



# Medicines Policy

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**Ratified by the Premises/Health & Safety Governors Sub Committee: 20<sup>th</sup> August 2018**

**Review date: July 2021**

## **Overall aims of the policy**

It is the Governing Bodies responsibility to make arrangements to support pupils at school with medical conditions. The statutory guidance helps governing bodies meet their legal responsibilities and sets out the arrangements they are expected to make based on good practice. The aim is to ensure that all children with medical conditions, in terms of physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Governing Body complies with their duties under the Equalities Act 2010 where a child's medical condition may be considered to be a disability under the definitions set out in the act.

## **Named persons for overall responsibility for staff training**

- The Business Manager keeps a register of all staff who have first aid training which is input onto the SIMs personnel database.
- The Business Manager monitors first aid requirements for all staff annually.
- Downs Park are responsible for monitoring the first aid requirements for staff members that they employ to work in the ASC (Autistic Spectrum Condition) unit.
- The Inclusion Leader is responsible for ensuring staff are trained in specific medical conditions.
- The Business Manager discusses the Medicines Policy and its location as part of the Induction Process.

## **Named persons for administering medicine**

Learning Support Assistants (LSAs), Individual Needs Assistants (INAs), Admin staff and class teachers (who have a child in their class who requires an epi-pen) are trained to use the Epi Pen and asthma inhalers. This training is refreshed annually by the school nurse.

## **Confidentiality**

Individual children and families have a right to confidentiality and the Inclusion Leader/Admin Assistant (who type up the health care plans) will ensure that parents' are provided with a copy of the plan for their review. They will also ensure that the parents are happy for the information about their child's health to be passed on to other members of the school staff. Sharing of information is important if staff are to ensure the best care for pupils. If office staff are emailing health care plans to the relevant staff members, the Contact Information section will be removed from the Health Care Plan.

## **Health Care Plans**

When the school are notified of a specific long term medical need then the school will ensure that a Health Care Plan or a protocol for administering the medication will be developed and will include involvement from the parents and the relevant health professionals. This is to ensure that the school have met the requirements of dietary needs, what constitutes an emergency, who to contact in an emergency, procedures to be followed, off site visits and information sharing.

All Healthcare Plans are shared with relevant staff to ensure they are made aware of the child's medical condition. It is the Inclusion Leader's responsibility to ensure Individual Health Care Plans are initiated, monitored and to review them annually or when the needs change. The admin team support this process through drafting/updating plans, liaising with parents and reporting changes (where relevant) to the Inclusion Leader. A Healthcare Plan is developed with the child's best interest in mind and the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption. When a child has returned to school from a period of hospital education or alternative provision, the school works with the local authority and health care professionals to ensure that the Individual Healthcare Plan identify the support the child would need to reintegrate effectively.

If a child receives Home to School Transport the school (with the parents' permission) will share the Healthcare Plan with the Local Authority.

Attendance is monitored regularly at the school but children are not penalised if evidence is provided that their absence is related to their medical condition e.g. hospital appointments.

## **Principles for keeping medicines in school**

1. Medicines should only be kept in school if a child has a chronic medical condition such as Asthma, Anaphylactic or Epilepsy. Only medicines that have been prescribed by a doctor, dentist or pharmacist prescriber can be accepted. The medicines must always be provided in the original container and include the prescribed instructions for administration.
2. A child can be in school if they require medication for an illness providing they feel well enough to attend school, are no longer contagious and have prescribed medication that is labeled with their name on it. Medication in tablet or medicine can be administered to children once a parental consent form has been completed and signed by their parent/carer.

## **Storage of medicines**

1. All medicines will be kept in a locked cupboard or container (with the exception of those requiring chilling which will be placed in a specialist fridge in the school office). Asthma inhalers will be kept in the first aid box in the classroom so that they are available when required (KS1 children) and KS2 children will keep their inhalers on their person or in a zip up folder in the classroom. The school will ensure that all emergency medicines e.g. inhalers are easily assessable whilst ensuring that unauthorised people cannot gain access. Pupils are made aware of what member of staff they should contact if they need their medication.
2. There will be a designated fridge in the junior office, especially for the storage of medicines that need to be kept chilled e.g. antibiotics.
3. Every medicine kept in school should be labelled with the following information:
  - Child's full name
  - Name of medicine
  - Dosage and times required

Expiry date  
Special storage instructions

4. Admin staff or designated staff members may administer a controlled drug to a child for whom it has been prescribed and the prescribed instructions must be followed. The school will ensure that all controlled drugs are kept in a locked non portable container and only the designated staff are given access. Staff must sign a record of administration which is to be kept for audit and safety purposes and to prevent double dosing.
5. When any medication is no longer required or has reached its expiration date, the medicine will be returned to the parent. If this is not possible the drug will be returned to a local pharmacy for disposal. Parents of KS2 pupils are responsible for ensuring asthma inhalers remain in date if the inhaler is kept with the pupil. At the end of the academic year all medicines will be returned to parents/carers and they will be responsible for ensuring medication is brought back into school for the start of the Autumn term.

### **Administration of medicines**

1. Only designated staff and staff that have been trained in administering specific medicine such as inhalers and epi pens, can administer medication.
2. The parent or guardian must complete a parental consent form for any drugs that they would like the school to administer under the supervision of staff. For pupils that carry their own medication (e.g. KS2 pupils with asthma) the school must have a signed parental consent form for their child to carry their own medication. These consent forms will be kept in the school office for reference.
3. When administering a medicine:
  - a. Only one member of staff at any one time will administer medicines (to avoid the risk of double dosing). In most cases this would be a member of the admin team, but in some instances it may be another designated member of staff. In the case of food allergies this may also be a named midday supervisor e.g. for preventative anti-histamines.
  - b. Only give to the named child
  - c. Check the dosage to be administered
  - d. Check the medicine has been administered
  - e. Lock the medicine back in the cupboard
  - f. Record in the medicines record book the pupils name, prescribed dose, time and date of dose and the initials of the administer
4. If a dose is missed or the pupil refuses to take their medication the parents or guardians must be informed immediately and their advice followed, and a note must be recorded on the pupil's medicine administration record.
5. Expiry dates on all medicines should be checked, as well as the amount of medicine that is left. It is the responsibility of parents and guardians to ensure that their child's medicines (including inhalers and epi-pens) are within date and are brought into school. The admin team will support this through reminding parents if they see a medicine that is near its expiry date or is close to running out.

### **Offsite Activities and Educational Visits**

The school will ensure all reasonable adjustments are made to enable pupils with medical needs to participate fully and safely on an activity. A copy of the Health Plan will be taken on all visits in event of the information being needed. With the consent of parents/ guardians the school will ensure that all supervising offsite staff are made aware of individual pupils' medical needs. Where necessary the member of staff who administers and individual pupils' medication will accompany the child on the offsite visit.

## **Risk assessment**

Particular caution should be exercised where

- Any aspect of administration is crucial to the welfare of the child
- Some technical or medical knowledge or expertise is required
- Intimate contact is necessary

General staff members are not required to administer any medication as part of their duties in school, with the exception of admin staff and other named staff, who can administer prescribed tablets and medicine subject to a signed parental consent form. If there are no appropriately trained staff to administer medication and essential aid is required, the school will telephone for an ambulance. The school will ensure that all staff are able to recognise the onset of a medical condition and take appropriate action.

## **Emergency Procedures**

A child's Individual Healthcare Plan defines what constitutes an emergency and clearly explains what to do. If a child needs to be taken to hospital staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Medications regularly held in school**

### **Epipen**

This should be clearly marked for use with a named child and clearly visible in the office and/or other appropriate secure location according to the severity of the condition and the individual's need. Its location and the child's name should be recorded on the child's Health Care Plan.

### **Asthma inhalers**

These are kept in the classroom in a stored area that is easily assessable for staff but out of reach to pupils. KS2 pupils self administered and therefore keep the medication on their person. The school also holds a spare asthma inhaler and spacer for emergency situations.

Although medical advice is that there is minimal risk to other children should they use someone else's inhaler, any unauthorised use should be reported to the Head or Inclusion Leader as well as completing a Health & Safety incident form.

A list of children requiring medication or treatment for other medical conditions will be kept by each class teacher in the front of their planning file and stored in the supply teacher folder (Confidentiality is complied with. This list should agree with the current list in SIMS and the Health Care Plans folder in the office).

## **Liability and Indemnity**

The schools insurance arrangements cover staff providing support to pupils with medical conditions. It relates to the administration of medication and if required individual cover is arranged for any health care procedures.

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the schools complaints procedure.