



PAUNTLEY C OF E PRIMARY SCHOOL

POLICY FOR MANAGING MEDICINES IN SCHOOL

Safeguarding- Child Protection

Pauntley Church of England Primary School takes its duty for safeguarding our pupils very seriously. We comply with all government and local authority policies in this respect. We have a designated Governor (Mrs. Cathy Goodway) with responsibility for child protection. The Deputy Headteacher (Mrs. Branwen Tyler) is the Designated Safeguarding Lead (DSL) and all staff and visitors report any concerns to her.

Please refer to our Child Protection Policy for further details.

Aims

This policy aims to provide clear guidelines for ensuring that children with medical needs receive proper care and support and is understood and accepted by staff, parents and children of Pauntley School.

Children with Medical Needs

The governors and staff recognise that children with medical needs have the same right of admission to a school as other children and that the school should plan strategically over time to increase access for such pupils. Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Roles and Responsibilities

At Pauntley it is the responsibility of the governors to:

- Enable the Headteacher and staff to support children with complex health needs.
- Ensure proper procedures are in place and monitor the school's agreed policy.
- Ensure staff are aware of procedures and are properly trained.
- Work with the Headteacher in developing an effective policy

At Pauntley School it is the responsibility of the Headteacher to:

- Put the agreed policy into practice and develop detailed procedures where necessary.
- Take responsibility for day to day decisions.
- Ensure all stakeholders are aware of the policy
- Agree procedures, support and if necessary Individual Health Care Plans with the parents of children with medical needs.
- Ensure any medicines are stored according to the policy guidelines.
- Liaise with health services
- Ensure all staff are aware of their roles and responsibilities and are adequately trained.
- Arrange back up cover if staff are absent.
- Ensure all staff know what to do in an emergency.

Teachers and Support Staff

It is the responsibility of the teachers and support staff to:

- Ensure they are kept well informed of a child's medical needs and how to support them.
- Know what to do in an emergency
- Liaise with relevant health professionals and agencies.
- Administer any medicines according to the school's policy.

Parents

It is the responsibility of the parents of children with medical needs to:

- Keep the school well informed about their child's needs
- Work with the Headteacher to reach an agreement on how medicines are administered.
- Provide consent where appropriate in writing
- Keep children at home if they are too unwell to attend school
- Provide medicines in the original container, clearly labelled and with clear written instructions
- Inform the school when there are changes to a child's medication.
- Endeavour to administer short term treatment at home where possible.

Administering Medicines

- 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 prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that 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
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept.
- a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

- when no longer required, medicines should be returned to the parent to arrange for safe disposal.

Short term medical needs: (Occasional tablets, lotions and non-prescribed medicines)

Staff will only administer 'Calpol' or other non-prescribed medication in exceptional circumstances. These can be given to children before they leave for school in the morning by parents/carers and again at the end of the day. If children really cannot cope for the day without such medication then they should stay at home to recover.

Where it is deemed to be necessary to administer medicines for short term illnesses written consent will be required from parents.

Parents must provide the medicine in the original container, clearly labelled with the child's name and dosage.

If a child refuses to take a medicine staff will not force them and parents will be informed.

It is preferable to have another member of staff witness any administering of medication.

Long term medical needs: (E.g. Diabetes, epilepsy, cystic fibrosis)

Sufficient information must be received from parents in order to provide medicines for long term medical needs. This includes:

- Details of the condition
- Special requirements
- Side effects from medication
- What constitutes an emergency
- Action to take in an emergency
- What not to do in an emergency
- Immediate contacts
- The role staff play in supporting the child.

Offsite Visits

The school will determine whether additional supervision is required for children with long term medical needs whilst risk assessing a school visit.

It is preferable for a parent or support worker to accompany a child with medical needs during an offsite visit.

Supervising staff need to consider arrangements for administering medicines before arranging the visit.

A copy of a child's health care plan must be taken on the school visit with emergency procedures and contact details.

Sporting Activities

The school recognises that sporting activities need to be flexible enough to accommodate children with medical needs.

Risk assessments of sporting activities will be taken as necessary in line with the school's health and safety policy.

Policy reviewed: December 2014

To be reviewed: December 2017

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Consent form for administering medicines

Name of child: _____ Year: _____

Name of medicine:	Instructions on how to be administered:
Dose:	Time to be given:
How much administered:	Time administered:
Administered by: Signed: Date:	Any side effects noted:

I give permission for the school to administer the medicine mentioned above.

Name: _____ **Signed:** _____