

# Meadowside CP & Nursery School



## **Administration of Medication and Medical Care for Schools and Early Years Settings Policy**

|                                               |                        |
|-----------------------------------------------|------------------------|
| <b>Policy written by</b>                      | <b>School</b>          |
| <b>Policy Updated</b>                         | <b>November 2016</b>   |
| <b>Reviewed &amp; Agreed by<br/>Governors</b> | <b>May 2017</b>        |
| <b>Next Review</b>                            | <b>May 2020</b>        |
| <b>Head teacher</b>                           | <b>Mr S Wright</b>     |
| <b>Chair of Governors</b>                     | <b>Mrs J Warburton</b> |

## **This policy references guidance from 'Supporting pupils with medical conditions' (DFE 2015)**

### **Aim**

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported.

### **Responsibilities**

The Headteacher has overall responsibility for policy implementation.

School will inform the various people of their roles and responsibilities (see DFES guidelines, pages 67-70 for definitions).

They are:-

#### Parent/carers with parental responsibility:

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits;
- Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell;
- One parent is required to agree to or request, in writing, that medicines be administered;
- Should provide the head teacher with sufficient information about their child's medical condition, medication and treatment or special care needed. (Use Form 1);
- Will reach an agreement with the head teacher on the school's role in helping with their child's medical needs. (Use Form 1/2/3);
- Should ascertain whether prescribed medication can be taken outside the school or nursery day. Parents should ask the prescribing doctor or dentist about this;
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child;
- Should be aware of those infectious diseases which should result in not sending their child to school/nursery.

**Parents and carers should be aware that there is no contractual obligation for teachers or headteacher to administer medication.**

#### The Governing Body:

- Will ensure that the health and safety policy is in place and regularly reviewed;
- Will, where necessary, ensure that risk assessments are carried out;

- Will also ensure this policy is up to date and compliant with relevant legislation and guidance;
- Will ensure that staff training needs are identified and appropriate training source
- Will consider adding the phrase 'to assist in the specific medical and care needs of children when specific training has been undertaken' to the level 2 and level 3 teaching assistant job description. This should be included under the support for the curriculum (specialist support);
- Will be aware that giving medication does **not** form part of the contractual duties of headteacher or teachers.

#### The Headteacher:

- Should ensure that pupils with medical conditions are supported to enable the fullest participation in all aspects of school life;
- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed;
- Has overall responsibility for the development of Individual Health Care Plans (IHCP);
- Should ensure that all staff are aware of the health and safety policy and the policy relating to medication in school;
- Will agree with the parents/carers, exactly how the school will support the child;
- Will seek further advice, when required, from the school health adviser, the school paediatrician, other medical advisers or the LA;
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs.
- Should make sure support staff are appropriately insured and are aware they are insured to support a child in this way;
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHCP's including contingency and emergency situations.

#### Teaching Staff:

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention;
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).

*Staff have a common law duty of care to children in the school/nursery. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.*

#### Support Staff:

- May have the administration of medication as part of their contractual duties;

- Whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.

#### School Nurses:

- Have responsibility for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's Individual Health Care plan and provide advice and liaison, for example on training.

### **Procedures**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

#### Short term health care needs

- Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this.
- Parents must complete a request form and undertake delivery and collection of medicines, (ie, themselves or their adult representatives)

#### Long-term health care needs

- The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.
- For children with long-term health care needs, it will be identified on medical records drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures. (IHCP – Form 1)
- For children transported to school by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.
- The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

#### Non-prescribed medication

- Staff must **never** give a non-prescribed medicine to a child (unless authorised by the headteacher in exceptional circumstances.)
- No child should be given medication without his or her parents/carers' written consent. A pupil should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.
- Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) in school. The school cannot be held responsible for pupils self-medicating.

- If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

### Self-management

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this although children are not allowed to carry around or store medicines themselves.
- All staff involved will be made aware of the child's medical needs and relevant emergency procedures.
- Some children may require immediate access to medication before or during exercise. All inhalers are kept in classrooms in a secure place and accompany the child during sporting activities and trips out of school.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures.

### Intimate or Invasive Treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. Parents/carers, headteachers will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and school paediatrician it can approach for advice.
- The headteacher and governing body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment.
- Staff should protect the dignity of the child as far as possible, even in emergencies.

### Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.
- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### Special arrangements for children with medical needs

- All children should participate in trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and a risk assessment carried out.
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.
- A copy of the **medical form 1** should be taken on visits outside of school.

- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the schools health service or the child's GP. See DfES guidance on planning educational visits.

### Record Keeping

- Wherever possible parents will attend school to administer medication to their own child, or will arrange for medication to be administered outside of the school day.
- If this is not possible, parents/carers must supply information about medication that needs to be administered in the school. (Form 2)
- Parents/carers should let the school know of any changes to the prescription.
- School should ensure medical forms (1-4) are used to provide clarity and consistency.
- The school is not legally required to keep a record of medicines given to children and staff involved; however, it is good practice to do so. Copies of all medical forms are to be kept with medication and with the child's personal medical file. (See Inclusion Officer / Family Liaison Officer)
- Where possible in schools, medical information will be recorded in Medical File background tab in SIMs.net. It is recommended that this field is only updated for long-term illnesses or conditions.
- The school/setting will ensure that information is transferred to any receiving school/nursery and brought to the attention of the appropriate member of staff.

### Storing Medication, including Controlled Drugs

School/settings should not store large volumes of medication.

- Headteachers may request that the parent or child brings the required dose each day or uses a weekly dispenser, such as a dosset box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.
- When the school stores medicines, staff should ensure that the supplied medication is in date and labelled with:
  - the name of the child;
  - the name and dose of the medication;
  - the frequency of administration;
  - the date of issue;

***A measuring spoon or dropper must be supplied if appropriate.***

- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container.
- The headteacher is responsible for making sure that medication is stored safely.

- The child should know where their own medication is located.
- A few medications, such as, asthma inhalers, must not be locked away and should be readily available to the child.
- Children are not allowed to carry their own inhalers around school.
- Other medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet will be appropriate in such circumstances.
- The use of controlled drugs in school is sometimes essential. School should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescribers' instructions. Any side effects of the medication to be administered should be noted in school.
- It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. A record should be kept of any doses used and the amount of the controlled drug kept.
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. Schools should have a drug policy in place for dealing with drug misuse.
- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines.

#### Access to medication

- Pupils must have access to their medication when required as stated on their form.
- Children only have access to medication when there is a member of staff present.
- Emergency medications such as EpiPens are stored in classrooms in a secure place and accompany the child on trips and during sporting activities outside of the classroom.

#### Disposal of medicines

- Parents/carers will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist).
- Expiry dates on medicines will be checked on a half termly basis by a named member of staff.

## Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an **individual child's health care plan**.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school emergency procedures should be followed.

## Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous to Health Regulations. (COSHH - 2002).

## Emergency Procedures

- All staff must know emergency procedures, including how to call an ambulance.
- All staff must also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- **Individual Health Care plans (form 1)** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. (Form 1).

## Staff Training

A health care plan may reveal the need for training. Training can be arranged in conjunction with the PCT via the schools health adviser/paediatrician, or specialist nurse, and is to be organised on a case by case basis by the employer.

## Complaints

Parents who are dissatisfied with the support provided should, in the first instance, discuss their concerns directly with the school. If necessary, they should make a formal complaint via the school's complaints procedure.

## Confidentiality

All medical information held is confidential. It should be agreed between the headteacher, child (if appropriate) and parent/carer, who else should have access to records and information about a child.



## FORM 1



### Healthcare Plan for a child with medical needs

|                                                                         |                                |
|-------------------------------------------------------------------------|--------------------------------|
| <b>Name</b>                                                             | <b>Photograph</b>              |
| Date of Birth                                                           |                                |
| Condition                                                               |                                |
|                                                                         |                                |
|                                                                         |                                |
| Class/Form                                                              |                                |
| Name of School/Setting <b>Meadowside CP &amp; Nursery School</b>        | Date                           |
| <b>CONTACT INFORMATION</b>                                              | Review Date                    |
|                                                                         |                                |
| <b><u>Family contact 1</u></b>                                          | <b><u>Family contact 2</u></b> |
| Name                                                                    | Name                           |
| Phone No. (work)                                                        | Phone No. (work)               |
| Phone no. (home)                                                        | Phone no. (home)               |
| Relationship                                                            | Relationship                   |
| <b>Other:</b>                                                           | <b>G.P.</b>                    |
| Name                                                                    | Name                           |
| Phone No.                                                               | Phone No.                      |
| Describe the condition and give details of child's individual symptoms: |                                |
|                                                                         |                                |

|                                                                 |
|-----------------------------------------------------------------|
| <b>Daily care requirements (e.g. before sport/at lunchtime)</b> |
|                                                                 |

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| <b><u>Named member of staff administering medication</u></b>                                              |
| 1                                                                                                         |
| 2                                                                                                         |
| 3                                                                                                         |
| <b><u>Describe what constitutes an emergency for the child, and the action to take if this occurs</u></b> |
|                                                                                                           |
| <b><u>Follow up care</u></b>                                                                              |
|                                                                                                           |
| <b><u>Who is responsible in an Emergency (state if different on off-site activities)</u></b>              |
|                                                                                                           |

|                                 |
|---------------------------------|
| <b>Medication</b>               |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |
| <b><u>Form prepared by:</u></b> |
| <b><u>Form copied to:</u></b>   |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |

Meadowside CP & Nursery School  
 Clough Avenue  
 Longford  
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 WA2 9PH  
 01925 632705  
 meadowside\_primary@warrington.gov.uk



Request for school to administer/supervise administration of medication

|                                                                                                                                                                                                                                                                                                                                                        |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <p><b>Meadowside CP &amp; Nursery School will not give your child medicine, nor supervised self-administration of medicine, unless you complete and sign this form, and the Headteacher has agreed that staff can do so.</b></p> <p>If this form is completed by a carer other than parent, then the Headteacher should ensure authentication, eg,</p> |                             |
| <p><b>CHILD DETAILS</b></p>                                                                                                                                                                                                                                                                                                                            |                             |
| Surname                                                                                                                                                                                                                                                                                                                                                | Male/Female                 |
| Forename                                                                                                                                                                                                                                                                                                                                               | Date of Birth               |
| Address                                                                                                                                                                                                                                                                                                                                                | Class/Year                  |
|                                                                                                                                                                                                                                                                                                                                                        | Condition of Illness        |
| <p>Does child have a FORM 1? YES/NO (all long-term medical needs/ongoing needs should be detailed on a FORM 1, eg, asthma)</p>                                                                                                                                                                                                                         |                             |
| <p><b>MEDICATION</b></p>                                                                                                                                                                                                                                                                                                                               |                             |
| <p>Name/Type of Medication (as described on the container):</p>                                                                                                                                                                                                                                                                                        |                             |
| <p>For how long will your child take this medication?</p>                                                                                                                                                                                                                                                                                              |                             |
| <p>Date dispensed:</p>                                                                                                                                                                                                                                                                                                                                 |                             |
| <p>Full directions for use:</p>                                                                                                                                                                                                                                                                                                                        |                             |
| <p>Dosage and method:</p>                                                                                                                                                                                                                                                                                                                              |                             |
| <p>Timing:</p>                                                                                                                                                                                                                                                                                                                                         |                             |
| <p>Special Precautions:</p>                                                                                                                                                                                                                                                                                                                            |                             |
| <p>Side effects :</p>                                                                                                                                                                                                                                                                                                                                  |                             |
| <p>Self Administration: YES/NO</p>                                                                                                                                                                                                                                                                                                                     |                             |
| <p>Procedures to take in an emergency:</p>                                                                                                                                                                                                                                                                                                             |                             |
| <p><b>CONTACT DETAILS</b></p>                                                                                                                                                                                                                                                                                                                          |                             |
| Name                                                                                                                                                                                                                                                                                                                                                   | Address                     |
| Daytime telephone number                                                                                                                                                                                                                                                                                                                               |                             |
| <p>Relationship to child</p>                                                                                                                                                                                                                                                                                                                           |                             |
| <p><b>I understand that I must deliver the medicine personally to a member of the Senior Leadership Team</b></p>                                                                                                                                                                                                                                       |                             |
| Date:                                                                                                                                                                                                                                                                                                                                                  | Signature of parent/carers: |
| Relationship to Child:                                                                                                                                                                                                                                                                                                                                 |                             |
| <p></p>                                                                                                                                                                                                                                                                                                                                                |                             |



Confirmation for school to administer/supervise administration of medication

I agree \_\_\_\_\_ (child's name) will receive \_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_ (time of medicine to be administered eg lunchtime / afternoon break).

(Name of Child) \_\_\_\_\_ will be given/supervised (delete as appropriate) whilst he/she takes their medication, by \_\_\_\_\_ (name of member of staff). This arrangement will continue until either the course has been completed (no more than 2 days) or until instructed by parents. Provisional end date: \_\_\_\_\_.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Headteacher or Senior Leader)

Copy of form to be given to parent/carer once FORM 3 completed.

**Record of Medication Administered in School (FORM 4)**

| Date                                                         | Time | Name of medication | Dose given | Self-administered | Signature of staff member |
|--------------------------------------------------------------|------|--------------------|------------|-------------------|---------------------------|
|                                                              |      |                    |            | YES/NO            |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |
|                                                              |      |                    |            |                   |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |
|                                                              |      |                    |            |                   |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |
|                                                              |      |                    |            |                   |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |
|                                                              |      |                    |            |                   |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |
|                                                              |      |                    |            |                   |                           |
| Any Reaction:<br>Record details and feedback to parent/carer |      |                    |            |                   |                           |

Upon completion, original to go into child's file in office; if child has a medical file (has FORM 1), then copy to go to Inclusion Officer / Family Liaison Officer for co-ordination with medical file.