

Himbleton CE First School and Nursery



Nurture, Nature, Knowledge:

Enabling inquisitive thinkers and inspired learners with kind hearts.

"Faith, Hope, Love...the greatest of these is Love." (Corinthians 13:13)

"So in everything, do unto others what you would have them do to you." (Matthew 7:12)

"Wise men and women are always learning, always listening for fresh insights." (Proverbs 18:15)

MANAGING MEDICINES POLICY

Date Approved by Governing Body: January 2020

Review Date: January 2022

Himbleton CE First School and Nursery
Managing Medicines Policy

This policy was developed in line with the DfE and NHS document **MANAGING MEDICINES IN SCHOOLS AND EARLY YEARS SETTINGS**, which should be read alongside this document.

There is no legal duty that requires school staff to administer medicines, although they may volunteer to do so.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff, back up this policy.

What the policy covers

- Procedure for managing prescription medicines which need to be taken during the school day
- Procedures for managing medicines on trips and outings
- A clear statement on the roles and responsibility of staff managing the administration of medicines, and for administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- The school policy on assisting children with long-term or complex medical needs
- Policy on children carrying and taking their medicines themselves
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines
- Access to the school's emergency procedures
- Risk assessment and management procedures.

Prescribed medicines

Medicines should only be taken to school when essential; this is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies that enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken 3 times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines that need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Prescribers consider providing 2 prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in school, avoiding the need for repackaging or re-labelling of medicines by parents.

Non-prescription medicine

Staff should never give non-prescribed medicine to a child unless there is a specific prior written permission from parents. Where the Headteacher agrees to administer a non-prescribed medicine, it must be in accordance with the employer's policy. The employer's policy should set out the circumstances under which staff may administer non-prescribed medicines. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on the relevant form (Form 5 or 6) and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period of time only, perhaps to finish a course of antibiotics or to apply a lotion. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Parents should think carefully about whether their child is well enough to be in school if they are taking medication. If the Headteacher feels a child is not well enough to be in school, parents will be contacted and asked to make other arrangements. In extreme cases Social Services may be contacted as a safeguarding matter if there are concerns.

Long-term medical needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs.

The school needs 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 often helpful to develop a written health care plan for such children, involving parents and relevant health professionals. This can include:

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- Any side effects of medicines
- What constitutes an emergency
- What action to be taken in an emergency
- What not to do in an emergency
- Who to contact in the event of an emergency
- The role staff can play.

IT IS THE PARENT'S RESPONSIBILITY TO PROVIDE THIS CARE PLAN – NOT THE SCHOOL'S.

Administering medicines

Any member of staff giving medicines to a child should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container
- That written permission has been given by the parent and that the Headteacher has given written permission for the medicine to be given.

If in doubt about any procedure staff should not administer the medicine but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

The school will also arrange for staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care.

Administering medicines on trips and visits

The procedure will be exactly the same as if the medicine were to be administered in school *except* that a named person will be responsible for carrying and administering the medicine. Parents need to think carefully about whether a child requiring medication is fit to participate in what can be a tiring day.

Refusing medicine

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.

Record keeping

Parents should tell the school about the medicine their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in their original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date.

All Early Years settings must keep written records of all medicines administered to children, and make sure that parents sign the record to acknowledge the entry.

Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Records are kept in the School Office.

Roles and responsibilities

Headteacher – the Headteacher should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Headteacher should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school.

Teachers and Other Staff - Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when a member of staff responsible is absent or unavailable.

School staff giving medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate guidance and training.

OFSTED

During an inspection Ofsted inspectors must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether 'administration' of medicines follows clear procedure.

Storing medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container as dispensed. Staff should ensure that the supplied container is clearly labelled with the child's name, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs 2 or more prescribed medicines, each should be in a separate container.

The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Where possible and/or appropriate, we will allow children to carry their own inhalers.

A few medicines need to be refrigerated. They can be kept in the refrigerator in the staff room but should be in an airtight container and clearly labelled.

Emergency procedures

Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.

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

Care Plans

The main purpose of an individual 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.

An individual care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. It is the responsibility of the parent(s) to draw up a Care Plan and to discuss this with the school. Staff should agree with parents how often they should jointly review the Care Plan. It is sensible to do this at least once a year, but it depends upon the nature of the child's particular needs; some may need reviewing more frequently.

Care Plans will be available in the School Office and in the child's classroom unless otherwise requested by the parents.

Common Conditions

Epilepsy – Parents and health care professionals should provide information to school. What to do in the event of a seizure and what constitutes an emergency for a child should be written into the Care Plan. If a child does experience a seizure in school, details should be recorded and communicated to parents. In the event of a first seizure, place the child in the recovery position and call an ambulance. Ensure airways are open. If in doubt dial 999.

Anaphylaxis – This is an allergic reaction to a specific stimulus (often nuts). Parents should provide a Care Plan stating what to do in the event of a reaction. Parents must provide 2 epi-pens (if prescribed by a doctor) and ensure that these are replaced before they go out of date. If there is a child who needs an epi-pen in school, regular training to staff will be given to staff by the School Nurse.

- Epi-pens should only be used on a child or adult for whom they have been prescribed.
- **Before** administering an epi-pen ensure that it is still in date. Do not use out of date epi-pens.
- Two epi-pens should be provided by the parent; one to be kept with the child and one in the School Office.
- If in doubt – call 999.

Staff will receive annual training from the school nurse to ensure they know how to administer an epi-pen if a child with this need is in school.

Diabetes – Children with diabetes need to be allowed to eat regularly during the day. A Care Plan should be in place.

- Blood Glucose Monitoring – Regular BGM times should be written into the Care Plan but staff need to be aware that ad hoc BGM can be undertaken if the child seems to be unwell.
- Children **should never be sent to undertake a BGM alone**. They should be accompanied to the office and supervised while they take the test. The test can be supervised by any member of staff although it is preferred if this is done by a trained first aider. If there is a child in school with Diabetes, regular training for all staff will be undertaken by the School Nurse.
- Staff should be able to recognise the symptoms of a ‘hypo’ and know what to do and who to contact.
- Staff cannot be required to either supervise or administer injections. They may volunteer to do this if advised that this is in the best interests of the child by the GP or Consultant. Training **MUST** be undertaken and LA advice is that this training is delivered by the child’s GP if possible. Records must be kept of each injection (following the procedures set out above) and signed by a member of staff.

Asthma care and the use of inhalers in school

Parents for all children who have been diagnosed with asthma, or require an inhaler as reliever medication, should complete an Asthma Care Plan and return it to the School Office as soon as possible.

Inhalers in school should be stored in a safe, readily accessible place in each classroom during the school day, and clearly marked with the child’s name. If the child is too young or immature to take personal responsibility for their inhaler (usually Reception to Year 2 children but this is not definitive), it will be the responsibility of the first aid staff to ensure they have the relevant inhalers with them. Class teachers are responsible for ensuring that all registered asthmatic children within their class have an inhaler in school at all times. Inhalers should always be available during PE, sports and educational visits. Once an inhaler has been administered and if the child does not respond to the medication, 999 will be dialled.

In October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allowed schools to purchase salbutamol inhalers, without prescription, for use in emergencies. At the present time, Himbleton CE First School and Nursery does not have an emergency salbutamol inhaler.

If adopted, the emergency salbutamol inhaler should only be used for children for whom written parental consent for use of this emergency inhaler has been given and who have either been diagnosed with asthma and prescribed an inhaler, or who have been given a prescribed inhaler as reliever medication.

If purchased, the emergency salbutamol inhaler will be stored in a safe and easily accessible location within the School Office. All first aiders will be made aware of this location, along with the necessary guidelines and permission forms.

Use of the emergency inhaler will be recorded in the school’s accident log, to include where and when the attack took place (e.g. PE lesson, playground etc.), how much medication was given and by whom. Parents will also be informed on the same day by letter, if their child has used the school’s emergency inhaler.