

Stocksbridge Nursery Infant School



Management of Medicines Policy

Policy adopted: November 2019

Policy review date:

Stocksbridge Nursery Infant School



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(Reviewed November 2019)



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Policy for the Management of Medication

This policy should be read in conjunction with the school Health and Safety Policy

Purpose

- To respond to the diverse needs of pupils and overcome potential barriers to school life and learning for pupils with long term medical conditions
- To ensure the schools position in regards to administering/storage of medication is clear to all parties
- To ensure staff receive appropriate medical training
- To ensure the health and safety of staff and pupils in relation to medication

Rationale

To ensure Inclusive Educational Practice

A positive response by school to a pupil's medical needs which will not only benefit the individual pupil, but can also positively influence the attitude of the whole class.

This policy has been written in line with the DFEE guidance "Managing Children and Young People's identified health needs – a good practice guide" and the DfEE/DH guidance March 2005 which sets out the legal framework.

Forward

Children with medical needs have the same rights of admission to the school as other children. The school is expected to make any "reasonable steps" to ensure children with medical needs can take part in all aspects of school life. Included in part 4 DDA and under the Equalities act of 2010.

This policy reflects the local needs of children and the resources available in school.

The head teacher will initially consider the needs of any individual child and arrange with the Inclusion and Leadership team what support we can provide for a child, where appropriate a timetable that is suitable initially (and then with planned increased access) and any training/ support that staff will need. Where school encounters difficulties making adjustments to accommodate children with medical; needs, advise will be sought from the local authority (LA). The LA is ultimately responsible for supporting the school in meeting the medical needs of pupils and providing the training staff need.

The headteacher will ensure that all staff have:-

- appropriate training to fulfill this policy
- are aware of how to make contact with emergency services should the need arise.
- Be aware of this policy and its guidelines.

Parents and guardians have prime responsibility for their child's health and should only send children who are fit to school, children who are unwell should be kept at home.

There is no legal duty which requires school staff to administer medication: this is a voluntary role. Staff do however have a common law duty of care to act like a reasonably prudent parent, to the children in their class. The headteacher accepts responsibility for school staff giving or supervising children taking prescribed medication during the school day. The headteacher will ensure that all staff receive training to enable them to be clear about what action to take in an emergency. The school has adequate insurance to cover staff providing care.

Where ever possible children are encouraged to deal with their own medical needs and be supervised by staff taking their own medication.

All staff who have contact with a child with severe medical needs must have access to the information and advice they need to support the child, this should include training and access to health care plans.

The school should work closely with health visitors and school nurse services to support the individual needs of children and the staff working with them. MAST will provide the basis for supporting children with complex and difficult needs.

Staff should refer a child whose medical needs are affecting their ability to access education to the Safeguarding Liaison Officer.

The Local Authority will support school to review its policies and procedures in relations to managing children and young people's identified health needs.

The headteacher and Safeguarding Liaison Officer will also take into account the medical needs of school visitors and authorized volunteers. It is the responsibility of the visiting adult to make school aware of their health requirements. This information will be shared with staff likely to support visiting adults.

Managing Prescription Medication

Only a parent or carer with parental responsibility will be allowed to request medical care for a child. Where there is parental disagreement as to the medical needs of a child the school will follow the guidance of the parents with whom they have daily contact supported by a medical practitioner unless directed to do otherwise by the court.

Medication for children will only be accepted into school if it is prescribed by a doctor, dentist or prescribing nurse and essential: that is where it would be detrimental to a child's health if it were not administered during the school day i.e. a long term or life threatening illness. This includes controlled drugs which are prescribed as medication for use by a child.

School will only accept medication which is in its original container as dispensed by the pharmacist and includes the prescriber's instructions for administration and dosage.

Records will be kept for all medication kept on site and its administrations to children. In all cases records will include:

- Written consent for each medication a child is to be administered
- Name of child
- Name of medication
- Dose

- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

Prescribed medication will be stored in a non portable locked cupboard (the First Aid cupboard) out of reach of children in the first aid room/disabled toilet, except where it needs to be kept in the cold, when it will be stored in an air tight container in the school fridge, in the kitchen (an area of school out of bounds to children/visitors). These are easily accessible to staff and are in line with guidance for under 8s (for children over 8 emergency medication would be accessible to children).

Controlled drugs will be stored in the safe kept in the school office – only named staff will have access to this medication and its removal from storage will be monitored.

All medication will be stored in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH)

On a school trip all medication will be carried by the nominated first aid person or a member of the Inclusion Team, in a secure bag which will be kept at all times in the possession of these members of staff.

Non prescription medication will not be stored for children. Children who suffer from severe or acute pain should be given prescription pain relief by their doctor.

Non-medical creams and lotions; for example suncream, should be labelled with the child's name and used by that child alone. Parents will be asked to give written consent for its use. Children will be encouraged to apply such creams themselves.

Staff should store any prescription medication or non prescription medication in the locked first aid cupboard. Staff should notify the head teacher if they are prescribed controlled drugs and arrangements for their safe storage, retrieval will be arranged in agreement with the governing body.

The Inclusion and Leadership team will take on responsibility for the care and supervision/administration of medication in school. It is anticipated that on a daily basis the two named and trained TAs will take responsibility for managing medication.

Class teachers should be fully aware of the medical needs of the children in their class and any health care plans, medication kept in school. Staff should be aware of any symptoms they should look out for and action they should take. Teachers should ensure children take preventative medication/ action prior to physical activity. If children need medication at any time their class red card/an individual child's red card should be sent to reception and assistance therefore called. Supply staff are notified of children whom they should be particularly aware of and what to look out for action to take etc

Short Term Medical Needs

Parents or guardians are expected to take responsibility for the short term medical needs of their children i.e. completing a course of antibiotics. They are welcome to come onto the school site and administer medication as necessary. Parents and guardians are advised to make disruption to their child's school day minimal, for example administering medication during the lunch break rather than taking a child out of class. Medication for children who fall into this category is not kept on the school site.

Short term prescription requirements should only be brought to school if it is detrimental to the child not to have the medication during the school day.

Long Term Medical Needs

A long term condition is described as lasting longer than 8 days, including weekends. Where long term medication is required in school a written health care plan must be written and in place. Where a child has a long term health condition, school can seek advice from health care professions.

The school will accept responsibility for supervising children taking medication in cases of long term medical need. In the case of asthma parents will need to complete an asthma form see appendix a prior to a child receiving any medication. In the case of other conditions a health care plan will be drawn up with parents and health care professionals.

Staff retain the right to request training or additional information before taking responsibility for supervising children taking medication.

Life Threatening Medical Needs

The school will accept responsibility for administering medication in cases of life threatening medical need.

However prior to admitting the child into school or taking on this role the school should work closely with the parents and health professionals:

- to ensure that the school has clear understanding of the child's condition and any possible side effect
- staff are properly trained
- a full health care plan is drawn up

See appendix b for an example health care plan

The schools Safeguarding Liaison Officer will take responsibility for coordinating the joint working of health professional, school staff and parents to meet the needs of individual children.

Administering Medication

On every occasion staff should check:

- the child's name
- name of medication
- side affects to be aware of in school
- dose
- medication expiry date
- instructions for administration

and have this verified by a second member of staff.

If in doubt staff should check with Health care professionals or telephone 999 in severe cases before placing the child at risk.

A record will be kept of all medication administered. This should be witnessed by a second member of staff.

Staff should adhere to basic hygiene procedures when administering or supervising children taking medication. Staff should wear the protective clothing available if any bodily fluid may be spilt. Plans should be in place as 'back up' arrangements in advance for when a member of staff with principle responsibility is absent or unavailable

Self Management

Even at this young age children should be encouraged where ever possible to administer their own medication and staff should supervise this process. Children will not carry their own medication, it will be stored as outlined and children should request it as necessary or will be reminded by staff at the appropriate time each day.

A record will be kept of all medication taken by children; this does not need to be witnessed by a second member of staff.

If a child refuses to take or be given his/her medication staff should not force them to do so (unless this is specifically written in the health care plan and would potentially risk the life of the child if it were not to take place). Staff should telephone the child's parents or 999 in the case of an emergency. A record of refusal should be recorded and parents informed.

School Trips

Staff organizing trips should liaise with the Safeguarding Liaison Officer and make appropriate arrangements and reasonable adjustments for children with additional medical needs. If necessary an individual risk assessment should be made. Copies of health care plans should always be taken on school outings. Where possible due to the age of our children parents and carers will be invited to accompany children with additional medical needs.

Sporting events other than PE

Staff organizing sporting activities should discuss the needs of individual children with the Safeguarding Liaison Officer who will ensure preventative medication for example inhalers are available to children. The named first aid colleague will be asked to care for children with additional needs on such events and should not therefore be asked to undertake any other duties which could detract from the quality of care they can provide.

Disposal of medication

Staff should return medication to parents for disposal.

If unused or out of date medication is left in school it should be returned to the pharmacy for disposal by the Safeguarding Liaison Officer.

Sharps boxes should be used for the disposal of sharps, these should be provided by child's GP. Collection and disposal of sharps can be arranged with Local authority environmental services or organised by parent/carer. Sharps box will be stored in locked first aid cupboard.

Where medication is noted by staff to be out of date, it should be returned to parents and a record of such action kept.

Health Care Plans

These plans identify the needs of a child and the care that can be given. They identify symptoms and side effects and the action that should be taken, including exact doses and methods of administration. They clarify what to do and what not to do in the case of an emergency. Care plans will be agreed by Parents, medical practitioners and the school. The training needs of staff should be identified and reassessed at least yearly and appropriate training put in place to ensure the care plan can be followed through.

It should be documented in a health care plan where there are any restrictions upon a child's ability to take part in PE activity.

All adults should be made aware of issues around privacy and dignity for the child with particular needs.

All staff likely to provide support should be made aware of children with health care plans, their conditions and treatment procedures.

School and parents will agree how often they should jointly review the health care plan. It is recommended that this is carried out at least yearly, or when a child's medical health needs change. Where a child's medical needs are complex advice will be sought from all supporting agencies when compiling the plan.

Confidentiality

All medical information must be treated confidential the head and parents should agree who has access to a child's medical information, but staff can not be expected to provide care for a child for whom they do not have the appropriate information.

Procedure for Management of Medication in school

Parents notify school of a child's need for medication in school

For asthma

- Parents complete an asthma form
- All staff working with child are informed of child's condition
- Parents or Health Professionals teach child how to correctly take their medication and the signs and symptoms they need to recognise so they know when to ask for a reliever inhaler
- Inhaler/s brought into school
- Inhaler/s checked for child's name, dose, administration method, frequency of administration and expiry date
- Parents can request staff to prompt and supervise their child taking inhaler as appropriate
- Asthma forms are updated annually, when a change is made by medical staff or at request of parent/staff
- Inhalers are taken home by parents at the end of each half term to check suitability for school use.
- It is a parents responsibility to note the expiry date and replace the medication
- Inhalers will be kept in the child's designated class or learning space and stored safely. The child will be aware of the storage arrangement.

For other conditions

The child's needs are discussed and the way forward is planned.

- Any training needs are identified by the head teacher and training is organised
- Health professionals and parents ensure staff understand the medical condition they are dealing with, identify symptoms and side effects, train staff to administer any medication and write up a health care plan
- All staff working with children are informed of a child's condition, given training and information necessary to care for child.
- Medication is brought into school
- Medication is checked for child's name, dose, administration method, frequency of administration and expiry date and this is double checked against care plan.
- Care plan followed.
- A record of medication given/supervised is kept
- Care plan reviewed at least annually but more frequently if changes to medication/ condition occur or as requested by health professional and or parent/staff.
- Medication is taken home by parents at end of each half term

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