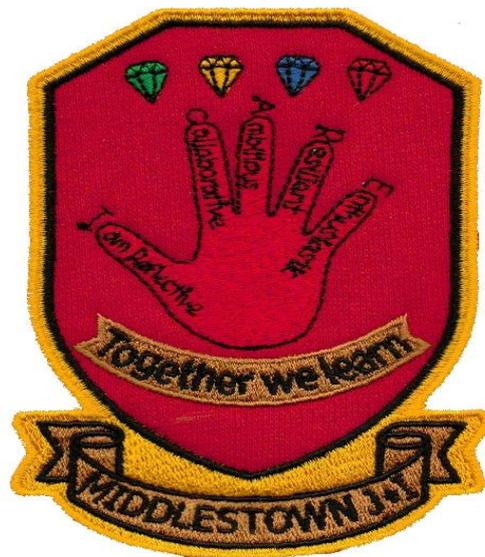


MIDDLESTOWN JUNIOR & INFANT SCHOOL



Medicines Policy

Date of Policy: January 2015
Date of next review: January 2017

1. Introduction

Middlestown Junior and Infant School has a duty to ensure pupils' care, welfare, health and safety. Staff should ensure that all children with medical conditions, in terms of both 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 school will maintain a focus on each individual child with a medical condition and seeks to give parents and children confidence in the schools ability to provide effective support for medical conditions in school.

The school will always aim to:

- Have a good understanding of how medical conditions impact on a child's ability to learn
- Increase the child's confidence
- Promote self care

This policy:

- Sets out the arrangements for supporting children with medical conditions.
- Sets out information to ensure that staff and parents are clear about their respective roles regarding children with medical needs.
- Provides clear guidance for staff and parents to ensure that medicines are handled responsibly within school.
- Provides clear guidance about managing medicines within school.
- Provides guidance to all staff on what to do in the event of a medical emergency.
- Confirms that the school will seek guidance and advice from Primary Care Trusts, School Nurse Service and other health care professionals when dealing with the medical needs of children.

Procedure to be followed whenever the school is notified that a pupil has a medical condition

When the school is notified that a child has a medical condition the Senior Teacher (SEN) is notified. They are then responsible for arranging the necessary meetings with the appropriate parties to discuss and agree what support is required.

There is no requirement to wait for a formal diagnosis before providing support to children. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

The school will aim to complete the above within 2 weeks of being notified of the medical condition.

Child's role in managing own medical needs

Children may be competent to manage their own medical needs and medicines. All medicines will be held in the office and except inhalers which are held in the classrooms, medicines which require refrigeration are kept in the staffroom.

Children will be positively encouraged to take responsibility after discussion with parents and this will be reflected in their Individual Healthcare Plan (IHP). Where a child is reluctant to take on this

responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP.

Children will be able to access their medicines quickly, and no child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- The circumstances in which the school will administer medicines will be set out in either the Individual Health Care Plan (IHP) or for short term needs, the Parental Agreement Form.
- Non-prescription medicines will only be administered as part of an IHP.
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
- The school will only accept prescribed medicines that are in-date, labelled with the child's details, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The only exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when off school premises on school trips etc.
- The school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Only teachers or office staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided to relevant staff from a qualified health professional
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

Minor / Short Term Medication

Most children at some time will have short-term medical needs and may need to take medication. To minimise the amount of time a child is away from school, it may be necessary to continue the treatment of antibiotics or lotions after the child returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the dose frequency is prescribed as 3 times per day rather than 4 so that the child need not take the medication whilst at school. The school will only administer medicines prescribed by a doctor or other medical professional which require four daily doses.

Parents must complete the *Parental Agreement Form* (Appendix 1) to record details of medicines and confirm that a member of staff will administer medicine to their child. School staff should check that any details provided by parents or other medical professionals are consistent with the instructions on the medication. There is a separate form to complete for short term and long term administration of medicine.

Every request to administer medicine will be agreed by the headteacher and this will be documented on the *Headteacher agreement to administer medicine form* (Appendix 2). The school will keep a record of all medicine administered to a child and this will be recorded on the *Record of medicine administered to individual child form* (Appendix 3). The school are also required to keep a record of all medicines administered to all children which will be detailed on the *Record of medicine administered to all children* (Appendix 4).

Individual Healthcare Plans

The school uses an Individual Healthcare Plan (IHP) to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Not all children who have medical needs will require an IHP. An IHP identifies the level of support that is needed and provides clarity on what needs to be done, when and by whom. They will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and will be helpful in the majority of other cases, especially where medical conditions are long-term and complex. The school, healthcare professional and parent should agree, based on evidence if an IHP is appropriate. Where a consensus cannot be reached the headteacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an IHP can be found in Appendix 9.

The IHP is written with input from parents, relevant members of staff and all relevant healthcare professionals. They may also be written and overseen by the child's allocated welfare assistant if there is one. Further documentation can be attached to the IHP if required (Appendix 5).

IHPs will be developed with the child's best interests in mind and will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Every pupil with an IHP at this school has their plan discussed and reviewed at least once a year or earlier if evidence is presented that the child's needs have changed.

Parents of pupils with an IHP are provided with a copy of the pupil's current agreed IHP.

IHPs are kept in a secure central location at school. Apart from the central copy, specified members of staff (agreed as part of the IHP) securely hold copies of children's IHPs. These copies are updated at the same time as the central copy.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

Record Keeping

All parents are asked if their child has any medical conditions on the enrolment form, which is filled out when the child starts school and checked each year.

Written records must be kept of all medicines administered to children.

Procedures for Emergency Situations

- Children know to tell a member of staff in the event of an emergency.
- All staff know how to call the emergency services and are provided with guidance on calling an ambulance (Appendix 7). These instructions are located in the main office.
- A member of staff always accompanies a child taken to hospital by ambulance, and stays until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car, it is safer to call an ambulance.
- The school uses IHPs to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- An IHP will include instructions on how to manage a child in an emergency, it identifies who has responsibility, for example if there is an incident in the playground at lunchtime, the lunchtime supervisor would stay with the child and send for a teacher.
- A copy of the child's IHP is sent to the emergency care setting with the child. On occasions where this is not possible, the form is sent (or the information is communicated) to the hospital as soon as possible.

Educational Visits and Sporting Activities

Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part.

The school will carry out risk assessments regarding the participation of pupils with medical needs. The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the activity to meet a child's need.

Arrangements for taking any necessary medicines will be made and all staff will be made aware of medical needs. Copies of IHPs should be taken on visits in the event of the information being needed in an emergency.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines, such as asthma inhalers.

Residential Visits

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

Unacceptable Practice

It will be unacceptable to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- 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 or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other 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, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, eg by requiring parents to accompany the child.

Policy Implementation

- The headteacher has overall responsibility for the implementation of this policy.
- The school is committed to making sure that all relevant staff will be made aware of the child's condition. As soon as the school are made aware of a medical condition all relevant staff are made aware (Class Teacher / Teaching Assistants / Lunchtime Staff). Integris is updated immediately to reflect the condition disclosed to us.
- The school has arrangements in place in case of staff absence or staff turnover to ensure that someone is always available. As part of staff induction they are made aware of any children's medical conditions that they need to be aware of.
- All supply teachers will be briefed if there is a child with a medical condition in the class they are teaching in.
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by each class teacher and are held centrally.
- The school will monitor individual healthcare plans.

Roles of those involved in providing support for pupils with medical conditions

Roles are given in brief, for full details please refer to the DfE guidance.

Governing Bodies

- Must make arrangements to support pupils with medical needs, including making sure a policy is developed and implemented.
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure staff have access to information and other teaching materials.

Headteachers

- Ensure policy is developed and adequately implemented with partners.
- Make sure all staff are aware of the policy and understand their role in implementation.
- Ensure all staff that need to know are aware of a particular child's medical condition.
- Ensure sufficient staff are appropriately trained.
- Overall responsibility for the development of IHPs
- Make sure staff are adequately insured and made aware of cover.

Senior Teacher (SEN)

- Responsible for the development of IHPs, ensuring that all relevant parties are involved in the process.
- Making sure that the school nurse is aware of pupils requiring support.
- Communicating a particular child's medical needs to the relevant staff.
- Arrangement of training for the necessary staff to ensure that they understand what they need to do.
- Ensuring risk assessments are completed where required.

School Staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs to help.
- Completing risk assessments for educational visits and sporting activities.

School Nurses

- The school has access to school nursing services.
- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at school.
- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHP and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals

- These should notify the school nurse of pupils requiring support.
- May provide advice on developing IHPs

Pupils

- Provide information about how their condition affects them.

- Where appropriate, they should be fully involved in discussions and contribute to their IHP.

Parents

- Provide school with sufficient up to date information.
- Are involved in the development and review of IHP.
- Should carry out any action they agreed to as part of the implementation of IHP.

Local Authorities

- Are commissioners for school nurses as well as maintained schools.
- Have a duty to promote co-operation between relevant partners.

Clinical Commissioning Groups

- Responsible for commissioning other healthcare professionals such as specialists nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can co-operate with schools.

Ofsted

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

Staff Training

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The requirement for training will be agreed when developing the IHP. It will also be agreed with all relevant parties who will require the training and how and by who the training will be commissioned and provided. The person delivering the training will be responsible for assessing the training provided and recommending when the training should be refreshed. The Senior Teacher (SEN) will be responsible for ensuring that all appropriate staff receive the relevant training. Any training completed is recorded on the *Staff Training Record* (Appendix 9). A copy of this will be held with the IHP.

All staff will be briefed in staff meetings of children who have medical conditions. The notice board in the staff room also details all children who have medical conditions.

Insurance

GB must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

WMDC provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of parents and school as follows:

Complaints Handling

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's Complaint Policy.

Policy Review

This policy will be reviewed every two years.

Appendix 1

Parental agreement for school to administer medicine (short-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 1

Parental agreement for school/setting to administer medicine (long-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 2

Headteacher agreement to administer medicine

Name of school/setting

It is agreed that [name of child] _____ will receive [quantity and name of medicine] _____

every day at [time medicine to be administered e.g. lunchtime or afternoon

break] _____
_____.

[Name of child] _____ will be given/supervised whilst he/she takes their medication by [name of member of staff]

_____.

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers] _____.

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

Appendix 3

Record of Medicine Administered to Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 5

INDIVIDUAL HEALTHCARE PLAN

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 6

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 7

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number (**01924 302820**)
2. your name
3. your location as follows:
Middlestown Junior and Infant School, Cross Road, Middlestown
4. state what the postcode is – **WF4 4QE**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 8

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] _____ has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [period for refresher training]

_____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Process for developing Individual Healthcare Plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or consider written evidence provided by them).

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

School staff training needs identified.

Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed.

IHCP implemented and circulated to all relevant staff.

IHCP reviewed annually or when conditions changes. Parent or healthcare professional to initiate.

