

# THE TONBRIDGE FEDERATION



## MEDICINES POLICY 2021 (Managing medicines in school)

School in which policy applies:	HC & LM
Date written:	February 2021
Date agreed by Governing Body:	March 2021
Date of renewal:	February 2023
Senior member of staff with oversight:	Head of School
Governor with oversight:	Claire Hickmott

## **MANAGING MEDICINES IN SCHOOL**

Throughout this Policy, all reference to school refers to both Long Mead Community Primary School and Hugh Christie School.

### **Aim:**

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

In all instances and where possible and practical, the school will do all it can to persuade the parent to come into school to administer medicines.

### **Roles and Responsibilities:**

**Governing bodies** should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Head of Schools** should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head of Schools should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head of Schools have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should

contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**Parents** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

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

**School nurses:** Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

**Local authorities** are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready

to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **Prescribed Medicines**

**The school will never accept medicines that have been taken out of the container as originally dispensed nor will the school make changes to dosages on parental instructions. Original packaging must be provided containing the dosage information.**

It is helpful when clinically appropriate, that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

**Controlled drugs** should never be administered unless cleared by the Head of School. Reference should be made to DFE Supporting Pupils at School with Medical Conditions 2015.

## **Non-Prescription Drugs**

Staff **cannot** give non-prescribed drugs to a child unless there is specific written permission / consent given from the parent or carer. This must be in the form of a written letter including a signature.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Ibuprofen should never be given to a student who suffers from Asthma, unless prescribed by a doctor.

## **Short Term Medical Needs**

In order to reduce the time a child is away from school, the school will administer medicines. For example, to complete a course of antibiotics or apply a lotion, but only for a short period of up to 5 days, and only when previous avoidance strategies have been examined.

Note the exceptional terms in the previous paragraph.

## **Long Term Medical Needs**

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported.

(Reference should be made to the 2015 DFE guidance).

## **Administering Medicines**

No child under 16 should be given medicines without written parent consent. Members of staff giving medicines should check:

- The child's name
- Written parental consent has been given

- The prescribed dose
- The expiry date
- The instructions on the packaging

Members of staff giving medicines will not be teaching members of staff but support staff who are:

- Willing to perform such tasks
- Trained where necessary for the task

If in doubt, the member of staff should not administer medicines without checking with the school office staff who will then contact parents or the medical practitioner. A record must be kept in a written form each time medicines are given.

### **Self-Management**

Children who are able, will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through the school office.

### **Record Keeping**

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

A written record of medicines administered will be kept in the school office and this will also be signed by the parents to acknowledge the entry.

### **Educational Visits**

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self-managed by pupils will be in the safe care of a nominated member of the support staff who will be first aid trained. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. If any member of staff is concerned they should seek advice from the school office.

Approval for all trips and visits, including health plans and individual risk assessments, must be given by the Head of School.

### **Sporting Activities**

Given the distance between the school field and the school it would be advisable to prepare a risk assessment of medical needs of individual children, including those who may suffer from an asthma attack. Asthma relievers not self-managed should be taken to the field in a box or container and be supervised by a support member of staff.

### **The Governing Body**

The Governing Body will be made aware of this policy and its role in being generally responsible for all school policies.

### **Head of School**

The Head of School will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise, the Head of School will inform the parents of the policy and its implications for them. In all complex cases, the Head of School will liaise with the parents and where parent expectation is deemed unreasonable, then the Head of School will seek the advice of the school nurse or some such medical advisor.

### **Teachers and Other Staff**

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts.

Teachers' conditions of employment do not include the giving or supervising of pupils taking medicines. Any support member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.

### **Storing Medicines**

Medicines should be stored away from children, be in their original containers and refrigerated where necessary. This will be the responsibility of the school office or lead first aid staff. Children should know where their medicines are kept and who is responsible.

This should be an exceptional duty for the school to undertake and be only used when medical advice dictates that no other course of action is possible.

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away but always in the vicinity of the relevant pupils.

### **Key Points:**

- THE SCHOOL WILL NOT NORMALLY AND REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES.
- NO TEACHING STAFF WILL ADMINISTER MEDICINES OR SUPERVISE CHILDREN SELF ADMINISTERING MEDICINES UNLESS TRAINED TO DO SO AND GIVEN PERMISSION BY EITHER THE HEAD OF SCHOOL AND/OR THE SCHOOL NURSE.
- ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO WILLINGLY AND WITH APPROPRIATE TRAINING.
- ANY AND ALL MEDICINES WILL BE NOTIFIED TO THE SCHOOL OFFICE / SCHOOL NURSE'S OFFICE AND KEPT UNDER ITS SUPERVISION. This includes asthma relievers and adrenaline pens. The Office will know where these medicines are in school and the asthma register shall be updated annually and as and when new children come to school.

- MEDICINES WILL ONLY BE ACCEPTED BY THE SCHOOL IF IN THEIR ORIGINAL PACKAGING WITH CLEAR DOSEAGE INSTRUCTIONS.

**Complaints:**

If a parent of pupil is dissatisfied with the support provided by the school, they have a right to make a complaint.

In such cases, refer to the Tonbridge Federation Complaints Procedure, which can be found on the websites' of both schools, to proceed.

**Key Reference Documents:**

- DFE Statutory Guidance 2015 (updated 2017): Supporting pupils with medical conditions at school ([Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/Supporting_pupils_with_medical_conditions_at_school_-_GOV.UK_(www.gov.uk).pdf))
- Long Mead Parent Approval Form

## Parental agreement for the school to administer medicine to a child

The school will not give your child medicine unless you complete and sign this form. The medicine must be in its original packaging with clear dosage instructions visible.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


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

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to


*I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake. 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.*

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Parent Name:  
 \_\_\_\_\_

**Record of a medicine administered to a child**

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

Staff signature: \_\_\_\_\_ Signature of parent: \_\_\_\_\_

Date:					
Time given:					
Dose given:					
Staff name:					
Staff initials:					

Date:					
Time given:					
Dose given:					
Staff name:					
Staff initials:					

Date:					
Time given:					
Dose given:					
Staff name:					
Staff initials:					

Date:					
Time given:					
Dose given:					
Staff name:					
Staff initials:					



Date:					
Time given:					
Dose given:					
Staff name:					
Staff initials:					

**Individual Healthcare Plan**

Name of school/setting

Child's name

Group/class/form/year

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

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Phone no.

Who is responsible for providing support in school

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

