

## Brigstock Latham's Church of England Primary School

### Administering Medicines Policy

*'Forward thinking and creative; valuing faith, tradition, community and achievement'*

The Children and Families Act 2014, Section 100, places a duty on schools to support children with medical conditions so that they have full access to education. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

### Key Principles

There are four key principles underpinning our policy, in line with DfE Guidance:

- Children with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Our focus is on each child as an individual and how their medical needs and unique situation affect their access, participation and enjoyment of school life.
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans.
- Meeting the needs of children with medical conditions can only be done to the highest standards when the child, the parent or carer and the relevant health and social care practitioners are fully included in supporting children with medical needs.

**Children with medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, in line with safeguarding duties, the governing body ensures that children's health is not put at risk. We do not therefore permit entry to school where it is detrimental to the health of a child to do so.

**The prime responsibility for a child's health always lies with the parent/carers** who is responsible for the child's medication and should supply the school with the relevant information regarding the management of the child's condition so that the school fully meets the needs of the child.

### Procedure after Notification

As soon as the school has received formal notification from a parent or carer that a child attending Brigstock Latham's Church of England Primary school has medical needs, the Special Educational Needs Co-ordinator will be informed and a planning process will begin to ensure the safe admission of the child into school. Arrangements to support the child should be put into place before the child starts at

school these should be based on medical evidence and protocol information from healthcare professionals.

The school will base its decisions on care from the information provided by parents from NHS Trusts and Healthcare professionals. In the case of children with allergies, the school requires copies of protocols which are shared with school staff.

### **Individual Health Care Plans**

Where necessary, children with medical needs attending the school will have an individual healthcare plan informing the school about the needs of the child. The parent/carer, school and appropriate healthcare professionals will make the decision as to whether an individual healthcare plan is appropriate and need to be put in place.

(A model for developing individual healthcare plans is outlined in Appendix A. Further information regarding these plans is outlined in Appendix B).

### **Children with Special Educational Needs and Disabilities and Medical Needs**

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has an Education, Health Care Plan, their individual healthcare plan should be part of the EHC Plan.

For children who have SEND but do not have an EHC Plan, then their individual healthcare plan should make reference to their Special Educational Need or Disability.

### **Roles and Responsibilities**

Any member of school staff may be asked to provide support to children with medical conditions including the administering of medicines. Any member of staff must know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

The Head Teacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions and ensuring all staff are aware of this policy and implement it.
- Ensuring that a sufficient number of trained staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover;
- Ensuring that school staff are appropriately insured and are aware that they are insured.

The Named Person responsible for children with medical conditions is Fiona Schofield. He is responsible for:

- Informing relevant staff of medical conditions.
- Arranging training for identified staff

- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and external providers and where appropriate taking the lead in communicating that information.
- Making alternative arrangements if the trained member of staff who usually supports a child, including administering medication, is unavailable.
- Assisting with risk assessment for school visits and other activities outside the normal timetable.
- Developing, monitoring and reviewing individual Healthcare Plans (HCPs)
- Working together with parents/carers, children, healthcare professionals and other agencies.

Teachers and Support staff are responsible for:

- The day to day management of the medical conditions of children they work with in line with training received as set out in IHCPs;
- Working with the named person to ensure that risk assessments are carried out for school visits and other activities outside the normal timetable.
- Providing information about medical conditions to supply teachers or other staff who will be covering their role including external providers.
- Ensuring that children with medical conditions are fully considered to ensure their involvement in structured and unstructured social activities including: breaks and lunchtimes; school productions; visits; residential and before and after school activities.
- Ensuring reasonable adjustments are made to allow children with medical conditions to participate in sports, games and activities, including being aware of potential triggers for children's medical conditions and how to minimise these.
- Being aware that medical conditions can affect a child's learning and providing targeted support to help a child reduce the impact of any missed learning.

*Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide that support.*

The school nursing service is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's IHCP and providing advice and liaison including training.

Parents and carers should provide the school with sufficient and up to date information about their child's medical needs. They will be involved in the development and review of their child's IHCP and will need to carry out any actions they have agreed to as part of its implementation (eg provide medicines and equipment and keep the school fully up to date with any changes in their child's needs, treatment or medication).

Children with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate they will be fully involved in discussions about their medical support needs including contributing to and complying with their ICHP. They should inform a member of staff if they felt unwell.

## **Attainment and Social and Emotional Well Being**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed.

Long term absences due to health problems may affect a child's attainment, impact on their ability to sustain friendships and affect their well-being and emotional health. We work closely with the child, their parent/carer and other practitioners to ensure that there is minimal impact on the child's attainment and social and emotional well-being.

The school works closely with outside agencies to ensure that children with issues around well-being are catered for and looked after. The school has staff who have been trained in using programmes that enable children to talk about and share issues related to social and emotional well-being.

## **Non-Prescription Medication**

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

*A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.*

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

## **Procedures for Managing Medicines**

Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so. No child is given prescription or non-prescription medicines without a parent's written consent or given medicine containing aspirin unless it is prescribed by a doctor. Medication is never administered without first checking maximum dosage and when the previous dose was taken.

The following procedures are also followed:

- Where possible, medicines should be prescribed in doses/frequencies which enable them to be taken outside school hours.
- We only accept prescribed medicines that are in date, labelled, in the original container as dispensed by the pharmacist and include instructions on dosage and storage.
- All medicines are stored safely. Children know where their medicines are at all times

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## APPENDIX 1

### Administration of Medication Permission and Record

Name of child: \_\_\_\_\_

Class: \_\_\_\_\_ Date: \_\_\_\_\_

Details of illness:

\_\_\_\_\_

Medicine:

\_\_\_\_\_

Times and dosage of medicine:

\_\_\_\_\_

Relevant side effects to be observed if any:

\_\_\_\_\_

Medicine to be administered from: \_\_\_\_\_ to: \_\_\_\_\_

#### Parent/Carer:

I hereby give permission that the above medication, ordered by the doctor/dentist for my child \_\_\_\_\_ be administered by school personnel.

I understand that I must supply the school with the prescribed medicine in the original container dispensed and properly labelled by pharmacist and will provide no more than a 5-day supply of said medication.

I understand that this medication will be destroyed if it is not picked up on the day this order terminates.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone: \_\_\_\_\_