Managing Medicines Policy Summer 2022

Sources for guidance:	"Supporting pupils at school with medical conditions" - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015 And 'Managing Medicines in School and Early Years Settings'

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Introduction

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State.

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that require longer term management.

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

Overview

- Our Lady of Fatima Catholic Multi Academy Trust will ensure that children with medical conditions are well supported.
- The Executive Head Teacher is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained
- We have a commitment that all relevant staff will be made aware of a pupil's condition
- We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- We will brief supply teachers
- We undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- We monitor individual healthcare plans in liaison with the health practitioners

Medication

Parents may administer medication to their children. This may lead to the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school/establishment.
Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given any medicines without their parent's written consent.
A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

Prescribed Medication

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this.

Such medicines should only be taken into schools where it would be detrimental to a child's health if it were not administered during the day.

Medicines will only be accepted when they are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools
inside an insulin pen or a pump, rather than in its original container

We will never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

A written record will be kept of the administration.

The first dose of any medicine must have already been taken. The staff of schools of OLFCMAT will not administer the first dose of medication.

Storage of medicines

Large volumes of medication should not be stored.
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 and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required.

Under no circumstances should medicines be kept in first-aid boxes

On school trips, a record will be kept of pupil's requiring medication. Pupil's should know who has their medication at all times and be able to access them immediately.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Procedures

When Our Lady of Fatima Catholic Multi Academy Trust is notified that a pupil has a medical condition we will:

- liaise with a new school when we know of a child coming to or going from a OLFCMAT school and ensure arrangements are in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements as expediently as possible, anticipated within 2 weeks.
- expect a formal diagnosis to be given to the OLFCMAT school by the child's medical professional. However, we will not wait before providing support to pupils. In cases where a pupil'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.

Long term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs.
OLFCMAT schools will draw up a health care plan for such pupils, involving the parents and the relevant health professionals where needed. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Executive Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Advice on drawing up Health care plans is given in chapter 4 of 'Managing Medicines in Schools and Early Years Settings'
General advice on common conditions such as asthma, epilepsy, diabetes and anaphylaxis is provided in Chapter 5 of 'Managing Medicines in Schools and Early Years Settings'
In the first instance the school nurse should be the initial contact for any queries over specific medical conditions.
Any specific training required by staff on the administration of medication (e.g. adrenaline via an epipen, rectal valium etc.) will be provided by a suitably qualified health professional.
Staff will not administer such medicines until they have been trained to do so. Staff may refer to Appendix A for guidance and must sign the form in Appendix B.

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

Ideally controlled drugs are only brought in on a daily basis by parents , but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.
Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.
If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.
The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

Non Prescription Medication

It is strongly recommended that non prescription medication is not administered by schools. This includes paracetamol and homeopathic medicines.

If a pupil suffers regularly from longer term acute pain, such as migraine, the Executive Headteacher may allow the medication to be given if the parents have authorised it and supplied appropriate painkillers for their child's use, with written instructions about when the child should take the medication, with a doctor's note. A member of staff should notify the parents that their child has requested medication and supervise the pupil taking the medication, if the parents have agreed to it being taken.

Before agreeing to administer any medicine, the school should confirm that the pupil has taken it before and did not have any adverse reactions to it.
Non-prescription medicine will not be administered in the first 4 hours of school and only for the very short term unless the above applies regarding acute pain.

Record keeping

Parents / guardians should provide details of medicines their child needs to take at school. Forms 3A/B in 'Managing Medicines in Schools and Early Years Settings' will be used to record these details in a standard format - Appendix D,H,I,J.
OLFCMAT will ensure that staff complete and sign a record each time they give medicine to a child. Forms 5 and 6 in 'Managing Medicines in Schools and Early Years Settings' provide record sheets -Appendix D,E.
The dosage/ administration will be witnessed by a 2nd adult.
For Asthma pump use, each pupil has a book with their pump to record each time they use this and this is monitored by office staff (see also First Aid Policy). Asthma pumps may be kept with the pupil and the school will keep a spare pump in the school office with a record book. See Appendix K.

Any specific training required by staff on the administration of medication (e.g. adrenaline via an epipen, rectal valium etc.) will be provided by a suitably qualified health professional and a record kept by the HR Manager.
Staff will not administer such medicines until they have been trained to do so.
Staff may refer to Appendix A for guidance on administering medicines and must sign the form in Appendix B.
Parents are responsible for ensuring the medicine is in date

Self Management

Children should know where their medicines are stored and who to go to for access to it.

Refusing medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If necessary the school should call the emergency services.

Offsite visits

Our Lady of Fatima Catholic Multi Academy Trust encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments should be conducted.

It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epipens) accompanies the pupil and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled). The medicine should be carried by a suitable adult accompanying the pupil.

Consent forms should be given to the school before the day of the trip. This also allows the school time to make any necessary arrangements for staff training in how to administer the medicine.

For residential trips, when on the trip, all medicine should be stored away in a room occupied by staff, preferably in a locked container. One member of staff is assigned responsibility for managing all medicines and being aware of which pupils they belong to. A second member of staff should also be prepared to take on this responsibility if the first member of staff becomes unavailable for any reason, and the pupil taking the medication should be made aware of which members of staff are assigned this responsibility.

Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan. Where necessary, individual risk assessments should be conducted.

Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising

sporting activities should be aware of all relevant medical conditions and emergency procedures.

Chapter 7 of BAALPE 'Safe Practice in Physical Education and Sport' for reference.

Emergency Procedures

1. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Appendix C. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

2. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

3. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

4. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Our schools will ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Hygiene And Infection Control

All staff should follow the ECC guidance on the Prevention of Contamination from Bloodborne viruses.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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; or ignore medical evidence or opinion (although this may be challenged);

- send children with medical conditions home frequently for reasons associated with their medical condition 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, e.g. 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 school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Our Lady of Fatima Catholic Multi Academy Trust has appropriate level of insurance in place and appropriately reflects the level of risk. Insurance policies are accessible to all staff providing such support.

Complaints

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, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement10, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further Advice

- Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.
- Guidance on the use of emergency salbutamol inhalers in schools. Prepared by the Disabled and Ill Child Services Team, Department of Health 2015

- 'Managing Medicines in Schools and Early Years Settings'
- Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015

Associated Policies:
First Aid Policy
Intimate Care Policy

Appendix A - Advice for Staff when administering medicine

The table below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's statutory guidance on supporting pupils at school with medical conditions.

Do	Do not
✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so	✘ Give prescription medicines or undertake healthcare procedures without appropriate training
✓ Check the maximum dosage and when the previous dosage was taken before administering medicine	✘ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it	✘ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
✓ Inform parents if their child has received medicine or been unwell at school	✘ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
✓ Store medicine safely	✘ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately	✘ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents

Appendix B - Staff administration form

"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." DFE Guidance - Supporting pupils at school with medical conditions 2015

Short -term administration of medicine

I, _____, confirm that I have read the above statement and am happy to administer medicine for pupil's requiring it on a short-term basis. I will check that the parent has filled out the appropriate forms fully before administering the medicine and not administer if there is information missing. I will check the expiry date on medication each time before administering. I will administer the medicine as prescribed.

Should I feel uncomfortable about administering any such medicine or feel I require training, I will not administer the medicine and will raise this to a member of SMT immediately.

Signed: _____ Date: _____

Longer-term / ongoing administration of medicine

I, _____, confirm that I have read the above statement and am happy to administer medicine for pupil's requiring it on a short-term basis. I will check that the parent has filled out the appropriate forms fully before administering the medicine and not administer if there is information missing. I will check the expiry date on medication each time before administering. I will administer the medicine as prescribed.

I have received relevant training for administering the medicine/s.

Should I feel uncomfortable about administering any such medicine or feel I require further training, I will not administer the medicine and will raise this to a member of SMT immediately.

Signed: _____ Date: _____

Appendix C

Contacting Emergency Services

Request for an ambulance

Dial 999, ask for an ambulance and be ready with the following information: St Alban's

1. Your telephone number: 01279 425383
2. Give your location as follows: St Alban's Catholic Academy, First Avenue, Harlow
3. State that the postcode is: CM20 2NP
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to …

Dial 999, ask for an ambulance and be ready with the following information: St Luke's

1. Your telephone number: 01279 423499
2. Give your location as follows: St Luke's Catholic Academy, Pyenest Road, Harlow
3. State that the postcode is: CM19 4LU
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to …

Appendix D - Short Term Medicine Administration Page 1

Record of medicine administered to an individual child

Name of school	St Alban's / St Luke's Catholic Academy
Name of child	
Date medicine provided by parent	
Year group	
Quantity received	
Name and strength of medicine	
Expiry date *	
Quantity returned	
Dose and frequency of medicine	
Parent to confirm first dose taken previously	

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			

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

***It is the parents' responsibility to ensure medicine is in date**

Appendix E - Short/Long Term Medicine Administration Page 2

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			

<u>Appendix F</u> - model 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 H - Individual Healthcare Plan Page 1

Name of school	St Alban's Catholic Academy / St Luke's Catholic Academy
Child's name	
Year Group	
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	

<u>Appendix I</u> - Individual Healthcare Plan Page 2

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

Self-administration – y/n	
Procedures to take in an emergency	
Please confirm the child has already taken at least one dose of this medicine prior to requiring school to do so	

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. *It is the parent's responsibility to ensure medicine is in date

Signature(s) _____ Date _____

Appendix K - Asthma Record

Record of asthma medicine kept in school by an individual child

Name of school	St Alban's / St Luke's Catholic Academy
Name of child	
Date medicine provided by parent	
Year group	
Quantity received	
Name and strength of medicine	
Expiry date *	
Quantity returned	
Dose and frequency of medicine	
Parent to confirm first dose taken previously	

I will ensure my child carries their asthma pump in their bag each day. I will check it is kept in date. I will keep the record book the school supplies with it.
I understand that the school asthma pump may be used by my child if their own pump cannot be located quickly.

Staff signature _____

Signature of parent _____