

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MANAGING MEDICATION POLICY

1. Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education

Derrymount School Governing Body recognises that it is desirable for children with long term recurring health conditions, such as asthma, epilepsy and diabetes, to be accommodated within school in order that they can continue their education.

This policy describes arrangements for supporting students with medical needs and administration of medicines at Derrymount.

This policy will be revised annually in line with the whole school policy review programme.

2. Policy Development

This policy was formulated in consultation with the whole school community including staff, pupils, parents and governors in line with Government recommendations and with regard to our own community needs.

This policy covers:

- Procedures for managing prescription medicines.
- Procedures for managing prescription medicines on trips and outings.
- Clear statement on the roles and responsibilities of staff managing the administration of medicines.
- Statement on parental responsibilities in respect of child's medical needs.
- Need for prior written agreement from parents for any medicines to be given to a child.
- The circumstance in which children may take any non-prescription medicines.
- The school policy on assisting children with complex medical needs.
- Policy on children carrying and taking their medicines themselves.
- Staff training in dealing with medical needs.
- Record keeping.
- Safe storage of medicines.
- Access to school's emergency procedures.
- Risk assessment and management procedures..

Consultation

- Members of staff are consulted through regular agenda items at staff meetings, consultation documents, surveys,
- Governors are consulted through governors meetings, training and briefings.
- Parents are consulted via letters, questionnaires and meetings.
- Students contribute to the development of the policy through the school council, tutor time, discussions, etc.

This policy is available

- Online via the school website
- From the school office

3. The Roles and Responsibilities.

Supporting a student with a medical condition during school hours is not the sole responsibility of one person. Our ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and students is critical.

Parents or Carers - have the prime responsibility for their child's health and must provide us and with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. An Individual Health Care Plan should be drawn up with the school and school nurse where appropriate.

The Governing body - 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 make arrangements for supporting pupils at their school with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The Governing body is responsible for ensuring 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.

Some children with medical conditions may be disabled. Where this is the case The Governing body will comply with their duties under the Equality Act 2010.

The Governing body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

The Governing body has overall responsibility for this policy and its implementation, its review and ensuring that it is updated regularly in line with national policy and guidance.

The Head Teacher – Has delegated responsibility for the policy and its implementation and liaising with health and social care professionals, teaching staff, governing body, students and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The Head Teacher, local authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

Teachers – Most children with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

Teacher's conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicine. While teachers have a professional duty to safeguard the health and safety of pupils and a general legal duty of care towards pupils both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere, this does not imply a duty upon teachers personally to undertake the administration of medicines.

We **WILL NOT** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Staff ‘duty of care’

Anyone caring for pupils including teachers, other school staff and day care staff in charge of pupils have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that pupils are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

4. Our Objectives

We aim to:

- Support all students, including those with medical conditions to be properly supported so that they have full access to education, including school trips and physical education.
- Limit the social and emotional implications associated with medical conditions by offering a flexible and inclusive approach to supporting students with physical or mental health conditions.
- Limit the impact of any medical condition on the student’s long term educational attainment and emotional and general wellbeing.
- Re-integrate students back into school/education as soon as possible following periods of absence
- Provide sufficient staff members, appropriately trained and supported to manage medicines as part of their duties
- Ensure all staff are clear about their responsibilities in regards to supporting students with medical conditions and where they volunteer to administer medicines how they are supported by the Local Authority in respect of public liability insurance whilst acting on behalf of the County Council, including any duties that are undertaken to support a healthcare plan
- Ensure all medicines are kept secure and access is controlled in line with school procedures
- Maintain accurate and up-to-date records of medicines held in school and administered, supervised self-administration by students and notify promptly appropriate staff members and parents of any concerns regarding medicines raised

5. Individual Health Care Plans

Individual healthcare plans can help us ensure that schools effectively support pupils with medical conditions. They should provide clarity about what needs to be done, when and by whom. They can be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Not all students will require one. Where one is required the school will work with health professional such as the school nurse (or other appropriate health professional) and parent to ensure the plan is correct and suitable for school use.

The aim of the IHCP should be to identify the steps we need to take to help the student manage their condition and overcome any potential barriers to getting the most from their education. We will agree with partners who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with us the school.

We will ensure that plans are reviewed at least annually or earlier if evidence is presented that the student’s needs have changed. They will be developed with the child’s best interests in mind and ensure that we assess and manage risks to the student’s education, health and social wellbeing, with minimal disruption.

The individual healthcare plan will be linked to the student’s EHC plan.

Where a student is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that their individual healthcare plan identifies the support they will need to reintegrate effectively.

Information that should be recorded on individual healthcare plans

- The medical condition, its triggers, signs, symptoms and treatments;
- The student'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 e.g. crowded corridors, travel time between lessons;
- Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some students will be able to take 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;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the head teacher for controlled medication to be held on school premises and dispensed for self-administration by a student or administered by a member of staff by the student during school hours;
- 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;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

6. Reducing the need for Medicines in School

- Where clinically appropriate, medicines should be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this.
- Medicines that need to be taken three times a day should be encouraged to be taken in the morning, after school hours and at bedtime.

7. Safe Storage of Prescribed Medicines in School

- Medicines must be stored in their original containers, clearly labelled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date. Parents are responsible for ensuring that this information is provided.
- Where appropriate and practicable, prescribers should be encouraged to consider providing two prescriptions for a child's medicines: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents

- Medicines should - subject to the exceptions below - be stored in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator with restricted access.
- Some medicines, such as asthma inhalers and Epi-pens, must be readily available to pupils and must not be locked away. Pupils who are capable of carrying their own inhalers should be allowed to do so, following consultation between parents and the Head teacher. A spare inhaler should be provided by parents to be kept in school for individual student, in case the original is mislaid by them.
- We will not continue to store surplus or out-of-date medicines. Parents will be asked to collect the containers for delivery back to the chemist, and they routinely collect medicines held by the school at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.
- Sharps boxes (obtained by parents on prescription) must always be used for the disposal of needles.
- As far as is practicable, the smallest possible dose of medicine should be brought into school.
- Doses of liquid medicines should not, be transferred from the original bottle as this would result in the loss of some of the medicine on the sides of the bottle.
- Medication must be stored strictly in accordance with product instructions, taking particular account of the correct storage temperature.
- Where unsure advice from the school nurse or local pharmacists must be sort about storing medicines.
- Staff who need to bring their own medication into school must ensure it is safely locked away in their individual locker. It does not need to be stored with pupils' medicines.

8. NON-PRESCRIPTION MEDICINES

Staff must never volunteer to supervise pupil's taking non-prescribed medicines unless:

- There is specific prior written permission from parents; and
- It is carried out in accordance with the school's policy.
- Where students bring non-prescribed medicines (e.g. pain killers) into school they should hand these in to a member of staff to be locked away during the school day. Students should be asked when they last took the medication and parents should be called to clarify that they are aware of the medicine has been brought into school.
- Staff should check that the medicine has been administered without adverse effect to the pupil in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school to administer medicine.
- Staff must be clear about the minimal interval before a further dose of medication can be dispensed or administered.

N.B. Children under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

9. Short-Term Medical Needs

- We will agree to allow pupils to take short term medicines (perhaps to finish a course of antibiotics or to apply a lotion) during the day if in doing so this will minimise the time that

they need to be absent **IF** it would be detrimental to a pupil's health if it were not permitted to be administered during school time.

10. Management of Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Annex A). Some may be prescribed as medicine for use by children, e.g. methylphenidate.

- Any member of staff may supervise a pupil self-administering a controlled drug for whom it has been prescribed. Staff should do so must ensure the pupil does so in accordance with the prescriber's instructions.
- A pupil who has been prescribed a controlled drug may legally have it in their possession. The school will look after a controlled drug, where it is agreed that it will be self-administered by the pupil for whom it has been prescribed.
- All controlled drugs will be stored in a locked non-portable locked container, kept in a locked room and only named staff will have access to them. A record will be kept for audit and safety purposes.
- Misuse of a controlled drug, such as passing it to another pupil for use, is an offence and will be treated as such and any misuse will be reported to the police, parents and prescribing body.
- A record must be made of the dispensing of medication including what was dispensed, to whom and what (amount) remains in the control of the school after each administration. This must be signed by the dispensing staff and the receiving student/staff (if it is to be managed by them until a later time e.g. on a school trip)

11. Dispensing and Administering Medicines

Definitions of Dispensing and Administering

Dispensing: the preparation, packaging, labelling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug.

Administering: To apply a substance—by injection, inhalation, ingestion or by other means—to the body of a patient by either a health practitioner or his authorised agent and under his direction, or by the patient themselves.

No pupil under 16 will be given medicines without their parent's written consent.

Any member of staff dispensing, supervising a student's self-administration or administering their medicines must check the prescription for:

- The Student's name
- The prescribed dose
- The expiry date
- The written instructions provided by the prescriber on the label or container including the timing

If in doubt about any procedure staff must not administer the medicines but check with the parents, carers, school nurse or a health professional before taking further action.

Staff **must** complete and sign a record **immediately** each time they dispense, administer or supervise a medicine given to or taken by a student. This should be in paper in the provided medicines log on each school site or in digital form (i.e. via Behaviour Watch recording system) if away from the two main school sites. Where this is not possible or practical the staff member must telephone the school to record that the medication has been taken/administered and complete the written log as soon as possible and before the end of the school day.

Self-Administration of Medicines

- Students with a long-term illness are expected to develop responsibility for self-administration of their medication under supervision of a staff member.
- Students who can self-medicate will be supervised by staff and the staff will record what medication was taken, the dose and the time it was taken. Staff should also make a note any reactions to the medication.
- Medicines brought into school for self-administering must be handed into staff to be locked away unless they are prescribed where delay to immediate access could result in life-threatening situations e.g. Epi-pens and Asthma Inhalers.
- Students who have prescribed controlled drugs must have them stored securely in school and access to them should also be controlled by named staff.
- Dispensing of a controlled drug must be recorded and witnessed either by the person the drug is prescribed to or another staff member confirming the medication, date, time and dose dispensed and to whom it has been dispensed.
- A student who self-administers a controlled drug in school should sign a record of self-administration where they are capable and have it witnessed by a member of staff who also signs the record confirming the name of medication, date, time and dose self-administered.
- Staff may assist with the opening of containers and the removal of any coverings where this causes difficulty for the students to access their medication.
- Staff will need to record number of tablets remaining on the school premises after each dose has been administered.

Administering Medications

Staff will not normally administer medications unless the medication is for a life-threatening medical condition and the student is not able or competent to administer the medication themselves. This may include medication for epileptic fits, diabetes, anaphylactic shock or other conditions where a student may be unconscious or physically unable to medicate themselves.

Appropriate staff will receive training directly in regard to the individual students where this is likely to be the case.

12. Refusing Medicines

- If a student refuses medication staff must not force them to take it but record it in the pupil's medication log and follow procedures in their Individual Health Care Plan. Parents must be informed as soon as possible and by the end of the school day at the latest.

- Where refusal results in a medical emergency an ambulance should be sort.

13. Medicines on Educational and Visits Sporting Activities

- Wherever possible students will be supported to attend off-site activities and staff will sign out medication before the start of the trip and record the administration as soon as possible on return to school. They must also inform the designated person that the medication has been dispensed and record it in a temporary log.
- Medicines on trips will be carried by staff unless they are of the kind which require immediate use such as an inhaler or Epi-pen. If a staff member is allocated 1-1 with a student they may carry the Epi-pen or inhaler for them, but if a student is not directly supervised they will need to carry their own Epi-pen or in haler
- Controlled drugs will only be carried by School staff and these must be carried on their person in a locked container where ever possible. All medicines must be carefully recorded when signed out from the medicine store and when dispensed to the student. Only the required amount for the day must be signed out and this should be placed in small bag in a sealed envelope with the student's name, medicine name and dose and time that the student is required to take it. Control drugs must be witnessed at point of signing out and dispensing by a second staff member.

14. Home to School Transport

- The school will work in partnership with the Local Authority to ensure that medicines can be transported into school safely and securely.
- On our part we will sign in and sign out any medication that we require to be transported to and from home with the appropriate adult transporting the student to school.
- We expect that the Local Authority will work with transport providers to ensure that medicines are kept safe and secure on journeys to and from school.
- We expect staff on transport to be trained in administering medication that may be required during a trip due to an allergic reaction or epilepsy where this is known and written into the student's health care plan.

15. Off-site education or work experience

- Students on work experience are expected to be able to self-medicate and should only bring with them the amount of medication required for that period of time.
- Work placement will be informed of any medications that the student is required to take whilst on placement.

16. Managing Medication Errors

- Medical errors include failing to dispense a medicine as well as incidences of dispensing the wrong dose, at the wrong time interval and the wrong medication to the wrong student
- Medicine errors will be minimised by the dispensing staff having the student or other staff member check and confirm the students name, medication, dose and timing before it is handed to the student
- Staff must report any errors that have occurred when dispensing or administering medicines immediately to the Head Teacher or next most senior member of staff available.
- Where a medication error potentially endangers a student's life qualified medical advice must be sort immediately or where necessary an ambulance should be called without delay.
- Parents and carers must be informed immediately an error in dispensing or administering medication has been made.
- All errors must be recorded accurately and procedures checked and adapted to reduce the risk of further mistakes happening again.

17. Links with other policies

- Equality policy
- Keeping Children Safe in Education March 2015

12. Relevant Legislation and Guidance

Law

- The Equalities Act 2010
- The Communications Act 2003
- SEN and Disability Act 2001
- Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- Misuse of Drugs Act 1971 and associated regulations
- Medicines Act 1968
- The Education (School Premises) Regulations 1999
- National Standards for under 8s day care and childminding – Premises
- Special Education Needs – Education Act 1996
- Care Standards Act 2000

14. Associated resources

This policy is to be reviewed annually and no later than 1st Dec 2016