

## Hayfield Lane Primary School

### Managing Medicines Policy

#### **MANAGING MEDICINES AND SUPPORTING CHILDREN WITH MEDICAL NEEDS**

This policy is in line with DFE 'supporting pupils at school with medical conditions' September 2014.

This policy forms part of the school's policy on Health and Safety, required by law. This policy includes:-

- Procedures for managing prescription and non-prescribed medicines that need to be taken during the school day
- Procedures for managing prescription and non-prescribed medicines on visits and residential
- A clear statement on the roles and responsibilities of staff administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs
- A policy on assisting children with long term or complex medical needs
- A policy on children taking their prescribed medicines themselves
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines
- Disposal of medicines
- Hygiene and infection control
- Access to the school emergency procedures

#### **Introduction**

Our aim is to 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. We recognise that children may require on-going support, medicines or care while at school to help them manage their condition and keep themselves well.

Most children will at some time have short-term medical needs, perhaps entailing a course of medication. Some children however, have longer term medical needs and may require medicines on a long-term basis. At Hayfield Lane Primary School, we receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. We recognise the social and emotional implications associated with medical conditions and will support children and families to achieve the best outcomes possible. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may have special educational needs (SEN) and may have an

Education, Health and care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

The Head teacher, governors and staff of Hayfield Lane Primary school wish to ensure that children with medical needs receive appropriate care and support in order to play and full and active part in their school life. Our EQUALITY AND ACCESSIBILITY POLICY AND ACTION PLAN detail the school's strategic approach to increase access over time.

### **Roles and Responsibilities**

The Head teacher ensures that the school's medicines policy is developed and is effectively implemented with partners. That school staff are aware of the policy and understand their role in its implementation.

The Head teacher retains overall responsibility for the development of health care plans, however the day to day management of healthcare plans has been delegated to the school SENDCo, working in partnership with parents, school teaching assistants, midday staff, office staff, healthcare professionals and where appropriate, social care professionals. The Head teacher makes sure that school staff are appropriately insured and are aware that they are insured, to support pupils in this way. The Head teacher will liaise with the SENDCo to monitor the effectiveness of medical provision. This will help identify any further training/advice needed for staff supporting children with medical conditions. It will also ensure that sufficiently trained numbers of staff are available to implement the policy and will adapt to any new situations, to promote the best outcomes for our children.

### **Unacceptable practice**

Hayfield Lane Primary School follows the Department for Education guidelines which state schools must make explicit the following *unacceptable practices*:

- Preventing children from accessing their medication
- Assuming every child with the same condition requires the same treatment
- Ignoring views of the child and parent (although this may be challenged)
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities , unless this is specified in the health care plans

- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- Penalising children for their attendance record if absences are related to their medical condition e.g. hospital appointments
- Preventing children from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition effectively
- Requiring parents to attend school to administer medication or to provide medical support to their child, including with toileting issues (health care plan related cases only).
- Preventing children from participating in any aspect of school life.

### **School Staff**

Any member of school staff may be asked to provide support for pupils with medical conditions, including the administering of medicines, **although they are not obliged to do so**. School staff undertaking medical duties will be receive sufficient training to undertake medical tasks and will achieve the necessary level of competency before they take on responsibility to support children with medical needs. Staff should not give prescription or non-prescribed medicines or undertake healthcare procedures without appropriate training or without viewing completed paperwork.

The Special Educational Needs Coordinator (SENDCo) is responsible for arranging staff training and ensuring that all relevant staff are made aware of the child's medical condition. Risk assessments will be carried out for school trips, residential stays and other school activities. Where a child is returning to school following a period of hospital education or alternative provision, school staff will work closely with parents and other partners to ensure a successful and smooth reintegration. The School Nurse takes the lead in writing healthcare plans and will meet with parents and staff to devise and review them, providing training and advice where necessary. Specialist health care professionals may provide advice on developing health care plans and support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### **Healthcare Plans**

Healthcare plans (HCPs) ensure that the focus remains on the individual child's needs and consider how their medical condition impacts on their school life.

HCPs provide clarity of what actions need to be taken, when they need to be carried out and whose responsibility these actions are. When the school is notified that a pupil has a medical condition, the SENDCo will meet with parents and healthcare professionals. Decisions will be made as quickly as possible regarding transition arrangements, staff training or support and these actions will be kept under review according to the needs of the individual child. All healthcare plans are reviewed annually.

### **Pupils and self medication**

Pupils are often best placed to provide information about how their condition affects them and should be fully involved in discussions as much as possible about their medical support needs. This will include encouraging children who are competent managing their own medicines and procedures as reflected in their health care plans. In this school we consider it to be best practice for children to do this with our help and support. Relevant medication will be stored in the First Aid Room and inhalers are kept in a central (easily accessible) place in the classroom. Parent/carer forms **MUST** be completed by parents beforehand. There is no set age that a child can take responsibility for their own medication. This will be a joint decision between school, parents and child. Where children have been prescribed controlled medication, staff are aware that this should be kept in safe custody.

### **Parents**

Parents should provide the SENDCO or school office with the most up-to-date information about their child's medical needs and should work in partnership with the school and health care professionals to develop and review any health care plans. Parents should carry out any actions identified on their child's health care plan and/or medical requirements e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times, ensuring they adhere to the following school guidelines:

- Provide complete written and signed instructions for any prescribed/non prescribed medication as without this the school cannot administer them
- Keep their children at home if acutely unwell or infectious for the recommended period of time
- Provide reasonable quantities of medication at a time (for example, a maximum of four weeks supply at any one time)

□ Renew any medication when supplies are running low and ensure that the medication supplied is within its expiry date.

□ Deliver each item of prescription medication to the office in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

□ Notify the school/ in writing if the pupil's need for medication has ceased.

### **Procedures for managing prescribed medicines**

Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so. A child under the age of 16 should never be given medicine containing aspirin, unless prescribed by a doctor.

Where clinically possible, prescribed medicines should be prescribed in doses frequencies which enable them to be taken outside of school hours. All prescribed medicines must be prescribed by a Doctor and in the original container. They must be in date, labelled with the child's name, instructions for administration, dosage and storage - the exception being insulin, which must still be in date, but will generally be available to schools inside an insulin pump or pen, rather than in the original container. All medicines will be stored safely. Children and staff will know where their medicines are kept and must be able to access them immediately. Healthcare plans, medicines and equipment will accompany children on all trips. Staff may administer a controlled drug to the child to whom it has been prescribed by a Doctor. A record will be kept and instructions will be followed.

Medicines no longer required will be returned to parents to arrange for safe disposal. Sharps containers are available in the medical room for the safe disposal of needles. If children refuse to take medicines, staff will not force them to do so and will inform parents of the refusal as a matter of urgency on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

**NO MEDICINES WILL BE ADMINISTERED TO PUPILS UNDER 16 UNLESS WRITTEN PERMISSION FOR THAT PARTICULAR MEDICINE HAS BEEN OBTAINED. From 1<sup>st</sup> October 2014 legislation on prescription only medicine changed to allow schools to buy and administer salbutamol inhalers for use in emergency situations to treat asthma and to buy auto injector devices (AAI) for use in emergencies for pupils with specific needs.**

### **Procedures for managing over the counter medicines for minor ailments**

Based on Doncaster Clinical Commissioning Group advice, Doncaster Local Authority does not support the prescription of medicines and treatments for minor, short term conditions where self-care is the most appropriate route and medicines and treatments are available to buy over the counter. For this reason, Hayfield Lane Primary are able to administer non-prescription medicines in line with dosage instructions as stated on the original packaging of the medicine, **provided that parents complete the relevant managing medicine forms**. These non-prescription medicines will need to be labelled with pupil name and class information and will be stored with the office staff. **Lip balm and throat sweets are included within this category in severe cases only. Children are under no circumstances able to keep medication in their personal care (inhalers are an exception).**

**The following minor ailment list can be treated with over the counter medicines and should only use prescription in exceptional circumstances:**

- Aches and pains
- Athletes foot
- Cold sores
- Colic
- Constipation
- Coughs and colds
- Diarrhoea (48 hrs off school from the onset)
- Ear wax
- Fungal skin and nail infections
- Ringworm/haemorrhoids
- Hay fever and allergies
- Head lice
- Headaches and migraine
- Heartburn and indigestion
- Mild dry skin
- Skin rashes (specific ones require pupils to be off school)
- Sore throat
- Toothache

- Threadworm

This is included as a guide, not an exhaustive list. NO MEDICINES WILL BE ADMINISTERED TO PUPILS UNDER 16 UNLESS WRITTEN PERMISSION FOR THAT PARTICULAR MEDICINE HAS BEEN OBTAINED. IF SCHOOL ARE CONCERNED ABOUT THE AMOUNT OF NON-PRESCRIBED MEDICATION BEING REQUESTED OR THE FREQUENCY OF REQUESTS BY PARENTS, WE RESERVE THE RIGHT TO REFUSE ADMINISTRATION. THE HEADTEACHER WILL EXERCISE DISCRETION WITH REGARD TO INDIVIDUAL AILMENTS/ILLNESSES/CONDITIONS AND THE LENGTH OF TIME OR FREQUENCY THAT THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATION IS REQUESTED BY PARENTS.

### Record Keeping

Parents must inform school about the medicines that their child needs to take and will provide details of any changes to the prescription or support required. School will check that this information is the same as that provided by the prescriber of on the over the counter guidance information. Any change in prescription should be supported by either new directions on the packaging or by a supporting letter from a medical professional. It is good practice to keep records of medicines given to pupils and the staff involved. It provides protection to staff and proof that they have followed agreed procedures. The records are kept in the school office. The forms used can be seen in this policy. It is the parent's responsibility to monitor when further supplies of medication are required. It is NOT school's responsibility.

### Safe Storage of Medicines

School will only store, supervise and administer medicines according to information stated on the original packaging, with parents having completed the correct medical forms required by the school. These medicines will be stored in a locked cupboard or in a fridge in a locked room. Medicines will be stored strictly in accordance with product instructions-paying particular notice to temperature and always in the original container in which it was dispensed. The container **MUST** be clearly labelled with the child's name, the dosage of the medicine and the frequency of administration. **The school CANNOT hold medicines on the off-chance that a child may become ill.** The amount and date of the medication should be entered on the school forms. Where a child requires 2 or more prescribed medicines, each should be given a separate container. Medicines **SHOULD NOT** be transferred from their original containers by non-health care staff. Children must be aware where their medication is stored and who has the access key. All emergency

medicines such as inhalers and epipens are ready available and should NOT be locked away. If a medicine must be kept in the fridge, then it must be clearly labelled. Access to the fridge is restricted to staff only.

### **School visits and residentials**

All medication requiring administration on school visits and residentials adheres to the strict guidelines as followed in school. Lockable containers are used to ensure children are not gaining accidental access to medicines that they should not be taking.

### **Disposal of Medicines**

School SHOULD NOT dispose of medicines. They should be returned to the parent/carer who is responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents/carers should collect medicines at the end of each half term. Sharps boxes should always be used for safe disposal of needles.

### **Hygiene and Infection Control**

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and sterile hand gels and should use them when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment.

### **Access to the school's emergency procedures**

All the staff know who is responsible for carrying out emergency procedures in the event of need (see the school's EMERGENCY PLAN). The children know that in an emergency they must find a member of staff. Staff are aware of how to call the emergency services. Guidance on how to call an ambulance is included in this policy. If a child is to be taken to hospital in an ambulance, a member of staff will accompany them in the ambulance and wait until the parent arrives at the hospital. Staff are not responsible for any decision on medical treatment when parents are not available. Staff should never take children to hospital in their own car alone and without insurance for transporting children. Individual health care proformas include instructions as to how to manage a child in an emergency and identify who has responsibility in an emergency.



## **Training**

Whole staff awareness training regarding supporting children's medical needs will be carried out at the beginning of each year and updated when new cases arise. The School Lead First Aider distributes a whole school medical list when any changes are made. New members of staff and volunteers will have this training as part of their induction package. Arrangements for this have been set out in the induction policy.

The school undertakes annual Epipen training and diabetes training matched to the individual child's health care plan when relevant.

## **Local Authority**

Local authorities have a duty to commission school nurses and to promote cooperation between relevant partners with the view to improving the wellbeing of children. They provide advice, support and training to ensure that support specified within healthcare plans is delivered effectively. Local authorities have a duty to make arrangements when it is clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) because of health needs.

## **The Governing Body**

The Governing body will ensure that this policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions. The Governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. This includes ensuring staff have adequate training.

## **Complaints Procedure**

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, a complaint should be made via the school's complaint procedure. Please request a copy of this from the school office or examine the school's website.

**This Policy will be reviewed annually.**

**Reviewed and updated on 2/10/2023.**

**Reviewed November 2024**

