



A School Partnership In Rural England

Motto : ‘ **We Aspire to Inspire** ’

Our Values – using the initials of the names of the schools.

K – Kindness

U – Understanding

P – Patience

H – Honesty

L – Love

B – Boldness

Administration of Medicine in School Procedure

Document History

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Review Bi-Annually

The term ‘school’ refers to the schools in the ASPIRE Federation: Kingswood Primary, Ulcombe CE Primary, Platts Heath Primary and Leeds and Broomfield CE Primary. The term may refer to them jointly or individually.

NON-STATUTORY PROCEDURE

At our two Church of England schools this policy will be delivered through strong links made to our Christian values:

Leeds & Broomfield Church of England Primary School

At Leeds & Broomfield we build strong foundations for all; to learn, flourish and fill their hearts with God's love. Everyone is important, valued and needed to make L&B grow. We give a quality all round nurturing education which develops the whole child; If the rain came we would not fall.

*"As many hands build a house, so many hearts make a school."
(Matthew Ch 7 24-27)*

RESPECT RESILIENCE EMPATHY CURIOSITY HONESTY

Our school Christian Values support the development of the children and all within the school and local community, giving the children and staff a positive outward looking view. The pupils and staff support and help each other and the local community enabling all to flourish.

We have explored the story of Matthew (Ch 7 24-27) showing curiosity, and the children felt empathy for the builder of the house on the sand, but said they must be resilient to try again. Jesus was honest with his followers and people followed and trusted him. The story continues showing how Jesus respected all and everyone who wanted to listen and learn could – no one was turned away. This high level of inclusion and respect is what makes Leeds and Broomfield a great school community to be part of 'many hearts make a school'.

Ulcombe Church of England Primary School

Ulcombe Church of England School is a nurturing, inclusive learning space, where our uniqueness inspires trust and welcomes diversity. Our children all flourish (for however long they are with us), in an environment where learning through making choices (good or bad) is not only embraced but discussed and, when needed, forgiven. This allows our learners to become positive role models in *their* wider communities. The whole school community works together in unity to ensure that our practice fully reflects the passage of Corinthians 12:12-14. The children and adults feel included and appreciated as one body with diverse cultures learning, working and flourishing together to accept everyone and nurture their aspirations for the future.

*"One body, many members, learning together surrounded by God's inclusive love."
(Corinthians 12:12-14)*

TRUST RESPECT HOPE ENDURANCE

CONTENTS

INTRODUCTION	4
1. Managing medicines during the school day	5
2. Managing medicines on trips and outings	5
3. Roles and responsibilities of staff managing or supervising the administration of medicines.....	6
4. Children's medical needs – parental responsibilities.....	7
5. Parents' written agreement	7
6. Supporting children with complex or long-term health needs.....	7
7. Policy on children taking and carrying their own medicines	8
8. Advice and Guidance to Staff.....	8
9. Record keeping	8
10. Storing medicines	9
11. Emergency procedures.....	9
12. Risk assessment and arrangement procedures (Care Plans)	9
Related Documents	9

INTRODUCTION

This is based on guidance issued in March 2005 and

- “Managing Medicines in Schools and Early Years Settings” by DCSF and Department of Health.
- “Including Me (Managing Complex Health Needs in Schools and Early Years Settings)” by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission “Principles of Sensible Risk Management” 2006 www.hse.gov.uk
- “Medical Conditions at School” Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- “Medical Conditions Awareness Sessions” A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

The guidance gives detailed advice about:

- Developing school policies
 - Roles and responsibilities
 - Dealing with medicines safely
 - Drawing up a Risk Assessment and Health Care Plan.
 - The Legal Framework
 - Common Conditions
 - Example forms
 - Useful contacts
 - Related documents
- (Ref ISBN 1-84478-459-2)

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child. The school will seek parents’ written agreement about sharing information about their child’s needs, where information needs to be shared outside the school. However in cases of confidentiality the Health & Safety of the child must take precedence.

Reference to this procedure could be included in schools prospectuses or other information to parents. It needs to be understood and accepted by staff, parents, and children. The aim of the procedure is to enable regular attendance at school.

The Local Authority is responsible for all health and safety matters and has produced this model policy for schools in close collaboration with Primary Care Trusts and Schools.

For day care providers the Local Authority has a duty to provide advice and training under the Children Act 1989 to deal with the needs of specific children.

1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

a) *Prescription*

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Ritalin, a prescription drug known as a "controlled drug" needs to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.

b) *Non-prescription*

- Paracetamol can only be given to children when parents have given written permission.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.
- Good practice would be for school admission forms to include permission for the administration of non prescription medicines (eg paracetamol).

2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Further detailed advice is found in "Including Me" by Jeanne Carlin. Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil's care plan describes emergency procedures, which might occur, on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Executive Headteacher/Head of School, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Guidance about Risk Management and Insurance is contained in KCC document 'Insurance Provision for Medical Treatment/Procedures' and can be found on K-Net

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Executive Headteacher/Head of School is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

4. Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1a). The Executive Headteacher/Head of School should seek their agreement before passing information to other school staff.

5. Parents' written agreement

The attached form (Appendix 3) is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

6. Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment (as advised in Including Me) and a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

7. Policy on children taking and carrying their own medicines

When administered by staff, drugs will be kept in a locked secure place and only named staff will have access. When drugs are administered, the school will keep records. Epipens need to be kept with or near the pupils who need them. Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication to be kept in or near children's classrooms until children can use it independently. It must be taken on school trips (see Appendix 9a).

8 Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

Appendices

- 1a. Health Care / Emergency Plan (translate when taken abroad on school trips)
- 1b. Contacting Emergency Services (translate when taken abroad on school trips)
2. Risk assessment forms
3. Parental agreement for the administration of medicines
4. Executive Headteacher/Head of School agreement to administer medicines
5. Record of medicine administered
6. Record of advice and support to School
7. Authorisation for the administration of rectal diazepam
8. Buccal Midazolam or Insulin : Agreed individual care plan

9. Asthma Appendix – sample letter to parents

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

10. Storing medicines

The school will keep medicines in a locked secure place, (not asthma pumps or epipens) with access only by named staff. Where refrigeration is needed, consideration should be given to purchasing a 'medical fridge'.

11. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

12. Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendix 2 and 3). Samples are available from the Health Needs Education Service and Specialist Nurses

Related Documents

- Including Me by Jeanne Carlin
- Managing Complex Health Needs in Schools and Early Years settings.
- Department of Education and Skills Council for Disabled Children
- ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/Department of Health
- March 2005 ISBN 1-844178-459-2
- Health and Safety Commission "Principles of Sensible Risk Management" 2006
www.hse.gov.uk
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action