



Merrydale Infants School
Administration of medicines and healthcare needs
Policy

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Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure 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.

Underlying principles explained for Staff and parents

- There is no legal duty that requires school or setting staff to administer medicines. NB it is not any part of any member of staff's contract of employment.
- Staff managing the administration of medicines to children/pupils/students with specific medical needs, together with those who administer these medicines should receive appropriate training and support from health professionals.
- Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs.
- There are robust systems in place to ensure that medicines are managed safely.
- There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.
- It is the aim of this policy to enable those children with medical needs to attend schools/settings as regularly as is practicable
- Parents must provide full information about their child's medical needs, including details on medicines their child needs.

General information

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. If a plan is necessary, the school will prepare this plan and may seek help and advice from health professionals.

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's health adviser if needed. This would be the aligned Community Paediatrician (school doctor) or School Health Adviser (school nurse) or a health visitor or possibly a GP. Specialist voluntary bodies may also be able to provide additional background information for staff.

The school health service can provide advice on health issues to children, parents, maintained early years staff and education officers. NHS Primary Care Trusts and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

Medicines should only be brought to school when essential – that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting day.

Our Staff will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions. Equally our staff cannot offer advice on the dosage routine as prescribed.

If possible parents could offer prescribers the following information from the medicines standard of the National Service Framework (NSF) for children, in order to support the smooth running of the school day for their child. This information will be given to a parent if they have been telephoned by school and we are aware that the parent is then taking their child to a GP or a health professional.

- a) Prescribers should consider the use of medicines, which need to be administered once or twice a day (where appropriate) for children and young people so that they can be taken outside of school hours.
- b) Prescribers should consider providing two prescriptions, where appropriate, and practicable, for a child's medicine – one for home, and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents/guardians.

Only medicines that have been prescribed by a doctor, dentist, and nurse prescriber or pharmacist prescriber will be administered. Medicines from any other source, e.g. over the counter medicines, will not be administered by staff. It will be necessary for parents/guardians to administer this prior to the child's attendance at the school/setting or to arrange to be present in order to administer it on site.

Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible a general care plan for in school administration of medicines should be instigated (see appendix 1 for forms).

Following a meeting with the LA Health and Safety advisor and the school Nurse on 16th September the follow protocol must be discussed with a parent and a member of the senior leadership team, preferably the inclusion manager, who can evaluate any circumstances that the school could be unable to administer a prescribed medicine.

Nb: A member of the Senior Leadership Team may feel circumstances are such that the school is temporarily unable to administer a prescribed medicine. e.g. in circumstances of less familiar medicines, an anxious child or a child who finds taking medicines difficult. The school may require supplementary information via the school nurse or child's doctor before the school can agree to administer the medicine.

Administration of medicines protocol

- Can the prescriber be contacted to change the administration times outside of school hours? - if no
- Can the parent come into school to administer the medicine? – if No
- Can the parent nominate a relation or friend with family consent to administer the medicine? – if No
- A member of staff (familiar to that child e.g. in their year group) trained in the administration of that medicine can be asked to administer, ensuring the parent has completed a general care plan (appendix 1). The medicine must have been prescribed and be in its original dispensed container and include the prescriber's instructions for administration. The member of staff must be willing to administer the medicine as there is no legal duty that requires school or setting staff to administer medicines.

Important Note: The 2014 Department of Education statutory guidance for supporting pupils at school with medical conditions states it is not generally acceptable practice to 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

No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so. The school will endeavour to do all it can to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

The parents or legal guardians must take responsibility to update the school of any changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines such as asthma reliever inhalers/adrenaline autoinjectors should be readily available to children and should not be locked away.

All other medicines except emergency medications and inhalers should be kept securely. Oral medication should be in a childproof container. Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with icepacks, provided by the parent/guardian. If stored in a cool box with ice packs the medicine should not be stored in direct contact with ice packs as efficacy may be hindered. All medication should be kept out of direct sunlight and away from all other heat sources.

Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff will be aware that these should be kept in safe custody.

Medicines will be administered by a named individual member of school or setting staff with specific responsibility for the task in order to prevent any errors occurring.

Where practicable a witness will be present.

- . Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Emergency medication and reliever inhalers must follow the child at all times.

Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. The school may hold spare emergency medication if it is provided by the parents or guardians in the event that the child loses their medication. In these circumstances the spare medication should be kept securely in accordance with the instructions above. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.

Advice for school/setting staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse or School Doctor or Health Visitor on the request at the outset of the school/setting consideration of the need for medication. Similarly any difficulties in understanding about medication usage should be referred to the School Nurse, School Doctor or Health Visitor for further advice.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed, which is likely to be calling an ambulance to get the child to hospital.

Record Keeping

All schools and other settings must keep written records of all medicines administered to children. A copy of the record slip or similar written record should be sent to parents recording medicines administered that day.

Incorrect Administration of Dosage - individual protocols/health plans will contain emergency actions in respect of this happening. The incident must be notified to the department using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

Unacceptable practice

Governing bodies should ensure that school policies are explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice 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
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office unaccompanied
- 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
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg requiring parents to accompany the child

Long term medication

The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions otherwise the management of the medical condition is hindered. (NB specific requirements: e.g. it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings). It is important to have sufficient information about the medical condition of any child with long term medical needs.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is also helpful to have a written healthcare policy for such children, involving the parents and relevant health professionals. A healthcare plan should be in place for children with more severe and complex conditions.

Early Years Settings **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records demonstrate that staff have exercised a duty of care. In some circumstances, such as the administration of Rectal Diazepam, it is good practice to have the dosage and the administration witnessed by a second adult.

In addition, the parents/guardians must be informed that they must report any changes in medication to the school. Schools and settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

With parental/guardian permission, it is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

Injections

There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (**currently employed in a nursing capacity**). It is not envisaged that it will be necessary to give injections in school unless the child is on a school visit.

Emergency treatment procedures

As part of general risk management processes, the school has arrangements in place in dealing with emergency situations. This could be part of the first aid policy and provisions. Our staff know how to call the emergency services. Our staff know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child to hospital by ambulance and should stay for as long as is reasonably practicable. In the event of an emergency/accident, which requires a child to be treated by health professionals (doctor/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.

When emergency treatment is required, medical professionals or ambulance are always called immediately. The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers are always informed.

- i) No emergency medication will be kept in the school except those specified for use in an emergency for an individual child.
- ii) Advice for school and setting staff about individual children may be provided by the nurse, health visitor, school doctor or General Practitioner on request at the outset of planning to meet the child's needs.
- iii) In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed in advance with the parents and school/ setting.
- iv) Medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency and the expiry date.
- v) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child, and a copy retained in the school/setting.

If it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts, etc. a supply of antihistamines and pre-prepared adrenaline autoinjectors, (when specifically prescribed) can be made available. Immediate treatment needs to be given before going to the nearest emergency hospital/ or calling an ambulance.

- ii) A supply of 'Factor Replacement' for injection should be kept in school and setting where it is required for children suffering from bleeding disorders. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made, emergency advice can be obtained between 0900 and 1700 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 258 6500.

A small supply of rectal diazepam may be kept in schools/settings for administration to specifically identified children suffering from repeated or prolonged fits and may, occasionally, be administered in other settings. Rectal diazepam where prescribed, should be readily available for use by a qualified nurse (currently employed in a nursing capacity) or medical staff in an emergency. Where specific training has been undertaken, members of school staff may administer rectal diazepam in accordance with this Bulletin and with the prior knowledge and the prior agreement of the child's medical advisers and parents. The expectation is that two members of staff will be present when rectal diazepam is administered. Where this emergency treatment has been administered by staff, arrangements must be made for the child to go to the nearest hospital receiving emergencies immediately after treatment has been given.

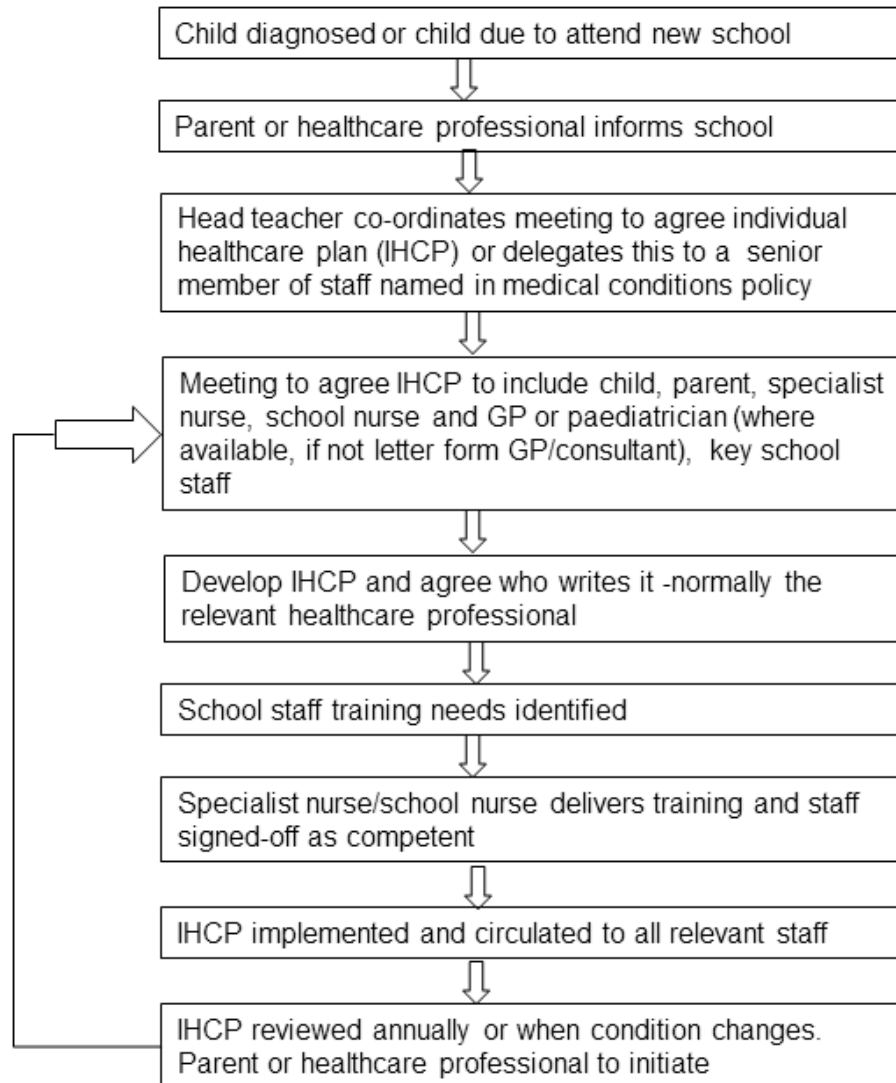
A small supply of buccal midazolam may be kept in school for administration to specifically identified children suffering from repeated or prolonged fits. Where this emergency treatment has been administered by staff, arrangements must be made for the child to go to the nearest hospital receiving emergencies immediately after treatment has been given.

Appendix D gives detailed guidance about the administration of buccal midazolam including Agreement Form procedures, flow chart, an Agreement Form for completion by the Consultant, parent and school, and a Report Form.

Under extremely RARE circumstances a child may not be using the aforementioned rescue medication and may have been prescribed rectal paraldehyde by a Consultant Paediatrician Neurologist. In these cases this should be discussed with your Community Paediatrician (school doctor).

A supply of glucose (gel, tablets, drink, Hypostop etc) for the treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools and settings where any pupil suffers from diabetes mellitus. If a second attack occurs within 3 hours, repeat the treatment and the child must go to the nearest hospital receiving emergencies.

Drawing up an Individual Health Care Plan



The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement from parents may be all that is necessary.

Early years settings should be aware that parents might provide them with a copy of their family service plan, a feature of the Early Support Family Pack, promoted through the Governments' Early Support Programme. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual health care plan devised by the setting.

Off site trips/visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in visits.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Arrangements for taking any relevant medicines will also need to be taken into consideration. A copy of any healthcare plans should be taken on visits in the event of the information being needed in an emergency.

A school consent form from the child's parent or guardian must be received PRIOR to participation in any school trip. Any medical problems must be highlighted by the parent/guardians on the consent form. Therefore the following question will appear on the consent form:

Is your child currently taking any medication?

Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.

A named person must be identified to supervise the storage and administration of medication . Wherever possible children should carry their own reliever inhalers or emergency treatment , but it is important that the named person is aware of this.

Roles and Responsibilities

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies will help to provide a suitably supportive environment for children with medical needs.

PARENTS AND CARERS

Parents, as defined in section 6 of the Education Act 1996, include any person who is not a parent of the child, but who has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full time care of a child on a settled basis, such as a foster parent, but excludes babysitters, childminders, nannies and school staff.

It only requires one parent to request or agree that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a court decides otherwise.

It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of 'Parental Responsibility'. The Act uses the phrase 'Parental Responsibility' to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law, in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility, unless the father has acquired it in accordance with the Children Act 1989. When the child makes a residence order in favour of a person who is not a parent of the child, for example a Grandparent, that person will have parental responsibility for the child for the duration of the order.

Parents should be given the opportunity to provide the Head of the school/setting with sufficient information about their children's medical needs if treatment or special care is needed. They should, jointly with the Head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employers' policy. Ideally the Head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents want to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. In some circumstances this may be result of language barriers. Local health services can often provide additional assistance in these circumstances.

THE EMPLOYER

Under the Health and Safety at Work Act 1974, employers, including local authorities and school governing bodies, must have a health and safety policy. This should incorporate managing the administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

In most instances, the local authority, the school, or an early years setting will directly employ staff. However, some care or health staff may be employed by a local health trust or social care setting, or possibly through the voluntary sector. In such circumstances, appropriate shared governance arrangements should be agreed between the relevant agencies.

Employers should satisfy themselves that training has given staff, who volunteer to administer medicines, understanding, confidence and expertise and that arrangements are in place to update training on a regular basis.

NHS Primary Care Trusts (PCT) have the discretion to make resources available for any necessary training. Employers must arrange training for staff in the management of medicines and policies in the administration of medicines. This should be arranged in conjunction with local health services or other health professionals (school nurse or doctor in the first instance). Managing medicines training could also be provided by local authorities, regional consortia, pharmacists and other training providers.

THE GOVERNING BODY

Individual schools should develop policies to cover the needs of their own school. The policies should reflect those of their employer. The governing body has responsibility for all of the school's policies, even when it is not the employer.

THE HEADTEACHER

The Headteacher/Head of Setting is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head or to whom so ever they delegate this to, as set out in their policy.

The employer must ensure that staff, who have volunteered to administer medicines, receive proper support and training where necessary. Equally, Headteachers/Head of Settings have a responsibility to ensure that their staff receive the training. As the manager of staff, it is likely to be the Head who will agree when and how such training takes place.

The Headteacher/Head of Setting should make sure that all parents and all staff are aware of the policy, and procedures for dealing with medical needs. The Head should also make sure that appropriate systems for information sharing are followed and that all staff, including temporary staff, supply teacher, etc. who are working with children with medical needs, have the necessary information. The policy should make it clear that parents should keep children at home when they are unwell. The policy should also cover the approach to taking medicines at schools or in a setting.

For a child with medical needs, the Headteacher/Head of Setting will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, Heads should seek advice from the school nurse or doctor and if appropriate, the employer. In the early years settings, advice is more likely to be provided by the health visitor or GP.

If those staff, who have volunteered to administer medicines, act in accordance with their training and follow guidelines contained in this bulletin they will be covered by the employers' liability insurance. Registered persons are required to carry public liability insurance for day care provision.

TEACHERS AND OTHER STAFF

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, when and where the children may need extra attention. The child's parents should provide this information.

All staff should be aware of the likelihood of an emergency arising, and what action to take if one occurs. The name of the member of staff who will be responsible must be made clear, together with the general procedure to follow. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day, other staff may be responsible for children, such as

lunchtime supervisors. It is important that they are also provided with training and advice.

SCHOOL STAFF GIVING MEDICINES

Any member of staff who agrees to accept responsibility for administering the prescribed medicines to a child should have the appropriate training and guidance. The type of training necessary will depend on the individual case.

HEALTH SERVICES

Most schools will have contact with the health service, school nurse or doctor. The school nurse or doctor may help the schools draw up individual health care plans for pupils for with medical needs, and may be able to supplement information already provided by the parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support. In the Early Years setting, including nursery schools, the health visitor usually provides the support.

OFSTED

During an inspection, OFSTED will check that day-care providers have adequate policies and procedures in place regarding the administration of medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records. From September 2005, Local Authority services will be inspected in multi inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

Medical Diets

Parents should contact the school office if they want to arrange medical diets with LTS catering .

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act replicates the disability provisions in the former Disability Discrimination Act (DDA) in defining a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day-to-day activities. **It is recommended that this document is accessed and read.**

<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Under the Equality Act, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Schools are also under a duty to plan strategically to increase access, over time to schools. This should include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

