of the plans in order to discharge their common law 'duty of care'
should the need arise.

13. Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed. Samples are available from the Health Needs Education Service and Specialist Nurses

14. Unacceptable practice

The Governing body will ensure that the following unacceptable practice does not take place:

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 (although this may be challenged);

Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

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 conditions, eg hospital appointments;

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

Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child.

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

Related Documents

- Including Me by Jeanne Carlin
- Managing Complex Health Needs in Schools and Early Years settings.
- Department of Education and Skills Council for Disabled Children ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/Department of Health March 2005 ISBN 1-844178-459-2
- Health and Safety Commission "Principles of Sensible Risk Management" 2006 www.hse.gov.uk
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action