

Policy for Medication in School

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POLICY TO SUPPORT SCHOOL ATTENDANCE THROUGH THE EFFECTIVE MANAGEMENT OF THE ADMINISTRATION OF MEDICINES AND OF PUPILS

Purpose of Document

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

Roles and Responsibilities

1. All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the Every Child Matters agenda. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child and to enable them to attend school.
2. Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.
3. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.
4. Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies Governing Bodies should take into account the views of parents/carers, the staff and the head teacher

and ensure that the policy supports all pupils in order to attend school wherever possible.

5. The Head Teacher, in consultation with the Governing Body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs. The Head Teacher is responsible for:

(a) Implementing the policy on a daily basis

(b) Ensuring that the procedures are understood and implemented

(c) Ensuring appropriate training is provided

(d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care.

Parents/Carers

7. The Local Authority, schools and early year's settings should work in partnership with parents/carers to ensure that their child attends school wherever possible.

It is the responsibility of parents/carers to;

(a) Inform the school of their child's medical needs

(b) Provide any medication in a container clearly labelled with the following;

THE CHILD'S NAME

NAME OF MEDICINE

DOSE AND FREQUENCY OF MEDICATION

SPECIAL STORAGE ARRANGEMENTS

DATE TO BE USED BY

- (c) Collect and dispose of any medicines held in school at the end of each term.
- (d) Ensure that medicines have not passed the expiry date.
- (e) Ensure that all attempts are made to enable their child to attend school.

Pupil Information

8. Parents/carers should be required to give the following information about their child's long term medical needs with a responsibility to update it at the start of each school year;

- (a) Details of pupil's medical needs
- (b) Medication, including any side effects
- (c) Allergies
- (d) Name of GP/consultants
- (e) Special requirements e.g. dietary needs, pre-activity precautions
- (f) What to do and who to contact in an emergency

Administering Medication

9. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed.

10. The Head teacher will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

11. Any member of staff, on each occasion, giving medicine to a pupil should check;

(a) Name of pupil

(b) Written instructions provided by the parents/carers or doctor

(c) Prescribed dose (to be confirmed with a second member of staff)

(d) Expiry date.

12. Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed.

Storage

13. All medicine will be kept in a locked cabinet in the school/setting administration office, although immediate access to reliever inhalers is essential. Class teachers for early years and primary pupils will store children's inhalers which must be labelled with the pupil's name within the unlocked class room.

Refusing Medication

14. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

Training

15. Training and advice will be provided by health professions for staff involved in the Administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

School Trips

16. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs

attending/not attending a school trip will be taken without prior consultation with the parents/carers.

17. Residential trips and visits off site;

(a) Sufficient essential medicines will be taken and controlled by the member of staff supervising the trip.

(b) If it is felt that additional supervision is required during any activities e.g. swimming, school may request the assistance of the parent/carer. Exercise and activity – PE and games/out of hours. Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers are aware of which pupils have asthma.

Emergency Procedures

18. The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack, the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix 1A. These guidelines will be available to all staff members and displayed in different areas around the school.

19. All children with asthma should have an easily accessible inhaler in school. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.

20. Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff has a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma, reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation, it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance. It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken.

Carrying Medicines

21. For safety reasons children are not allowed to carry medication. All medicines must be handed to the school administration staff or the class teacher on entry to the school premises.

Appendix 1a

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1: What to do:

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer.
- Ensure tight clothing is loosened
- Reassure the child

If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2: If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child
- Keep child or the young person as calm as possible.

Step 3: Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer

- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- Coughing
- Shortness of breath
- Tightness in the chest
- Sometimes younger children express the feeling of a tight chest as a tummy ache
- Being unusually quiet
- Difficulty speaking in full sentences

After a mild to moderate asthma attack

Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.

When the pupil feels better they can return to school activities

The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in asthma attack:

Never leave a pupil having asthma attack.

If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and /or spacer.

In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.

Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.

Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.

Send another pupil to get another teacher / adult if an ambulance needs to be called.

□

Contact the pupil's parents or carers immediately after calling the ambulance / doctor. □

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives. □

Generally staff should not take pupils to hospital in their own car. □

Contacting Emergency Services, Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information:

- 1. Your telephone number: 0161 881 8880**

- 2. Give your location as follows: Brookburn Primary School, Brookburn Road, Chorlton**

- 3. State that the postcode is: M21 8EH**

- 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 where the crew will be met and taken to**

Speak clearly and slowly and be ready to repeat information if asked.

Put a copy of this page by the phone in the office

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine

Name of Child:

Age:

Year group/Class teacher:

Medical condition/illness:

Medicine

Name/Type of Medicine

(As described on the container):

Date dispensed:

Expiry date:

Dosage and method:

Timing:

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Signature(s):

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.

Date: